



Medical Electronics, Inc.

**Customer Satisfaction Survey**

*Dear Customer,*

*Thank you for giving us the opportunity to serve you better. Please help us by taking a few minutes to tell us about the service and product(s) that you have received so far. We appreciate your business and want to make sure we meet your expectations. The answers you provide below will provide critical input to our Management Review Process.*

*Sincerely,*

*Parks Medical Electronics Quality Department*

**Today's date:**

**Indicate the Parks Location at which you made your purchase: Las Vegas, NV or Aloha, OR**

**1. Customer Service:**

**Overall, I am very satisfied with Parks Medical Electronics, Inc's (PMEI's) performance:**

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
PMEI customer service representatives (CSRs) are well trained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PMEI CSRs are well supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PMEI CSRs adhere to professional standards of conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PMEI CSRs act in my best interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with PMEI CSRs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My PMEI Field Rep is knowledgeable and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My PMEI Field Rep is making a positive contribution to my business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My PMEI Field Rep responds to my inquiries in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am very satisfied with my PMEI Field Rep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Customer Satisfaction Survey**

**Compared to how you felt about PMEI before this purchase, what is the likelihood of purchasing another product from PMEI?**

- Better, based on performance
- About the same
- Worse, based on performance

**Considering the overall value of the product(s) you paid for, was it...**

- An exceptional value, worth more than you paid for it
- A good value, worth about what you paid for it
- A poor value, worth less than you paid for it

**2. Satisfaction and Customer Retention: General**

**What best describes your product(s) performance?**

	Excellent	Very Satisfactory	Somewhat Satisfactory	Poor
Overall quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchase experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation or first use experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usage experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After purchase service (warranty, repair, customer service etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how satisfied were you with your new product(s)?**

- Delighted
- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Not at all satisfied

**Have you ever contacted customer service?**

- Yes
- No



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If you contacted PMEI customer service, have all problems been resolved to your complete satisfaction?

- Yes, by the company or its representatives.
- Yes, by me or someone outside the company
- No, the problem was not resolved

Based on your awareness of Doppler Ultrasound Systems, is/are your PMEI product(s) better, the same, or worse than other brands of Doppler Ultrasound Systems?

- Much Better
- Better
- About the same
- Worse
- Much Worse

Please share with us a few things PMEI's Product and/or Service could do better.

Based on your experience with your PMEI product(s), how likely are you to buy PMEI product(s) again?

- Definitely will
- Probably will
- Might or might not
- Probably will not
- Definitely will not

Based on your experience with your PMEI product(s), would you recommend this product(s) to a friend?

- Definitely will
- Probably will
- Might or might not
- Probably will not
- Definitely will not

**Customer Satisfaction Survey**

If you would like to share any additional comments or experiences about PMEI's Product and/or Service, please enter them below.

**3. Purchase Satisfaction:**

How much do you agree or disagree with the following statements about the PMEI Products you've purchased?

	Agree Strongly	Agree	Somewhat Agree	Neither Agree nor Disagree	Some- what Disagree	Disagree	Strongly Disagree
This is one of the best Doppler Systems/Accessories I could have purchased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This Doppler System/Accessories is/are exactly what I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This Doppler System/Accessories haven't worked out as well as I thought it would.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my decision to buy this Doppler System/Accessories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes I have mixed feelings about keeping this Doppler System/Accessories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My choice to buy this Doppler System/Accessories was a wise one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could do it over again, I'd buy a different make/model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have truly enjoyed this Doppler System/Accessories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel bad about my decision to buy this Doppler System/Accessories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not happy that I bought this Doppler System/Accessories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owning this Doppler System/Accessories has been a good experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm sure it was the right thing to buy this Doppler System/Accessories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Customer Satisfaction Survey**

How much do you agree or disagree with the following statements about the PMEI Products you've purchased?

**4. Technical Documentation:**

How satisfied are you...

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
...with the appropriateness of the documentation to your needs?	<input type="checkbox"/>				
...with the quality of the documentation delivered with your system?	<input type="checkbox"/>				
...with the accuracy of the documentation delivered?	<input type="checkbox"/>				
...with the usability of the documentation provided?	<input type="checkbox"/>				
...overall with the documentation provided?	<input type="checkbox"/>				

Please tell us what PMEI should do to improve the quality of the documentation delivered with your Doppler System/Accessories?

**5. General Satisfaction:**

**PMEI understands the service needs of my organization:**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**Overall, how satisfied are you with the amount of contact between you/your organization and PMEI's service organization?**

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

Thank you for your assistance in completing this survey!



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### Customer Satisfaction Survey

**There are 3 options for returning this survey:**

- Mail to:

**C/O Quality Dept  
Parks Medical Electronics, Inc  
PO Box 5669  
Aloha, OR 97006-0669**

- Fax to:

**Parks Medical Electronics, Inc Quality Dept  
503-591-9753**

- Email:

[feedback@parksmed.com](mailto:feedback@parksmed.com)