

You recently received services at one of our facilities. Because we strive to deliver the best possible experience, we are interested in learning more from our patients about how we might improve or enhance the overall care we provide. Please take a few minutes to complete this short survey to let us know how we are servicing your needs.

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1. At which location did you have your appointment?

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2. What age group do you fall into?

- 18-24
- 25-36
- 37-48
- 49-64
- 65+

3. What gender best describes you?

- Male
- Female

4. How did you first learn about us?

- Physician
- Friend
- Family Member
- Online Directory/Ad
- Insurance Company recommendation
- Former Patient
- Other, Please specify \_\_\_\_\_

5. Was this your first experience with Physio Orthotics & Prosthetics?

- Yes
- No

6. Was this your first experience with this facility?

- Yes
- No

7. If you answered No, above – how many visits have you had at this facility?

- 1 to 3 visits
- 4 to 6 visits
- 7 to 10 visits
- 11 to 15 visits
- 15 or more visits

8. Overall how satisfied were you with your most recent experience?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

9. If you were dissatisfied, please tell us why you were dissatisfied with your last experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How likely would you be to return to this facility in the future?

- Very Unlikely
- Unlikely
- Undecided
- Likely
- Very Likely

11. How likely are you to recommend this facility to your friends and family?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

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**12. Now I would like for you to think about different parts of your experience.**

Please rate your degree of satisfaction for each of the following statements:

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
a. My call was answered promptly and in a courteous and professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Greeted by name when you arrived at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Access to this facility location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The availability of convenient appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The level of courtesy and respect shown to you by the staff at this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ease of scheduling visits after my first appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I was seen promptly when I arrived for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My bills were accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The cost of treatment received was reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The information your clinician gave you about your condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The clinician's inclusion of your input in setting treatment goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Overall results of your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My privacy was respected during my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. My clinician was courteous and professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. The facility was clean and inviting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. My overall experience at this clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**13. Tell us one thing that we did exceptionally well during your visit:**

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**14. Tell us one thing in which we could improve upon at your next visit:**

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*Thank you for taking the time to complete our survey, the information you provided is confidential and will only be used to ensure we are meeting our patient's expectations.*