



# Customer Satisfaction Survey

Thank you for using HME Home Medical as your durable medical equipment supplier. We value your business, and your opinions are very important to us. We would appreciate your completing this survey. Your candid and thoughtful reply will help us improve service to our customers. All answers strictly confidential.

1. On a scale from 1 to 10, with 10 being the best, please rate the following:



	1	2	3	4	5	6	7	8	9	10
Timely manner of your equipment delivery										
How well our staff instructed you on safely operating equipment										
Your level of comfort in using and maintaining your equipment										
Staff's ability to answer your questions and level of courteousness										
How to contact us in an emergency situation after business hours										
Your service experience overall										
Likelihood to recommend this service or company to others										

2. Department(s) interacted with on your last visit (check all that apply):

Respiratory	Service/Repair	Rehab	Home Modifications	Other

3. Gender: Female    Male

4. Age Group:    18-29 yrs.  
                           30-49 yrs.  
                           50-64 yrs.  
                           65 yrs. +

5. Additional comments:

6. Date:

7. Name (Optional):