

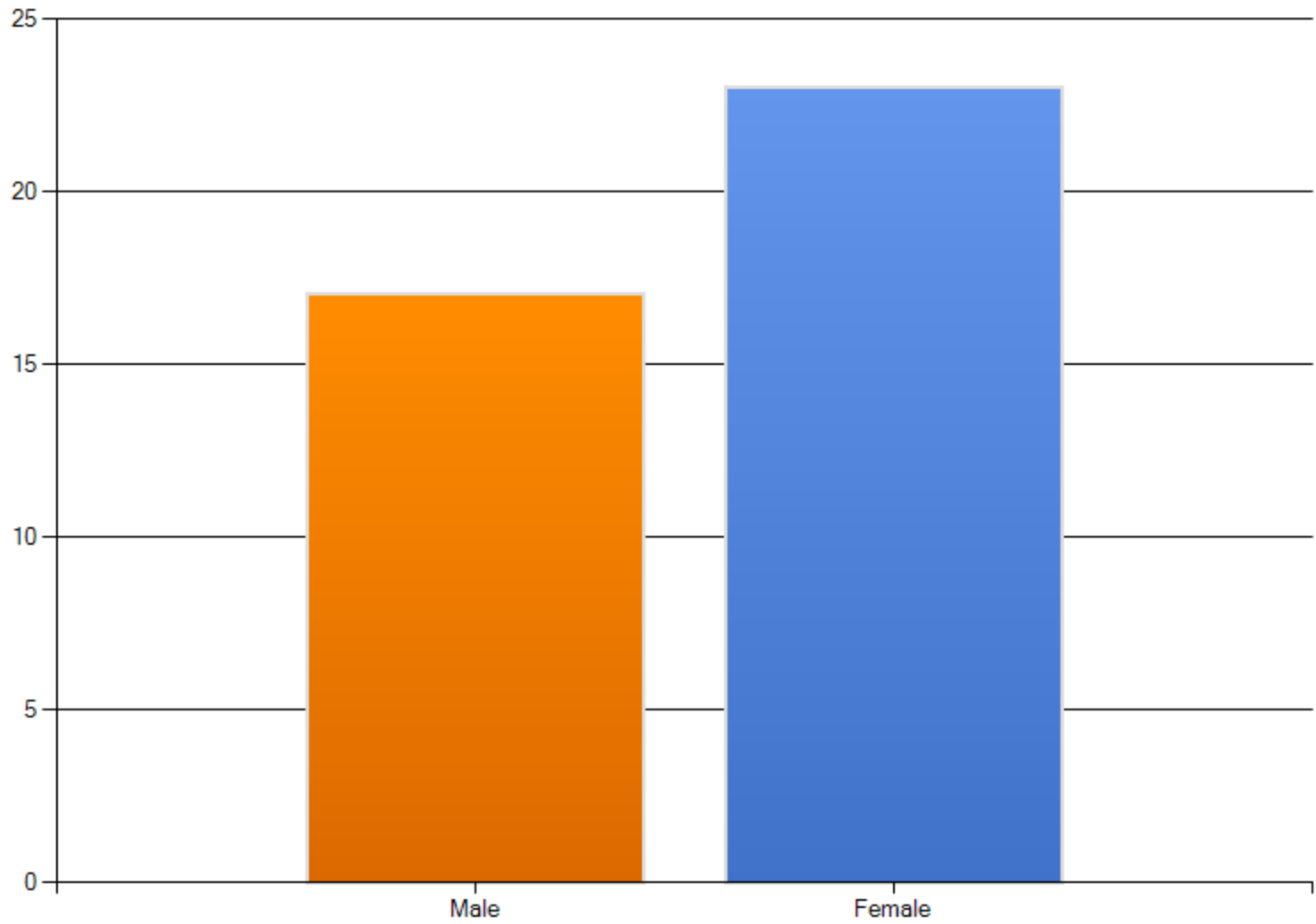


Center for Pain Recovery Chronic Pain Program

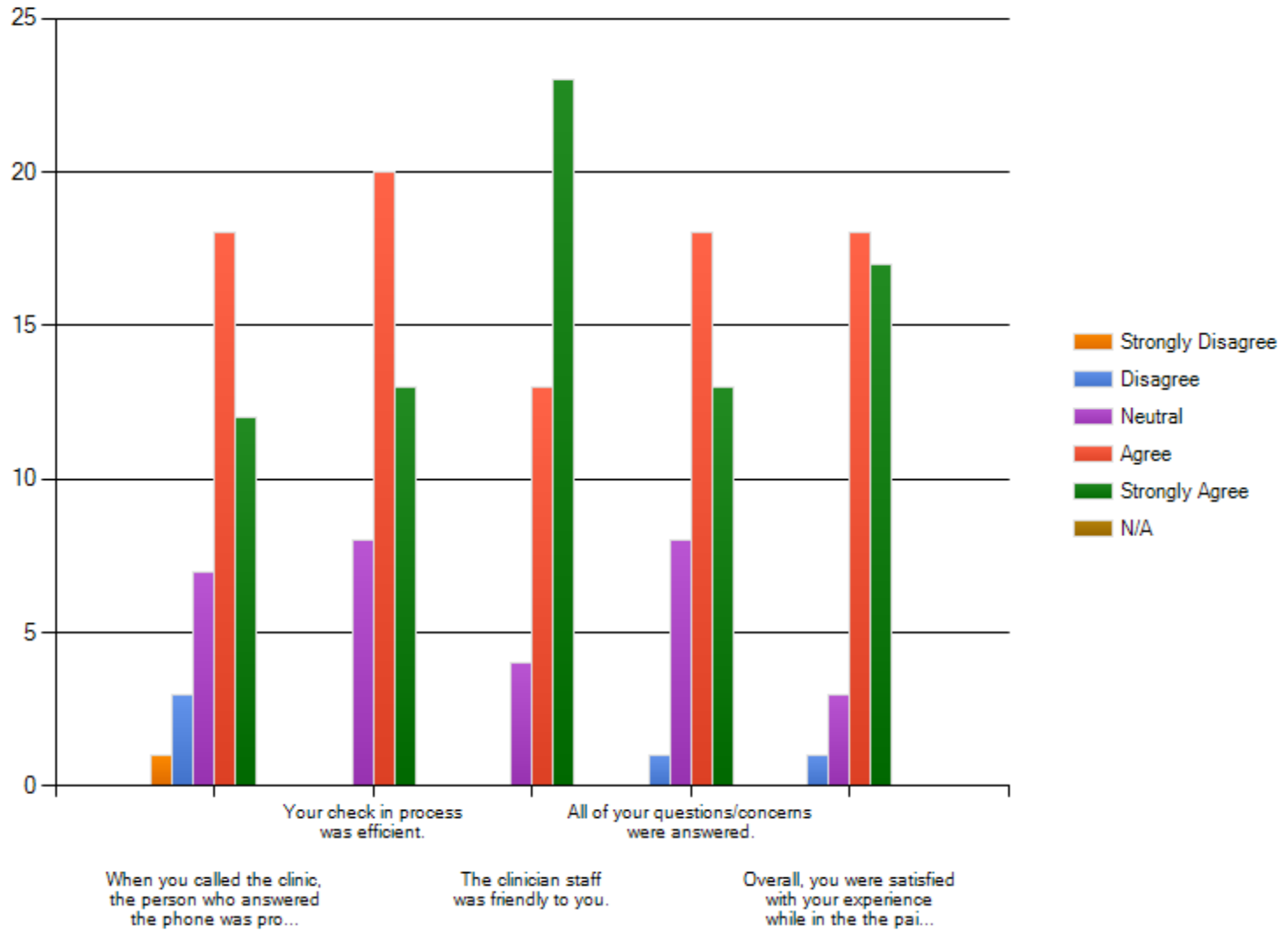
Discharge Satisfaction Surveys
November 1, 2008 through June 30, 2009

Mark D. Barhorst, M.D., Medical Director
Barry F. Bass, M.D.

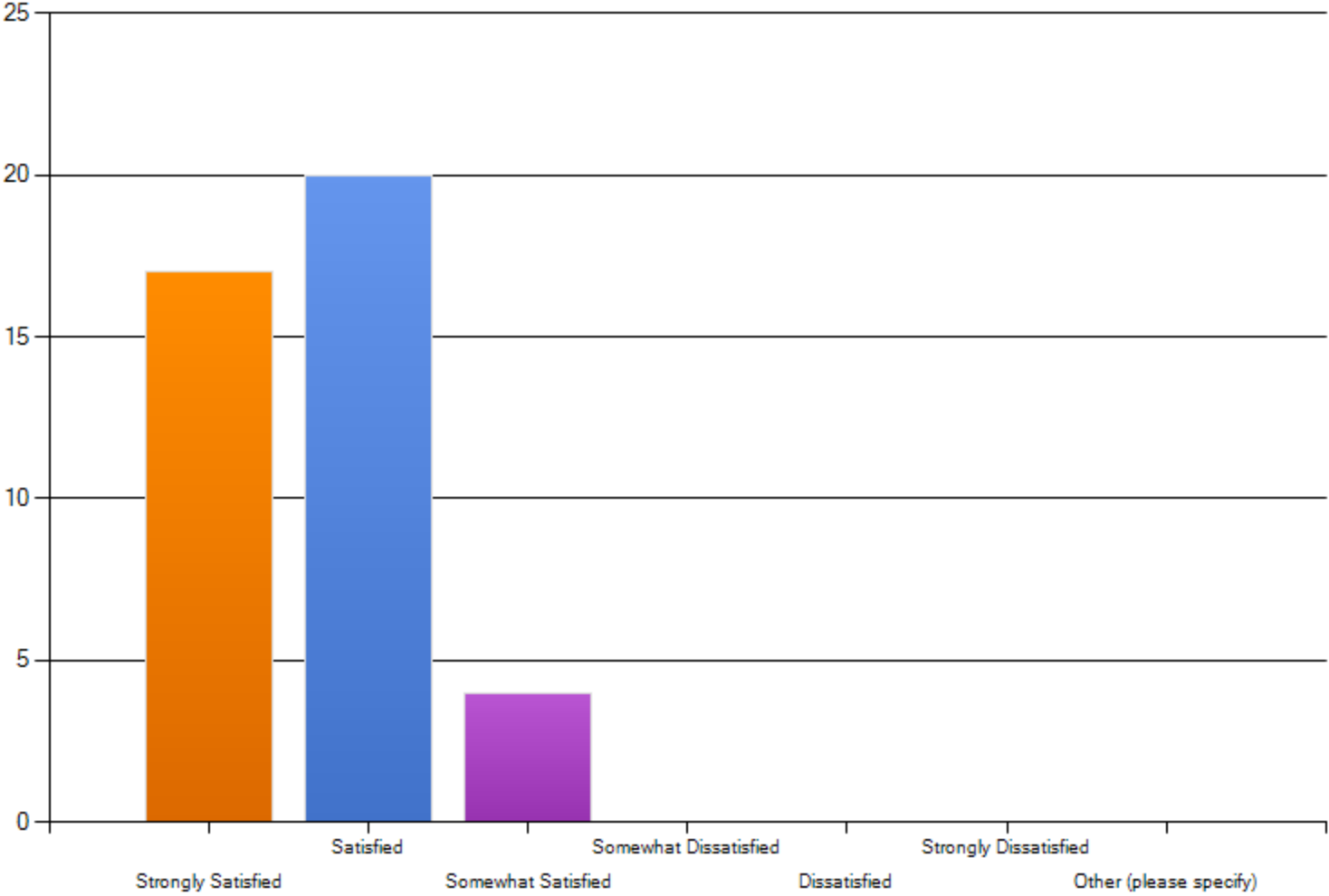
Are you male or Female?



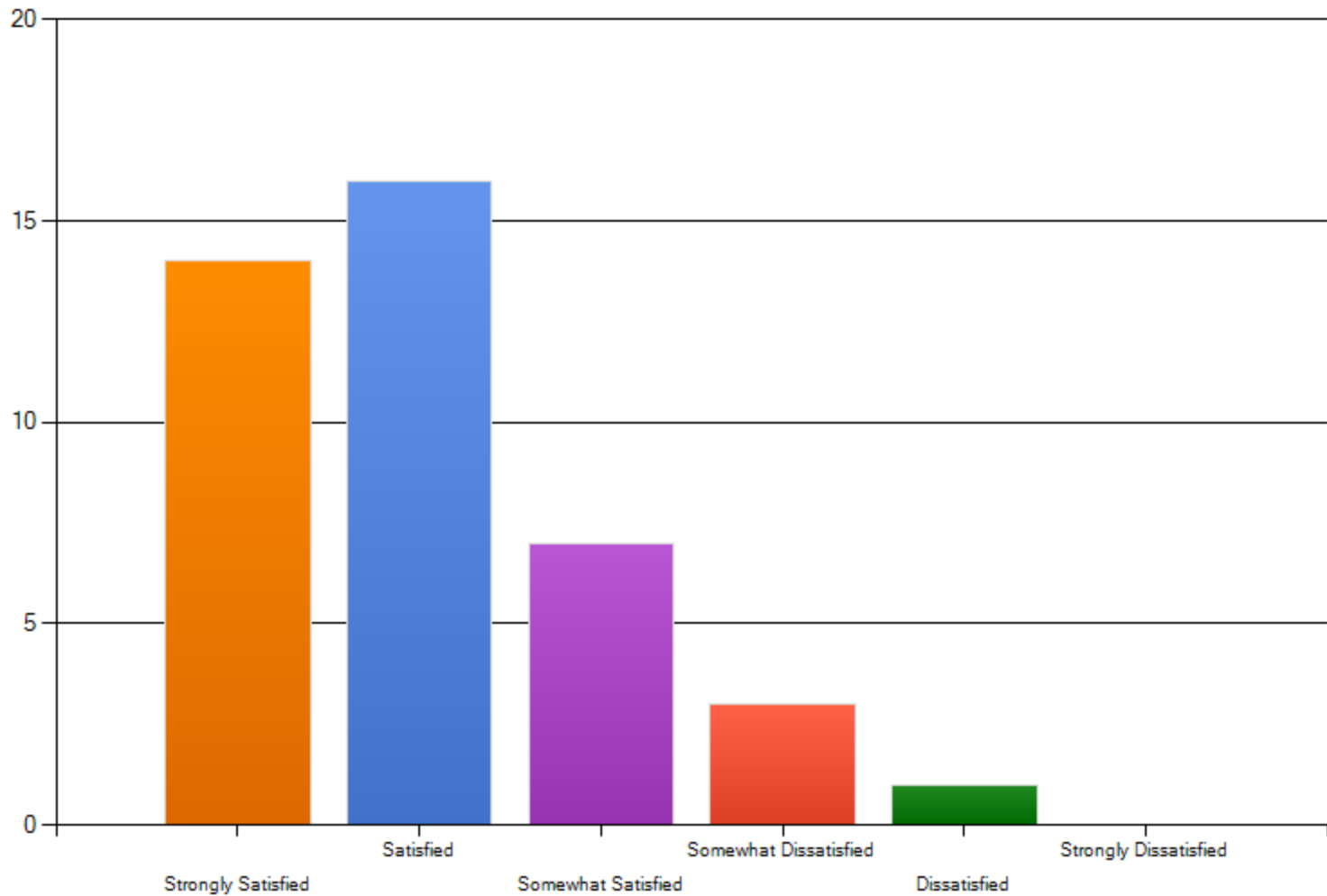
Please respond to how you agree with the following statements:



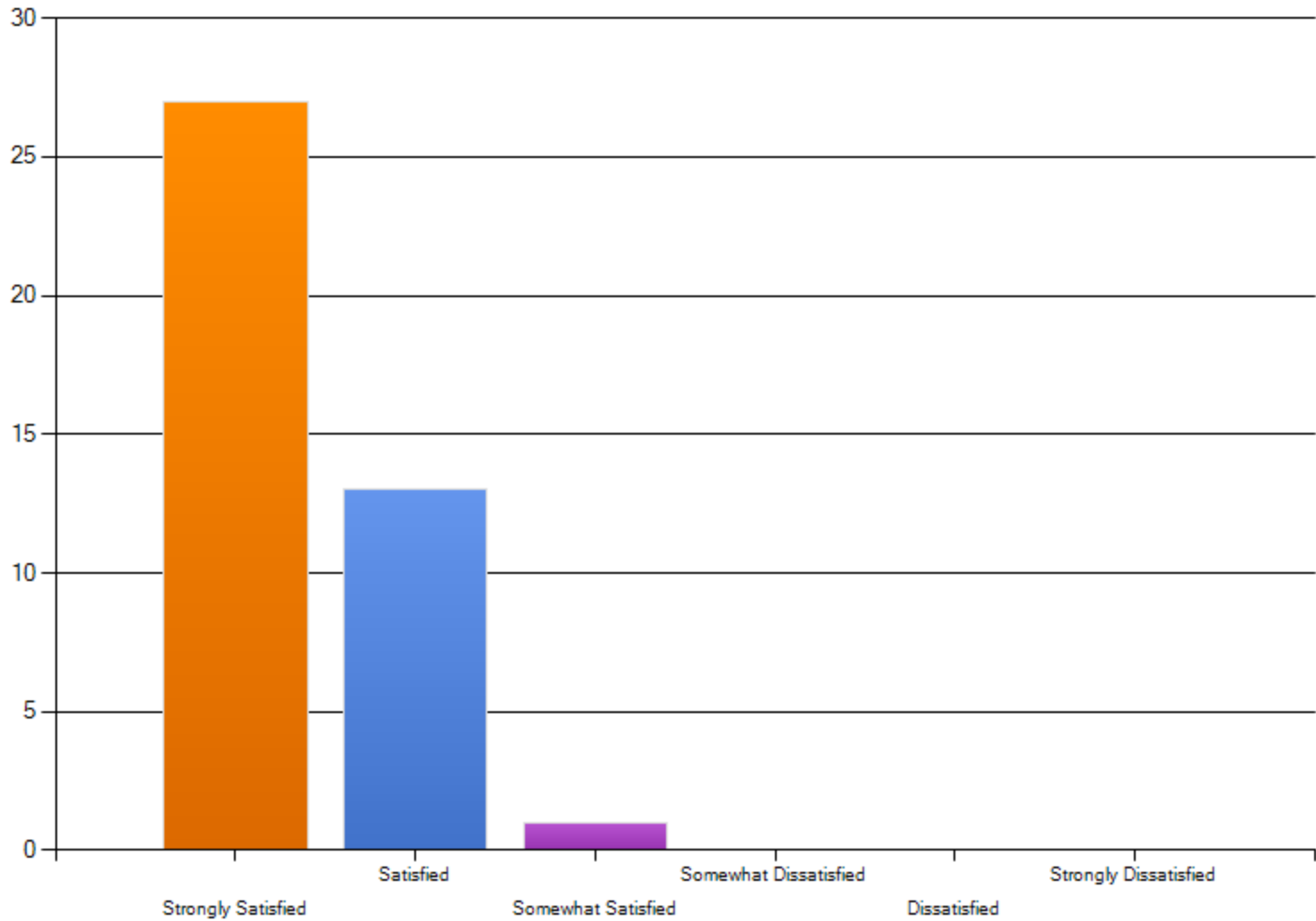
How long you waited for your initial behavioral evaluation for the Pain Management Program.



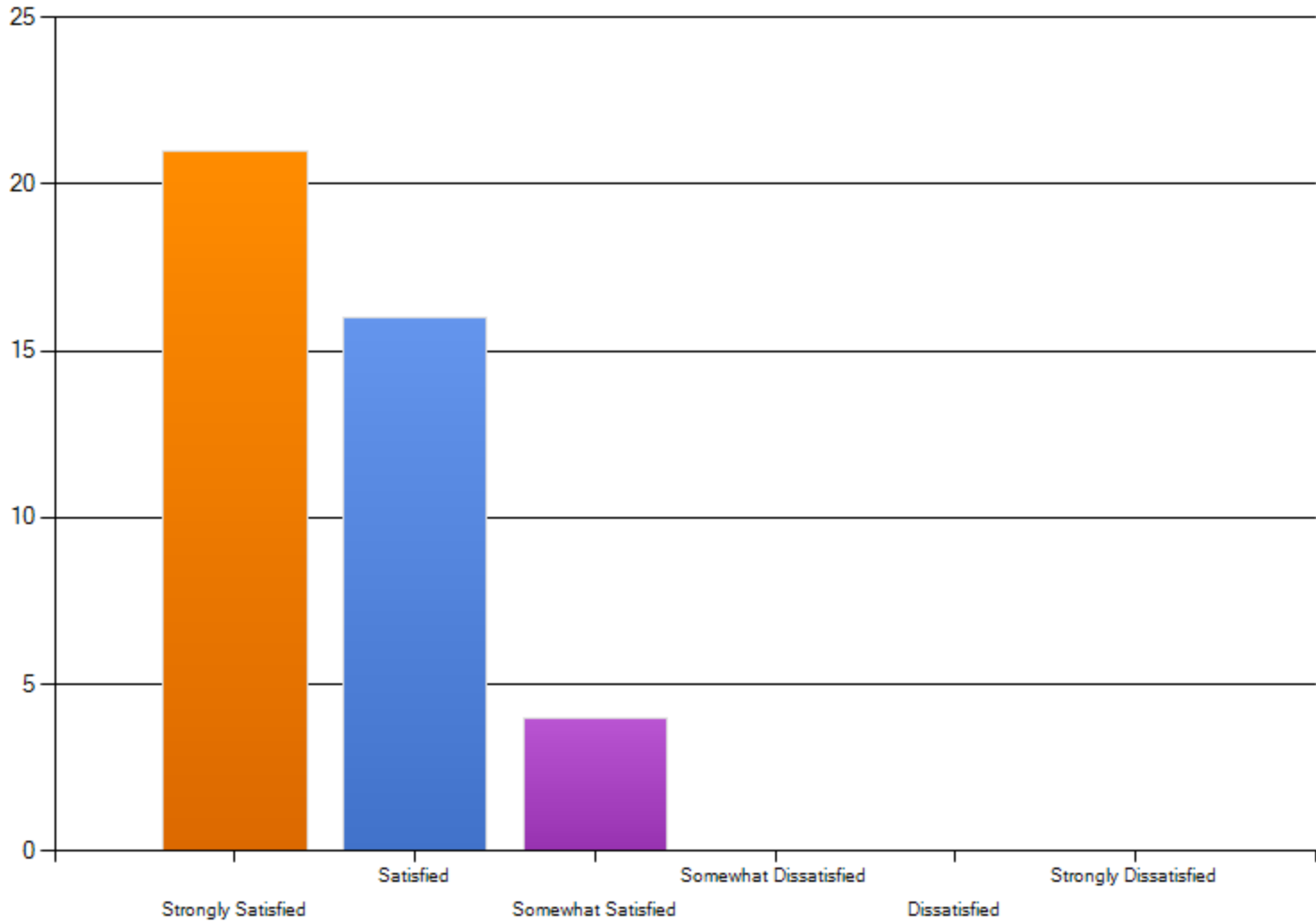
How satisfied were you with the physical therapy evaluation for the pain management program?



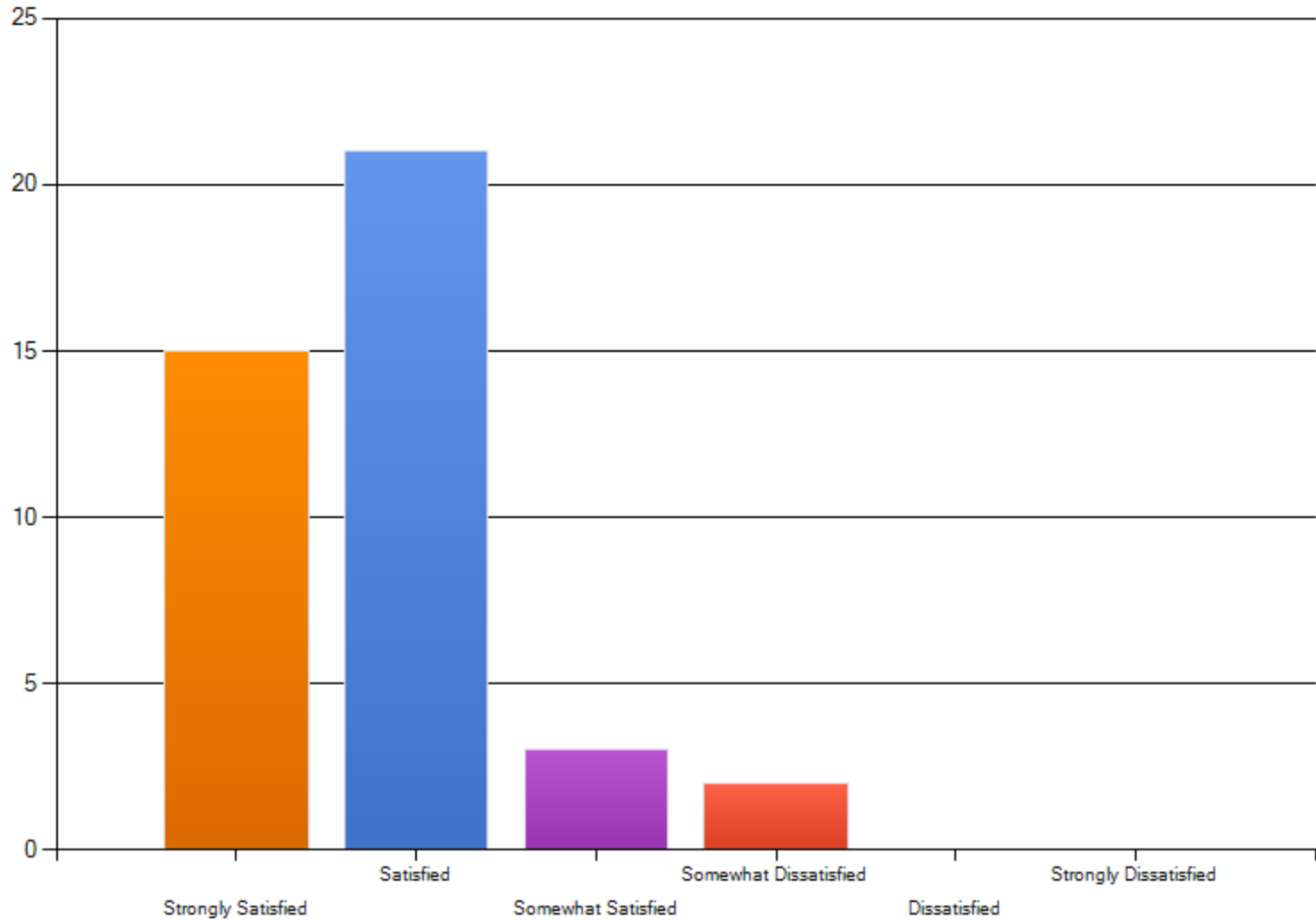
How satisfied were you with the skills of the professional staff?



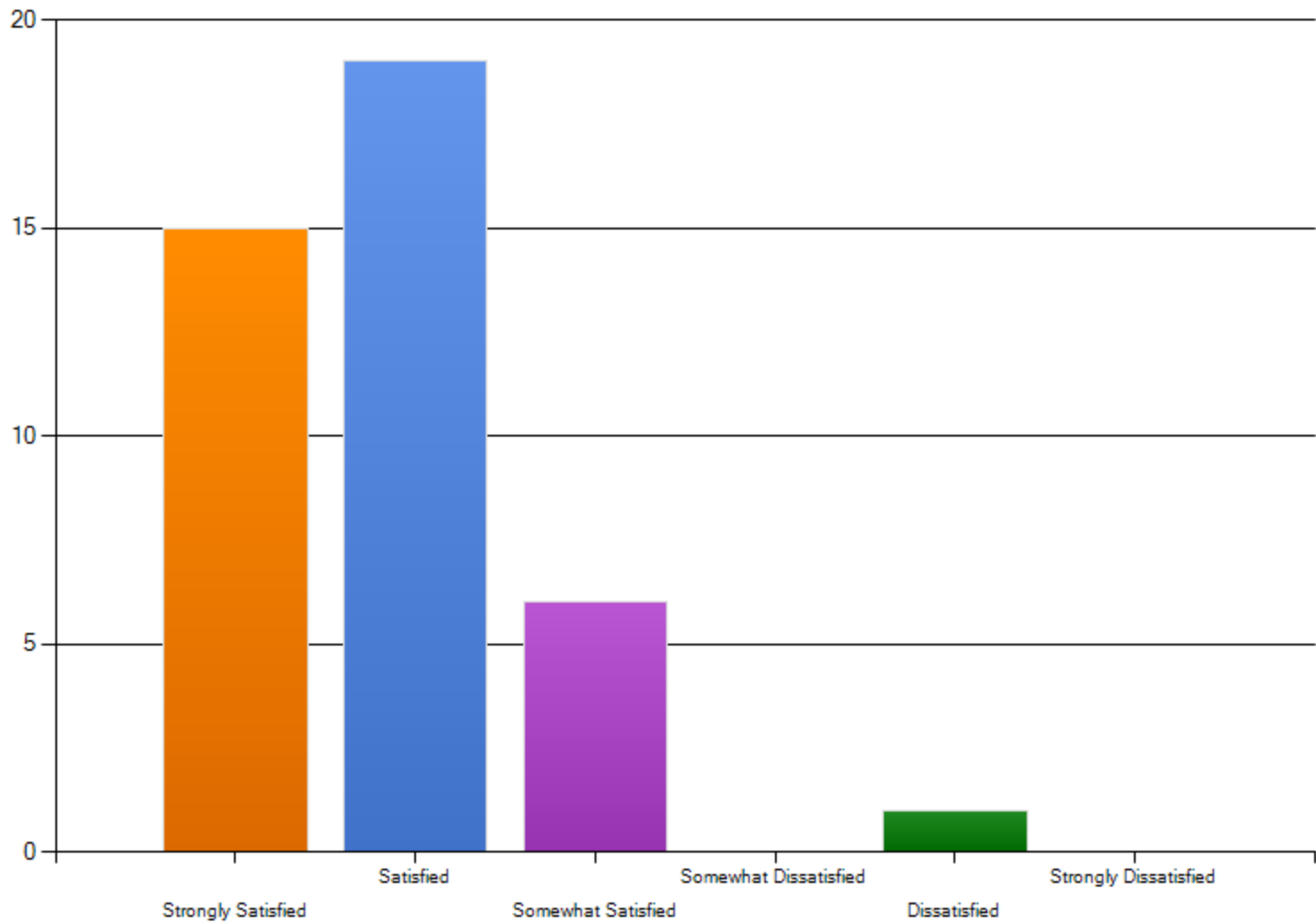
How satisfied were you with the orientation to the pain management program?



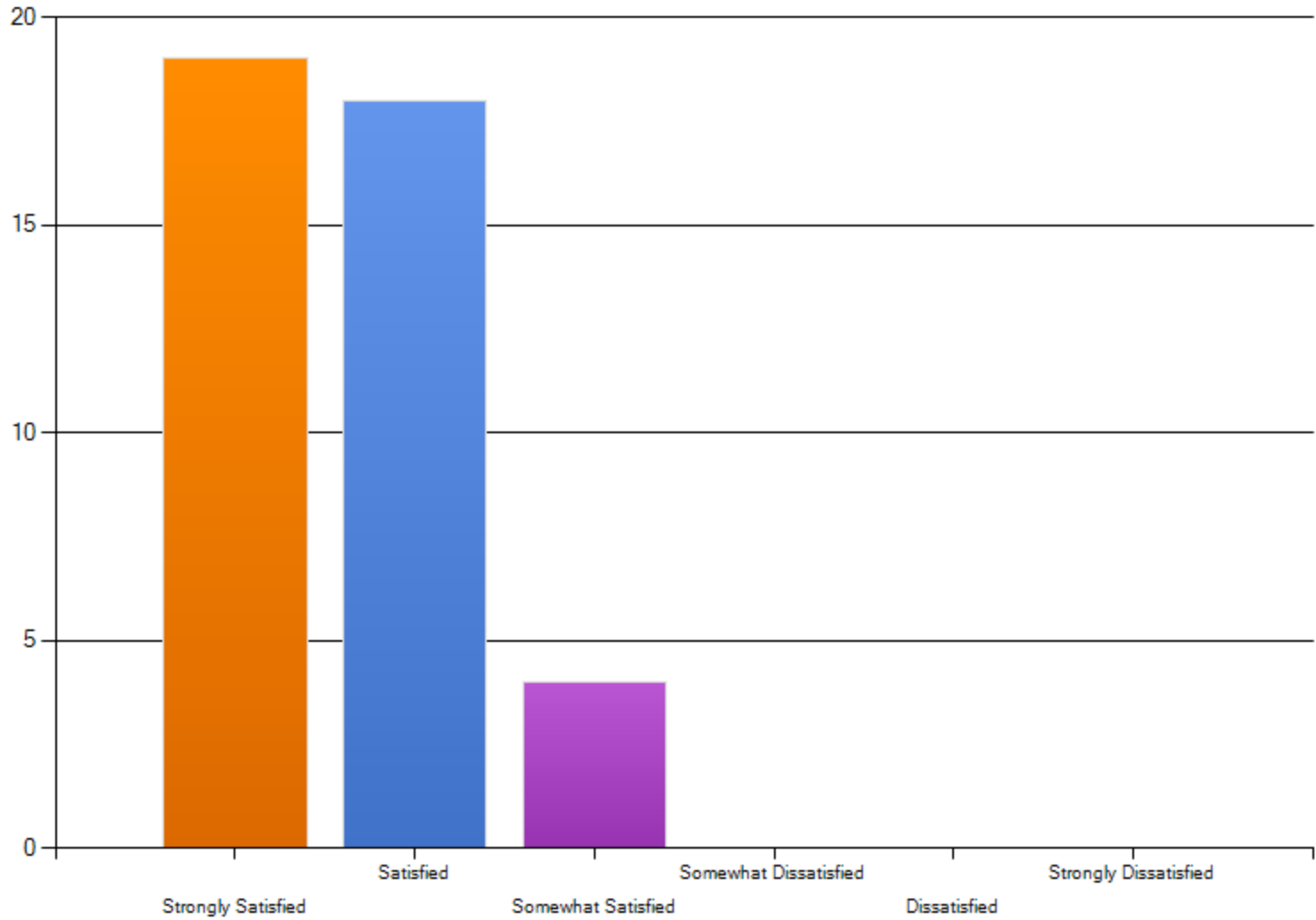
How satisfied were you with the physician visits while in the pain management program?



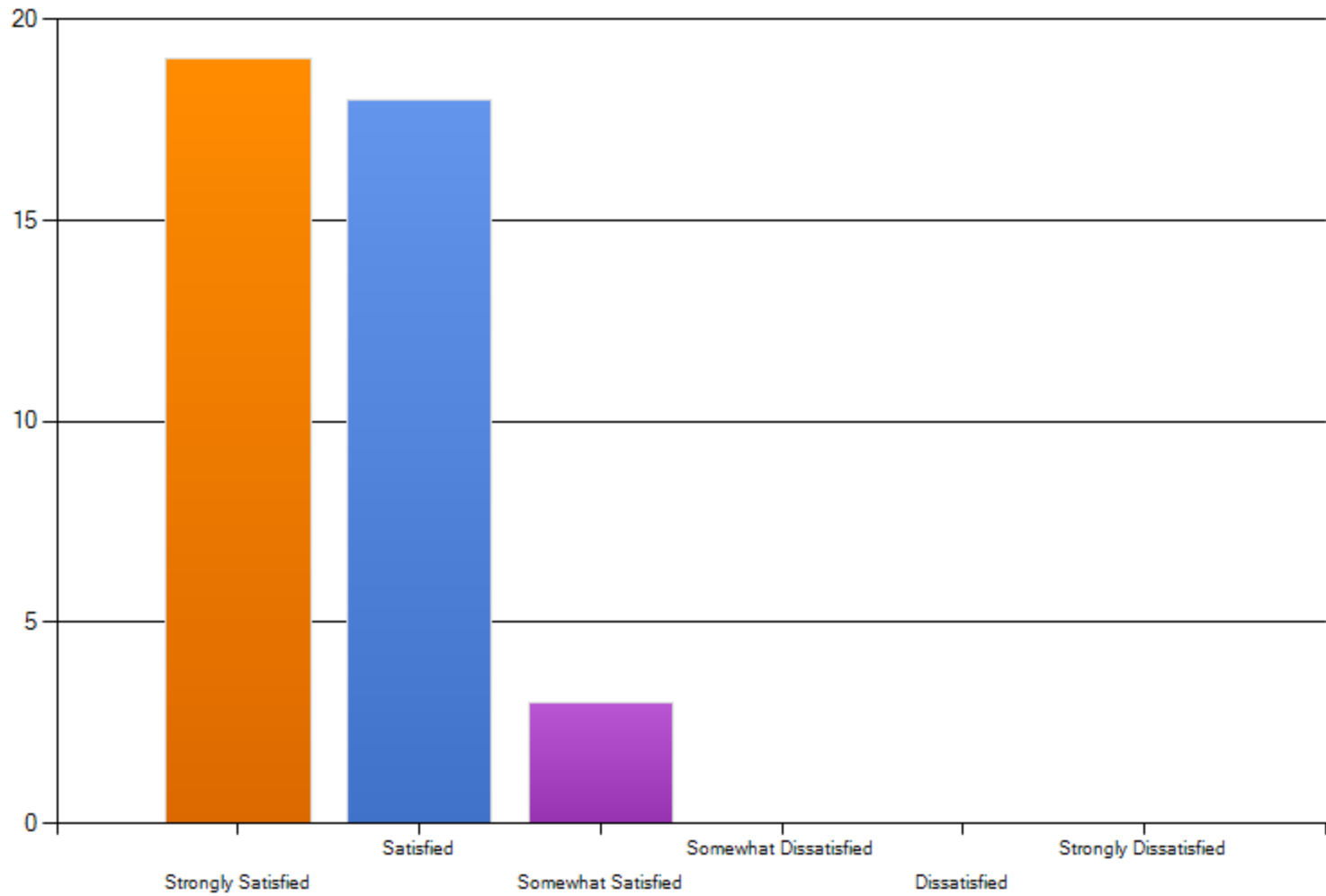
How satisfied were you with the physical therapy services while in the pain program?



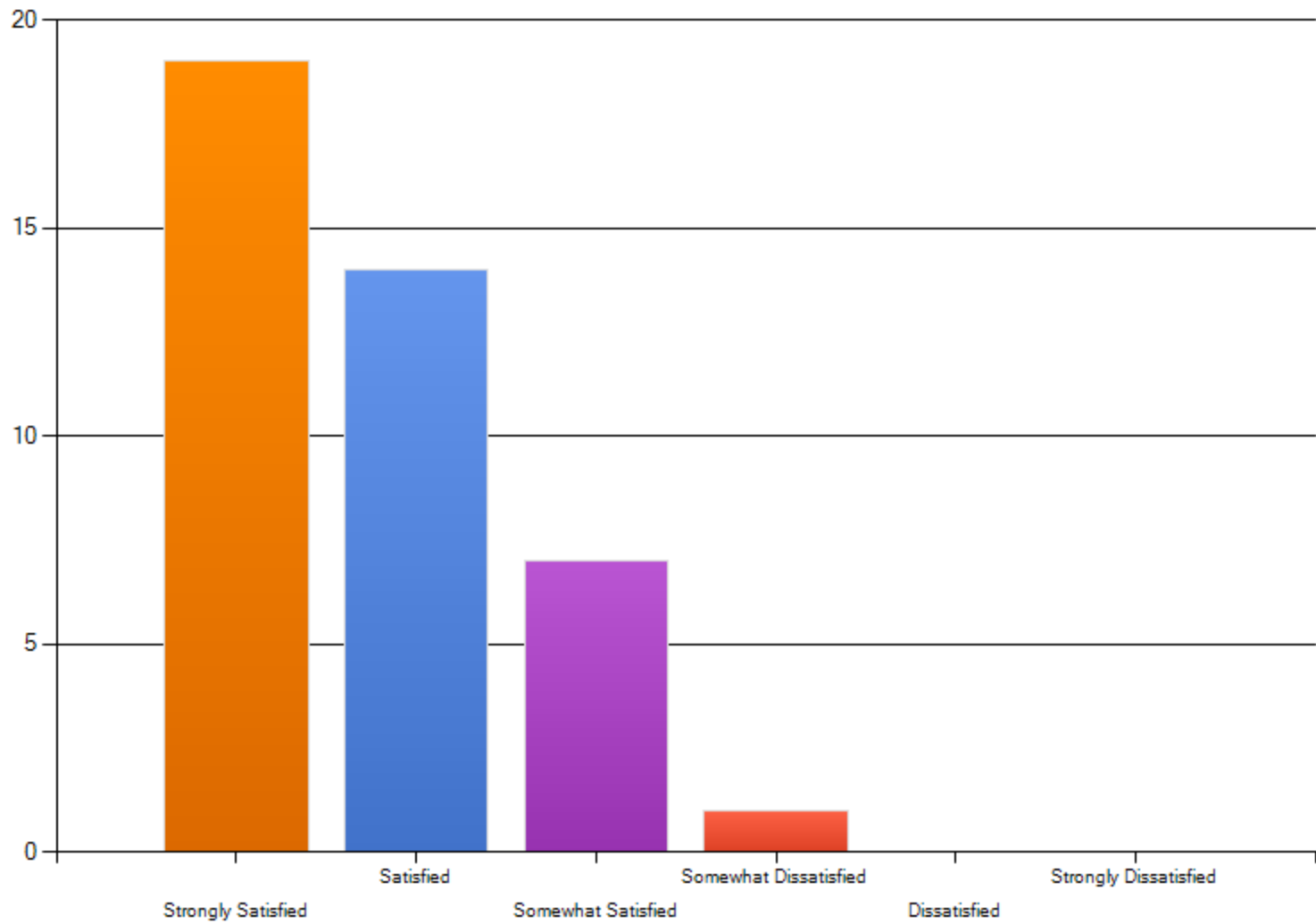
How satisfied were you with the group classes while in the pain management program?



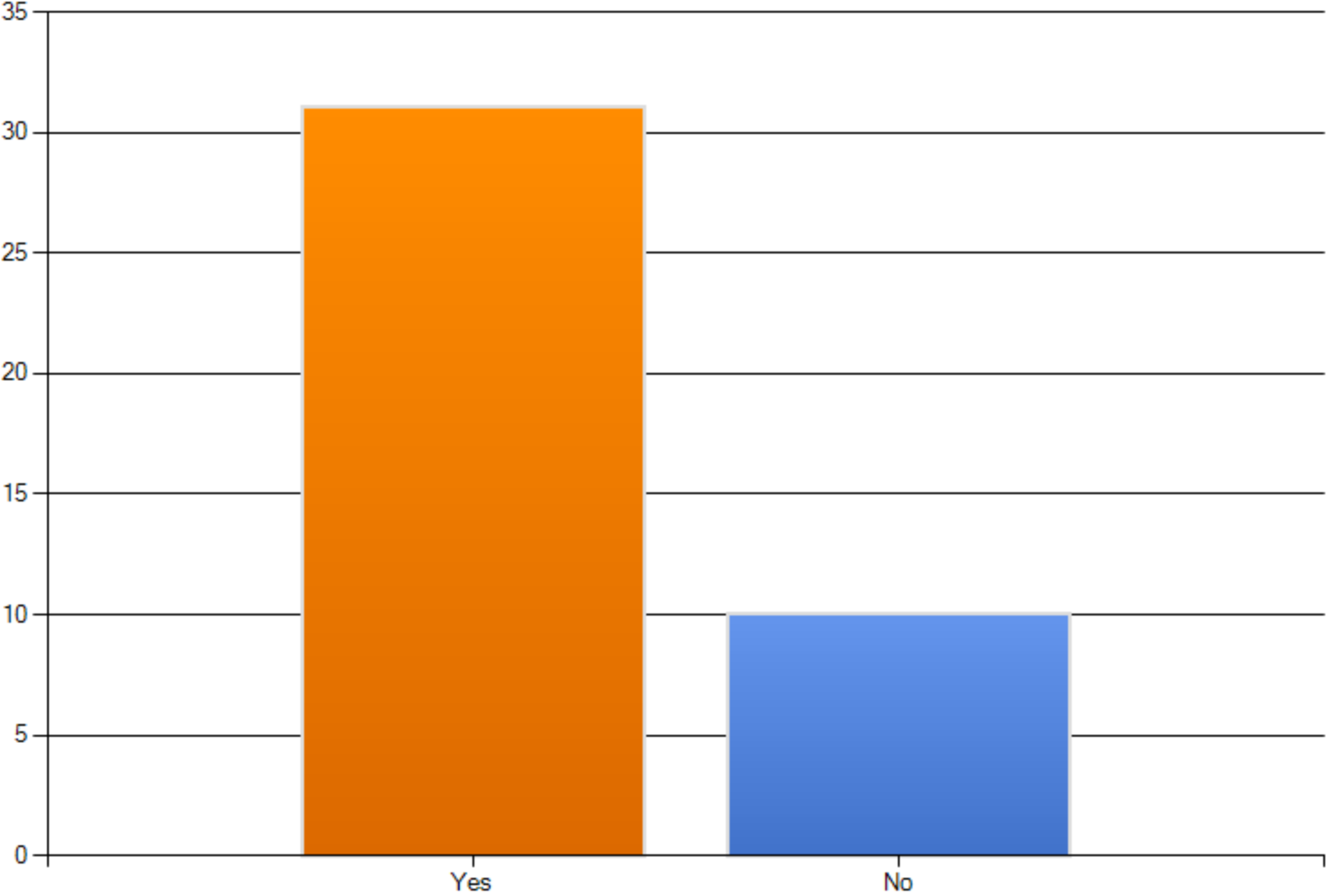
How satisfied were you with the aquatic therapy services while in the pain management program?



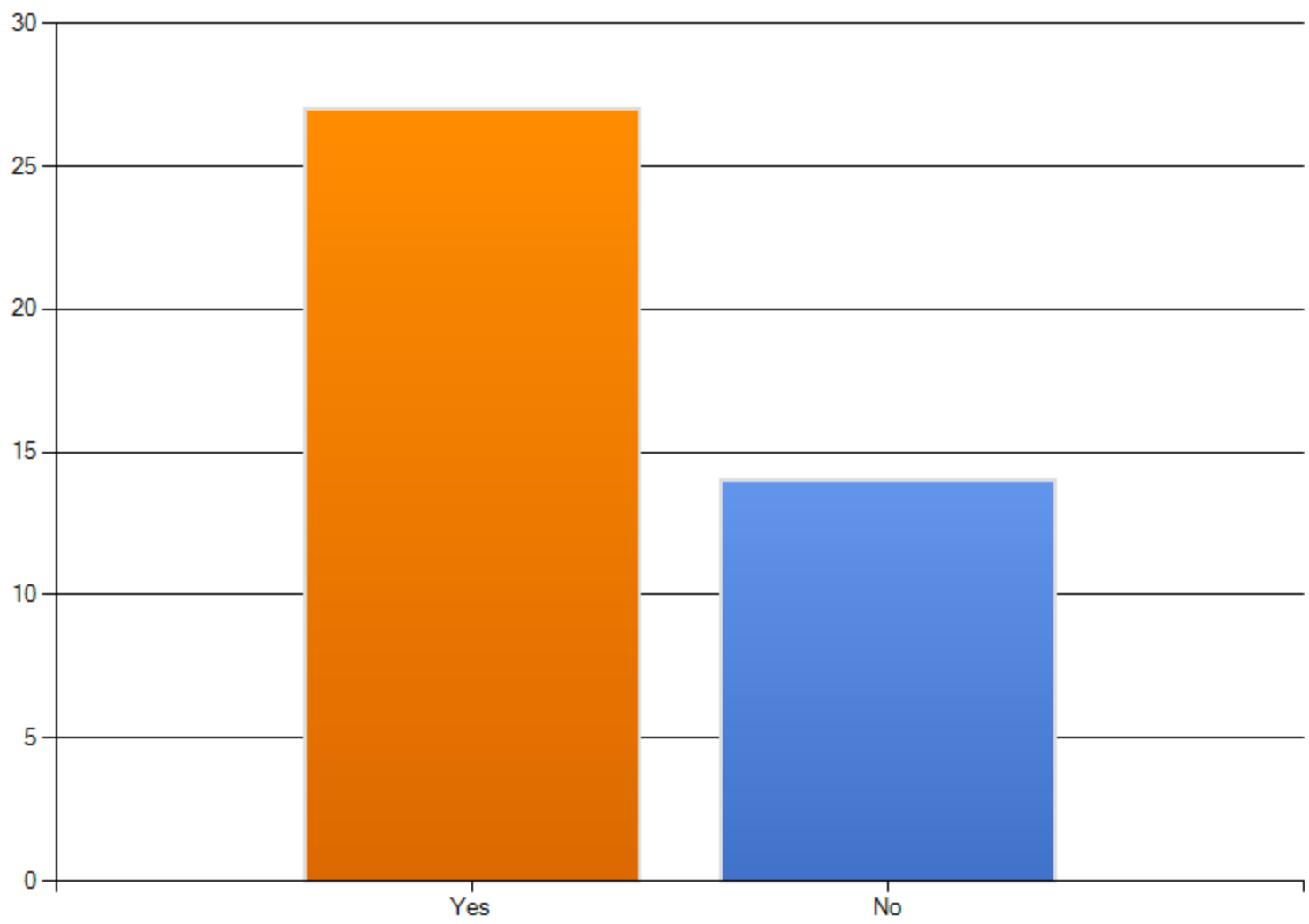
How satisfied were you with the art therapy group classes?



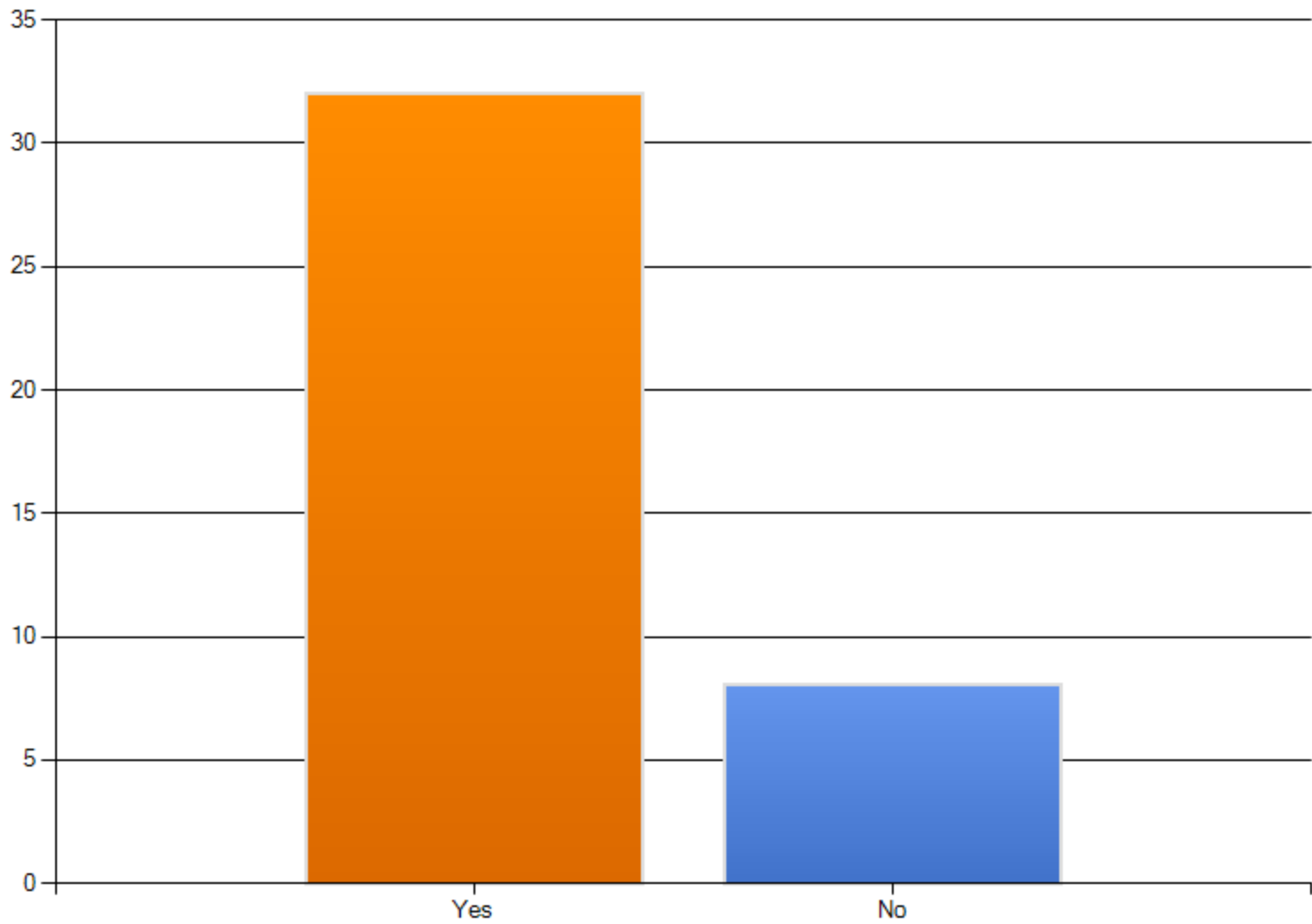
Are you more productive in your life now that you have completed the pain program at CPR?



Are you more active in your daily living now?



Are you able to manage your pain better now?



Would you recommend the pain program at CPR to others with pain?

