

## Patient Experience Survey

Please complete the following survey to provide us with information so that we may continue to improve our life-changing services. Thank you very much for your assistance. It has been our pleasure serving you.

Form completed by:  Self     Parent/Guardian     Other (please specify) \_\_\_\_\_

Age of patient:     Pediatric (under age 18)     Adult (18 or older)    Services received: Neuropsychological Testing

**Please check the box that best describes your experience.**

**Excellent      Good      Neutral      Fair      Poor      N/A**

1. How would you rate the services that were received?						
2. How would you rate the convenience of the location?						
3. Consideration of my needs when scheduling appointments.						
4. Staff was considerate of my culture and beliefs.						
5. Impression of the site.						

**Please check the box that best describes your experience with neuropsychological services.**

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree      N/A**

1. The doctor made me/my child feel comfortable and safe.						
2. I received the report within the stated timeframe.						
3. I now understand my/my child's concerns better.						
4. The recommendations that were provided were helpful.						
5. I found the feedback appointment helpful.						

On a scale of 1-10, with 1 being not at all likely and 10 being extremely likely, how likely are you to recommend this agency to a friend or family member:

Not at all    1    2    3    4    5    6    7    8    9    10    Extremely likely  
                                       

How did you hear about us? (Select all that apply.)

- Community Events                       Internet Search                       Recommendation from a friend/family  
 Educational Sessions                       Mailing                       My Doctor, School, or Other Referral Source  
 Email communication                       Social Media (Twitter, Facebook)     Other \_\_\_\_\_

Comments and Suggestions: \_\_\_\_\_

Please return by mail to 100 Deerfield Rd, Windsor, CT 06095 or by Fax to 860-748-4432.

Electronic copies can be found at: <https://tinyurl.com/es-neuro-survey> or by scanning the QR code below

100 Deerfield Road, Windsor, CT 06095 • 860.270.0600  
 22 Prestige Park Circle, East Hartford, CT 06108 • 860.728.1061  
 24 Stott Avenue, Norwich, CT 06360 • 860.859.4148  
 287 West Avenue, Rocky Hill, CT 06067 • 860.859.4148

[easterseals.com/Hartford](http://easterseals.com/Hartford) • [VeteransRallyPoint.com](http://VeteransRallyPoint.com)

