

## Discharge Quality Survey

Thank you for choosing Ramsey Rehabilitation for your therapy. We would appreciate it if you could please take a few minutes and complete the following survey. Your answers will be kept confidential and your comments will assist us in improving our ability to provide even better therapy to our patients.

Name: (Optional) \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate how long you received treatment (days) at Ramsey Rehab: \_\_\_\_\_

Please circle your reason for treatment:

Sports injury

Post-surgery

Work related injury

Other: \_\_\_\_\_

Please rank the following services on a scale of 1-5 with 1-poor, 2-less than expected/ok, 3-what I expected, 4-better than expected/good, 5-exceptional.

\_\_\_\_\_ Overall treatment satisfaction

\_\_\_\_\_ I reached all of my goals

\_\_\_\_\_ Atmosphere & facilities (Please Circle which office - Leominster or Fitchburg)

\_\_\_\_\_ Available Equipment

\_\_\_\_\_ Scheduling flexibility

\_\_\_\_\_ PT/PTA attitude

\_\_\_\_\_ Receptionists' attitude

\_\_\_\_\_ Support staff/Aides attitude

\_\_\_\_\_ All staff involved in my care worked closely together as a team to get me better

**Would you recommend Ramsey Rehab to your friends or family? YES or NO**

Comments: