



The Visual Performance Center

8210 Stephanie Drive, Suite J, Huntsville, Alabama 35802
256-880-0133, www.VisualPerformanceCenter.com

Vision Therapy Satisfaction Survey

We appreciate comments and suggestions in order to improve our practice for our patients. Thank you for your time in filling out the following survey.

1. Did you understand the results of the binocular vision exam from the initial diagnostic letter that you received?

Yes _____ No _____.

2. Where you able to schedule therapy sessions at a time convenient to your family?

Yes _____ No _____.

3. Were your phone calls answered or returned in a satisfactory amount of time?

Yes _____ No _____.

4. Did the Vision Therapist answer questions to your satisfaction?

Yes _____ No _____.

5. Did your Doctor (Optometrist) answer questions to your satisfaction?

Yes _____ No _____.

6. Were you given adequate instruction for homework exercises?

Yes _____ No _____.

7. Were the purposes of exercises explained so that you could see their relation to the problems being remediated?

Yes _____ No _____.

8. Did your child understand how the exercises related to their problems?

Yes _____ No _____.

9. Were you kept informed about the progress and areas of concern?

Yes _____ No _____.

10. By the final binocular vision exam, did you understand the testing and the results?

Yes _____ No _____.

11. Were you happy with your child’s progress by the final vision therapy session and binocular vision exam?

Yes _____ No _____.

12. Is the home maintenance packet helpful?

Yes _____ No _____.

Additional comments:
