

PATIENT SURVEY

To assist us in improving services, please complete this Patient Survey with reference to the product/service provided to you at ABI P&O. Please use the enclosed envelope for return of the survey.

1. Were you treated in a friendly and courteous manner by our staff? Yes No
2. Were you able to schedule a convenient appointment? Yes No
3. How long after your scheduled appointment time did you wait to see your practitioner?
 less than 5 minutes 5 to 15 minutes more than 15 minutes
4. How comfortable was the waiting area? Very OK Needs Improvement
5. Did staff inform you of your financial liability for denial of claim? Yes No
6. Did staff inform you of your co-pay obligations? Yes No
7. 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!
8. After your first appointment, how long before you received your device?
 same day 1-2 days 3-5 days more than 1 week
9. Do you use your device on a daily basis or some other frequency?
 Daily 3-5 times per week less than 3 days a week not at all
10. What is your opinion of the overall services provided by your practitioner?
 Excellent OK could stand improvement
11. How useful were the instructions regarding the use & care of your device?
 very useful somewhat useful somewhat confusing I didn't get instructions
12. Were your questions or concerns about your device answered to your satisfaction?
 Yes No
13. Were your questions or concerns about your care answered to your satisfaction?
 Yes No
14. How comfortable is your device? I forgot I was wearing it! It feels fine
 it's uncomfortable it hurts sometimes it hurts a lot!

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15. Are you satisfied with your device? Yes No

16. Were you instructed about whom to contact if a problem develops? Yes No

17. Would you recommend us to others if they were in need of similar services?
 yes no, if not, why not? _____

18. Do you have any comments or suggestions you would like to offer in reference to any of the questions above or otherwise? _____

Thank you for your participation. We appreciate your time and opinions offered.

Patient Name

Date