

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 moments in 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, or attach additional pages if you require more space. Please return the questionnaire to us at your earliest convenience.

Thank you very much for your feedback! Survey is also available online at: www.coastrehabservices.com

-----PHYSICAL THERAPY PATIENT SATISFACTION QUESTIONNAIRE-----
Descriptive Questions

1. Your age _____ Years.
2. Your sex ☐ Male ☐ Female
3. How did you learn about this facility? (Check all that apply)
☐ Physician ☐ Insurance company recommendation
☐ Internet ☐ Former patient
☐ Telephone Book ☐ 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)
☐ Neck ☐ Lower Back ☐ Shoulder
☐ Elbow ☐ Hand ☐ Hip
☐ Knee ☐ Foot ☐ Other _____

Please rate your degree of satisfaction with each of the following statements. (1-strongly disagree, 2-disagree, 3-neither agree nor disagree, 4-agree, 5-strongly agree, 6-no opinion on the subject)

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	No Opinion
7. My privacy was respected during my physical therapy care.	☐	☐	☐	☐	☐	☐
8. My physical therapist (PT) was courteous.	☐	☐	☐	☐	☐	☐
9. My first visit for physical therapy was scheduled quickly.	☐	☐	☐	☐	☐	☐
10. I was satisfied with the treatment provided by my PT.	☐	☐	☐	☐	☐	☐
11. My PT was very knowledgeable about my problem or condition.	☐	☐	☐	☐	☐	☐
12. The instruction my PT gave me was helpful.	☐	☐	☐	☐	☐	☐
13. I would return to this facility again in the future.	☐	☐	☐	☐	☐	☐
14. Overall, I was satisfied with my experience with physical therapy.	☐	☐	☐	☐	☐	☐

Comments:
