

Stakeholder Experience Survey

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

Form completed by: Physician's Office State Agency Other (please specify) _____

Please check the box that best describes your experience.

Excellent Good Neutral Fair Poor N/A

	Excellent	Good	Neutral	Fair	Poor	N/A
1. I am satisfied with the services that were provided.						
2. Accuracy of program information as presented by staff, print, and website.						
3. The staff are available to answer questions that I have about services.						

Please check the box that best describes your experience with medical rehabilitation services.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. The person I referred was contacted in a timely manner.						
2. Evaluation reports were received in the stated timeframe.						
3. The report was easy to follow and understand.						
4. I am satisfied with the length and detail of the report.						
5. I have a better understanding of my patient's presenting symptoms and concerns.						
6. The recommendations provided are helpful.						
7. Patient progress reports received timely and with appropriate content.						
8. Satisfaction with the patient outcomes.						
9. Overall impressions of the Center.						

On a scale of 1-10, with 1 being not at all likely and 10 being extremely likely, how likely are you to recommend Easterseals Capital Region & Eastern CT to a colleague, 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 Colleague, friend, or family recommendation
 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-stakeholder> or by scanning the QR code below

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