

Case Number:

Patient Name:

ON A SCALE OF 1 TO 10, WITH 1 BEING VERY DISSATISFIED AND 10 BEING VERY SATISFIED

1. How satisfied were you with the speed in which assistance was provided?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Dissatisfied				Neutral					Very Satisfied

2. How satisfied are you with the courtesy and helpfulness of our case managers?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Dissatisfied				Neutral					Very Satisfied

3. How satisfied are you with the knowledge and technical competence of our case managers?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Dissatisfied				Neutral					Very Satisfied

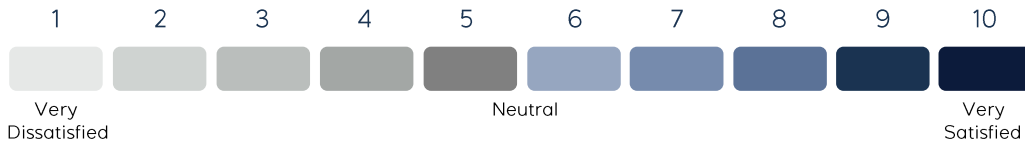
4. Did we meet your expectations?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Dissatisfied				Neutral					Very Satisfied

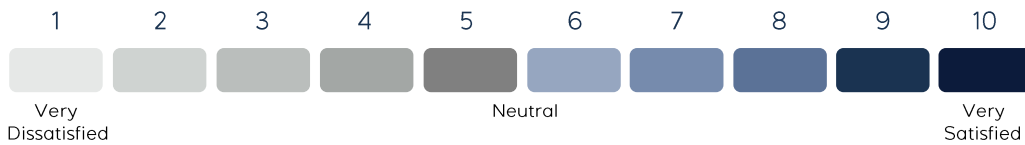
5. Did we treat you as a valued customer?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Dissatisfied				Neutral					Very Satisfied

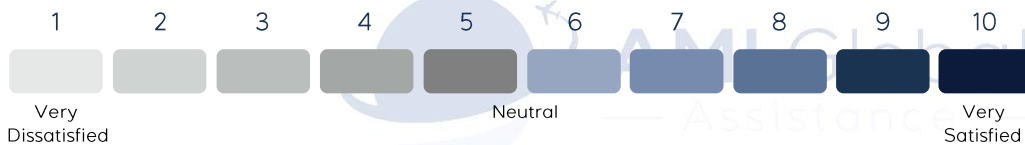
6. Do you feel we acted in your best interest?



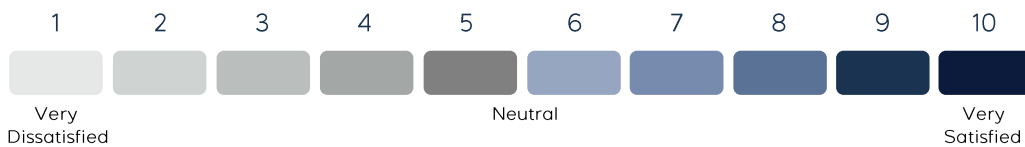
7. Where applicable, how would you rate the repatriation requirements?



8. Where applicable, how would you rate the treatment you received at the medical facility?



9. Where applicable, how clean/hygienic was the medical facility?



10. Are there any recommendations or suggestions you can make to improve our service?

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