



Patient Satisfaction Questionnaire

DEAR PATIENT,

We are continually working to improve the quality of our care and service to you. Your thoughts and opinions are important in helping us meet that goal. Please take the next few minutes to complete the survey. **Thank you very much.**

1. Our office hours are:

- a. Satisfactory.
- b. Inconvenient.
- c. Need to include: _____

2. The staff is: a. Cheerful and helpful. b. Did not seem interested in me.

3. The professional who treated me:

- a. Seemed to know exactly what she/he was doing.
- b. Did not seem to have a clear plan of action.
- c. Answered and explained all of my questions.
- d. Did not answer my questions and left me confused.

4. When I arrived for treatment:

- a. I was seen immediately.
- b. I had to wait up to 15 minutes.
- c. I had to wait more than 15 minutes.
- d. I had to wait longer than 30 minutes.

5. When I called, the receptionist was:

- a. Courteous.
- b. Helpful.
- c. Rude.
- d. Not helpful.

6. When I called, the office manager was:

- a. Courteous.
- b. Helpful.
- c. Rude.
- d. Not helpful.

7. The treatments I received :

- a. Helped me.
- b. Did not seem to help me.

8. Overall, I felt:

- a. Pleased with the treatments.
- b. The professionals and staff were really concerned for me.
- c. No one cared about my injury and recovery.

9. I would:

- a. Come back for treatment should it be necessary.
- b. Recommend you to my family or friends.

Comments:

Date: _____ Name & telephone number (optional): _____