"EUROTEST-CONTROL" EAD

QUESTIONNAIRE

DEAR SIRS,

as customers of our services, we would greatly appreciate it, if you could spare a few minutes of your time to complete this short questionnaire, thank you in advance. Your opinion is important to us and will help us to improve our performance and services

Company: Name:				
Address: Position:				
Please mark or tick the appropriate box with an X:				
1. Performed service:				5. Do you wish to use our services again in the future?
				definitely YES
				probably YES
				not sure
				probably NO
				definitely NO
2. How often do you use our services?				6. Would you recommend our services to others?
once a month or more often				definitely YES
every 2-3 months				probably YES
2-3 times per year				not sure
once a year or less				probably NO
				definitely NO
3. How satisfied are you with our services?				7.Will you be able to compare EUROTEST-CONTROL
very satisfied				EAD with other laboratories:
satisfied				better
not satisfied				equal
				worse
4. Please rate our performance on providing quality				8. If you have any further comments or suggestions
services				concerning our services please feel free to add them
Quality:	high	average	low	here.
Deadline:	high	average	low	
Service:	high	average	low	
Reliability:	high	average	low	
Cooperation:	high	average	low	

Date:

Signature:

Thank you for your time!