

PHYSIOTHERAPY WORKS, LLC

Patient Satisfaction Questionnaire

Your Age.....

Sex: Male Female

Type of therapy Physical Therapy Massage Therapy Acupuncture

Was this your first experience with physical therapy/massage therapy/Acupuncture Yes No

Please check the location of the problem for which you received physical/massage therapy/Acupuncture

Neck Lower back Headache Shoulder Elbow
 Hip Knee Ankle foot Other _____

Please rate our services using the following scale:

(1= strongly disagree, 2= disagree, 3= no opinion, 4= agree, 5= strongly agree)

- | | | | | | |
|--|---|---|---|---|---|
| 1. My privacy was protected during my care. | 1 | 2 | 3 | 4 | 5 |
| 2. My therapists were courteous. | 1 | 2 | 3 | 4 | 5 |
| 3. Other staff members were courteous | 1 | 2 | 3 | 4 | 5 |
| 4. I was satisfied by the treatment provided - Physical Therapy. | 1 | 2 | 3 | 4 | 5 |
| 5. I was satisfied by the treatment provided - Massage Therapy | 1 | 2 | 3 | 4 | 5 |
| 6. I was satisfied by the treatment provided - Acupuncture | 1 | 2 | 3 | 4 | 5 |
| 7. My first visit was scheduled quickly. | 1 | 2 | 3 | 4 | 5 |
| 8. It was easy to schedule visits after my first appointment | 1 | 2 | 3 | 4 | 5 |
| 9. I was seen promptly when I arrived for treatment. | 1 | 2 | 3 | 4 | 5 |
| 10. The location of the facility was convenient for me. | 1 | 2 | 3 | 4 | 5 |
| 11. I was satisfied with the appearance of the facility. | 1 | 2 | 3 | 4 | 5 |
| 12. My therapist understood my problem or condition. | 1 | 2 | 3 | 4 | 5 |
| 13. The instructions given to me were helpful. | 1 | 2 | 3 | 4 | 5 |
| 14. I was satisfied with the overall quality of my care. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this facility to family or friends. | 1 | 2 | 3 | 4 | 5 |
| 16. I would return to this facility again in the future. | 1 | 2 | 3 | 4 | 5 |
| 17. Overall I was satisfied with my experience | 1 | 2 | 3 | 4 | 5 |

Other comments.....

Your opinion is greatly appreciated.

Please place questionnaire in the box in the waiting room.