

## ORTHOTIC PATIENT SATISFACTION SURVEY

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 the practitioner outlined?

- Yes  No
- 

9) How satisfied are you with your device?

- Satisfied  Mostly satisfied  Somewhat satisfied  Somewhat dissatisfied  Dissatisfied
- 

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
-

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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
- 

14) Were you instructed on how to inspect your skin for pressure areas, redness, irritation, skin breakdown, pain and/or swelling?

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

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 you instructed about whom to contact if a problem develops?

- Yes  No
- 

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

- Yes  No  I'm not sure  I had no questions
- 

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

- Yes  No  I'm not sure  I had no questions
- 

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

- Yes  No
- 

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

- Satisfied  Mostly satisfied  Somewhat satisfied  Somewhat dissatisfied  Dissatisfied
- 

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

- Yes  No  I am not sure
- 

22) Additional comments:

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