

To insure that we provide the ultimate service that we are committed to, we need your feedback. Will you please take a few minutes to honestly describe the providers/Realtors service to you.

Your Name		
Address		
City	State	Zip
Phone Number	Cell Number	
Email Address		

Married Widow or Widower Single Boomer

Company or Providers/Realtor's Name	
Representatives Name	
Company Phone Number	Fax Number
Email Address	Dates of Service
Services Requested by You	

1. Job Completed? Yes No, to be Completed By Date

2. Please rate these services? On a scale of 1-10, 10 excellent; 1 unacceptable. Circle only one.

- | | |
|--|--|
| A. Did they keep all appointments set? | 1 2 3 4 5 6 7 8 9 10 |
| B. Was work done on a timely basis? | 1 2 3 4 5 6 7 8 9 10 |
| C. Did they return your calls and listen politely? | 1 2 3 4 5 6 7 8 9 10 |
| D. Did they take care of details? | 1 2 3 4 5 6 7 8 9 10 |
| E. Are you satisfied with the work they did? | 1 2 3 4 5 6 7 8 9 10 |
| F. Did they provide a good value for the money? | 1 2 3 4 5 6 7 8 9 10 |

3. Please rate them on the following basis.

- | | |
|--------------------|--|
| A. Professionalism | 1 2 3 4 5 6 7 8 9 10 |
| B. Respectfulness | 1 2 3 4 5 6 7 8 9 10 |
| C. Responsiveness | 1 2 3 4 5 6 7 8 9 10 |
| D. Punctuality | 1 2 3 4 5 6 7 8 9 10 |
| E. Quality of Job | 1 2 3 4 5 6 7 8 9 10 |
| F. Pricing | 1 2 3 4 5 6 7 8 9 10 |
| G. Overall Rating | 1 2 3 4 5 6 7 8 9 10 |

4. Please state any positive comments about this Provider/Realtor.

5. Please objectively state any issues or challenges with their services.

6. Would you hire them again? Yes Maybe No

Why?

7. Would you refer them?
Yes Maybe No

8. Have you used other providers, in any service category, a number of times with satisfying results whom you can recommend to us and share with Seniors? If yes please list below.

Yes Number of times used No

Is it OK to use your name when calling them? Yes No

1. Company	
Phone Number	Reps Name
2. Company	
Phone Number	Reps Name

9. Do you know someone who needs a qualified Realtor to market and sell thier home?
Yes Maybe No Please suggest that they call us and mention your name.

10. Do you have friends that you should tell about Good Life Pathways services? Yes Maybe
If you care to, please give us their name, contact number and whether they are a relative, friend or neighbor.

1. Name			
Phone Number	Relative <input type="checkbox"/>	Friend <input type="checkbox"/>	Neighbor <input type="checkbox"/>
2. Name			
Phone Number	Relative <input type="checkbox"/>	Friend <input type="checkbox"/>	Neighbor <input type="checkbox"/>

11. Do you have any suggestion for improving GoodLife’s services or our website?

Your satisfaction and subsequent referrals are the basis of our success and future business. We need your heartfelt endorsement and will provide everyone you refer to us with the same high level of personal service. Please email Barbara at bh@goodlifepathways.com with any referral you may have. Thank you for taking time to fill out this Customer Satisfaction Survey. Your input will help us to offer others a high caliber of providers/Realtors and rendered services. Enjoy the good life!

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