Customer Satisfaction Survey

# Purpose

The purpose of this very brief survey is to help us serve your needs more effectively. By understanding where we are exceeding your expectations, or need to improve, we can allocate our resources to provide better products/services, knowledgeable staff, and an improved experience for your future visits. Our goal is be proactive in monitoring your satisfaction, so please provide constructive feedback that we can incorporate into our strategy.

# Instructions

Please circle the response that best represents your view. Please circle N/A for any questions that you don’t have enough experience to comment on. Following is an example of the scaling system.

EXCEEDS EXPECTATION UNACCEPTABLE

10 9 8 7 6 5 4 3 2 1

# Buying Process

**Clinician professionalism:**

10 9 8 7 6 5 4 3 2 1

**Ability to understand your challenges:**

10 9 8 7 6 5 4 3 2 1

**Expertise of clinician staff:**

10 9 8 7 6 5 4 3 2 1

**Turnaround time for delivery:**

10 9 8 7 6 5 4 3 2 1

**Quality & clearness of marketing collateral:**

10 9 8 7 6 5 4 3 2 1

**Other Comments:**

# Value Proposition

**Value for money:**

10 9 8 7 6 5 4 3 2 1

**Our value proposition is clearly communicated & understood:**

10 9 8 7 6 5 4 3 2 1

**Briefly describe how could we add more value to you?**

# Strategic Direction

**How would you rank our Hearing Clinic in terms of a unique experience?**

10 9 8 7 6 5 4 3 2 1

**How would you rank our business in terms of local healthcare leadership?**

10 9 8 7 6 5 4 3 2 1

**Overall, how would you rate the experience you’ve had?**

10 9 8 7 6 5 4 3 2 1

**What recommendations could you make to help us serve you better?**

# Product(s)/Service(s)

**How effectively does the product and service we’ve offered meet your needs?**

10 9 8 7 6 5 4 3 2 1

**How would you rate the overall ease of use of our products?**

10 9 8 7 6 5 4 3 2 1

**How would you rate the functionality and features of our products?**

10 9 8 7 6 5 4 3 2 1

**How would you rate the integration capabilities of our products into your lifestyle?**

10 9 8 7 6 5 4 3 2 1

**What features could we add or enhance to improve our product/service?**

# Customer Service & Support

**How would you rate the time needed to identify your needs?**

10 9 8 7 6 5 4 3 2 1

**How effective are we at identifying and providing a solution to your needs?**

10 9 8 7 6 5 4 3 2 1

**How would you rate the attitude and disposition of our Customer Service team?**

10 9 8 7 6 5 4 3 2 1

**What is the strength of your relationship with our staff?**

10 9 8 7 6 5 4 3 2 1

**Compared to your other healthcare teams, how would you rank our commitment to Customer Service?**

10 9 8 7 6 5 4 3 2 1

**Other Comments:**

# Your Preference

**How likely would you be to return to our Hearing Clinic for your future needs?**

10 9 8 7 6 5 4 3 2 1

**How likely would you be to continue your relationship with our staff members?**

10 9 8 7 6 5 4 3 2 1

**How likely are you to refer friends and family to our Hearing Clinic?**

10 9 8 7 6 5 4 3 2 1

**Please honestly discuss why you advocate or dissuade others from working with us:**