

## Patient Satisfaction Questionnaire

We hope that you have benefited from your program at the Arrigan Rehabilitation Center. The Arrigan staff recognizes our responsibility to you in providing safe and educational rehabilitation, and we are constantly reviewing our services to make sure we are providing the maximum we can to the injured worker.

Please give us your input on our performance so we may enhance anything necessary. Please check applicable responses and feel free to write in additional thoughts and ideas. Once complete, you can mail or fax the form back to The Chief Judge Robert F. Arrigan Center, 249 Blackstone Boulevard, Providence, RI, 02906 or fax: (401) 222-3887. Thank you for participating in our survey.

1. My FIRST appointment was scheduled in an efficient and timely manner.

Strongly Agree      Agree      Disagree

Please Explain:

5. The Physical Therapy/Occupational Therapy Staff helped me understand my treatment program and how it applied to my condition.

Strongly Agree      Agree      Disagree

Please Explain:

2. The Admitting Staff was courteous and sensitive to my needs.

Strongly Agree      Agree      Disagree

Please Explain:

6. My Physical Therapy/Occupational Therapy team worked with me each time I had treatment.

Strongly Agree      Agree      Disagree

Please Explain:

3. My Patient Care Coordinator (nurse) was available to me and helped me understand the goals of my program.

Strongly Agree      Agree      Disagree

Please Explain:

7. My Swim Therapy improved my ability to function.

Strongly Agree      Agree      Disagree      Not Applicable

Please Explain:

4. My return-to-work plan and/or my discharge plan were coordinated with my input.

Strongly Agree      Agree      Disagree

Please Explain:

8. My program in Work Hardening helped me understand proper body mechanics, work postures and lifting techniques.

Strongly Agree    Agree    Disagree    Not Applicable

Please Explain:

(Skip other Work Hardening Questions)

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9. My Work Hardening specialist was readily available to me to explain my program, provide instruction and answer my questions.

Strongly Agree    Agree    Disagree

Please Explain:

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10. It was explained to me how the tasks I performed in the Work Hardening program prepared me for return-to-work in my job.

Strongly Agree    Agree    Disagree

Please Explain:

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11. My contact with the Psychological Consultant improved my progress with my rehabilitation program.

Strongly Agree    Agree    Disagree    Not Applicable

Please Explain:

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12. My contact with the Medical Doctor Consultant was beneficial to my health status and reassured me about participating in my rehabilitation program.

Strongly Agree    Agree    Disagree    Not Applicable

Please Explain:

13. As a result of my participation in the Arrigan Center, I will be:

Returning to the same job

Returning to a modified job

Meeting with a Donley Vocational Counselor

Returning to my physician for further evaluation

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14. Is there anything that you would change about our facility, our services, or our program? Be specific; we appreciate and welcome your comments and suggestions:

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15. I would recommend the Arrigan Center to another injured worker.

Strongly Agree    Agree    Disagree

Please Explain:

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Comments about your experience at the Arrigan Center:

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*Thank You!*