PATIENT SATISFACTION SURVEY

Please answer the following questions using the rating scale:
1 – Poor  2 – Fair  3 – Okay  4 – Good  5 – Excellent

Services:
1. How would you rate the performance of the speech-language pathologist (SLP)?

2. How would you rate the progress you have made with therapy?

3. If this is your first visit, how would you rate the service you received at the evaluation or first therapy session?

4. How would you rate the communication of the SLP with you after each therapy session?

Facility:
5. Please rate the overall appearance of the facility?

6. How would you rate the appearance of the therapy room?

7. How would you rate the accessibility of the facility?

Staff:
8. Friendliness of staff?

9. Knowledge of the staff?

10. Communication between the SLP & patient?

11. Interaction between the SLP & patient?

12. What do you like about our practice?
13. What can we do to improve our services?

14. How likely are you to refer people to our facility? 1 = not at all likely; 10= Extremely likely