

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

1) Were you able to schedule a convenient appointment?

- Yes No No Appt / Walk-in /Clinic

2) When you first arrived at our office, how would you rate your greeting by our reception staff?

- Friendly and helpful Pleasant I Just signed In Rude
 They didn't acknowledge Me No receptionist present N/A Home/Clinic Visit

3) How comfortable and clean was the waiting area?

- Very Comfortable It was Okay Needs Improvement N/A Home/Clinic

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

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

5) Did we explain your financial obligations?

- Yes No Not Applicable

6) How would you rate the knowledge, care and attention that the practitioner provided to you during your visit?

- Well Done! Pretty Good Okay Needs Some Help No Opinion

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

- Yes No

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

- Yes No

9) How satisfied are you with your device?

- Satisfied Mostly satisfied Somewhat satisfied Somewhat dissatisfied Dissatisfied

10) How comfortable is the socket?



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

11) 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

12) 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

13) 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

PROSTHETIC PATIENT SATISFACTION SURVEY

14) 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**
-

15) 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**
-

16) 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**
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17) How would you rate the training you (or the person who takes care of you) received regarding the device you recently received?

- Excellent** **Very good** **Good** **Fair** **Poor** **I had no training**
-

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

- Yes** **No**
-

19) If you had any questions, problems or concerns about your prosthesis, were they addressed in a timely manner?

- Yes** **No** **I had no questions**
-

20) Do you use your device on a daily basis or some other frequency?

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

21) If you do not continue to use it, is this due to a problem with the device?

- Yes** **No**
-

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

- Satisfied** **Mostly satisfied** **Somewhat satisfied** **Somewhat dissatisfied** **Dissatisfied**
-

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

- Yes** **No** **I am not sure**
-

24) Additional comments:

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