

Facility Name: _____

Rehabilitation Customer Satisfaction Survey

1. What type of therapy did you receive?
 - Short-Term Skilled Rehabilitation
 - Outpatient Therapy

2. How would you rate your overall satisfaction with this facility?
 - Very satisfied, exceptional
 - Good and fine
 - Fair but room for improvement
 - Poor, below average
 - Very dissatisfied

3. How would you rate your overall satisfaction with the therapy services you received?
 - Very satisfied, exceptional
 - Good and fine
 - Fair but room for improvement
 - Poor, below average
 - Very dissatisfied

4. My therapist(s) explained my treatment plan in a clear and helpful manner?
 - Strongly agree
 - Mostly agree
 - Somewhat agree
 - Slightly agree
 - Strongly disagree

5. My therapist(s) listened to my concerns and answered my questions?
 - Strongly agree
 - Mostly agree
 - Somewhat agree
 - Slightly agree
 - Strongly disagree

6. My therapists were knowledgeable about my condition?

- Strongly agree
- Mostly agree
- Somewhat agree
- Slightly agree
- Strongly disagree

7. My therapists showed courtesy, compassion and professionalism at all times.

- Strongly agree
- Mostly agree
- Somewhat agree
- Slightly agree
- Strongly disagree

8. Please rate how you feel you improved with therapy.

- A great deal
- Quite a bit
- Somewhat
- Very little
- Not at all

9. How likely are you to recommend this therapy program to others?

- Extremely likely
- Very likely
- Moderately likely
- Slightly likely
- Not at all likely

10. How likely are you to return to this facility for future services?

- Extremely likely
- Very likely
- Moderately likely
- Slightly likely
- Not at all likely

11. Please list any additional comments you would like to share.