

Millennium Rehabilitation Patient Satisfaction Questionnaire

Thank you for choosing Millennium Rehabilitation for your physical therapy services. In order to provide the best care possible, please take a few moments to comment on your experience.

General Area being treated: _____ Facility: Hinckley or Parma Age: _____ Gender: _____

For each item below, circle the number to the right that best fits your judgments of its quality. Use the scale below to select the quality number.

1=strongly disagree, 2= disagree, 3= no opinion, 4= agree, 5= strongly agree

Description of Survey Item	Scale
1. My privacy was protected during my physical therapy care.	1 2 3 4 5
2. My physical therapist treated me respectfully.	1 2 3 4 5
3. My physical therapist spent enough time with me.	1 2 3 4 5
4. My physical therapist explained the problems, treatment, and goals to me.	1 2 3 4 5
5. The information and instruction I received from my physical therapist is valuable to me.	1 2 3 4 5
6. The receptionist is courteous and helpful.	1 2 3 4 5
7. I am able to schedule appointments that are convenient for me. What days/times would be most convenient for you? _____	1 2 3 4 5
8. My insurance benefits were explained to me.	1 2 3 4 5
9. If I have billing questions, I know who to contact.	1 2 3 4 5
10. I would recommend Millennium to my family or friends.	1 2 3 4 5
11. I would return to Millennium if I ever require physical therapy again.	1 2 3 4 5
12. I am completely satisfied with my experience at Millennium Rehabilitation.	1 2 3 4 5

Please write a few sentences about your experience with us, including suggestions for how we could serve you better. Please include your name if we may use these comments in our advertising.

