



OTH Survey

OTH Dept: _____

Customer/Member ID #: _____

Today's Date: ____ / ____ / ____

Customer/Member Name:	
Mailing Address:	
Email Address:	
Phone # & Phone Type:	() - Type:
Question:	Answer:
1) How old are you?:	
2) Where are you located?:	
3) What gender do you identify as?: If applicable	
4) What is your employment status?:	
5) How often do you use OTH product or services?:	
6) Does the product help you achieve your goals?:	
7) What is your favorite OTH product or service?:	
8) What would you improve if you could?:	
9) How can we improve your experience with OTH?:	
10) What's working for you and why?:	
11) What can our employee's do better?:	
Question:	Scale of 1-10 Answer: "10 is the Best"
The Quality of Your OTH Product:	1 2 3 4 5 6 7 8 9 10
The Quality of your OTH Services:	1 2 3 4 5 6 7 8 9 10
How Well Did The OTH Customer Service Rep Help:	1 2 3 4 5 6 7 8 9 10
The Knowledge of the OTH Customer Service Rep:	1 2 3 4 5 6 7 8 9 10
Friendly of our Staff:	1 2 3 4 5 6 7 8 9 10
Based on your experience, how likely are you to use OTH again:	1 2 3 4 5 6 7 8 9 10
How likely are you to recommend OTH to a Friend/Colleague/Relative?	1 2 3 4 5 6 7 8 9 10
I received good value for your money with OTH:	1 2 3 4 5 6 7 8 9 10
OTH Staff were attentive:	1 2 3 4 5 6 7 8 9 10
Overall satisfaction with your OTH Experience:	1 2 3 4 5 6 7 8 9 10
Question:	Yes or No Answer:
Did you experience any problems:	Yes --- No
All your questions get answered/resolved:	Yes --- No
May we contact you to follow up on these responses:	Yes --- No
In the future are you willing to take this survey again:	Yes --- No
If we were to update and OTH Products or Services, could we reach back out to talk about these changes:	Yes --- No
Commits:	