



PATIENT SERVICES SATISFACTION SURVEY

Pt ID: _____ Loc: _____ Prac: _____ Date: _____

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 and clean was the waiting area?

- Very Comfortable It was Okay Needs Improvement N/A Home/Clinic
-

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

- Before Appointment On Time Just after Long After No Appt / Walk-in /Clinic
-

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 Some Help No Opinion
-

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

- Yes No
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8) How satisfied are you with your item/service?

- Satisfied Mostly satisfied Somewhat satisfied Somewhat dissatisfied Dissatisfied
-

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

- Yes No I had no questions
-

10) How frequently do you use your device?

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

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

- Yes No I am not sure
-

12) Additional Comments?