



NAME _____ (Optional)
 DATE _____

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.

Strongly Disagree (1) Strongly Agree (5)

RECEPTION

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. I was greeted courteously on the phone and at the Front office. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Front office staff was helpful and friendly. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. I found it easy to schedule the days and times I needed. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. The reception area is neat and clean. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. A member of the PRO staff discussed fees, payments and/or special needs | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

TREATMENT (THERAPIST)

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 6. I usually do not have to wait too long beyond my scheduled appointment time. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 7. The therapist spent adequate time with me. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 8. The therapist listens carefully to me. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 9. The therapist explained things to me in a language that I could understand. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 10. I am working toward/have met my goals for attending. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

SUPPORT STAFF (AIDE/EXERCISE TECH)

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 11. Support staff was knowledgeable and professional. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 12. Support staff was attentive, respectful and understanding. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 13. Gym/Treatment rooms were kept clean and organized to my level of expectation. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

OVERALL

I would recommend PRO Physical Therapy 1 2 3 4 5

Please Explain: _____

OVER

The things I like most about PRO Physical Therapy: _____

The things which could be improved are: _____

Would you like to add a patient testimonial comment for our website (only your initials will be used):

Would you like a staff member to phone you to discuss your responses to this survey (if yes please provide a phone number where we can contact you)?

Yes No _____