

# PATIENT SATISFACTION QUESTIONNAIRE

It is our goal to give you the best possible medical care. To do that, it is important that we know your thoughts about the care you received from our office. Thank you for your help.

Excellent      OK      Poor      N/A

## Registration Process

1. Greetings you received from the office staff.	0	0	0	0
2. Length of time you had to wait between arriving to our office and going back to the patient area.	0	0	0	0
3. Communication with office staff. (courteous/friendly/easy to speak with)	0	0	0	0
4. Respect for your privacy and comfort.	0	0	0	0

## Your Visit

1. Explanation of your prescription.	0	0	0	0
2. Explanation of the type of prosthesis/therapeutic shoes.	0	0	0	0
3. How would you rate your questions being answered?	0	0	0	0
4. How would you rate the fitting and delivery of your prosthesis/therapeutic shoes?	0	0	0	0

## Your Prosthetist/Shoe Fitter

1. Communication with your Prosthetist/Shoe Fitter. (courteous/friendly/easy to speak with)	0	0	0	0
2. Professional manner.	0	0	0	0
3. The prosthetist/Shoe Fitter knowledge and ability to answer your questions.	0	0	0	0
4. Explanation of the use of your prosthesis/therapeutic shoes.	0	0	0	0
5. Explanation of the maintenance of your prosthesis/therapeutic shoes.	0	0	0	0
6. Explanation of any limitations.	0	0	0	0
7. Explanation of the importance of keeping follow-up appointments.	0	0	0	0

## Your Device

1. Satisfaction with the quality of your prosthesis /therapeutic shoes	0	0	0	0
2. Satisfaction with the cosmetic look of your prosthesis/therapeutic shoes.	0	0	0	0
3. How would you rate the time frame your prosthesis /therapeutic shoes was delivered.	0	0	0	0

### Our Offices

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Adequate parking available.                | 0 | 0 | 0 | 0 |
| 2. Appearance of waiting room and exam rooms. | 0 | 0 | 0 | 0 |
| 3. Office easy to find and accessible.        | 0 | 0 | 0 | 0 |
| 4. Easy to contact our office by phone.       | 0 | 0 | 0 | 0 |

### Overall

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. How would you rate your overall experience?            | 0 | 0 | 0 | 0 |
| 2. Would you recommend this office to family and friends? | 0 | 0 | 0 | 0 |
| 3. How would you rate your quality of care?               | 0 | 0 | 0 | 0 |

Was there anything we did that made your visit more pleasant?

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What could we do to improve our service?

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Who was your Prosthetist/Shoe Fitter?

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Additional comments

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When you are finished, please drop the survey in the box in the lobby.