

Pt ID: _____ Loc: _____ Prac: _____ Date: _____

1) Were you able to schedule a convenient appointment?

- Yes No No Appt / Walk-in /Clinic

2) Respecting your scheduled appointment time, were you seen:

- Before Appointment On Time Just after Long After No Appt / Walk-in /Clinic

3) Overall, were you treated in a friendly and courteous manner by our staff?

- Yes No Mostly No Opinion

4) Did we explain your financial obligations?

- Yes No Not Applicable

5) Did you and our professional staff discuss your goals and objectives as you go about your daily activities?

- Yes No No response

6) Did you receive your device(s) within the time frame the practitioner outlined?

- Yes No No response

7) How satisfied are you with your device?

- Satisfied Mostly satisfied Somewhat satisfied Somewhat dissatisfied Dissatisfied

8) How comfortable is the Shoe/insert?



- 0 1 2 3 4 5 6 7 8 9 10

9) How frequently do you use your device?

- Daily 3-5 times/week Less than 3 days/week Not at all

10) How useful were the instructions we provided regarding the use and care of your device?

- Very useful Somewhat useful Somewhat confusing I don't remember them

11) Were you instructed about the purpose and function of the device?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them

12) Were you instructed about the proper cleaning of the device?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them

FOOTWEAR PATIENT SATISFACTION SURVEY

13) Were you instructed about the potential risks, benefits and precautions associated with the device?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them
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14) Were you instructed on how to inspect your skin for signs of trouble?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them
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15) Were you instructed about when and to whom to report changes in physical condition or general health?

- Yes No Yes, but I don't remember them Yes, but I didn't understand them
-

16) Were your questions, problems or concerns about your **care** answered to your satisfaction?

- Yes No I am not sure I had no questions
-

17) Were your questions, problems or concerns about your **device** answered to your satisfaction?

- Yes No I am not sure I had no questions
-

18) Were you instructed about whom to contact if a problem develops?

- Yes No
-

19) Please rate your overall satisfaction with the care you received.

- Satisfied Mostly satisfied Somewhat satisfied Somewhat dissatisfied Dissatisfied
-

20) Would you recommend us to your friends or family if they were in need of similar services?

- Yes No I am not sure
-

21) Additional comments:

22) Would you like us to contact you? If so, please enter your name and telephone number.