



OrthoTeam Clinic

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Excellence in Orthopedics

Hip Resurfacing Patient Satisfaction Survey:

NAME: _____

- 1) How long has it been since your hip resurfacing surgery?
 - 1 year
 - 2 years
 - 3 years
 - 4 years
 - 5 years
 - 6 years

- 2) How has your hip movement improved from prior to surgery?
 - None
 - Minimal
 - Moderate
 - Significant

- 3) How has your hip pain improved from prior to surgery?
 - No pain currently
 - Slight pain currently
 - Same amount of pain now as before surgery
 - More pain now than before surgery

- 4) On the operative side do you walk with a limp?
_____ Yes _____ No

- 5) Is your other hip painful?
_____ Yes _____ No

- 6) Are you satisfied with your activity improvement?
_____ Yes _____ No _____ Ecstatic!

- 7) Your evaluation of the receptionist?
 - Poor
 - Average
 - Excellent
 - N/A

- 8) Your evaluation of the x-ray technician?
 - Poor
 - Average
 - Excellent
 - N/A

9) Your evaluation of the physician?

- Poor
- Average
- Excellent
- N/A

10) Your evaluation of the physician assistant (PA)?

- Poor
- Average
- Excellent
- N/A

11) How well were your medical questions answered?

- Poor
- Average
- Excellent

12) How was the amount of time the physician/ physician assistant spent with you?

- Poor
- Average
- Excellent

13) How was the value of any written or computerized information you received?

- Poor
- Average
- Excellent

14) Your evaluation of the surgical scheduler?

- Poor
- Average
- Excellent
- N/A

15) How was the comfort of the office?

- Poor
- Average
- Excellent

16) How was the appearance of the office?

- Poor
- Average
- Excellent

17) Please indicate the areas in which this office can improve

- Better magazines in the reception area

I would like:

- Friendlier staff
- More information on my condition
- Less waiting time
- More concern from the doctor
- Better parking
- More time with the doctor
- Other: _____

18) About how long did you have to wait in the reception area today?

- _____ minutes

19) How do you feel about the waiting time in this office?

- It is much too long
- It is a little too long
- It is acceptable

20) How likely are you to refer your friends/family to this office?

- The care is excellent! I will refer everyone I can to this office
- The care is good. I will tell friends/family about the office only if they ask me
- The care is deficient. I will tell my friends/family to not come to this office

21) Please select the appropriate age group you are in:

- 19 years old or younger
- Between 20 and 44 years old
- Between 45 and 64 years old
- Over 65 years old

22) How did you find out about this office?

- I was referred here by a medical doctor
- I was referred here by a friend or family member
- I was referred here by the ER at the hospital
- I found this doctor in my medical plan's provider listing
- I was referred by a chiropractor
- I was referred by a physical therapist
- I found it through research on the internet

23) Overall, how would you rate your experience with our office today?

- Poor
- Fair
- Good
- Excellent