1) Were you able to schedule a convenient appointment?
   ○ Yes  ○ No  ○ No Appt / Walk-in /Clinic

2) When you first arrived at our office, how would you rate your greeting by our reception staff?
   ○ Friendly and helpful  ○ Pleasant  ○ I Just signed In  ○ Rude
   ○ They didn’t acknowledge Me  ○ No receptionist present  ○ N/A Home/Clinic Visit

3) How comfortable and clean was the waiting area?
   ○ Very Comfortable  ○ It was Okay  ○ Needs Improvement  ○ N/A Home/Clinic

4) Respecting your scheduled appointment time, were you seen:
   ○ Before Appointment  ○ On Time  ○ Just after  ○ Long After  ○ No Appt / Walk-in /Clinic

5) Did we explain your financial obligations?
   ○ Yes  ○ No  ○ Not Applicable

6) How would you rate the knowledge, care and attention that the practitioner provided to you during your visit?
   ○ Well Done!  ○ Pretty Good  ○ Okay  ○ Needs Some Help  ○ No Opinion

7) Did you and our professional staff discuss your goals and objectives as you go about your daily activities?
   ○ Yes  ○ No

8) Did you receive your device(s) within the time frame your practitioner outlined?
   ○ Yes  ○ No

9) How satisfied are you with your device?
   ○ Satisfied  ○ Mostly satisfied  ○ Somewhat satisfied  ○ Somewhat dissatisfied  ○ Dissatisfied

10) How comfortable is the socket?
    ○ 0  ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ 6  ○ 7  ○ 8  ○ 9  ○ 10

11) 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

12) 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

13) 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
14) 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

15) 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

16) 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

17) How would you rate the training you (or the person who takes care of you) received regarding the device you recently received?
   ○ Excellent  ○ Very good  ○ Good  ○ Fair  ○ Poor  ○ I had no training

18) Were you instructed about whom to contact if a problem develops?
   ○ Yes  ○ No

19) If you had any questions, problems or concerns about your prosthesis, were they addressed in a timely manner?
   ○ Yes  ○ No  ○ I had no questions

20) Do you use your device on a daily basis or some other frequency?
   ○ Daily  ○ 3-5 times/week  ○ Less than 3 days/week  ○ Not at all

21) If you do not continue to use it, is this due to a problem with the device?
   ○ Yes  ○ No

22) Please rate your overall satisfaction with the care you received.
   ○ Satisfied  ○ Mostly satisfied  ○ Somewhat satisfied  ○ Somewhat dissatisfied  ○ Dissatisfied

23) Would you recommend us to your friends or family if they were in need of similar services?
   ○ Yes  ○ No  ○ I am not sure

24) Additional comments:

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