

HBHM INC. CUSTOMER CARE SURVEY

Thanks for sharing your thoughts with us! How would you rate the service you recently received?

	<u>Delighted</u>	<u>Satisfied</u>	<u>Dissatisfied</u>
1. The politeness of the office person when you called for the consult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The company's ability to set a scheduled time range that was at your convenience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. RN/IBCLC's arrival within that scheduled time range?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Politeness of the RN/IBCLC who performed the consult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowledge of the RN/IBCLC who performed the consult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and efficiency of equipment delivered, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Development of a feeding/sleeping plan that worked for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were all questions answered to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you use our company again? Yes No
Would you recommend our company to friends and family? Yes No

What did you like best about working with us?

What would you encourage us to do differently?

Any additional services that you wish we would provide?

Yes What? _____ No

May we use your comment and baby's picture in future marketing? Yes No

Signature: _____ Date: _____

Thank you!