

SEE THE TRAINER

Sports Medicine Stores

CUSTOMER SATISFACTION SURVEY

1. How would you rate us on the following dimensions

(1 being the lowest)

| | 1 | 2 | 3 | 4 | 5 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Salesperson Knowledge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Salesperson Attitude | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality of Service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality of Product | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to Meet Needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fairness of Price | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. How would you rate the agency staff

(1 being the lowest)

| | 1 | 2 | 3 | 4 | 5 |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Took time to understand your needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provided helpful advice on selection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Explained the product to you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Treated you like a valued customer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Thoroughly answered your questions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Please rate your overall satisfaction with *See The Trainer*.....

- Very Satisfied Dissatisfied
 Satisfied Neutral Very Dissatisfied

4. Are there any other comments you would like to share with us?

5. Would you like us to contact you regarding this survey?

- Yes No Name _____ Phone _____

(facility fax #'s and e-mail addresses are located on the Locations tab of this web site)