



Physical Therapy

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PATIENT SATISFACTION SURVEY

Thinking about your appointments with Momentum, how would you rate the following?
Please circle one answer for each question

Response definitions:	1 = Poor	2= Fair	3 = Good	4 = Very Good	5 = Excellent
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Date: _____ Therapist's Name: _____

- 1. Convenience of the office location 1 2 3 4 5
- 2. Convenience of my appointment time(s)..... 1 2 3 4 5
- 3. My phone calls / questions were responded to quickly and respectfully 1 2 3 4 5
- 4. The front desk personnel were helpful, cheerful, and efficient 1 2 3 4 5
- 5. Amount of time spent with my therapist1 2 3 4 5
- 6. Technical skills (thoroughness, carefulness, competence) of my therapist 1 2 3 4 5
- 7. Personal manner (courtesy, respect, sensitivity, friendliness) of my therapist..... 1 2 3 4 5
- 8. My therapist seems to have genuine interest in me as a person1 2 3 4 5
- 9. The facility and equipment seemed adequate for my care.....1 2 3 4 5
- 10. Overall satisfaction of my visits..... 1 2 3 4 5

General Information:

- 11. Was this your first time visit as a patient at our office? Yes No
- 12. Would you return to our office if you require therapy again? Yes No
If no, why? _____
- 13. Would you refer family / friends to Momentum Physical Therapy? Yes No
If no, why? _____
- 14. Would you be interested in having us visit your company and presenting seminars, health fairs, or employee injury screenings? Yes No
If yes, who should we contact? Name: _____ Phone #: _____
- 15. How did you hear about Momentum? Doctor Referral (family/friend)
 Phone book Website / Internet
 Health club Other: _____

We welcome your comments and suggestions. Is there anything we could have done to increase the satisfaction of the care you received? If so, please write your comments in the box below.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!