Appendix 1: Survey.

Rehabilitation Client Satisfaction Questionnaire

Animal Medical Cer	Powered by: televet.com				
Created: 03/16/2022 3:46 pm EDT					
Client: Hayden Warzek hayden@televet.com					
No Pet Assigned					
Rehabilitation Client Satisfaction Questionnaire					
For the following questions, please choose a score on a scale of 1-5, with '1' being the lowest possible mark and '5' being the highest.					
_	ne ability to schedule an ap				
O 1	2	3	4		
5					
2. How would you rate the amount of time your rehabilitation doctor spent with you and your pet?					
O 1	O 2	3	4		
5					
3. How well did your doctor explain the findings of your pet's initial evaluation?					
O 1	O 2	3	4		
5					
4. How would you rate our concern for your questions and worries?					
O 1	<u> </u>	3	4		
<u> </u>					
5. Overall, how would you rate your experience during this visit?					
O 1	<u>2</u>	3	4		
5					
6. How would you rate the courtesy and friendliness of the doctor?					
\bigcirc 1	O 2	3	4		
O 5					
7. How would you rate your confidence in the skill of your doctor?					
	2	3	O 4		
© 5		-			

8. How would you rate the degree to which our outpatient therapy services have helped you and your pet progress towards your goals?					
O 1	O 2	3	4		
5					
9. For the following question, please choose a score on a scale of 1-10, with '1' being the lowest possible mark and '10' being the highest.					
10. "My treatment goals were achieved, and I would recommend this service to others with similar issues." How much would you agree with this statement?					
O 1	O 2	3	4		
5	6	O 7	8		
9	O 10				