

## **PATIENT SATISFACTION SURVEY**

						Date	Date:		
ar Pa	atient								
ase	take a few minu	tes of your time to f	fill in the follow	ing qu	estio	ns:			
1.	What type of physiotherapy treatment did you receive while in hospital? (Please select all that apply)								
	☐ Chest physic		☐ Breathing exercises						
	☐ Rehabilitation exercises			$\square$ Walking with walking aids/assistance					
	☐ Walking stairs								
2.	Please rate the physiotherapist on the following: (1-Excellent; 5-Worst)								
	He/she always behaved professionally				1	2	3	4	5
	He/she was sensitive to my treatment needs				1	2	3	4	5
	He/she kept me well-informed about my treatme			ent	1	2	3	4	5
3.	How satisfied were you with the results of your physiotherapy? (1-Excellent; 5-Worst)								
	1	2	3		4			5	
4.	How do you thi	nk we can improve	our services?						

Thank you for your time!