

# PATIENT SURVEY: We Want to Hear from YOU!

- 1) Where did you first hear about Snell Laboratory?  
 Doctor    Insurance    Advertisement    Relative/Friend    Other:
- 2) How would you assess the quality of service provided by the people at our front window?  
 Excellent    Satisfactory    Unsatisfactory
- 3) Were the patient waiting and treatment areas well-maintained?  
 Yes    No
- 4) When you arrived at the Snell facility, were you escorted to a patient room in a timely manner?  
 Yes    No
- 5) Did the staff member who measured / fit your device treat you with courtesy and professionalism?  
 Yes    No
- 6) Was the item/s completed and delivered in a timely fashion?  
 Yes    No
- 7) How would you assess the fit of the item/s that you received?  
 Excellent    Satisfactory    Unsatisfactory
- 8) If adjustments were necessary, were they made competently and completely?  
 Yes    No    Not Applicable
- 9) How would you evaluate the workmanship and appearance of the finished product?  
 Excellent    Satisfactory    Unsatisfactory
- 10) Did the staff member give you specific instructions or advice about wearing and caring for the item/s?  
 Yes    No
- 11) In your opinion, did the staff member who was working with you appear to possess the necessary skills to competently provide you with your item/s and take care of any issues that arose?  
 Yes    No    If no, why not?
- 12) Overall, how would you evaluate the services that Snell Laboratory provided?  
 Excellent    Satisfactory    Unsatisfactory
- 13) Would you return to Snell Laboratory if our services were needed again?  
 Yes    No    If no, why not?
- 14) Would you recommend Snell Laboratory to someone who needed our services?  
 Yes    No
- 15) Have you ever visited our company's web-site, located at [www.snellpando.com](http://www.snellpando.com)?  
 Yes    No
- 16) Any additional comments / observations? (Please use the back side if more space is needed.)  

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17) At which office were you seen? (Circle one)   Little Rock   Russellville   Fort Smith  
Mountain Home   Fayetteville   Hot Springs   N. Little Rock   Jonesboro   El Dorado

Age:   Sex:    M    F   Approximate date of last visit:   /   /

Type of product provided: (Circle one)   Artificial Limbs   Braces   Shoes  
Breast Forms   Mastectomy Products   Other: \_\_\_\_\_

**Thank you for taking the time to participate in our survey. We truly value your opinions.**