



## Patient Satisfaction Questionnaire

Dear Patient,

You recently received physical therapy services at our facility. Because we strive to deliver the best possible physical therapy services, we are interested in learning from patients how we might improve or enhance our services. Please take a few minutes to complete and return this questionnaire.

Please place an X in the appropriate box to indicate your rating or answer the descriptive questions on the appropriate line. Any additional comments you wish to make are welcome; write in the "Comments" section at the end of the questionnaire.

Thank you for your feedback!

### Descriptive Questions

1. Your age: \_\_\_\_\_ Years
2. Your sex:     Male    Female
3. How did you learn about this facility? (Check all that apply)
 

<input type="checkbox"/> Physician	<input type="checkbox"/> Insurance Company recommendation
<input type="checkbox"/> Friend	<input type="checkbox"/> Former Patient
<input type="checkbox"/> Telephone Book	<input type="checkbox"/> Other, please indicate _____
4. Was this your first experience with Physical Therapy?     Yes    No
5. Was this your first experience with this facility?         Yes    No
6. Please check the location of the problem for which you received physical therapy? (Check all that apply)
 

<input type="checkbox"/> Neck	<input type="checkbox"/> Hip
<input type="checkbox"/> Lower Back	<input type="checkbox"/> Foot
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand
<input type="checkbox"/> Elbow	<input type="checkbox"/> Knee
<input type="checkbox"/> Other, please indicate _____	

### Please rate your degree of satisfaction with each of the following statements.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. My privacy was respected during my physical therapy care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My physical therapist was courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All other staff members were courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was satisfied with the care provided by my physical therapist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I was seen promptly when I arrived for treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was satisfied with the care given by my physical therapist aides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My physical therapist understood my problem or condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The instructions my physical therapist gave me were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was satisfied with the overall quality of my physical therapy care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My bills were accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I would recommend this facility to family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The cost of the physical therapy received was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I had to, I would pay for these physical therapy services myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I would return here if I required physical therapy care in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Overall, I was satisfied with my experience with physical therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** \_\_\_\_\_

***Thank You!***

\* Adapted with permission from the American Physical Therapy Association from Goldstein MS, Elliott SD, Guccione AA. The development of an instrument to measure satisfaction with physical therapy. *Phys Ther.* 2000; 853-863.