

CUSTOMER SATISFACTION SURVEY

Our goal is to continuously improve our products and service to meet or exceed your needs. Your input is important to us and provides a means of feedback so that we can take action to provide total customer satisfaction. Thank you for completing this survey!

- |   |     |    |                |
|---|-----|----|----------------|
| 1. Was the equipment or supplies delivered on time?   | YES | NO | Not applicable |
| 2. Was the equipment and/or supplies delivered/dispensed accurately?                                | YES | NO |                |
| 3. Was the training effective in educating you or your caregiver on your equipment and/or supplies? | YES | NO |                |
| 4. Was the company staff courteous and helpful?   | YES | NO |                |
| 5. Were your questions answered to your satisfaction?   | YES | NO |                |
| 6. Was your financial responsibility explained to you?  | YES | NO |                |
| 7. Would you recommend our services to friends and family?  | YES | NO |                |
| 8. Did the services or equipment provided meet your needs?  | YES | NO |                |

Additional Comments on how Kohll's can improve service:

Kohll's Location \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature (optional please include name and phone number if you would like to be contacted)

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Please return this survey to any Kohll's Rx location or you can mail or email to the following:

Kohll's Rx  
12741 Q Street  
Omaha, NE 68137  
Attention: Denise White  
[dwhite@kohlls.com](mailto:dwhite@kohlls.com)

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Office Use - Select Service Type:

Mobility	Compression	Respiratory
Orthotics	Delivery	Repairs
Diabetic supplies	Other	

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