



Physical Rehabilitation

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Date Sent

SATISFACTION SURVEY

Recently you have been seen by one of the physical therapists at Centre of Physical Rehabilitation (CPR). Your impression of this office is very important to us and will help us in offering the best physical therapy care and service in your community. For your convenience, a self-addressed, postage paid envelope has been provided for this survey. Your response is greatly appreciated. Please rate each item by filling in the circle under the word that best describes your feelings. *(Please fill in the circles completely.)*

1. Please consider all your visits to CPR for physical therapy. Please rate each of the following items.

YOUR PHYSICAL THERAPIST	Excellent	Good	Fair	Poor	Unacceptable
A. Friendly & Courteous Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Professional Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Professional Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Communication Regarding Your Injury/Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Response to Your Questions and Concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Attention/Time Given to Your Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Overall Quality of Your Physical Therapist.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GYM STAFF	Excellent	Good	Fair	Poor	Unacceptable
A. Friendly & Courteous Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Professional Appearance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Attention/Time Given to Your Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Overall Quality of Gym Staff.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OFFICE STAFF	Excellent	Good	Fair	Poor	Unacceptable
A. Friendly & Courteous Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Professional Appearance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Appointment Scheduling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Timely Attention to Your Needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Explanation of Billing/Payment Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Handling of Your Insurance Claims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Overall Quality of Office Staff.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OFFICE/FACILITIES	Excellent	Good	Fair	Poor	Unacceptable
A. Condition/Cleanliness of Office.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Furnishings and Decor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Appearance of Building Exterior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Parking Convenience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Location of Office.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Overall Comfort and Appeal.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVERALL IMPRESSION	Excellent	Good	Fair	Poor	Unacceptable
A. Overall Quality of this Office.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1 Visit
 2 – 4 Visits
 5 – 10 Visits
 11 or More Visits

3. Were you seen within 20 minutes of your appointment time? Yes No

4. a. Does our office offer sufficient hours? Yes No

b. If not, please suggest additional hours that would better suit your needs: _____

5. a. What do you like or dislike about our office? _____

b. What would you recommend we do to improve the quality of our office? _____

6. Which factors influenced your decision to come to this office? (fill in all that apply)

- | | | |
|--|--|--------------------------------|
| <input type="radio"/> Physician Referral | <input type="radio"/> Prior Patient | <input type="radio"/> Attorney |
| <input type="radio"/> Convenient Location | <input type="radio"/> Therapist Referral | <input type="radio"/> Other |
| <input type="radio"/> Insurance Referral | <input type="radio"/> Yellow Pages/Advertising | _____ |
| <input type="radio"/> Friend/Family Referral | <input type="radio"/> Employer Referral | (Specify) |

7. If given the opportunity, would you recommend this office to others? Yes No

8. Please mark your primary Physical Therapist who in this office.

- Serge Saithsoothane
 Steven Kight

9. Have you been seen by one of our physical therapists for previous injuries/conditions? Yes No

10. What is your age group?

- Under 25
 25 - 35
 36 - 45
 46 - 55
 56 - 65
 Over 65

11. Which of the following best describes your present occupation?

- | | | |
|---|--|-----------------------------------|
| <input type="radio"/> Professional; Technical; Education | <input type="radio"/> Crafts; Trades | <input type="radio"/> Homemaker |
| <input type="radio"/> Manager; Proprietor; Owner | <input type="radio"/> Laborer | <input type="radio"/> Retired |
| <input type="radio"/> Clerical; Secretarial; Administrative | <input type="radio"/> Operator, Construction | <input type="radio"/> Unemployed |
| <input type="radio"/> Sales; Retail; Service Worker | <input type="radio"/> Student | <input type="radio"/> Other _____ |
- (Specify)

12. What is your gender? Male Female

OPTIONAL

Name (please print)

Phone () –