



Harper Physical Therapy, Inc.
41818 N. Venture Drive # 120
Anthem, AZ 85086
(623) 742-7338

We appreciate the time you will spend to complete this brief survey. In our efforts to continuously improve our services, your opinions will help our clinic with its ongoing commitment to providing the highest quality of care. Please take a few minutes to answer the following questions, and return the survey to the front desk. Thank you for choosing our clinic as your rehabilitation provider. Please feel free to call us if you wish to discuss any concerns or comments.

DATE: _____ NAME (Optional): _____

1. Was this your first physical therapy at our clinic? Yes _____ No _____

2. How did you hear about our facility? _____

3. Were you able to schedule your appointment at a time that was convenient for you? Yes _____ No _____

If no, please explain. _____

4. Was this your first experience with therapy? Yes _____ No _____

5. How would you rate the service that you received from the following:

	Excellent	Good	Fair	Poor
• Receptionist	_____	_____	_____	_____
• Clinical Staff	_____	_____	_____	_____
• Business Office	_____	_____	_____	_____

6. Do you feel that the time spent waiting to begin treatment was:

- Less than expected _____
- Reasonable _____
- Too long _____

7. If there was an unacceptable delay in receiving service, were you satisfied with the explanation provided to you? Yes _____ No _____

8. Did your therapist explain your treatment program to you prior to the initiation of your care? **Yes** _____ **No** _____

9. From your experience in our clinic, please rate the following:

	Excellent	Good	Average	Poor
• Availability of parking	_____	_____	_____	_____
• Cleanliness of facility	_____	_____	_____	_____
• Courtesy of staff	_____	_____	_____	_____
• Scheduling of appointments	_____	_____	_____	_____

10. Which features of our clinic influenced you to use our services? Please rate the following in importance to you:

	Very Important	Somewhat Important	Not Important
• Location	_____	_____	_____
• Cost	_____	_____	_____
• Staff	_____	_____	_____
• Hours of Service	_____	_____	_____
• Reputation	_____	_____	_____
• Physician preference	_____	_____	_____

11. The success of your therapy treatment program was:

- Less than I expected _____
- What I expected _____
- More than I expected _____

12. Rate your overall experience at the clinic:

- Excellent _____
- Good _____
- Fair _____
- Poor _____

13. Would you return to our clinic? **Yes** _____ **No** _____

14. Would you recommend this facility to a friend? **Yes** _____ **No** _____

15. In what areas can we improve? _____

