

Patient Name \_\_\_\_\_ Birth date \_\_\_\_\_ Today's Date \_\_\_\_\_

## Goals and Satisfaction Survey

Thank you for allowing the Inova Spine Program to assist with your spine care plan and recovery. We are always seeking opportunities to improve our care and service to our patients. We would greatly appreciate your feedback by completing the following brief survey:

**Use the following scale to indicate your level of agreement with the following statements:**

1 – Strongly Disagree   2 – Disagree   3 – Neither Agree nor Disagree   4 – Agree   5 – Strongly Agree

\_\_\_\_ I am satisfied with my overall experience with the Inova Spine Program.

\_\_\_\_ I would recommend this Spine Program to my friends and family.

\_\_\_\_ I achieved my initial goals for treatment.

\_\_\_\_ I am satisfied with my experience with the spine specialist.

\_\_\_\_ The staff was professional and helpful.

\_\_\_\_ My spine specialist spent adequate time with me.

\_\_\_\_ My spine specialist clearly communicated the diagnosis and treatment plan.

**Please answer the following questions in the space provided:**

What did you like best about your experience with the Inova Spine Program?

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What could we have done to improve your experience?

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Please share any additional comments.

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Please indicate if we can share your treatment and recovery story with others in the community who may be suffering with a similar condition. If yes, you will be contacted directly by our marketing department for further information. YES   NO   Contact Number: \_\_\_\_\_