



## Patient Survey

*We value and appreciate your opinions as well as your time. By filling out this survey, you'll be helping us serve you better. Please circle or write in your answers.*

**Rate your satisfaction with the following services you have received at CHEAR**  
**Rate from 1 (Very Unsatisfied) to 5 (Very Satisfied)**

Waiting room atmosphere 1 2 3 4 5 N/A

Time spent waiting 1 2 3 4 5 N/A

Friendliness & efficiency of front office staff 1 2 3 4 5 N/A

Amount of paperwork to fill out 1 2 3 4 5 N/A

Appointment availability 1 2 3 4 5 N/A

Therapist knowledge 1 2 3 4 5 N/A

Therapist compassion 1 2 3 4 5 N/A

Therapist techniques 1 2 3 4 5 N/A

Therapist explanations 1 2 3 4 5 N/A

Therapist overall 1 2 3 4 5 N/A

Effectiveness of therapy 1 2 3 4 5 N/A

Working with different therapist 1 2 3 4 5 N/A

What brought you to our clinic? Doctor Friend Google Search Insurance Carrier Coach/Trainer Other

Have you ever been to another physical therapy clinic? Yes No

If yes, what was the name of the most recent one? \_\_\_\_\_

Tell us how CHEAR compares to your previous clinic: Much Worse Worse Same Better Much Better

**Rank these factors according to importance when making your clinic choice**  
**Rank from 1 (NOT important at all) to 5 (MOST important)**

Location 1 2 3 4 5    Therapist reputation 1 2 3 4 5    Friend's recommendation 1 2 3 4 5

Doctor's recommendation 1 2 3 4 5    Insurance coverage available 1 2 3 4 5

How many miles did you travel to get to our clinic? \_\_\_\_\_ How long was your wait in our lobby? \_\_\_\_\_

Would you utilize weekend hours? No \_\_\_\_ Yes (preferred times): A.M. \_\_\_\_ P.M. \_\_\_\_ Other \_\_\_\_\_

*Thank you for your feedback. Please use the back of this sheet for any additional comments.*