

## CUSTOMER FEEDBACK FORM

Please fill this out and fax it to 01959 569 433 or email it to:  
[customerservices@tendonworks.com](mailto:customerservices@tendonworks.com)

\* Required Fields

### CONTACT DETAILS

\* Name: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

\* Email Address: \_\_\_\_\_

### PRODUCT FEEDBACK

1. Please select which product you are feeding back on from the list below:

Tendonworks:   
Performance:   
Recovery:   
Accel-Heal:

2. With regards to the Synapse product you used, how would you rate the following on a scale of 1 - 5 with 5 being the highest mark?

Ease of use:	1	2	3	4	5
Performance:	1	2	3	4	5
Value for Money:	1	2	3	4	5
Design:	1	2	3	4	5
Quality:	1	2	3	4	5

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

3. Would you purchase this product again?

Yes            No            Maybe            Don't Know

## CUSTOMER SERVICE

4. How would you rate the following on a scale of 1 - 5 with 5 being the highest mark?

Promptness of Product Delivery	1	2	3	4	5
Helpfulness of Synapse Representative	1	2	3	4	5

## WEBSITE

5. How would you rate the following on the scale of 1 - 5 with 5 being the highest mark?

Content	1	2	3	4	5
Layout	1	2	3	4	5
Appearance	1	2	3	4	5
Ease of Use	1	2	3	4	5
Level of Information provided	1	2	3	4	5
Comprehensibility	1	2	3	4	5
Interest	1	2	3	4	5

Additional comments or suggestions:

If you have any general additional comments or suggestions you'd like to feedback, please state below:

Thank you for your time. Your comments and suggestions are important to us.