

## Trinity Orthotics & Pedorthics Patient Satisfaction Survey

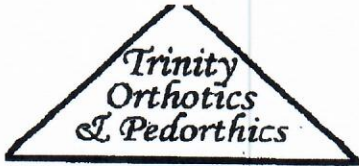
Please help us to ensure you are getting the best of care by filling out this survey & returning to receptionist or Practitioner.

1. How easy was it to schedule an appointment?  
 Very easy       Difficult
2. Upon arrival, how would rate your experience with our administrative staff?  
 Friendly/Helpful     Pleasant     Rude     Not acknowledged     No receptionist
3. How comfortable was our waiting area?  
 Very comfortable     Adequate     Very uncomfortable
4. For your scheduled appointment, were you seen:  
 Before your appointment     On time     Just after     Long after     I was late
5. Were your financial obligations explained to you?  
 Yes     No     Not Applicable
6. Please rate the level of knowledge, care and attention you received from your provider.  
 Excellent     Good     Satisfactory     Poor
7. Did you discuss your goals and objectives related to your care with your provider?  
 Yes     No
8. Did you receive your device(s) when your provider indicated you would?  
 Yes     No
9. How satisfied are you with your device(s)?  
 Satisfied     Mostly satisfied     Neutral     Mostly dissatisfied     Dissatisfied

### FOR ALL PATIENTS

10. Were the instructions regarding the use and care of your device useful?  
 Very useful     Somewhat useful     Not useful     I didn't get instructions
11. Were you instructed in the purpose and function of the device(s)?  
 Yes     No     I don't remember
12. Were you instructed in the proper maintenance and/or cleaning of the device(s)?  
 Yes     No     I don't remember

Trinity Orthotics & Pedorthics  
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Huntsville, AL 35805  
Phone: 256.203.2647  
Fax: 256.946.8134



13. Were you instructed about the potential risks, benefits and precautions associated with the device(s)?  
 Yes     No     I don't remember
14. Were you instructed on how to inspect your skin for signs of problems?  
 Yes     No     I don't remember
15. Were you instructed on when and to whom you should report changes in your physical condition or general health?  
 Yes     No     I don't remember
16. Please rate the training you (or your caregiver) received about the device(s):  
 Excellent     Very Good     Good     Fair     Poor     I received no training
17. Were you instructed on whom to contact if a problem develops?  
 Yes     No
18. If you had any questions, problems or concerns about your care, were they addressed in a timely manner?  
 Yes     No     I had no questions
19. Please rate your overall satisfaction with the care you received at our practice.  
 Satisfied     Mostly satisfied     Neutral     Somewhat dissatisfied     Mostly dissatisfied
20. Would you recommend our practice to your friends or family if they had a need for our services?  
 Yes     No     Not sure

21. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Would you like for us to contact you? If so, please provide your name and phone number.

Name:	Phone:
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