



Dear Friend of Premier Physical Therapy and Sports Performance,

You recently received physical therapy services at our facility. Because we strive to deliver the best possible physical therapy, we are interested in learning from you how we might improve our services. Please take a few minutes to complete and return this questionnaire. Page one includes a list of questions specific to our facility and your overall experience. Page two includes a list of questions specific to our Physical Therapists.

Age _____ Years Sex: Male Female

How did you hear about us? Advertisement Physician Chiropractor Former Patient Employee Other
 If other please describe _____

Did you come to this facility to see a specific Physical Therapist? Yes No
 If yes, which Physical Therapist? Pat Williams Tom Windley Lauren Grieder Jen Flug
 If yes, who suggested you see that Physical Therapist? Physician Chiropractor Former Patient Other
 If other please describe _____

Have you been to our website? Yes No
 If yes, was it helpful or informative Yes Somewhat No

Please answer these questions about your experience at Premier Physical Therapy and Sports Performance
Please rate your degree of satisfaction with each of the following statements. (1=very dissatisfied, 2=dissatisfied, 3=neither satisfied nor dissatisfied, 4=satisfied, 5=very satisfied)

| | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How well did our staff respect your privacy by our staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How courteous and attentive was our staff to your needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How easy was it to schedule convenient appointment times? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How well did our staff assist you in understanding your PT benefits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How well did our staff assist you in understanding your bills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How well did our staff provide customer service? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. How comfortable was the facility for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. How comfortable was the equipment for you to use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. How clean was our facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Would you return to this facility for Physical Therapy? | Yes | | No | | |
| 11. Would you recommend this facility to others for Physical Therapy? | Yes | | No | | |

Additional Comments About Your Experience with Premier Physical Therapy and Sports Performance:

Please answer the following questions specific to your experience with each of our Physical Therapists

| | | | | |
|--|---|-----|-----|-----------|
| Approximately how many times were you treated by Pat Williams? | 0 | 1-3 | 4-6 | 7 or more |
| Approximately how many times were you treated by Tom Windley? | 0 | 1-3 | 4-6 | 7 or more |
| Approximately how many times were you treated by Lauren Grieder? | 0 | 1-3 | 4-6 | 7 or more |
| Approximately how many times were you treated by Jen Flug? | 0 | 1-3 | 4-6 | 7 or more |
| Approximately how many times were you treated by Doug Adams? | 0 | 1-3 | 4-6 | 7 or more |

Please rate your degree of satisfaction with each of the statements below. (1=very dissatisfied, 2=dissatisfied, 3=neither satisfied nor dissatisfied, 4=satisfied, 5=very satisfied)

| <u>Pat Williams PT, MPT, OCS</u> | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How kind and courteous was Pat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How adequately did Pat explain your problem to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How helpful were the instructions and/or home exercises given by Pat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How much did Pat go the extra mile to help regardless of improvement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How satisfied were you with the quality of Pat's care for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you request to see Pat again if you needed PT? | | | | Yes | No |
| On a scale of 0 to 100% (100% being excellent) rate your overall experience with Pat | | | | | _____ |
| Additional Comments about Pat: _____ | | | | | |

| <u>Tom Windley PT, MPT, PhD</u> | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How kind and courteous was Tom? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How adequately did Tom explain your problem to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How helpful were the instructions and/or home exercises given by Tom? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How much did Tom go the extra mile to help regardless of improvement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How satisfied were you with the quality of Tom's care for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you request to see Tom again if you needed PT? | | | | Yes | No |
| On a scale of 0 to 100% (100% being excellent) rate your overall experience with Tom | | | | | _____ |
| Additional Comments about Tom: _____ | | | | | |

| <u>Lauren Grieder PT, DPT</u> | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How kind and courteous was Lauren? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How adequately did Lauren explain your problem to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How helpful were the instructions and/or home exercises given by Lauren? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How much did Lauren go the extra mile to help regardless of improvement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How satisfied were you with the quality of Lauren's care for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you request to see Lauren again if you needed PT? | | | | Yes | No |
| On a scale of 0 to 100% (100% being excellent) rate your overall experience with Lauren | | | | | _____ |
| Additional Comments about Lauren: _____ | | | | | |

| <u>Jen Flug PT, DPT, OCS</u> | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How kind and courteous was Jen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How adequately did Jen explain your problem to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How helpful were the instructions and/or home exercises given by Jen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How much did Jen go the extra mile to help regardless of improvement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How satisfied were you with the quality of Jen's care for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you request to see Jen again if you needed PT? | | | | Yes | No |
| On a scale of 0 to 100% (100% being excellent) rate your overall experience with Jen | | | | | _____ |
| Additional Comments about Jen: _____ | | | | | |

Doug Adams PT, DPT, SCS, CSCS

| | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How kind and courteous was Doug? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How adequately did Doug explain your problem to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How helpful were the instructions and/or home exercises given by Doug? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How much did Doug go the extra mile to help regardless of improvement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How satisfied were you with the quality of Doug's care for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you request to see Doug again if you needed PT? | | | | Yes | No |
| On a scale of 0 to 100% (100% being excellent) rate your overall experience with Doug | | | | | _____ |
| Additional Comments about Doug: | _____ | | | | |

