

Patient Survey (to be completed after discharge from Speech 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 Speech Therapist's Name(s): _____

List your main complaint(s) prior to treatment? _____

Was this your first experience with ST? Yes ____ No ____

How did you choose your ST? 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."

Questions regarding our Services	1	2	3	4	5
1. The Speech Therapist (ST) answered my questions.					
2. The ST explained my treatment program and goals.					
3. The ST listened to me.					
4. The ST was courteous to me.					
5. The ST spent enough time with me.					
6. The ST gave me detailed instructions.					
7. I had confidence in my ST'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 ST.					
16. The location was convenient for me.					
Questions regarding the outcome of your treatments					
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 use your voice/speak/swallow functionally prior to ST?					
5. Were you able to use your voice/speak/swallow functionally after ST?					
6. How was your cognition/language prior to receiving ST?					
7. How was your cognition/language after finishing your ST program?					
8. Did the ST instruct you in how to return to your daily activities with alterations/alternatives that were suited to your communication/swallowing needs?					
9. What value did Speech 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