

# Annual customer survey (2011)

Your company:

Date:

Your name (optional):

We would appreciate a few moments of your time to complete our short customer survey. This will assist us in evaluating the level of service that you received during 2011 and further enhance our future performance in 2012. Please reply by 29 February 2012.

Thank you in advance for your assistance.

**Please indicate your responses by ticking the relevant box.**

**1. Please indicate the nature of the project(s) on which you have worked with us and which form the basis of this evaluation** (tick multiple boxes if applicable)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Strategic communication planning | <input type="checkbox"/> Meetings and events         | <input type="checkbox"/> Training               |
| <input type="checkbox"/> KOL management systems           | <input type="checkbox"/> Delegate management systems | <input type="checkbox"/> Design services        |
| <input type="checkbox"/> Publication planning             | <input type="checkbox"/> Online CME                  | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Medical writing                  | <input type="checkbox"/> Digital/e-healthcare        |   |

Please answer these questions using the following scale: **excellent, good, neutral, fair or poor**  
 Please also feel free to add any comments or suggestions for improvement

**2. How would you evaluate the **standard of work** delivered?**      Excellent    Good    Neutral    Fair    Poor  
                                                                                  
 Any comments/suggestions:

.....  
 .....

**3. Concentrating on your main **contact person(s)**, how would you evaluate the service that you received?**      Excellent    Good    Neutral    Fair    Poor  
                                                                                  
 Any comments/suggestions:

.....  
 .....

**4. Looking at **medical writing** specifically, what is your opinion of the standard of work delivered?**      Excellent    Good    Neutral    Fair    Poor  
                                                                                  
 Any comments/suggestions:

.....  
 .....

**5. Did the project(s) meet the **stated objectives**?**      Yes    No  
                      
 Any comments/suggestions:

.....  
 .....

**6. How would you describe your **level of satisfaction** with the final outcome?**      Excellent    Good    Neutral    Fair    Poor  
                                                                                  
 Any comments/suggestions:

.....  
 .....

7. Focusing on our **financial management** of the project, please comment on your satisfaction with the following:  
**Initial estimate/proposal**  
**Transparency of the estimate** (breakdown of hours, rates etc)  
**Final reconciliation**  
**Value for money**  
 Any comments/suggestions:

8. What **improvements** would you like to see when conducting similar projects with us?

9. What advice would you give to enable us to maintain a successful and effective partnership with you or your company?

*We want to fully understand your medical communication needs. The next section of the survey is concerned with your expectations.*

10. Which services do you normally seek in a medical communications partner? (tick multiple boxes if applicable)

- |                                  |                             |                                      |
|----------------------------------|-----------------------------|--------------------------------------|
| Strategic communication planning | Delegate management systems | CME solutions                        |
| KOL management systems           | Digital/e-healthcare        | Exhibition stand design/construction |
| Publication planning             | Training                    | Press conferences                    |
| Medical writing                  | Design services             | Branding                             |
| Meetings and events              | Advertising                 | Other (please specify)               |

11. Please tick all of the services that you perceive we provide

- |                                  |                             |                                      |
|----------------------------------|-----------------------------|--------------------------------------|
| Strategic communication planning | Delegate management systems | CME solutions                        |
| KOL management systems           | Digital/e-healthcare        | Exhibition stand design/construction |
| Publication planning             | Training                    | Press conferences                    |
| Medical writing                  | Design services             | Branding                             |
| Meetings and events              | Advertising                 | Other (please specify)               |

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