

# MERCY OUTPATIENT REHABILITATION CLINIC

16459 NE 6TH AVENUE  
NORTH MIAMI BEACH, FL 33162  
TEL: 305-949-5499 FAX: 305-949-5461

## PATIENT SATISFACTION QUESTIONNAIRE

Please complete the following information circling the most appropriate number that indicates your opinion while you were in therapy.

5= excellent; 4=good; 3=fair; 2=not so good; 1=poor

1. Patient Name: \_\_\_\_\_ male/female, yes/no.

2. Email address: \_\_\_\_\_

3. How would you rate the facility (neatness, cleanliness etc)?	5	4	3	2	1
4. Was it easy for you to make an appointment?	5	4	3	2	1
5. Was parking convenient?	5	4	3	2	1
6. Was the reception area welcoming?	5	4	3	2	1
7. Was the reception pleasant and helpful?	5	4	3	2	1
8. Did you find the treatment area pleasant?	5	4	3	2	1
9. Were you treated professionally during your therapy session?	5	4	3	2	1
10. Were you treated with courtesy?	5	4	3	2	1
11. Did your therapist spend time explaining the treatment procedure to you?	5	4	3	2	1
12. Was the therapist attentive to your complaint or symptoms?	5	4	3	2	1
13. Did the staff meet your expectations?	5	4	3	2	1
14. Was our staff knowledgeable in answering the questions you may have had?	5	4	3	2	1
15. Overall, were you satisfied with the services you received?	5	4	3	2	1
16. How likely is it you would return here for therapy?	5	4	3	2	1
17. Would you recommend us to your family and friends?	5	4	3	2	1