

Marquette Orthopedic and Sports Therapy

1007 Harbor Hills Drive
Marquette, MI 49855

INSTRUCTIONS: The staff of Marquette Orthopedic and Sports Therapy values your feedback, so please take a moment to answer the following questions. This information allows us to improve our services and provide better care.

Patient Satisfaction Survey

Please rate your experience as a physical therapy patient at Marquette Orthopedic and Sports Therapy. For each question below, pick the answer that best represents your feelings.

<u>Staff</u>	Excellent	Good	Fair	Poor	Terrible
1. Friendly and courteous behavior	5	4	3	2	1
2. Professional behavior	5	4	3	2	1
3. Communication regarding your injury and treatment	5	4	3	2	1
4. Response to your concerns	5	4	3	2	1
5. Timely attention to your needs	5	4	3	2	1
6. Explanation of your bill and payment	5	4	3	2	1
7. Overall quality of staff	5	4	3	2	1

<u>Clinic and Facility</u>	Excellent	Good	Fair	Poor	Terrible
1. Condition and cleanliness of clinic	5	4	3	2	1
2. Furnishings and décor	5	4	3	2	1
3. Parking convenience	5	4	3	2	1
4. Location	5	4	3	2	1
5. Overall comfort and appeal	5	4	3	2	1

<u>Overall Impression</u>	Excellent	Good	Fair	Poor	Terrible
1. Overall quality of this clinic	5	4	3	2	1
2. Satisfaction with your therapist	5	4	3	2	1

General Questions

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|---|------------|-----------|
| 1. Would you recommend this clinic to others? | <u>Yes</u> | <u>No</u> |
| 2. Were you seen at your scheduled time? | <u>Yes</u> | <u>No</u> |
| 3. Did your therapist provide a home program? | <u>Yes</u> | <u>No</u> |
| 4. Is your condition better? | <u>Yes</u> | <u>No</u> |
| 5. Does our clinic offer sufficient hours? | <u>Yes</u> | <u>No</u> |

If not, please suggest hours that would be better:

What did you like best about our clinic?

What would you recommend we improve?

Where did you hear about us?