

Patient Satisfaction Questionnaire

1. Age _____
2. Gender: ___ Female ___ Male
3. How did you hear about our facility (check all that apply).
___ Friend/family ___ MD Office
___ Insurance Company ___ Former Patient
___ Website ___ Other: _____
4. Was this your first experience with physical/occupational/speech therapy?
5. Was this your first experience with this facility?
6. Which part of the body did you receive treatment?
___ back ___ neck
___ shoulder ___ elbow
___ wrist/hand ___ hip
___ knee ___ foot/ankle
___ general conditioning ___ balance/vestibular training
___ neurological ___ gait training

Please rate the following statements 1 through 5 based on your opinion. (1=strongly disagree, 2=disagree, 3=neutral/neither agree/disagree, 4=agree, 5=strongly agree).

6. Waiting time to schedule initial visit was minimal
7. Scheduling future appointments was easy
8. Location of facility was easy to find
9. I was able to find parking
10. The front office staff was polite and friendly
11. I was seen promptly for my visits
12. The therapist/assistant/aide kept my problem confidential
13. The therapy staff was friendly
14. My therapist answered my questions regarding diagnosis/treatment/outcomes
15. I received quality care during my treatment at Anberry Rehabilitation
16. My treatment and outcome was consistent with my expectations
16. I would use Anberry Rehabilitation again for future therapy
17. I would recommend Anberry Rehabilitation to friends/family

Additional Comments: