

Your feedback is very important to us. Please take a moment to fill in this confidential survey.

## Our Technician's Performance

Circle the appropriate response : 1= poor / 5 = excellent

- |                                                                                  |       |       |       |       |       |
|----------------------------------------------------------------------------------|-------|-------|-------|-------|-------|
| 1. Did they arrive on time?                                                      | 1     | 2     | 3     | 4     | 5     |
| 2. Was their grooming and appearance acceptable to you?                          | 1     | 2     | 3     | 4     | 5     |
| 3. Did they explain to you the work they were going to do before they commenced? | 1     | 2     | 3     | 4     | 5     |
| 4. Did they keep their work area clean and tidy?                                 | 1     | 2     | 3     | 4     | 5     |
| 5. Did they finish the job on time?                                              | 1     | 2     | 3     | 4     | 5     |
| 6. Were you happy with the finished work?                                        | 1     | 2     | 3     | 4     | 5     |
| 7. Did they explain to you how to look after the new surfaces in your bathroom?  | 1     | 2     | 3     | 4     | 5     |
| 8. Did they leave your bathroom clean and tidy?                                  | 1     | 2     | 3     | 4     | 5     |
| 9. Would you recommend the Technician to any of your family or friends?          | 1     | 2     | 3     | 4     | 5     |
| 10. Overall performance of the Technician?                                       | 1     | 2     | 3     | 4     | 5     |
| 11. Which of the above questions are most important to you?                      | _____ | _____ | _____ | _____ | _____ |

Comments: \_\_\_\_\_

## Our Office Team's Performance

Circle the appropriate response : 1= poor / 5 = excellent

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|---------------------------------------------------------------------------------------------------|-------|-------|-------|-------|-------|
| 12. How would you describe the friendliness and attitude of our telephone sales team?             | 1     | 2     | 3     | 4     | 5     |
| 13. Did you find them helpful on the telephone?                                                   | 1     | 2     | 3     | 4     | 5     |
| 14. Were they able to provide you with a solution that met your needs?                            | 1     | 2     | 3     | 4     | 5     |
| 15. Did you find the information package sent to you in the mail useful?                          | 1     | 2     | 3     | 4     | 5     |
| 16. Were they able to book you in at an appropriate time that suited you?                         | 1     | 2     | 3     | 4     | 5     |
| 17. Did they confirm your job prior to the Technician arriving?                                   | 1     | 2     | 3     | 4     | 5     |
| 18. How would you describe the ease of contacting the required person within Bathroom Wex?        | 1     | 2     | 3     | 4     | 5     |
| 19. Speed at which your calls were answered.                                                      | 1     | 2     | 3     | 4     | 5     |
| 20. Which of the above questions most influenced your choice of a bathroom re-enamelling service? | _____ | _____ | _____ | _____ | _____ |

Comments: \_\_\_\_\_

## Our Sales Rep's Performance

Circle the appropriate response : 1= poor / 5 = excellent

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|-------------------------------------------------------------------------------------|-------|-------|-------|-------|-------|
| 21. Did they arrive on time?                                                        | 1     | 2     | 3     | 4     | 5     |
| 22. Was their grooming and appearance acceptable to you?                            | 1     | 2     | 3     | 4     | 5     |
| 23. How would you describe their friendliness and attitude?                         | 1     | 2     | 3     | 4     | 5     |
| 24. How would you describe their knowledge of Bathroom Wex's services and products? | 1     | 2     | 3     | 4     | 5     |
| 25. Did you feel that they were able to understand your needs?                      | 1     | 2     | 3     | 4     | 5     |
| 26. Were you happy with the solution that they provided you for your bathroom?      | 1     | 2     | 3     | 4     | 5     |
| 27. Did they explain the Job Outline clearly?                                       | 1     | 2     | 3     | 4     | 5     |
| 28. Which of the above questions are most important to you?                         | _____ | _____ | _____ | _____ | _____ |

Comments: \_\_\_\_\_

## To allow us to analyse the data correctly, we just need to ask you a bit about yourself.

Which of the above questions are most important to you? \_\_\_\_\_

Why did you choose Bathroom Wex? \_\_\_\_\_

Would you recommend Bathroom Wex to your family and friends?  YES  NO

How did you first hear about Bathroom Wex? \_\_\_\_\_

Your Age:  20-30  30-40  40-50  50-60  60-70  70+ | Gender:  Male  Female | Your Postcode: \_\_\_\_\_

Comments: We value and appreciate any comments or suggestions for improvement!

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete and return in the reply paid envelope enclosed. Thank You!**