

## Patient Feedback Survey

We want to know about your experience! Your input on this survey can help to improve the quality of care provided for patients and their families. Once you are finished with the survey, please return it to our office at the address listed below. We appreciate your time!

- 1) **Therapist's Name:** \_\_\_\_\_
- 2) **Did this Therapist listen carefully to you and/or your child?**  
Never      Sometimes      Usually      Always
- 3) **Did this therapist show respect for what you and/or your child had to say?**  
Never      Sometimes      Usually      Always
- 4) **Did this therapist spend enough time with your child at his or her visits?**  
Never      Sometimes      Usually      Always
- 5) Using any number from 0 to 10, where "0" is the "Worst Therapist Possible" and "10" is the "Best Therapist Possible," **what number would you use to rate this Therapist?** \_\_\_\_\_
- 6) **Was the receptionist as helpful as you thought they should be?**  
Never      Sometimes      Usually      Always
- 7) **Did the receptionist treat you with courtesy and respect?**  
Never      Sometimes      Usually      Always
- 8) **How would you rate the staff's respect for you and your child's values, beliefs, and faith?**  
Excellent      Very Good      Good      Fair      Poor
- 9) **During you and your child's experience, was there anything that you felt was outstanding?**
- 10) **Could anything have been done to improve your child's experience?**
- 11) Using a scale of numbers from 0 to 10, where "0" is "Not At All Likely" and "10" is "Extremely Likely," **how likely is it that you would recommend this therapist** to friends and family? \_\_\_\_\_
- 12) Using a scale of numbers from 0 to 10, where "0" is "Not At All Likely" and "10" is "Extremely Likely," **how likely is it that you would recommend this facility** to friends and family? \_\_\_\_\_
- 13) **Your child's age?** \_\_\_\_\_
- 14) **Is it ok to contact you to follow up on your comments if we need to?**      Yes      No  
*If yes, what is your contact information:* \_\_\_\_\_
- 15) **Other questions or comments:**

Thank you for your time!

*Sincerely,*

*The Caring Tree Staff*