

Patient Satisfaction Survey

Thank you for visiting Total Hearing Solutions. We strive to provide the best possible service, so we ask that you please share your confidential experience to help us better meet your needs.

1. What is your overall impression of Total Hearing Solutions?

	Strongly Agree	Agree	Disagree	Strongly Disagree
In general, I am very satisfied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a friend asked for a recommendation for audiology services, I would recommend your practice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How would you rate your experience on the following service attributes?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I was able to schedule my appointment at a time convenient for me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The receptionist greeted me promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The audiologist (person who did the test) provided a clear explanation of my procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received privacy during my procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your visit included a hearing evaluation: The care I received was excellent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust Total Hearing Solutions to provide quality health care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When Total Hearing Solutions promises to do something for me, like keep an appointment time, it does so.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Hearing Solutions employees take time to understand my healthcare needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Hearing Solutions employees conduct themselves in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important are these to you?

Very Important	Important	Unimportant	Very Unimportant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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