

PATIENT SATISFACTION SURVEY

Please place the completed survey in the envelope at the front desk. Your name is not recorded on this form and your individual answers will be kept confidential. Thank you for participating in this survey.

1. Age: _____ 2. Male Female 3. Dominant hand: Right Left
3. Injury: _____ Right Left

Please answer the questions below by *circling* the response which best describes your opinions about your treatment.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The office receptionist was courteous.	1	2	3	4	5
2	The registration process was clear and efficient..	1	2	3	4	5
3	The waiting area was comfortable (lighting, temperature, furnishings).	1	2	3	4	5
4	The office location was convenient.	1	2	3	4	5
5	I was seen at or close to my appointment time.	1	2	3	4	5
6	The office hours were convenient for me.	1	2	3	4	5
7	My therapist spent enough time with me.	1	2	3	4	5
8	My therapist thoroughly explained the treatment(s) I received.	1	2	3	4	5
9	My therapist was respectful.	1	2	3	4	5
10	The office staff was respectful.	1	2	3	4	5
11	The therapist's student assistant was respectful (if applicable).	1	2	3	4	5
12	The therapist listened to my concerns.	1	2	3	4	5
13	My therapist answered all my questions.	1	2	3	4	5
14	My therapist advised me on ways to stay healthy and avoid future problems.	1	2	3	4	5
15	The office and its facilities were clean.	1	2	3	4	5
16	The office used up-to-date equipment.	1	2	3	4	5
17	My therapist gave me detailed instructions regarding my home exercise program.	1	2	3	4	5
18	I am satisfied and comfortable with my custom orthosis/splint (if applicable).	1	2	3	4	5
19	Overall, I am completely satisfied with the services I received from my therapist.	1	2	3	4	5
20	I would return to this office for future services or care.	1	2	3	4	5

Comments: _____

