

## Patient Satisfaction Survey

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We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this survey. All responses are confidential, and we don't want you to sign it or otherwise indicate your name. Just let us know what to do better!

**On a scale from 1 to 5, with 5 being excellent and 1 being poor, how would you rate:**

The time between your call to schedule an appointment and your appointment date? Did we fit you in fast enough? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Comments:

The time it took us to answer your call? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Comments:

The manners of the person(s) who scheduled your appointment? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Comments:

The convenience of our location? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Comments:

Parking convenience? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Comments:

The convenience of our office location? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Comments:

The professionalism and helpfulness of your receptionist. Was the receptionist polite? Were your questions answered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:					

Your wait time in the office?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:					

The comfort, cleanliness and amenities of the reception ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:					

**Tell us about your therapist:**

I saw  Jon Hupp, PT  Steven Cuddy  Julie Sandstedt  LouAnn Hilton  Dale O'Toole

The amount of time spent with your physical therapist ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:					

His or her listening ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:					

His or her explanation of procedures, diagnoses, or treatment regimen ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comments:					

His or her professional manner ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Comments:

If you have visited our practice before, were you satisfied with your treatment outcome?

1    2    3    4    5

Comments:

Would you recommend STAR Physical Therapy to friends and other family members?

1    2    3    4    5

Comments:

Overall, how would you rate our practice?

1    2    3    4    5

Comments:

**How did you hear about STAR Physical Therapy?**

- Drove by and saw your sign
- Referral by friend or family member
- Referral by physician
- Internet website
- Newspaper article or announcement
- Yellow Pages
- Other

**Thank you for taking the time to complete our survey! It will help us serve you better.**