

CASCADE SUMMIT PHYSICAL THERAPY

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The purpose of this survey is to gather information about our services and find ways we might improve to better meet your needs. We would appreciate the time you take to complete our survey.

Instructions

Please circle the selection which most closely indicates your opinion about the statements below. If any question does **NOT APPLY** to you, please leave it blank.

SD	D	N	A	SA
Strongly Disagree	Disagree	Neither Agree/Disagree	Agree	Strongly Agree

Scheduling

- | | | | | | |
|---|-----------|----------|----------|----------|-----------|
| 1. Once I received authorization (if required), I was able to schedule my evaluation in a timely manner. | SD | D | N | A | SA |
| 2. I did not have to wait longer than 15 minutes past my scheduled time. | SD | D | N | A | SA |
| 3. The receptionist greeted me courteously. | SD | D | N | A | SA |
| 4. The receptionist was helpful in getting my insurance authorization (if required). | SD | D | N | A | SA |
| 5. The receptionist was informative in regards to my insurance questions and/or directed me how to get answers. | SD | D | N | A | SA |

Physical Therapist/Treatment

- | | | | | | |
|---|-----------|----------|----------|----------|-----------|
| 1. My therapist demonstrated an understanding of my condition and explained it to me in a way I could understand. | SD | D | N | A | SA |
| 2. My therapist listened to me and included me in developing the goals of my therapy. | SD | D | N | A | SA |
| 3. My therapist clearly explained the purpose of exercises or treatment that I received. | SD | D | N | A | SA |
| 4. I had confidence in my physical therapist. | SD | D | N | A | SA |
| 5. Physical therapy contributed to my recovery. | SD | D | N | A | SA |
| 6. Physical therapy met my expectations. | SD | D | N | A | SA |

Overall Satisfaction

- | | | | | | |
|--|-----------|----------|----------|----------|-----------|
| 1. I was satisfied with the office hours. | SD | D | N | A | SA |
| 2. I was satisfied with the quality of the facility/equipment. | SD | D | N | A | SA |
| 3. Directions to the clinic were clear and easy to find. | SD | D | N | A | SA |
| 4. I would recommend the services to a friend. | SD | D | N | A | SA |

COMMENTS: _____

