

PHYSICAL/OCCUPATIONAL THERAPY PATIENT SATISFACTION QUESTIONNAIRE DESCRIPTIVE QUESTIONS

1. Date: 2. Yo	ur age:					
3. How did you learn about our clini ☐ Physician ☐ Insurance company ☐ Other, please indicate	y recommendation	n 🗍 Fri	end □ For	mer patie	ent 🗆	Internet
4. Was this your first experience wit	h physical/occup	ational thera	py? □ Yes □	No		
5. Was this your first experience wit	h this clinic?	☐ Yes ☐]	No			
	□ Elbow	□ Wrist	□ Hand		apy. (Chec	k all
□ Lower back□ Hip□ Other, please indicate	□ Knee		\Box TMJ			
7. At which location did you receive			orthgate 🗆 Ba	llard	□ Both	
8. Who was your Physical/Occupation			_			
				(Classic es		_
Please rate your degree of sat question):	istaction with	each of th	ie ionowing (Спеск от	ie jor eacr	l
1	Strongly Disagree		Neither Agree or Disagree	10400	Strongly	No Opinion
9. My privacy was respected durin physical/occupational care.	_	Disagree	U Disagree	Agree	Agree	
10. My physical/occupational there was courteous.	apist					
11. All other staff members were courteous.						
12. The clinic scheduled appointm at convenient times.	ents					
13. I was satisfied with the treatmer provided by my physical/occupation therapist.						
14. My first visit for physical/occupational therapy was scheduled quickly.						
15. It was easy to schedule visits a my first appointment.	fter					

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	No Opinion
16. I was seen promptly when I arrived for treatment.						
17. The location of the clinic was convenient for me.						
18. My bills were accurate.						
19. I was satisfied with the services provided by my physical/occupational therapist assistant(s).						
20. Parking was available for me.						
21. My physical/occupational therapist understood my problem or condition.						
22. The instructions my physical/occupational therapist gave me were helpful.						
23. I was satisfied with the overall quality of my physical/occupational therapy care.						
24. I would recommend this clinic to family or friends.						
25. I would return to this clinic if I required physical/occupational therapy care in the future.						
26. The cost of the physical/occupational therapy treatment received was reasonable.						
27. If I had to, I would pay for these physical/occupational therapy services myself.						
28. Overall, I was satisfied with my experience with physical/occupational therapy.						

Adapted with permission of the American Physical Therapy Association from Goldstein MS, Elliott SD, Guccione AA.