



Patients Survey for Physical Therapy and Rehabilitation Center

Age

Sex

- Female
- Male

Was this your first experience with physical therapy?

- Yes No

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

- | | | |
|-------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Lower back | <input type="checkbox"/> Hip | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Mid-back | <input type="checkbox"/> Foot | <input type="checkbox"/> Shoulder |

How would you rate our concern for your privacy?

- | | | |
|--------------------------------------|--|------------------------------|
| <input type="checkbox"/> Outstanding | <input type="checkbox"/> Needs Improvement | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Good | <input type="checkbox"/> Poor | |

How often have you visited South Texas Bone & Joint Physical Therapy & Rehabilitation within the past year?

- 2-6 visits More than 6

How easy was it to make your appointments?

Outstanding

Very difficult

How long did you usually wait to speak to a scheduling staff member?

0 to 2 minutes

5 to 7 minutes

3 to 5 minutes

Longer

Was the receptionist who scheduled your appointments courteous and helpful?

Very courteous

Rude

When you scheduled your appointments, were the dates later than you expected?

Yes

No

On average, how long did you wait in the reception area beyond your scheduled appointment times?

0 to 5 minutes

20 to 40 minutes

5 to 20 minutes

Other:

What was the usual time you had to wait in the exam room before the therapist appeared?

0 to 5 minutes

20 to 40 minutes

5 to 20 minutes

Other:

How would you rate the competence of the therapist(s) who helped you?

Outstanding

Adequate

N/A

Good

Needs Improvement

Poor

How would you characterize the concern that the therapist(s) showed for your diagnosis?

Outstanding

Adequate

N/A

Good

Needs Improvement

Poor

Did you feel that your therapist(s) spent an adequate amount of time with you?

- Yes No N/A

Did you feel that your therapist's initial examination was thorough?

- Yes No N/A

Please rate the clarity of the therapist's explanation of your condition and treatment options:

- Outstanding Adequate N/A
 Good Needs Improvement Poor

Were the instructions the physical therapist(s) gave you helpful?

- Yes No

Were your questions answered to your satisfaction?

- Yes No N/A

How do you feel now, at the completion of your physical therapy program?

- Pain Free/Completely recovered Much Improved Slightly Improved
 Unchanged Worse

Would you recommend this facility and its staff to your family and friends?

- Yes No N/A

Please list any suggestions you may have for our facility or staff members.

Answer 

Please share any additional comments or concerns.

Answer 

Thank you for choosing South Texas Bone and Joint Physical Therapy & Rehabilitation. We hope we have met your expectations.