



Patient Satisfaction Survey

In an effort to continuously improve our service, please take a few minutes to complete our survey.

1. Our staff was knowledgeable and professional on the phone

N/A	Strongly Disagree	Do Not Agree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Your financial responsibility and the products and services available to you, were discussed prior to accepting service

N/A	Strongly Disagree	Do Not Agree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Our delivery arrived at your home within the promised time frame, was complete, equipment was clean and instructions for use were provided

N/A	Strongly Disagree	Do Not Agree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Our delivery staff were respectful of your home, belongings, and instructed you on proper storage of your medication(s)

N/A	Strongly Disagree	Do Not Agree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Safety information provided in packet was useful

N/A	Strongly Disagree	Do Not Agree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Our services met or exceeded your expectations

N/A	Strongly Disagree	Do Not Agree	Somewhat Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

Name (optional): _____

Thank you for allowing us to participate in your care

