

Dismissal Satisfaction Survey

1

How do you feel about any symptoms you have right now?

- Delighted
- Pleased
- Mostly Satisfied
- Neutral
- Mostly Dissatisfied
- Unhappy
- Terrible

2

Over the course of your treatment, how satisfied were you with your overall care?

- Very Satisfied
- Somewhat Satisfied
- Neutral
- Somewhat Satisfied
- Very Satisfied

3

Signature _____ Date _____

Thank you for allowing us to be a part of your return to better health.