

Patient Satisfaction Survey

Name (optional): _____ Date: _____

Primary Therapist: _____

At SportFit Physical Therapy, we strive to provide you with a positive physical therapy experience. Your responses to the following questions will help us achieve that goal.

Circle the appropriate response and thank you for your comments

1. Was the front office staff courteous and helpful? YES NO
Comments:

2. Was the clinic neat and clean? YES NO
Comments:

3. Were you satisfied with your average wait in our waiting room? YES NO
Comments:

4. Do you have a good understanding of your diagnosis? YES NO
Comments:

5. Did your therapist explain the plan of treatment to you? YES NO
Comments:

6. Did your therapist explain what your roles/responsibilities were during your care? YES NO
Comments:

7. Were you given a home exercise program (or a plan of self-care)? YES NO
Comments:

8. Did you understand the home exercise program (or instructions for self-care)? YES NO
Comments:

9. Was the treatment beneficial? YES NO
Comments:

10. Would you recommend our clinic to others? YES NO
Comments: