

**Patient Survey (to be completed after discharge from Physical Therapy)**

*In an attempt to monitor and improve our care, we are asking our clients to complete this survey and return it to us in the envelope provided. Thank you for your time and consideration.*

Name (optional) \_\_\_\_\_

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

Treating Physical Therapist's Name(s): \_\_\_\_\_

List your main complaint(s) prior to treatment? \_\_\_\_\_

Was this your first experience with PT? Yes \_\_\_\_ No \_\_\_\_

How did you choose your PT? Doctor Referral \_\_\_\_ Ins Plan Directory \_\_\_\_ Friend \_\_\_\_ Other \_\_\_\_

Did you comply with your recommended treatment? Yes \_\_\_\_ No \_\_\_\_

If no, why? \_\_\_\_\_

***Please rate the following items on a scale of 1 to 5, with 1 = "poorly/unsatisfactory," 3 = "fairly well/satisfactory" and 5 = "excellently."***

<b>Questions regarding our Services</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. The Physical Therapist (PT) answered my questions.					
2. The PT explained my treatment program and goals.					
3. The PT listened to me.					
4. The PT was courteous to me.					
5. The PT spent enough time with me.					
6. The PT gave me detailed instructions.					
7. I had confidence in my PT's competency.					
8. The office staff was courteous to me.					
9. The office was clean.					
10. The office hours were convenient for me.					
11. The waiting room was comfortable.					
12. Registration and intake procedures were easy for me.					
13. I was made aware of my financial responsibilities prior to treatment.					
14. The parking was convenient.					
15. I spent little time waiting for the PT.					
16. The location was convenient for me.					
<b>Questions regarding the outcome of your treatments</b>					
1. How did you feel at your first visit?					
2. How did you feel after your discharge?					
3. Were your expectations for recovery met?					
4. Were you able to be physically active prior to PT?					
5. Were you able to be physically active after PT?					
6. Were you able to work prior to receiving PT (if you are not retired)?					
7. Were you able to work after finishing your PT program (if not retired)?					
8. Did the PT instruct you in how to return to being active with alterations or alternatives that were suited to your physical needs?					
9. What value did Physical Therapy have for you and your recovery?					

Please comment on how you believe your care could have been more effective. \_\_\_\_\_

Please comment about any items above that you rated 1 or 2 – suggestions are welcome: \_\_\_\_\_

**Thank you!**

**Backway's Physical Therapy**