Klarstig

Healthcare & Wellness Donor Experience Survey

Tell us how you experienced the service or activity. Your ratings and comments help identify what is working and what needs attention.

Contact and reference

Organization using this document

Your name or contact reference

Optional. Leave blank if you do not want to identify yourself in this local draft.

Email for a reply if needed

Information for this document

Service activity or period being rated *

Overall satisfaction *

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neutral
- ☐ Satisfied
- ☐ Very satisfied

Clarity of information *

- ☐ Very unclear
- ☐ Unclear
- ☐ Neither clear nor unclear
- ☐ Clear
- ☐ Very clear
- ☐ Not applicable

Ease of completing what you needed *

- ☐ Very difficult
- ☐ Difficult
- ☐ Neutral
- ☐ Easy
- ☐ Very easy
- ☐ Not applicable

Would you recommend this experience *

- ☐ Yes
- ☐ No
- ☐ Not sure

Most useful improvement

What should stay the same

Specific details

Part of the giving process you experienced

Complete when relevant to this request.

Clarity of gift instructions acknowledgment and impact reporting

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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