

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 age:		Your gender:	Male Female
No.	Question	Please circle your answer	
1	Please rate your overall experience with your visit today.	Excellent Good Satisfactory	Not very good Poor
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 If NO, or painful, please explain:		