

PATIENT SATISFACTION SURVEY

Name (optional): _____			
I was seen in: __ the morning or early afternoon __ the late afternoon or evening.			
I was being seen for: _____ (condition/diagnosis)			
Your responses will be kept in strict confidence.			
Please read each statement and check the box that most closely reflects your opinion.			
	AGREE	NEUTRAL	DISAGREE
The office was neat and clean.			
The front office staff was courteous and helpful.			
I was able to schedule appointments at times that were convenient for me.			
I was not kept waiting for more than 15 minutes for scheduled appointments.			
The physical therapy staff was professional and knowledgeable.			
The physical therapy staff spent enough time with me and answered my questions in terms I could understand.			
I was instructed in a thorough home exercise program that I understood and could perform independently.			
I continue to perform the home exercise program regularly and as instructed.			
I would recommend this facility to friends or family.			

Comments: _____

Thank you for your assistance,

John Sweeney, PT