
Patient Satisfaction Questionnaire

1. How easy was it to schedule an appointment?

☐ Very easy ☐ Difficult

2. Upon arrival, how would you rate your experience with our administrative staff?

☐ Friendly/
Helpful ☐ Pleasant ☐ Rude ☐ Not
acknowledged ☐ No
receptionist

3. How comfortable was our waiting area?

☐ Very comfortable ☐ Adequate ☐ Very uncomfortable

4. For your scheduled appointment, were you seen:

☐ Before your
appointment ☐ On time ☐ Just after ☐ Long after ☐ I was late

5. Were your financial obligations explained to you?

☐ Yes ☐ No ☐ N/A

6. Please rate the level of knowledge, care and attention you received from your provider.

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor

7. Did you discuss your goals and objectives related to your care with your provider?

☐ Yes ☐ No

8. Did you receive your device(s) when your provider indicated you would?

☐ Yes ☐ No

9. How satisfied are you with your device(s)?

☐ Satisfied ☐ Mostly
satisfied ☐ Neutral ☐ Mostly
dissatisfied ☐ Dissatisfied

10. Were the instructions regarding the use and care of your device(s) useful?

☐ Very useful ☐ Somewhat useful ☐ Not useful ☐ I didn't get instructions

11. Were you instructed in the purpose and function of the device(s)?

☐ Yes ☐ No ☐ I don't remember

12. Were you instructed in the proper maintenance and/or cleaning of the device(s)?

☐ Yes ☐ No ☐ I don't remember

13. Were you instructed about the potential risks, benefits and precautions associated with the device(s)?

☐ Yes ☐ No ☐ I don't remember

14. Were you instructed on how to inspect your skin for signs of problems?

☐ Yes ☐ No ☐ I don't remember

15. Were you instructed on when and to whom you should report changes in your physical condition or general health?

☐ Yes ☐ No ☐ I don't remember

16. Please rate the training you (or your caregiver) received about the device(s):

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ I received no training

17. Were you instructed on whom to contact if a problem develops?

☐ Yes ☐ No

18. Please rate your overall satisfaction with the care you received at our practice.

☐ Satisfied ☐ Mostly satisfied ☐ Neutral ☐ Mostly dissatisfied ☐ Dissatisfied

19. Would you recommend our practice to your friends or family if they had a need for our services?

☐ Yes ☐ Not sure ☐ No

Total Score: _____ %

Interpretation

0% = Lowest possible score (undesirable)

100% = Highest possible score (desirable)

Minimally Clinically Important Difference (MCID)

Minimal Detectable Change (MDC)

None

Selected References

1. © American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc. 2014.
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