



Center for Rehabilitation and Fitness  
 22255 Greenfield Road, Suite 118  
 Southfield, Michigan 48075-3728  
 248-849-3907  
 FAX: 248-849-5737

Dear Patient:

You recently received therapy services at our facility. Because we strive to deliver the best possible therapy service, we are interested in learning from patients how we might improve or enhance our services. Please take a few moments to complete and return this questionnaire.

Thank you very much for your feedback!

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**We strive for fives, if you feel you can't give us a 5 please tell us why!**

**Please rate your degree of satisfaction with each of the following statements.** (1=strongly disagree, 2=disagree, 3=neither agree or disagree, 4=agree, 5=strongly agree.)

	☹ Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	☺ Strongly Agree 5
1. The staff treated me with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I was satisfied with the overall care I received at this clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was satisfied with the speed in which my therapy sessions were scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was included in the decisions that pertained to my therapy goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When questions arose, the staff was able to assist me in understanding my insurance coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am likely to recommend your therapy services to my friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments/Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please help us recognize our staff for outstanding performance. Was there a staff member(s) who made your visit special? Please write who and why \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Name (Optional): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_