



PHYSICAL THERAPY Professionals

SATISFACTION SURVEY

Date: _____

1. Please check the percent improvement you experienced with treatment.

- No Better 25-50% 51-75% 76-100%

2. How soon were you able to make your first appointment?

- Same day Within 2 days Within 1 week Within 2 weeks

3. Check the box that best describes your experience as it relates to the questions below.

	Very Good	Good	Average	Below Average
The courtesy you experienced with our front office staff was?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of scheduling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The courtesy of our clinical staff was?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of your problem and how your therapist planned to help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for my confidentiality/privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Quality of Care and Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What did we do well with your care? (please write your comments in the box below)

5. What could we have done better? (please write your comments in the box below)

6. Would you use us again? Yes No

7. Would you recommend us to a friend? Yes No

8. Receiving the Physical Therapy Professionals monthly newsletter on fitness, injury prevention, and physical therapy makes me more likely to use you in the future.

(check the response that is most appropriate)

- Yes No I don't get your newsletter but would like to receive it.

My email address is _____