

ORTHOTIC PATIENT SATISFACTION SURVEY

Please return this survey to our office.

1) Were you able to schedule a convenient appointment?

- Yes No No Appt / Walk-in / Clinic

2) When you first arrived at our office, how would you rate your greeting by our reception staff?

- Friendly and helpful Pleasant I Just signed In Rude
 They didn't acknowledge Me No receptionist present N/A Home/Clinic Visit

3) How comfortable was the waiting area?

- Very Comfortable It Was Okay Very Uncomfortable N/A Home/Clinic Visit

4) Regarding your scheduled appointment time, were you seen:

- Before Appointment OnTime Just After Long After
 No Appt / Walk-in / Clinic I Was Late

5) Did we explain your financial obligations?

- Yes No Not Applicable

6) How would you rate the "knowledge, care and attention" that the practitioner provided to you during your visit?

- Well Done! Pretty Good Okay Needs Help No Opinion

7) Did you and our professional staff discuss your "goals and objectives" as you go about your daily activities?

- Yes No

8) Did you receive your device(s) within the time frame your practitioner outlined?

- Yes No

9) How satisfied are you with your device?

- Satisfied Mostly satisfied Neutral Mostly dissatisfied Dissatisfied

10) How useful were the instructions we provided regarding the use and care of your device?

- Very Useful Somewhat Useful Not Useful I don't remember getting instructions

11) Were you instructed about the purpose and function of the device?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them

12) Were you instructed about the proper cleaning of the device?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them

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13) Were you instructed about the potential risks, benefits and precautions associated with the device?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them
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14) Were you instructed on how to inspect your skin for signs of trouble?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them
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15) Were you instructed about when and to whom to report changes in physical condition or general health?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them
-

16) Were you instructed about whom to contact if a problem develops?

- Yes No
-

17) Were your questions, problems or concerns about your orthosis answered to your satisfaction?

- Yes No I am not sure I had no questions
-

18) Were your questions, problems or concerns about your care answered to your satisfaction?

- Yes No I had no questions
-

19) Please rate your overall satisfaction with the care you received.

- Satisfied Mostly satisfied Neutral Mostly dissatisfied Dissatisfied
-

20) Would you recommend us to your friends or family if they were in need of similar services?

- Yes No I am not sure
-

21) Additional comments:

22) Would you like us to contact you? If so, please enter your name and telephone number.

Please bring this completed survey to your next appointment or return it using one of the following methods:

By Fax

By Mail