



Patient Satisfaction Survey

We want to be sure that we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can do better!

Thank you.

**1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.**

<b>RECEPTION</b>	<b>Not at all Satisfied (1)</b>	<b>(2)</b>	<b>Neutral (3)</b>	<b>(4)</b>	<b>Very Satisfied (5)</b>	<b>N/A</b>
Reaching the office by phone.						
The time between your call to schedule an appointment and your appointment date.						
The manners of the person(s) who scheduled your appointment.						
The professionalism and helpfulness of your reception.						
Your wait time in the office.						
The comfort, cleanliness and amenities of the reception area.						
The extent to which staff respected your privacy.						

**2. Please rate the following items related to the delivery of your care. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.**

<b>PROVIDER</b>	<b>Poor (1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>Excellent (5)</b>	<b>N/A</b>
Your provider's listening skills.						
His or her explanation of procedures, diagnoses or treatment regimen.						
His or her personal manner (courtesy, respect, sensitivity, friendliness).						
Other staff's personal manner (courtesy, respect, sensitivity, friendliness).						
Technical skills (thoroughness, carefulness, competence) of the provider.						
How prepared (records and educational materials readily available) the staff and provider were for your visit.						

*(please complete back)*

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/A.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My provider spent adequate time with me.						
The service/care provided was valuable to improving my health.						
The educational information I received was helpful.						
I clearly understand the next steps in my plan of care.						

4. Which provider were you seen by?  
 Heather Kapitz, MPT     Karen Monarski, PT     Sarah Wilcox, OTR/L

5. Would you return to see this provider for further care?  
 Yes     No     Not applicable

6. Would you recommend this practice to family and friends?  
 Yes     No

7. Did any specific staff members stand out?  
 If yes, who and why?

8. Were there any aspects of your care that we could have improved?  
 Please explain.

9. Please tell us what you like best about the care you received.

*Thank you from everyone here at  
 Priority Physical Therapy, Inc.*