

Patient Satisfaction Survey

The staff at PRO Physical Therapy wants to ensure that the care you receive is of utmost quality and efficiency. To help us continue to provide quality care, we would like for you to take a few minutes to answer the following questions. Your input is valuable to us and will be kept confidential.

Directions: Please check the box that best describes your opinion. Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD).

- | | SA | A | N | D | SD |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Whenever I phone the office I receive prompt attention. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All the members of the staff are friendly and courteous. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The office hours are convenient for me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The clinic is clean and neat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. A member of the PRO staff discussed fees, payment and/or special needs with me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I usually do not have to wait too long beyond my scheduled appointment time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The therapist spends adequate time with me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The therapist listens carefully to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The therapist explains things to me in a language that I can understand. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I am working toward/have met my goals for attending physical therapy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Overall, I am satisfied with the care I received at PRO Physical Therapy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The things I like most about PRO Physical Therapy are: _____

The things which should be improved are: _____

Would you consider referring a friend or relative to PRO? Yes No

Would you like a staff member to phone you to discuss your responses to this survey? Yes No (If yes, please provide contact information:

Signature (optional): _____ Date: _____