**Customer Satisfaction Survey for APTEC Diagnostics nv**

Thank you for being a valued customer. Please help us improve our service and product by completing this survey based on your overall experience during **2018**

**Customer satisfaction with our Sales Team**

Based upon your overall experience, please rate your satisfaction with our **Sales Team** in the following areas:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  satisfied |  |  |  |  |  |  |  |  | Very  dissatisfied |
|  | N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Promptness of answering phone |  |  |  |  |  |  |  |  |  |  |  |
| Promptness of answering email |  |  |  |  |  |  |  |  |  |  |  |
| Request handling |  |  |  |  |  |  |  |  |  |  |  |
| Understanding of my needs |  |  |  |  |  |  |  |  |  |  |  |
| Level of responsiveness |  |  |  |  |  |  |  |  |  |  |  |
| Product knowledge |  |  |  |  |  |  |  |  |  |  |  |
| Quality of advice |  |  |  |  |  |  |  |  |  |  |  |
| Professionalism of representative |  |  |  |  |  |  |  |  |  |  |  |
| Helpfulness of representative |  |  |  |  |  |  |  |  |  |  |  |
| Ease of contacting Sales |  |  |  |  |  |  |  |  |  |  |  |
| Sales issued documents |  |  |  |  |  |  |  |  |  |  |  |

Please rate your level of satisfaction with our extranet MyAPTEC:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  satisfied |  |  |  |  |  |  |  |  | Very  dissatisfied |
|  | N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Easy to access |  |  |  |  |  |  |  |  |  |  |  |
| Easy to use |  |  |  |  |  |  |  |  |  |  |  |
| Easy to navigate |  |  |  |  |  |  |  |  |  |  |  |
| Full access to documents |  |  |  |  |  |  |  |  |  |  |  |

Do you have any additional comments about your experience or suggestions on how we can improve?

**Customer satisfaction with our Order Procesing Team**

Based upon your overall experience, please rate your satisfaction with our **Order Processing Team** in the following areas:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  satisfied |  |  |  |  |  |  |  |  | Very  dissatisfied |
|  | N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Promptness of answering phone |  |  |  |  |  |  |  |  |  |  |  |
| Promptness of answering email |  |  |  |  |  |  |  |  |  |  |  |
| Promptness of sending order confirmations |  |  |  |  |  |  |  |  |  |  |  |
| Responsive to my needs |  |  |  |  |  |  |  |  |  |  |  |
| Shipping delay of purchase orders |  |  |  |  |  |  |  |  |  |  |  |
| Respectful of made agreements |  |  |  |  |  |  |  |  |  |  |  |
| Quality of advice |  |  |  |  |  |  |  |  |  |  |  |
| Professionalism of representative |  |  |  |  |  |  |  |  |  |  |  |
| Helpfulness of representative |  |  |  |  |  |  |  |  |  |  |  |
| Ease of contacting Order Processing |  |  |  |  |  |  |  |  |  |  |  |
| Order Processing issued documents |  |  |  |  |  |  |  |  |  |  |  |

Do you have any additional comments about your experience or suggestions on how we can improve?

**Customer satisfaction with our Technical Support Team**

Based upon your overall experience, please rate your satisfaction with our **Technical Support Team** in the following areas:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  satisfied |  |  |  |  |  |  |  |  | Very  dissatisfied |
|  | N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Promptness of answering phone |  |  |  |  |  |  |  |  |  |  |  |
| Promptness of answering email |  |  |  |  |  |  |  |  |  |  |  |
| Issue resolution |  |  |  |  |  |  |  |  |  |  |  |
| Understanding of my needs |  |  |  |  |  |  |  |  |  |  |  |
| Product knowledge |  |  |  |  |  |  |  |  |  |  |  |
| Quality of advice |  |  |  |  |  |  |  |  |  |  |  |
| Professionalism of representative |  |  |  |  |  |  |  |  |  |  |  |
| Helpfulness of representative |  |  |  |  |  |  |  |  |  |  |  |
| Ease of contacting Technical Support |  |  |  |  |  |  |  |  |  |  |  |
| Documents issued by Technical Support |  |  |  |  |  |  |  |  |  |  |  |

Do you have any additional comments about your experience or suggestions on how we can improve?

**Customer satisfaction with our QA / RA Team**

Based upon your overall experience, please rate your satisfaction with our **Quality Assurance and Regulatory Affairs Team** in the following areas:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  satisfied |  |  |  |  |  |  |  |  | Very  dissatisfied |
|  | N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Promptness of answering phone |  |  |  |  |  |  |  |  |  |  |  |
| Promptness of answering email |  |  |  |  |  |  |  |  |  |  |  |
| Issue resolution |  |  |  |  |  |  |  |  |  |  |  |
| Understanding of my needs |  |  |  |  |  |  |  |  |  |  |  |
| QA / RA knowledge |  |  |  |  |  |  |  |  |  |  |  |
| Quality of advice |  |  |  |  |  |  |  |  |  |  |  |
| Professionalism of representative |  |  |  |  |  |  |  |  |  |  |  |
| Helpfulness of representative |  |  |  |  |  |  |  |  |  |  |  |
| Ease of contacting QA / RA |  |  |  |  |  |  |  |  |  |  |  |
| Documents issued by QA / RA |  |  |  |  |  |  |  |  |  |  |  |

Do you have any additional comments about your experience or suggestions on how we can improve?

**Customer satisfaction with our Products**

How long have you been buying our **products**:

|  |  |
| --- | --- |
| Less than 1 year |  |
| Between 1 – 3 years |  |
| Over 3 years |  |
| N/A |  |

Please rate your level of agreement with the following statements:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly  agree |  |  |  |  |  |  |  |  | Strongly  disagree |
|  | N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Product does what it claims |  |  |  |  |  |  |  |  |  |  |  |
| Product was worth the price |  |  |  |  |  |  |  |  |  |  |  |
| Product does what I need it to do |  |  |  |  |  |  |  |  |  |  |  |
| Product is competitively priced |  |  |  |  |  |  |  |  |  |  |  |
| Product is easy to use |  |  |  |  |  |  |  |  |  |  |  |

How important are the following characteristics to you when purchasing a product like ours:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Extremely  important |  |  |  |  |  |  |  |  | Not at all  important |
|  | N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Quality of the product |  |  |  |  |  |  |  |  |  |  |  |
| Price of the product |  |  |  |  |  |  |  |  |  |  |  |
| Reputation of the company |  |  |  |  |  |  |  |  |  |  |  |
| Purchase experience |  |  |  |  |  |  |  |  |  |  |  |
| First use experience |  |  |  |  |  |  |  |  |  |  |  |
| Usage experience |  |  |  |  |  |  |  |  |  |  |  |
| After purchase service |  |  |  |  |  |  |  |  |  |  |  |

Thinking of similar products offered by other companies, how would you compare our products:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Much  better |  |  |  |  |  |  |  |  | Much  worse |
|  | N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Quality of the product |  |  |  |  |  |  |  |  |  |  |  |
| Price of the product |  |  |  |  |  |  |  |  |  |  |  |
| Overall |  |  |  |  |  |  |  |  |  |  |  |

How likely are you to recommend our products:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very  likely |  |  |  |  |  |  |  |  | Very  unlikely |
| N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |

Do you have a need for new products you would like us to have in the future:

Do you have any additional comments about your experience or suggestions on how we can improve

**Overall experience**

What is your overall satisfaction rating of our **company**:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very  satisfied |  |  |  |  |  |  |  |  | Very  dissatisfied |
| N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |

Would you purchase our products again:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Definitely  yes |  |  |  |  |  |  |  |  | Definitely  not |
| N/A | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |

Which suggestions do you have to improve our overall experience:

**Contact Details**

Who responded to this questionnaire:

|  |  |
| --- | --- |
| Name |  |
| Function |  |
| Company |  |
| Country |  |

Thank you very much for taking the time to fill out this questionnaire. Your satisfaction is essential in our ongoing relationship.

**Please return this questionnaire before June 1st, 2019 to** [**info@aptec.be**](mailto:info@aptec.be)

**Thank you very much in advance**

**The APTEC team**