

Patient Satisfaction Survey

Patient Identification Number	Tracking Number	Survey Date	MM <input style="width: 100%;" type="text"/>	DD <input style="width: 100%;" type="text"/>	YYYY <input style="width: 100%;" type="text"/>
-------------------------------	-----------------	-------------	---	---	---

For your current rehabilitation treatment, how satisfied were you with:	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1. The information your therapist gave you about your condition?					
2. The therapist's inclusion of your input in setting treatment goals?					
3. The availability of convenient therapy appointments?					
4. Access to this facility location?					
5. The level of courtesy and respect shown to you by the staff at this facility?					
6. The therapy treatments for your condition?					
7. Overall results of your therapy treatment?					
8. Based on your experience at this facility, you would say to a friend, "I was ... "					