

We believe it's important to care about what people say about us. Our clients often tell us that they really value receiving the same excellent level of service at Girlings long after they have made their initial purchase. Not all hearing aid providers offer this.

To find ways to improve our high standards even further, we would appreciate if you could complete this Client Evaluation Questionnaire for our Sherborne hearing centre.

**For each question or statement below, please tick the most appropriate column and, if you would like to, please use the additional space below to share your feedback with us.**

Your privacy matters to us, you can read our Data & Privacy policy at: [www.girlinghearingaids.co.uk/GDPR](http://www.girlinghearingaids.co.uk/GDPR)

Your privacy matters to us, you can read our Data & Privacy policy at: [www.girlinghearingaids.co.uk/gdpr](http://www.girlinghearingaids.co.uk/gdpr)

<b>GIRLINGS SHERBORNE</b>	 Poor	 Average	 Excellent
Availability of appointments to see Nicola, Ian or Dan Girling			
Initial impressions when arriving at reception e.g. safe, clean, welcoming?			
Attitude and helpfulness of our staff			
Waiting time in our reception area			
Please rate your experience when choosing a suitable hearing system			
Please rate your experience of having your hearing system fitted			
Please rate the service received after your hearing system was fitted			
Overall, how would you rate Girlings Complete Hearing Service?			

Would you recommend our products and services to a friend or another family member? If YES (or equally if 'NO'), please tell us why:

YES / NO

Please can you tell us about anything that we do not currently offer, but you feel would be of benefit to you?

Is there anything else you would like to mention, that could help us improve the service we currently offer?

Please either print your name on the line below, or leave it blank if you would prefer

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Sometimes we may use comments from this questionnaire for marketing purposes.

WE WILL NEVER DISCLOSE YOUR NAME OR IDENTITY.

Please tick this box if you would NOT like your comments to be used

**Submit via email**

**Thank you for taking the time to complete this questionnaire, we value your feedback.**