

PATIENT/CLIENT SATISFACTION SURVEY



We are pleased you chose BODYWORKS for your healthcare needs. At BODYWORKS, your opinions and suggestions are very valuable. It's important for us to know how you feel about our facility and services so that we can continue to improve how we support you – and others. Check the most appropriate response and write any comments in the space provided.

Please complete this questionnaire and send it by fax, email, or standard post to the Executive Director at 9 Yellow Wood Way, Beckley, WV 25801. Thanks for your feedback.

Check the BODYWORKS facility you worked with:

Beckley Pineville

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
If I need help or assistance in the future, I would return to BODYWORKS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would refer my friends and family to BODYWORKS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was seen within 10 minutes of my scheduled appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff's attitude was professional and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my experience at BODYWORKS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What suggestions or comments do you have to help us continue to improve our services?

Was there one particular staff member that exceeded your expectations... or an individual you feel could improve in some way? Please explain.

Name _____ *Optional, but preferred*

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