

PROSTHETIC 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 / Home Visit

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

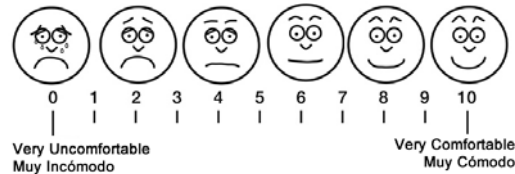
8) Did you receive your device(s) within the time frame your practitioner outlined?

- Yes No

9) How satisfied are you with your device?

- Satisfied Mostly satisfied Neutral Mostly dissatisfied Dissatisfied

10) When you wear your prosthesis for normal use, how comfortable is the socket?



- 0 1 2 3 4 5 6 7 8 9 10

11) 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

12) 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

13) 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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14) Were you instructed about possible risks, precautions and benefits associated with your prosthesis?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them
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15) 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
-

16) 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
-

17) How would you rate the training you (or the person who takes care of you) received regarding the prosthesis you recently received?

- Excellent Very good Good Fair Poor I had no training
-

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

- Yes No
-

19) If you had any questions, problems or concerns about your prosthesis, were they addressed in a timely manner?

- Yes No I had no questions
-

20) Do you use your device on a daily basis or some other frequency?

- Daily 3-5 times/week Less than 3 days/week Not at all
-

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

- Satisfied Mostly satisfied Neutral Mostly dissatisfied Dissatisfied
-

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

- Yes No I am not sure
-

23) Additional comments:

24) 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 by mail or fax