

The Therapy Center at DCCH



Please print all information.

Fax completed form to 859-331-1614

CUSTOMER SATISFACTION SURVEY

The Therapy Center at DCCH is committed to quality improvement. Your opinion about your experience is important to us. It is helpful in evaluating the effectiveness of our services. We would appreciate you taking a moment to complete this survey. All of the information provided in this survey will be kept confidential and will be used to help evaluate and improve our program.

RATING SCALE:

5	4	3	2	1	NA
Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Not applicable

- How satisfied were you with the office set up and presentation?
- How satisfied were you with staff's assistance and responsiveness to questions/ problems?
- My appointment was scheduled in a reasonable amount of time?
- I was treated professionally and politely by staff?
- The waiting time was reasonable when I came for my appointment(s)?
- How satisfied were you with the services you received?

Would you recommend the services here to other family or friends? Yes No

How did you learn about the services here? _____

What recommendations would you make for improving the services? _____

If you would like a phone call or email to discuss your care more thoroughly, please include your information below or contact John Ross at 859-331-2040 or jross@dchcenter.org. _____

Thank you for your assistance.