

# Patient Satisfaction Survey

Thank you for taking this Questionnaire. Your comments will help us provide even better care and service to our patients. The questionnaire should take approximately 5-10 minutes. Please complete at your leisure, and return to the front desk staff or labeled box in the waiting area.

Your response is completely anonymous, so please be open and honest in your feedback. In particular, we encourage you to add your comments wherever possible.

Please tick your answer and write in your comments.

## Your Physiotherapist

1. Do you know the name of the physiotherapist who treated you today?

Yes       No

If YES, please write his/her name here .....

## Overall Impressions

2. What do you most like about our practice?

.....  
.....

3. What could we do to improve our physiotherapy service?

.....  
.....

## Appointments

4. Did you have any difficulty contacting us?

Yes       No

If YES, please explain .....

5. Did you get the appointment you preferred?

Yes       No

Comments .....

.....

**Appointments**

6. How long did you have to wait **beyond your appointment time** to see your physiotherapist?

- No waiting time
- Less than 10 minutes
- Between 10 and 20 minutes
- More than 30 minutes

Comments .....

.....

**Access**

7. When coming to our practice how did you find...

(a) Our operating hours

- Very good
- Good
- Fair
- Poor

Comments .....

(b) Locating our practice

- Very good
- Good
- Fair
- Poor

Comments .....

(c) Parking/Transport Facilities

- Very good
- Good
- Fair
- Poor

Comments .....

(d) Steps, paths, doors, lifts etc

- Very good
- Good
- Fair
- Poor

Comments .....

**Physical Facilities**

8. Please rate the general aspects of our facilities.

How was the...

(a) General appearance of our practices (décor, furniture, tidiness, cleanliness)?

- Very good
- Good
- Fair
- Poor

Comments .....

.....

(b) Reading material?

- Very good       Good       Fair       Poor
- Didn't use

Comments .....

.....

(c) Comfort (temperature, seating, lighting, space)?

- Very good       Good       Fair       Poor

Comments .....

.....

(d) Level of privacy when being interviewed, assessed, or treated?

- Very good       Good       Fair       Poor

Comments .....

.....

## Treatment

9. How would you rate...

(a) The explanation given to you about your **condition**?

- Very good       Good       Fair       Poor

(b) The explanation given to you about your **treatment**?

- Very good       Good       Fair       Poor

Comments .....

.....

(c) The amount of **time** the physiotherapist spent with you?

- Very good       Good       Fair       Poor

Comments .....

.....

(d) The **results** of your treatment?

- Very good       Good       Fair       Poor  
 Don't know yet       No treatment given

Comments .....

.....

**Staff**

10. How would you rate your physiotherapist's...

(a) Professional knowledge and skill?

- Very good       Good       Fair       Poor

(b) Level of care and concern?

- Very good       Good       Fair       Poor

Comments .....

.....

11. And the office staff...

(a) Promptness in attending to you?

- Very good       Good       Fair       Poor

Comments .....

.....

(a) Friendliness and helpfulness?

- Very good       Good       Fair       Poor

Comments .....

.....

(a) Telephone manner?

- Very good       Good       Fair       Poor

Comments .....

.....

12. If you have been here before...

(a) Did you see the same physiotherapist?

Yes       No

Comments .....

(a) Are you satisfied with this arrangement?

Yes       No

If NO please explain .....

**Fees**

13. How would you rate your physiotherapist's...

(a) In your opinion, do our fees represent value for money?

Yes       No       Not applicable

If NO please explain .....

**General Opinion**

14. Overall, how satisfied are you with your experience here?

Extremely dissatisfied      1      2      3      4      5      6      Extremely satisfied

*(please circle the relevant number)*

Comments .....

(b) Would you recommend our services to others?

Yes       No

Why or why not .....

***Thank you for taking the time to give us your comments.***

*Please return your completed survey to the marked box in the waiting room,  
or to any of the front desk staff*