



PATIENT SATISFACTION SURVEY

Please fax back to 617-254-1657
Thanks!

Why did you choose Backstage PT?

- Telephone directory Friend/Family Website
 Physician referral...Who?: _____
 Other: _____

	strongly agree	agree	disagree	strongly disagree	no opinion
1. Appointment times were convenient	5	5	5	5	5
2. The location was convenient for me	5	5	5	5	5
3. Parking was available for me	5	5	5	5	5
4. The staff was courteous	5	5	5	5	5
5. I was seen promptly when I arrived for treatment	5	5	5	5	5
6. My therapist understood my problem or condition	5	5	5	5	5
7. The explanations my therapist gave me were helpful	5	5	5	5	5
8. I was satisfied with the treatment	5	5	5	5	5
9. It was easy to schedule follow-up appointments	5	5	5	5	5
10. The cost of treatments I received were reasonable	5	5	5	5	5
11. I would recommend this facility to family or friends	5	5	5	5	5
12. I would return to this facility for care in the future	5	5	5	5	5
13. Overall, I was satisfied with my experience here	5	5	5	5	5

14. Your problem was: Post Operative Chronic Minor Severe Other

15. What did you like BEST about your experience: _____

16. What did you like LEAST about your experience: _____

[This section is optional]

17. Your age: ____ years
18. Your gender: Male Female
19. Your ethnicity: Caucasian/White Hispanic/Latino Black/African American
 Asian/Pacific Islander Other

May we use your statement in our literature?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
May we use your name in our literature?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
[If you answered yes to both questions above, please sign below.]		
Name (print) _____	Signature _____	Date _____