

Client Satisfaction Survey

Please read each item carefully and circle the number that best applies.

	5	4	3	2	1	N/A
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. You were able to schedule an appointment in a reasonable period of time.	5	4	3	2	1	N/A
2. You were greeted / acknowledged when signing in.	5	4	3	2	1	N/A
3. You were seen on time for your scheduled appointment.	5	4	3	2	1	N/A
4. You feel that you have benefited from the services received here.	5	4	3	2	1	N/A
5. Front office staff who served you were courteous and pleasant.	5	4	3	2	1	N/A
6. BRSB Professional staff who served you were courteous and pleasant.	5	4	3	2	1	N/A
7. BRSB Staff respected your special needs (age, culture, education, handicapping condition, eyesight, hearing...)	5	4	3	2	1	N/A
8. We included your family or other persons important to you in the services we provided.	5	4	3	2	1	N/A
9. Staff members were prepared and organized.	5	4	3	2	1	N/A
10. Staff members were experienced and knowledgeable.	5	4	3	2	1	N/A
11. Our services were explained to you in a way that you could understand.	5	4	3	2	1	N/A
12. The environment was clean and pleasant.	5	4	3	2	1	N/A
13. The environment was quiet and distraction free.	5	4	3	2	1	N/A
14. The length and frequency of your service program was appropriate.	5	4	3	2	1	N/A
15. The nature of your problem and our recommendations were adequately explained.	5	4	3	2	1	N/A
16. We planned ahead and provided sufficient instruction and education to help you retain your skills after your program ended.	5	4	3	2	1	N/A
17. Overall, the program services were satisfactory.	5	4	3	2	1	N/A
18. You would come back to BRSB if you need our help again.	5	4	3	2	1	N/A
19. You would recommend us to others.	5	4	3	2	1	N/A

Please circle the hours of service time that would be best for you:

Monday – Friday

8-9 9-12 12-1 1-3 4-5 5-7

Saturday

8-9 9-12 1-4

Please check all of the services you received:

- Audiology / Hearing Services
- Speech – Language Services

Comments:

Please provide additional information which might help us provide clients with outstanding service.

The person completing this form is:

- Client
- Parent
- Spouse
- Other Family Member
- Primary Care Giver
- Other. Please explain

Signature: (Optional)

Blue Ridge Speech & Hearing Center
19465 Deerfield Avenue, #201
Leesburg, VA 20176



You are very important to us at Blue Ridge Speech & Hearing Center, and we work hard to insure that you are satisfied with your experience here.

Please take a moment to share your thoughts and comments with us so that we can respond with any necessary improvements