

# Piedmont Physical Therapy, Inc.

## Patient Satisfaction Questionnaire

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Dear Patient,

You recently received physical therapy services at our facility. Because we strive to deliver the best possible physical therapy services, we are interested in learning from patients 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 and can be made in the space provided. Please return the questionnaire to us at your earliest convenience. You may also email your reply to [dave@piedmontpt.com](mailto:dave@piedmontpt.com)

Thank you very much for your feedback!

### Descriptive Questions

1. Your age: \_\_\_\_ Years
2. Your sex: \_\_\_\_ Male \_\_\_\_ Female
3. How did you learn about this facility? (Check all that apply)  
 Physician  
 Friend  
 Telephone book  
 Insurance company recommendation  
 Former patient  
 Other, please indicate \_\_\_\_\_
4. Was this your first experience with physical therapy? \_\_\_\_ Yes \_\_\_\_ No
5. Was this your first experience with this facility? \_\_\_\_ Yes \_\_\_\_ No
6. 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.

7). 1 2 3 4 5  
My privacy was respected during my physical therapy care.

8). 1 2 3 4 5

My physical therapist was courteous.

9). 1 2 3 4 5

All other staff members were courteous.

10). 1 2 3 4 5

The clinic scheduled appointments at convenient times.

11). 1 2 3 4 5

I was satisfied with the treatment provided by my physical therapist.

12). 1 2 3 4 5

My first visit for physical therapy was scheduled quickly.

13). 1 2 3 4 5

It was easy to schedule visits after my first appointment.

14). 1 2 3 4 5

I was seen promptly when I arrived for treatment.

15). 1 2 3 4 5

The location of the facility was convenient for me.

16). 1 2 3 4 5

My bills were accurate.

17). 1 2 3 4 5

I was satisfied with the services provided by my physical therapist assistant(s).

18). 1 2 3 4 5

Parking was available for me.

19). 1 2 3 4 5

My physical therapist understood my problem or condition.

20). 1 2 3 4 5

The instructions my physical therapist gave me were helpful.

21). 1 2 3 4 5

I was satisfied with the overall quality of my physical therapy care.

22). 1 2 3 4 5

I would recommend this facility to family or friends.

Comments:

Adapted with permission of the American Physical Therapy Association from Goldstein MS, Elliott SD, Guccione AA. *The development of an instrument to measure satisfaction with physical therapy.* Phys Ther. 2000;80:853—863.