

Participant Satisfaction Survey Version May 2018

PI: XXBLINDEDXX

Participant Number: _____

Date Survey Completed: _____ (month, day, year)

Date of Follow-up Appointment: _____ (month, day, year)

How satisfied are you with the following?	Completely Dissatisfied (-2)	Somewhat Dissatisfied (-1)	Neutral (0)	Somewhat Satisfied (+1)	Completely Satisfied (+2)
Your rehabilitation rate					
Your improvement in range of motion					
Your improvement in joint function					
Total Score (sum of numbers shown under column headings):					

Complete the sections below if you were in the flywheel group.

	Completely Disagree (-2)	Somewhat Disagree (-1)	Neutral (0)	Somewhat Agree (+1)	Completely Agree (+2)
I enjoyed using the flywheel.					
The flywheel was easy to use.					
I believe using the flywheel improved my rehabilitation.					
Total Score (sum of numbers shown under column headings):					

The data collected from the following section will be used to direct future study development.

	Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree
I would be comfortable pushing myself further while using the flywheel.					
I would benefit from longer use of the flywheel.					
I would benefit from further instruction during flywheel use.					