

*(Insert Company Name)*  
**Patient Satisfaction Survey**

1. Was the equipment/service provided in a timely manner?  
 Yes  No
2. Were you given complete instructions on your equipment/care?  
 Yes  No
3. Were all your questions answered to your satisfaction?  
 Yes  No
4. Was the staff courteous, knowledgeable and professional?  
 Yes  No
5. Were you instructed on who/where to call with questions or problems?  
 Yes  No
6. Were you satisfied with your equipment/service?  
 Yes  No
7. Would you recommend our equipment/services to others?  
 Yes  No
8. Were you given a copy of the patient Bill of Rights and the Agreement and Consent form? Were these documents explained to you?  
 Yes  No
9. Please share your comments or suggestions on how we might serve you better.

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