

PATIENT SATISFACTION QUESTIONNAIRE



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Sir/Madam,

You recently received physical therapy services at Touchstone Therapy and Wellness. Because we strive to deliver the best possible physical therapy services, we are interested in learning from patients/clients how we might improve or enhance our services. Please take a few minutes to complete and return this questionnaire. Please circle the appropriate number to indicate your rating, or answer the descriptive questions on the appropriate line. Any additional comments you wish to make are welcome; write in the "Comments" section at the end of the questionnaire, or attach additional pages if you require more space. Please return the questionnaire to us at your earliest convenience.

Thank you very much for your feedback!

Your age: \_\_\_ Years Your sex: \_\_\_ Male \_\_\_ Female

How did you learn about this facility? (Check all that apply)

\_\_\_ Physician \_\_\_ Friend \_\_\_ Telephone book \_\_\_ Insurance company recommendation
\_\_\_ Former patient \_\_\_ Web \_\_\_ Other, please indicate \_\_\_\_\_

Was this your first experience with physical therapy? \_\_\_ Yes \_\_\_ No

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

Please check the location of the problem for which you received physical therapy. (Check all that apply.)

\_\_\_ Neck \_\_\_ Lower back \_\_\_ Shoulder \_\_\_ Elbow \_\_\_ Hip \_\_\_ Foot \_\_\_ Hand \_\_\_ Knee
\_\_\_ Other, please indicate \_\_\_\_\_

Please rate your degree of satisfaction with each of the following statements. (1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree. Please circle 9 if you have no opinion on the subject.)

- 7. My privacy was respected during my physical therapy care. 1 2 3 4 5 9
8. My physical therapist was courteous 1 2 3 4 5 9
9. All other staff members were courteous. 1 2 3 4 5 9
10. The clinic scheduled appointments at convenient times. 1 2 3 4 5 9
11. I was satisfied with the treatment provided by my physical therapist. 1 2 3 4 5 9
12. My first visit for physical therapy was scheduled quickly. 1 2 3 4 5 9
13. It was easy to schedule visits after my first appointment. 1 2 3 4 5 9
14. I was seen promptly when I arrived for treatment. 1 2 3 4 5 9
15. The location of the facility was convenient for me. 1 2 3 4 5 9
16. My bills were accurate. 1 2 3 4 5 9
17. Parking was available for me. 1 2 3 4 5 9
18. My physical therapist understood my problem or condition. 1 2 3 4 5 9
19. The instructions my physical therapist gave me were helpful. 1 2 3 4 5 9
20. I was satisfied with the overall quality of my physical therapy care. 1 2 3 4 5 9
21. I would recommend this facility to family or friends. 1 2 3 4 5 9
22. I would return to this facility for physical therapy care in the future. 1 2 3 4 5 9
23. The cost of the physical therapy treatment received was reasonable. 1 2 3 4 5 9
24. If I had to, I would pay for these physical therapy services myself. 1 2 3 4 5 9
25. Overall, I was satisfied with my experience with physical therapy. 1 2 3 4 5 9

Comments:

Four horizontal lines for writing comments.