



## COMPRESSION GARMENT SURVEY

- 1) Were you able to schedule a convenient appointment?  
 Yes  No  No Appt / Walk-in /Home Visit
- 
- 2) Overall, were you treated in a friendly and courteous manner by our staff?  
 Yes  No  No Appt / Walk-in /Home Visit
- 
- 3) Respecting your scheduled appointment time, were you seen:  
 Before Appointment  On Time  Just After  Long After  No Appt / Walk-in /Clinic
- 
- 4) How comfortable was the waiting area?  
 Very comfortable  Okay  Needs Improvement  N/A Home/Clinic Visit
- 
- 5) The services provided to me were delivered in a reasonable amount of time.  
 Yes  No
- 
- 6) I am satisfied with the fit and function of my compression garment.  
 Yes  No
- 
- 7) I am satisfied with the appearance of my compression garment.  
 Yes  No
- 
- 8) How satisfied are you with your compression garment?  
 Satisfied  Somewhat Satisfied  Somewhat Dissatisfied  Dissatisfied
- 
- 9) How would you rate the knowledge, care and attention that the practitioner provided to you during your visit?  
 Well Done!  Pretty Good  OK  Needs help  Awful  No Opinion
- 
- 10) Were your questions or concerns about your care answered to your satisfaction?  
 Yes  No  I had no questions or concerns
- 
- 11) How useful were the instructions we provided regarding the use and care of your compression garment?  
 Very useful  Somewhat useful  Somewhat confusing  I don't remember getting instructions  
 No Response
- 
- 12) Please rate your overall satisfaction with the care you received:  
 Satisfied  Mostly satisfied  Somewhat satisfied  Somewhat dissatisfied  Dissatisfied
- 
- 13) Would you recommend us to your friends or family if they were in need of similar services?  
 Yes  No  No Response
- 
- 14) Thank You! Please use the back of this form for additional comments.

Please bring this completed survey to your next appointment or return it using one of the following methods:

**Online**

[www.surveycare.com](http://www.surveycare.com)  
survey code:

**By Mail**