



We want to hear from you!

We would like to know how you feel about the services we provide so we can make sure we are meeting your therapy needs. Your responses are directly responsible for improving the services we offer. All responses will be kept confidential and anonymous. Thank you for your time.

| Please rate how well you think we are doing in the following areas: | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| Staff | | | | | |
| Scheduling appointments was quick and easy | 5 | 4 | 3 | 2 | 1 |
| The Center is open convenient hours | 5 | 4 | 3 | 2 | 1 |
| The Center is well-located | 5 | 4 | 3 | 2 | 1 |
| My calls were promptly returned | 5 | 4 | 3 | 2 | 1 |
| My wait was never too long | 5 | 4 | 3 | 2 | 1 |
| I was always greeted by the staff | 5 | 4 | 3 | 2 | 1 |
| The staff is helpful and friendly | 5 | 4 | 3 | 2 | 1 |
| The staff answered any questions I had | 5 | 4 | 3 | 2 | 1 |
| As a new patient, I felt cared for | 5 | 4 | 3 | 2 | 1 |
| If I had a problem, it was compassionately solved | 5 | 4 | 3 | 2 | 1 |
| The staff followed up with me | 5 | 4 | 3 | 2 | 1 |
| Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Therapist | | | | | |
| I was given good advice and treatment | 5 | 4 | 3 | 2 | 1 |
| The therapist took time for thorough explanations | 5 | 4 | 3 | 2 | 1 |
| The therapist listened to me | 5 | 4 | 3 | 2 | 1 |
| The therapist spent enough time with me | 5 | 4 | 3 | 2 | 1 |
| The therapist gave me a helpful home exercise program | 5 | 4 | 3 | 2 | 1 |
| The therapist reviewed my progress with me | 5 | 4 | 3 | 2 | 1 |
| I experienced an overall improvement in my quality of life | 5 | 4 | 3 | 2 | 1 |
| Comments: | | | | | |

“We write success stories, one patient at a time.”

Payment

| | | | | | |
|---|---|---|---|---|---|
| If I had any questions about charges, they were answered thoroughly | 5 | 4 | 3 | 2 | 1 |
| I am happy with how money/payment is collected | 5 | 4 | 3 | 2 | 1 |

Comments:

Facility

| | | | | | |
|---|---|---|---|---|---|
| The clinic is always neat and clean | 5 | 4 | 3 | 2 | 1 |
| The waiting room is comfortable | 5 | 4 | 3 | 2 | 1 |
| The coffee/tea machine is easy to use | 5 | 4 | 3 | 2 | 1 |
| The pool temperature is comfortable | 5 | 4 | 3 | 2 | 1 |
| The pool water is kept clean | 5 | 4 | 3 | 2 | 1 |
| The quality of the pool equipment is good | 5 | 4 | 3 | 2 | 1 |
| The lockers are helpful for my personal items | 5 | 4 | 3 | 2 | 1 |
| The bathroom and showers are clean and nice | 5 | 4 | 3 | 2 | 1 |

Comments:

General

| | | | | | |
|--|---|---|---|---|---|
| I am likely to refer my friends and family to Med Center Therapy | 5 | 4 | 3 | 2 | 1 |
| I am likely to return if more therapy is needed | 5 | 4 | 3 | 2 | 1 |

What did you like best about Med Center Therapy?

What did you like least about Med Center Therapy?

Do you have any suggestions for improving our clinic?

Thank you for completing our survey!

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