



## PATIENT SATISFACTION SURVEY

Date: \_\_\_\_\_

Dear Patient

Please take a few minutes of your time to fill in the following questions:

1. What type of treatment did you receive at physiotherapy? (Please select all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Massage        | <input type="checkbox"/> Exercise classes | <input type="checkbox"/> Lung physiotherapy      |
| <input type="checkbox"/> Electrotherapy | <input type="checkbox"/> Dry needling     | <input type="checkbox"/> Back/neck physiotherapy |
| <input type="checkbox"/> Exercises      | <input type="checkbox"/> Strapping/Taping | <input type="checkbox"/> Sports injury treatment |

2. How did you arrange your first appointment with us? (Please select one option)

- Telephone                                       In Person                                       Other

3. How did you find us? (Please select all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Doctor referral              | <input type="checkbox"/> Internet search | <input type="checkbox"/> Telephone directory |
| <input type="checkbox"/> Family/friend recommendation | <input type="checkbox"/> Facebook        | <input type="checkbox"/> Other               |

4. How would you rate your booking experience with us? (1-Excellent; 5-Worst)

1	2	3	4	5
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5. Were you satisfied with the services provided by our reception desk? (1-Excellent; 5-Worst)

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
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6. 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 treatment	1	2	3	4	5

7. How satisfied were you with the results of your physiotherapy? (1-Excellent; 5-Worst)

1	2	3	4	5
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8. How do you think we can improve our services?

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Thank you for your time!