



Dear Patient:

You recently received physical/occupational therapy at our facility. We are interested in learning how we might improve our services, so that we can deliver the best possible treatment. Please take a few moments to complete and return this questionnaire.

Thank you very much for your feedback! ---GAOPT

Greater Austin Physical Therapy Satisfaction Questionnaire

1. How did you learn about this facility? (check all that apply)

- Physician Insurance Company Friend
- Former patient Online
- Other: _____

2. Was this your first experience with physical therapy? Yes No

3. Was this your first experience with this facility? Yes No

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

- Neck Shoulder Hand/Wrist Knee
- Low Back Elbow Hip Foot/Ankle
- Other (please indicate): _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
5. My first therapy visit was scheduled promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My physical therapist was courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All other staff members were courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The therapist listened to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My condition improved due to therapy treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I was satisfied with my physical therapy experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I would recommend this facility to family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I would return to this facility if I required therapy in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments, questions, or concerns: _____

My physical/occupational therapist is:

- Irma Sigala, PT Debbie English, PT Colleen Keenan, PT
- Samantha Toney, OT Dawn Dickison, PTA