



# FOOTWEAR PATIENT SATISFACTION SURVEY

Pt ID: \_\_\_\_\_ Loc: \_\_\_\_\_ Prac: \_\_\_\_\_ Date: \_\_\_\_\_

1) Were you able to schedule a convenient appointment?

- Yes  No  No Appt / Walk-in /Clinic
- 

2) Respecting your scheduled appointment time, were you seen:

- Before Appointment  On Time  Just after  Long After  No Appt / Walk-in /Clinic
- 

3) Overall, were you treated in a friendly and courteous manner by our staff?

- Yes  No  Mostly  No Opinion
- 

4) Did we explain your financial obligations?

- Yes  No  Not Applicable
- 

5) Did you and our professional staff discuss your goals and objectives as you go about your daily activities?

- Yes  No  No response
- 

6) Did you receive your device(s) within the time frame the practitioner outlined?

- Yes  No  No response
- 

7) How satisfied are you with your device?

- Satisfied  Mostly satisfied  Somewhat satisfied  Somewhat dissatisfied  Dissatisfied
- 

8) How comfortable is the Shoe/insert?



- 0  1  2  3  4  5  6  7  8  9  10
- 

9) How frequently do you use your device?

- Daily  3-5 times/week  Less than 3 days/week  Not at all
- 

10) How useful were the instructions we provided regarding the use and care of your device?

- Very useful  Somewhat useful  Somewhat confusing  I don't remember them
- 

11) Were you instructed about the purpose and function of the device?

- Yes  No  Yes, but I don't remember them  Yes, but I didn't understand them
- 

12) Were you instructed about the proper cleaning of the device?

- Yes  No  Yes, but I don't remember them  Yes, but I didn't understand them

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13) Were you instructed about the potential risks, benefits and precautions associated with the device?

- Yes  No  Yes, but I don't remember them  Yes, but I didn't understand them
- 

14) Were you instructed on how to inspect your skin for signs of trouble?

- Yes  No  Yes, but I don't remember them  Yes, but I didn't understand them
- 

15) Were you instructed about when and to whom to report changes in physical condition or general health?

- Yes  No  Yes, but I don't remember them  Yes, but I didn't understand them
- 

16) Were your questions, problems or concerns about your **care** answered to your satisfaction?

- Yes  No  I am not sure  I had no questions
- 

17) Were your questions, problems or concerns about your **device** answered to your satisfaction?

- Yes  No  I am not sure  I had no questions
- 

18) Were you instructed about whom to contact if a problem develops?

- Yes  No
- 

19) Please rate your overall satisfaction with the care you received.

- Satisfied  Mostly satisfied  Somewhat satisfied  Somewhat dissatisfied  Dissatisfied
- 

20) Would you recommend us to your friends or family if they were in need of similar services?

- Yes  No  I am not sure
- 

21) Additional comments:

22) Would you like us to contact you? If so, please enter your name and telephone number.