



# PERFORMANCE REHABILITATION

1408 Greenway Ct. Sanford • Sanford, NC 27330 • Phone: 919-708-7220 • Fax: 919-708-7240

www.performancerehabnc.com

Date: \_\_\_\_\_

Dear Patient: \_\_\_\_\_

According to our records, you have recently visited our facility, Performance Rehabilitation. Please complete our Patient Satisfaction Survey about your experience. Your responses will be kept strictly confidential. Please feel free to offer any suggestions. Thank you for your feedback to help improve the services offered at Performance Rehabilitation.

1. Were you satisfied with your overall experience at Performance Rehabilitation?
  - A) Agrees strongly
  - B) Agrees somewhat
  - C) Neither agrees nor disagrees
  - D) Strongly disagrees
  
2. How would you rate the friendliness of the front office staff?
  - A) Excellent
  - B) Good
  - C) Fair
  - D) Poor
  - E) Very Poor
  
3. How would you rate the experience with your physical therapist and the rest of the clinical staff?
  - A) Excellent
  - B) Good
  - C) Fair
  - D) Poor
  - E) Very Poor
  
4. How would you rate the appearance of Performance Rehabilitation?
  - A) Excellent
  - B) Good
  - C) Fair
  - D) Poor
  - E) Very Poor
  
5. How would you rate the time you spent waiting to be seen by your therapist?
  - A) Excellent
  - B) Good
  - C) Fair
  - D) Poor
  - E) Very Poor
  
6. Did the therapist incorporate your input in the plan of care, goals, and discharge planning?
  - A) Agrees strongly
  - B) Agrees somewhat
  - C) Neither agrees or disagrees
  - D) Disagrees somewhat
  - E) Strongly disagrees
  
7. Would you recommend Performance Rehabilitation to a family member or friend?
  - A) Agrees strongly
  - B) Agrees somewhat
  - C) Neither agrees or disagrees
  - D) Disagrees somewhat
  - E) Strongly disagrees

Comments:

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Please fold in half and place in the completed survey box. Thank you for your time.