

I'm not robot!

**CUSTOMER SATISFACTION SURVEY**  
CS-Form-001, Revision N/C (4-12-07)

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Please provide feedback on the metal finishing services provided by Associated Plating Company.

Questions:	Not Applicable	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	N/A	1	2	3	4	5
1. I was satisfied with Associated Plating's Sales staff involvement with my organization.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I was satisfied with the contract/agreement documents for the services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was satisfied with the transition from the sales process to the delivery of products by Associated Plating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was satisfied with the technical quality of the services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I found the Associated Plating staff involved in the delivery of finished products to be professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I believe the value of the services provided exceeds the cost to my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was satisfied with the invoicing/payment process for Associated Plating's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The metal finishing services provided met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I would recommend Associated Plating's services to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am willing to provide a reference for other organizations interested in Associated Plating's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. What did you like most about the metal finishing services provided? _____						
12. How could Associated Plating Company improve the services provided? _____						

**Example Patient Satisfaction Survey**

PLEASE RATE THE FOLLOWING:

	Excellent	Very Good	Good	Fair	Poor
<b>A. YOUR APPOINTMENT:</b>					
1. Ease of making appointments by phone	5	4	3	2	1
2. Appointment available within a reasonable amount of time	5	4	3	2	1
3. Getting care for illness/injury as soon as you wanted it	5	4	3	2	1
4. Getting after-hours care when you needed it	5	4	3	2	1
5. The efficiency of the check-in process	5	4	3	2	1
6. Waiting time in the reception area	5	4	3	2	1
7. Waiting time in the exam room	5	4	3	2	1
8. Keeping you informed if your appointment time was delayed	5	4	3	2	1
9. Ease of getting a referral when you needed one	5	4	3	2	1
<b>B. OUR STAFF:</b>					
1. The courtesy of the person who took your call	5	4	3	2	1
2. The friendliness and courtesy of the receptionist	5	4	3	2	1
3. The caring concern of our nurses/medical assistants	5	4	3	2	1
4. The helpfulness of the people who assisted you with billing or insurance	5	4	3	2	1
5. The professionalism of our lab or x-ray staff	5	4	3	2	1
<b>C. OUR COMMUNICATION WITH YOU:</b>					
1. Your phone calls answered promptly	5	4	3	2	1
2. Getting advice or help when needed during office hours	5	4	3	2	1
3. Explanation of your procedure (if applicable)	5	4	3	2	1
4. Your test results reported in a reasonable amount of time	5	4	3	2	1
5. Effectiveness of our health information materials	5	4	3	2	1
6. Our ability to return your calls in a timely manner	5	4	3	2	1
7. Your ability to contact us after hours	5	4	3	2	1

CUSTOMER SATISFACTION SURVEY

1. The purpose of this survey is to determine customer satisfaction with our services. Your responses are confidential and will be used to improve our services. Please provide honest feedback.

SECTION A: DEMOGRAPHIC PROFILE

TYPE OF AREA YOU LIVE IN

Area	Code
Formal Township	1
Home/ City/Plats	2
Informal Settlement	3
Suburb	4
Rural Settlement	5

Gender	Code
Male	1
Female	2
Other	3

Race	Code
African	1
White	2
Indian	3
Coloured	4
Other	5

Age Group	Code
18 to 25	1
26 to 45	2
46 to 60	3
60+	4

Education Level	Code
None	1
Grade 1 - 7	2
Grade 8 - 10	3
Grade 11 - 12	4
Diploma	5
Degree	6
Honours	7
Masters	8
Phd	9

Monthly Income	Code
None	1
R1 - R 5 000	2
R 5 500 - R 10 000	3
R 10 500 - R 15 000	4
More than R 20 000	5
N/A	6

Household Size	Code
1-3	1
4-6	2
7-8	3
More than 8	4

Customer Service Questionnaire Example

Please help us improve our patient services by completing this questionnaire. Do not sign your name. Please place in the "Survey Box" when completed.

Laboratory Customer Service Questionnaire			
Date of visit:	Time (hour (am or pm)):	Your gender:	
		Male	Female
No.	Question	Please check your answer	
1	Please rate your overall experience with your visit today.	Excellent	Not very good
		Good	Poor
		Satisfactory	
2	How long did you have to wait?	No wait	Specify:
3	Was everything explained clearly?	Yes	
	If NO, please explain:		
4	Were you treated with courtesy and caring?	Yes	
	If NO, please explain:		
5	Was the waiting comfortable?	Yes	
	If NO, please explain:		
6	Was the patient room clean?	Yes	
	If NO, please explain:		
7	Was it easy to find the laboratory?	Yes	
	If NO, please explain:		
8	If you had a needle stick (venipuncture) was it comfortable? Yes, not painful	Yes, not painful	
	If NO, or painful, please explain:		

