

Premium Hearing Solutions Customer Satisfaction Survey

We value your comments. Your feedback is important to us....

Please circle which best describes your experience.

	Strongly Agree				Neutral				Strongly Disagree			
1. The receptionist was warm, friendly and professional.	10	9	8	7	6	5	4	3	2	1	0	
2. The receptionist was knowledgeable and helpful on the phone.	10	9	8	7	6	5	4	3	2	1	0	
3. My wait time in prior to being seen was reasonable.	10	9	8	7	6	5	4	3	2	1	0	

The Professional Staff.....

4. made me feel comfortable.	10	9	8	7	6	5	4	3	2	1	0
5. Listened to me.	10	9	8	7	6	5	4	3	2	1	0
6. Was knowledgeable.	10	9	8	7	6	5	4	3	2	1	0
7. Adequately explained the results.	10	9	8	7	6	5	4	3	2	1	0
8. Solved or offered solutions for my hearing needs.	10	9	8	7	6	5	4	3	2	1	0
9. I am satisfied with the overall experience at PHS.	10	9	8	7	6	5	4	3	2	1	0

	Extremely Likely				Neutral				Not at all likely			
10. How willing are you to recommend a family member or friend to our office?	10	9	8	7	6	5	4	3	2	1	0	

11. How did you hear about us (please circle one)

Newspaper Ad Mail Website Internet (Other) Family/friend Physician

Other: _____

Date of Visit (Optional): _____

How long have you used your current hearing aids? _____

Comments: _____

Name (optional): _____

Thank you for your time. Please send back in the self-addressed stamped envelope enclosed.