

# PRO2, LLC

## CLIENT/PATIENT SATISFACTION SURVEY

Client/patient Name (Optional): \_\_\_\_\_

City, State: \_\_\_\_\_ Date: \_\_\_\_\_

It is our desire to provide you with the best quality home care services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and note the response that most closely matches your experience.

| <b>REGARDING PRO2, LLC</b>   | Extremely Satisfied | Satisfied | Dissatisfied | Extremely Dissatisfied |
|--|---------------------|-----------|--------------|------------------------|
| Services/Equipment were provided in a timely manner                          |                     |           |              |                        |
| My home care needs were met through the services/equipment provided          |                     |           |              |                        |
| The staff discussed my rights and responsibilities and financial obligations |                     |           |              |                        |
| The staff informed me how to contact the office during and after hours       |                     |           |              |                        |
| I would utilize/recommend PRO2, LLC to my friends or family                  |                     |           |              |                        |
|  |                     |           |              |                        |
| <b>REGARDING THE STAFF OF PRO2, LLC</b>                                      | Extremely Satisfied | Satisfied | Dissatisfied | Extremely Dissatisfied |
| The representatives were courteous and professional                          |                     |           |              |                        |
| Explanations and instructions offered by representatives were adequate       |                     |           |              |                        |
| All procedures/services were explained prior to performing them              |                     |           |              |                        |
| Equipment was delivered clean and in good working order                      |                     |           |              |                        |
| My personal property was treated with respect                                |                     |           |              |                        |

**Comments:**

Please return the survey to PRO2, LLC in the envelope provided.

Thank you for choosing PRO2, LLC.