

Thank you for agreeing to provide feedback]. Your physical therapist wants your help to continually improve the services offered to patients. We appreciate your candid response to this anonymous questionnaire below.

Is this the first time you visited this doctor?

- Why did you choose to visit this specific doctor?

On a scale of 1 (=worst) to 10 (=best), please rate your experience with the healthcare professional:

About the professional:

- How would you rate your overall experience with the visit to this healthcare professional? (1 = Very poor; 10 = Excellent)
- What is the likelihood you would return to this professional (assuming you need future care)? (1 = Not at all likely; 10 = Extremely likely)
- How likely are you to recommend the services of this professional to your family and friends? (1 = Not at all likely; 10 = Extremely likely)
- Did the professional spend enough time with you during the visit? (1 = Not enough time at all; 10 = Adequate time)
- Did the professional listen to your explanations and questions carefully? (1 = Not carefully at all; 10 = Very acceptable)
- Did the professional answer your questions thoroughly and properly? (1 = Inadequately; 10 = Very acceptable)
- What is the degree of trust you have in this professional? (1= No trust at all; 10 = Complete trust)
- If applicable, did you receive clear printed or written information? (Yes, No, N/A)

Please feel free to add comments related to the above questions

On a scale of 1 (=worst) to 10 (=best), please rate your experience with the healthcare professional:

About the visit, facilities and staff:

- How easy was it to schedule a visit with this professional? (1 = Inadequate; 10 = Very acceptable)
- How clean was the medical office in general? (1 = Inadequate; 10 = Very acceptable)
- How would you rate the parking experience? (1 = Inadequate; 10 = Very acceptable)
- How would you rate the medical staff friendliness? (1 = Inadequate; 10 = Very acceptable)
- How would you rate the medical staff effectiveness? (1 = Inadequate; 10 = Very acceptable)

- How would you rate the medical staff behavior when the doctor was not present? (1 = Inadequate; 10 = Very acceptable)

Please feel free to add comments related to the above questions

- Please enter in the box how many minutes (approximately) you had to wait to see this health professional.

General comments about the health professional:

- Please enter in the box below what you believe this professional should CONTINUE DOING.

- Please enter in the box below what you believe this professional should STOP DOING.

- Please enter in the box below what you believe this professional should START DOING.

General comments about the medical office and staff:

- Please enter below any additional comments you would like to share with this professional (remember that your responses are anonymous unless you mention your name).

Thank you indeed for taking the time to complete this questionnaire. Your answers will ensure we continue to improve our service.