

For the following statements, please circle the number which best describes your experience:

	Strongly Disagree	No Opinion					Strongly Agree	Not Applicable			
1. The receptionist was helpful and courteous.	1	2	3	4	5	6	7	8	9	10	N/A
2. The billing procedures were clear and understandable.	1	2	3	4	5	6	7	8	9	10	N/A
3. My appointments were timely and convenient.	1	2	3	4	5	6	7	8	9	10	N/A
4. The clinic was clean and comfortable.	1	2	3	4	5	6	7	8	9	10	N/A
5. My waiting time for my appointment was reasonable.	1	2	3	4	5	6	7	8	9	10	N/A
6. The professional services were competent and caring.	1	2	3	4	5	6	7	8	9	10	N/A
7. My home program was clear and understandable.	1	2	3	4	5	6	7	8	9	10	N/A
8. I am satisfied with my treatment At PTSIR	1	2	3	4	5	6	7	8	9	10	N/A
9. What could we do better to serve you?	_____										

## Professional Therapy Received:

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Work Hardening

## Office where you received your therapy:

\_\_\_\_\_ Blue Island

\_\_\_\_\_ Hazel Crest

\_\_\_\_\_ Lansing

\_\_\_\_\_ Tinley Park

\_\_\_\_\_ Tom Essig

\_\_\_\_\_ Greg Kaumeyer

\_\_\_\_\_ Ron Agrigento

**Thank you**