SPINE PREHAB

DATE:_____

NAME (Optional):_____

USING A SCALE OF 0-5 (5 being the highest score) PLEASE EVALUATE THE FOLLOWING:

NURSING INSTRUCTOR	0 - 5
I FELT MY NURSING INSTRUCTOR WAS KNOWLEDGEABLE	
I FELT COMFORTABLE ASKING QUESTIONS TO THE NURSING INSTRUCTOR	
MY QUESTIONS WERE ANSWERED TO MY SATISFACTION	

THERAPIST INSTRUCTOR (PT/OT)	0 - 5
I FELT MY THERAPIST WAS KNOWLEDGEABLE	
I FELT COMFORTABLE ASKING QUESTIONS TO THE PHYSICAL THERAPIST	
MY QUESTIONS WERE ANSWERED TO MY SATISFACTION	

I LEARNED VALUABLE INFORMATION ABOUT MY SPINE SURGERY	
I LEARNED VALUABLE INFORMATION ABOUT THE HOSPITAL/STAFF	
I FEEL COMFORTABLE HAVING MY SPINE SURGERY AT HENRY FORD WEST BLOOMFIELD HOSPTIAL	

COMMENTS:

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Spine Prehab is currently under review for Service Mark by the Department of Neurosurgery