



**Satisfaction Survey**  
 ProActFit, LLC  
 Physical Therapy & Wellness  
 Strength & Conditioning

ProActFit, LLC @ Evolution Fitness, 892 Plain Street, Marshfield, MA 02050

ProActFit, LLC @ Norwell Athletic Club, inside New England Wellness Solutions, 412 Washington Street, Norwell, MA 02061

Date: \_\_\_\_\_ Treatment for: \_\_\_\_\_

**Thank you for taking the time to complete this survey. We are interested in your impression of the care you received with ProActFit, LLC. We value your input in order to maintain consistent high quality standards of client care.**

Your name (optional): \_\_\_\_\_  Male  Female

Age: 0-6 7-18 19-29 30-39 40-49 50-59 60-69 70-79 80-89 90+

Date you were last seen: \_\_\_\_\_

Person answering survey  Patient  Family / Caregiver

How did you hear about our services (Please check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Newspaper         | <input type="checkbox"/> Advertised at Gym      | <input type="checkbox"/> Website                |
| <input type="checkbox"/> ProActFit Website | <input type="checkbox"/> Community Presentation | <input type="checkbox"/> Physician / Hospital   |
| <input type="checkbox"/> Magazine          | <input type="checkbox"/> Direct Mail            | <input type="checkbox"/> Family Member / Friend |
| <input type="checkbox"/> Nutraply          | <input type="checkbox"/> Other: _____           |   |

What services did you receive? (Please circle)

- |                     |                           |                            |                        |
|---------------------|---------------------------|----------------------------|------------------------|
| Physical Therapy    | Stretching Program        | Strength & Conditioning    | CranioSacral Treatment |
| Wellness            | Postural Edu / Ergonomics | Home Exercise Program(s)   | Acupuncture            |
| Chiropractic        | Massage                   | Personal Training          | Polarity / Reiki       |
| Maintenance Program | Nutrition Consultation    | Cold Laser / Light Therapy | Other: _____           |

Are you a member of Evolution Fitness? Yes No

Is there anything you would change about your experience to make it better? Yes No

Please explain \_\_\_\_\_

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Treatment was explained in a manner I understand					
I understand my home / fitness program					
I have confidence in the skills of the clinician(s)					
The environment was conducive to proper treatment					
I was given adequate information at discharge					
The clinician was professional and treated me with respect					
My overall therapy experience was positive					

Comments: \_\_\_\_\_

Thank you! -ProActFit, LLC