



Decatur Physical Therapy & Sports Medicine

487 Winn Way, Suite 201 – Decatur, GA 30030

(404) 297-9315, www.decaturphysicaltherapyandsportsmedicine.com

email: office@decaturphysicaltherapyandsportsmedicine.com

PATIENT SATISFACTION SURVEY

We appreciate you choosing Decatur PT for your therapy. To evaluate our effectiveness and improve our services, we are interested in your feedback. We would very much appreciate your completing this survey. This is an anonymous survey, so please be completely honest.

Which Physical Therapist did most of your treatment?

How helpful was our front office in scheduling your first appointment and preparing for your visit?

- Excellent Good Average Poor Does Not Apply

Were you able to get an appointment when you needed it?

- Excellent Good Average Poor Does Not Apply

How was the availability and convenience of parking?

- Excellent Good Average Poor Does Not Apply

Was the reception/waiting area comfortable?

- Excellent Good Average Poor Does Not Apply

Was our front office staff courteous and helpful when you visited the office?

- Excellent Good Average Poor Does Not Apply

How well did we help you understand your financial responsibility prior to your treatment?

- Excellent Good Average Poor Does Not Apply

Was the wait to see the therapist reasonable?

- Excellent Good Average Poor Does Not Apply

How was the therapist's understanding of your condition/problem?

- Excellent Good Average Poor Does Not Apply

How were the therapist's listening skills?

- Excellent Good Average Poor Does Not Apply

What did you think of the amount of time the therapist spent with you?

- Excellent Good Average Poor Does Not Apply

How was the therapist's explanation of your condition and the recommended treatment?

- Excellent Good Average Poor Does Not Apply

How well were your questions understood and answered?

- Excellent Good Average Poor Does Not Apply

How would you rate the overall quality of the care you received?

- Excellent Good Average Poor Does Not Apply

Rate your general state of health and function **prior to treatment** on a scale from 1 to 5:

- 1 = Excellent health, no limitations
- 2 = Minimal discomfort, minimal functional limitations
- 3 = Some pain/discomfort, some functional limitations
- 4 = Significant pain, significant functional limitations
- 5 = Debilitating pain and/or debilitating/disabling functional limitations

Rate your general state of health and function **after your initial treatment** on a scale from 1 to 5:

- 1 = Excellent health, no limitations
- 2 = Minimal discomfort, minimal functional limitations
- 3 = Some pain/discomfort, some functional limitations
- 4 = Significant pain, significant functional limitations
- 5 = Debilitating pain and/or debilitating/disabling functional limitations

Rate your general state of health and function **after your treatment was concluded** on a scale from 1 to 5:

- 1 = Excellent health, no limitations
- 2 = Minimal discomfort, minimal functional limitations
- 3 = Some pain/discomfort, some functional limitations
- 4 = Significant pain, significant functional limitations
- 5 = Debilitating pain and/or debilitating/disabling functional limitations

How likely are you to continue the maintenance plan you were instructed to do at home?

- Extremely Very Maybe Probably won't Does Not Apply

Do you think you'll be able to sustain any positive changes you achieved in treatment with us?

- Absolutely Probably Maybe Not likely Does Not Apply

If you need therapy in the future, are you likely to return to Decatur Physical Therapy?

- Absolutely Probably Maybe Not likely Does Not Apply

Would you recommend Decatur Physical Therapy to a friend?

- Absolutely Probably Maybe Not likely Does Not Apply

COMMENTS/SUGGESTIONS:

If you wrote something nice about us, may we share your comment on our website or brochures?

- Yes No

If yes, may we use your first name and last initial? Name: _____ Initial: _____