



881 ALMA REAL DR. STE. 311 • PACIFIC PALISADES, CA 90272
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Patient Survey

We deeply appreciate your opinions and your time. By filling out this survey, you'll be helping us learn to serve you better. Please circle your answers.

Please rate your satisfaction with the following services from CHEAR 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 yellow pages 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? _____

Please tell us how CHEAR compares to your previous clinic: much worse worse same better much better

Please rank these factors according to their importance to you in making a 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
Doctor's recommendation	1	2	3	4	5
Friends 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 many minute did you wait in our lobby? _____

Would you utilize weekend hours? Yes (Best times: _____) No

Additional comments (please use the back of this sheet) Thank you for helping us serve you better.