



## **Patient Satisfaction Survey**

Cozad Community Physical Therapy, Occupational Therapy and Speech Therapy value your feedback and input. If you could take a moment to answer the following questions it would be greatly appreciated. We will use this information to improve our services and assist in providing optimal patient care and customer service.

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*Please circle the therapy service(s) you recently received from Cozad Community Physical Therapy?*

Physical Therapy   or   Occupational Therapy   or   Speech Therapy

*Please rate your degree of satisfaction with each of the following statements.*

1. Respect for your privacy during physical, occupational or speech therapy care

Very Poor	Unsatisfied	Satisfied	Very Satisfied

2. The courtesy of your therapist

Very Poor	Unsatisfied	Satisfied	Very Satisfied

3. The courtesy of staff members

Very Poor	Unsatisfied	Satisfied	Very Satisfied

4. Hours of operation

Very Poor	Unsatisfied	Satisfied	Very Satisfied

5. Ability to schedule subsequent therapy appointments

Very Poor	Unsatisfied	Satisfied	Very Satisfied

6. Time you waited before receiving treatment

Very Poor	Unsatisfied	Satisfied	Very Satisfied

7. Your therapists understanding of your problem/condition

Very Poor	Unsatisfied	Satisfied	Very Satisfied

8. Explanation of your therapy treatment program

Very Poor	Unsatisfied	Satisfied	Very Satisfied

9. Treatment provided by your therapist

Very Poor	Unsatisfied	Satisfied	Very Satisfied

10. Overall quality of your therapy care

Very Poor	Unsatisfied	Satisfied	Very Satisfied

11. I would recommend this facility to family or friends

Very Poor	Unsatisfied	Satisfied	Very Satisfied

12. I would return to this facility if I required therapy in the future

Very Poor	Unsatisfied	Satisfied	Very Satisfied

13. Overall, I was satisfied with my experience with at Cozad Community Physical Therapy

Very Poor	Unsatisfied	Satisfied	Very Satisfied

Would we be able to contact you to provide a positive patient testimonial?    Yes    or    No

Please leave additional comments below:

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