



Ability Patient Satisfaction Survey – Device Delivery

Patient ID:
 Patient First Name:
 Patient Last Name:
 Date:

	I AGREE	I DISAGREE *	NOT APPLICABLE
1. I received an appointment within a reasonable amount of time			
2. I was shown the proper level of courtesy and respect by the staff			
3. I understand the steps in my treatment to receive a prosthesis/orthosis			
4. The purpose of my prosthesis/orthosis was described to me			
5. So far, my prosthesis/orthosis fits well			
6. So far, my prosthesis/orthosis is pain free when I wear it			
7. I am satisfied with the training I received for my prosthesis/orthosis			
8. My questions and concerns were addressed to my satisfaction			
9. My financial obligations were explained to me			
10. My condition has improved with the use of my prosthesis/orthosis			
11. I am satisfied with the overall care I received			
12. I am likely to recommend Ability to my friends and family			
13. Additional Comments:			
14. If you would like to receive a follow-up call to discuss your satisfaction with the care you received at Ability P&O, please check the following box and leave your contact phone number.			
<input type="checkbox"/> Phone number: _____			

* As we aim to provide the best possible care, you may receive a call to follow up regarding items answered with “I Disagree” on the satisfaction survey.

**If you feel that you had a positive experience with the care you receive at Ability P&O, we encourage you to leave a 5-star review with Google.