



Quality of Life is Our Concern

PATIENT SATISFACTION SURVEY

You have recently been fit with a prosthesis (artificial limb) or an orthosis (brace). Your satisfaction with our service is important to us. Please take the time to answer the questions below, as this helps us to monitor the quality of our patient care. Feel free to add your own comments, realizing that your answers will be kept strictly confidential.

Please rate us on a scale of 1-5, with 5 indicating Excellent and 1 indicating Poor. Circle the number you feel is most appropriate.

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| 1. My appointment was scheduled in a reasonable amount of time and the person with whom I spoke was courteous and helpful. | 1 | 2 | 3 | 4 | 5 |
| 2. I was seen within 15 minutes of my appointment and if not, the reason for the delay was explained to me. | 1 | 2 | 3 | 4 | 5 |
| 3. I found the waiting and treatment areas clean and well maintained. | 1 | 2 | 3 | 4 | 5 |
| 4. The service was provided to me in a reasonable amount of time, and the explanation for length of fabrication time was satisfactory. | 1 | 2 | 3 | 4 | 5 |
| 5. Considering its limitations, I found the fit and function of my prosthesis/orthosis satisfactory. | 1 | 2 | 3 | 4 | 5 |
| 6. The appearance and workmanship of my prosthesis/ orthosis is satisfactory. | 1 | 2 | 3 | 4 | 5 |
| 7. The Prosthetist/Orthotist who provided my service was knowledgeable. | 1 | 2 | 3 | 4 | 5 |
| 8. I was given opportunity to participate in decisions regarding my care, and attention was given to what I had to say. | 1 | 2 | 3 | 4 | 5 |
| 9. I received specific recommendations and/or instructions on the proper care and use of my prosthesis/orthosis. | 1 | 2 | 3 | 4 | 5 |
| 10. Overall, I was satisfied with the quality of treatment I received from Prosthetic Orthotic Center. | 1 | 2 | 3 | 4 | 5 |
| 11. I would recommend this company to others requiring such services. | 1 | 2 | 3 | 4 | 5 |
| 12. What needs to be improved? (Please use reverse side if more space is needed.) | | | | | |
