

CUSTOMER SATISFACTION SURVEY

Please honestly rate the 10 questions below. Please include additional comments on the back.

100% Completely Satisfied	90	80	70	60	50 Half Satisfied	40	30	20	10	0% Not At All Satisfied	N/A Not Applicable
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PLEASE ONLY SELECT ONE ANSWER PER QUESTION.

1. How would you rate AST's response to any questions, problems, concerns, and/or comments you brought to their attention?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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2. How would you rate AST's delivery of items or services (scheduled time vs. actual delivery time)?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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3. How would you rate AST's ability to correctly bill your insurance provider(s)?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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4. How would you rate AST's ability in respecting your personal dignity and your cultural, social, and spiritual values?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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5. How would you rate AST's ability to protect the privacy and security of your personal health information?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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6. How would you rate AST's ability to assess and identify your needs?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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7. How would you rate AST's willingness to include you, your family members, and/or your caregivers in the decisions about your care, treatments, and/or services?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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8. How would you rate the information and educational materials AST provided you regarding the care, treatment, and/or services provided?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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9. How would you rate AST's entry in your residence as it pertains to respecting your property?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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10. How would you rate the overall satisfaction with the products and/or services provided to you by AST?

100% <input type="checkbox"/>	90 <input type="checkbox"/>	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	50 <input type="checkbox"/>	40 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0% <input type="checkbox"/>	N/A <input type="checkbox"/>
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Thank you for participating in our study.

The information you have provided will never be used for sales purposes but only for providing better service to you and other customers like you.

Please mail the questionnaire to:

Advanced Sleep Therapy

2035 S. Arlington Heights Road Suite 115, Arlington Heights, IL 60005