

SPINEgroup

Patient Satisfaction Survey



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

Age: _____

Ethnicity:

Gender:

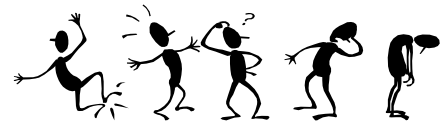
Male _____

Female _____

- ___ Asian
- ___ Caucasian
- ___ Black/African Canadian
- ___ Native
- ___ South Asian
- ___ Middle Eastern
- ___ Hispanic
- ___ Other _____



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam/treatment room	5	4	3	2	1
Waiting for tests/diagnosis to be reported	5	4	3	2	1
Clinical Staff:					
Provider: (Physiotherapist, Chiropractor, Psychologist, Psychotherapist, Massage Therapist)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice (self management) and treatment	5	4	3	2	1
Communication with your physician	5	4	3	2	1
Nurse Case Manager					
Case Management and Follow up	5	4	3	2	1
Answers your questions	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Administrative/Support Staff					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Payment:					
Cost of treatment	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
Facility:					
Neat, Clean, Hygienic	5	4	3	2	1
Quality of Equipment	5	4	3	2	1
Comfort and Safety	5	4	3	2	1
Privacy	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
Website and Patient Information Portal:					
Ease of Use	5	4	3	2	1
Informative	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this centre your regular source of rehab services? Yes _____ No _____					

What do you like best about our centre?

Please comment on your clinical improvements. Have you seen progress in your condition? How is the quality of care at SPINEgroup? Are you feeling better?

Suggestions for Improvement?

Thank you for completing our survey!