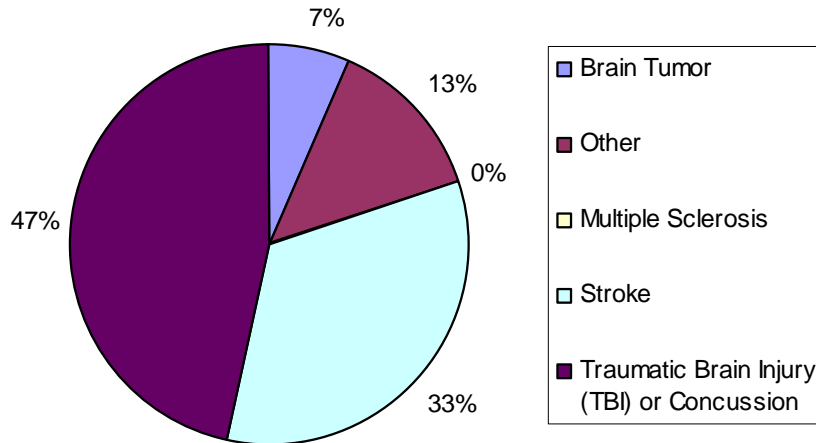


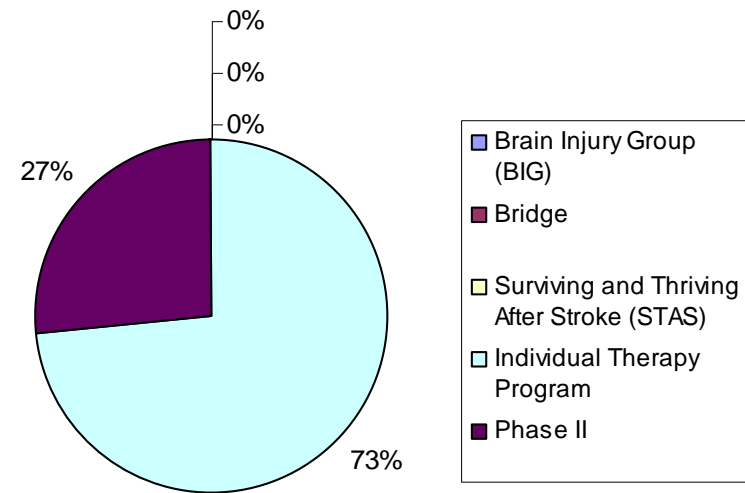
MOUNT SINAI REHABILITATION CENTER

Outpatient Brain Injury Patient Satisfaction (2nd Quarter 2009, Sample=16)

What type of injury do you have?



Please check off which program(s) you participate/d in:



The Center's goal is to achieve the highest rating of "Excellent" or "Very Likely".

Rate the overall care and concern shown by the physician:



53% (Excellent)

Rate the treatment you received for your pain in outpatient rehab:



50% (Excellent)

MOUNT SINAI REHABILITATION CENTER

Outpatient Brain Injury Patient Satisfaction (2nd Quarter 2009, Sample=16)

How would you rate the overall quality of the outpatient rehab team?



51%(Excellent)

Rate how much input you and your family had in setting your rehab outpatient therapy goals:



50% (Excellent)

How likely would you be to recommend outpatient rehab to others?



**88%
(Very Likely)**

If you needed outpatient rehab again, how likely would you be to use the service?



**94%
(Very Likely)**