

Magnolia Pharmacy / HME Patient Satisfaction Survey

Your satisfaction with our service is very important to us. We need your help by letting us know if we are doing a good job, or if there are areas where we can improve. Please take the time to fill in this short survey and return it to us.

Circle one answer for each of the following questions:

	Strongly Agree	Mostly Agree	Neither Agree nor Disagree	Mostly Disagree	Disagree	Not Applicable
1. The equipment and/or supplies were delivered on time.	5	4	3	2	1	n/a
2. The equipment was clean when delivered.	5	4	3	2	1	n/a
3. The equipment was in good working order when delivered.	5	4	3	2	1	n/a
4. The instructions were adequate for safe use of the equipment.	5	4	3	2	1	n/a
5. The staff was courteous and helpful.	5	4	3	2	1	n/a
6. The financial responsibilities about my bill were explained to me.	5	4	3	2	1	n/a
7. Overall the services I received were to my satisfaction.	5	4	3	2	1	n/a
8. I would recommend your service to my friends and family.	5	4	3	2	1	n/a

5=Excellent

1=Poor

Thank you

Name (optional)

Date