

Appendix 3 Client Satisfaction Survey (Example 1)

Client Satisfaction Survey

XXX Health Service District Physiotherapy Department

Thankyou for completing this survey. We value your feedback and suggestions to help us improve the service to our patients in the future. Please place completed survey in the box in the waiting area, or return via mail in the attached envelope. All answers are anonymous and confidential.

When answering questions: please circle/tick the response that best reflects your experience whilst you were attending for Physiotherapy.

Regarding the referral process and access to the service:

- 1 My referral to Physiotherapy was: Too early Just right Too late
- 2 (a) After presenting my referral for Physiotherapy, my first appointment was within:
 Less than 1 week 1-2 weeks 2-4 weeks 4-8 weeks Greater than 8 weeks
- (b) Do you consider this timeframe was adequate? Yes No
- 3 (a) Did any of the following make attending Physiotherapy difficult?
- | | | |
|------------------|------------------------------|-----------------------------|
| Public transport | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Parking | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Finding us | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hours of opening | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stairs/hills etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Waiting room | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(b) If yes, how could this be improved? _____

Regarding the Department and Staff:

	Very Satisfied	Satisfied	Neutral or No Opinion	Unsatisfied	Very Unsatisfied	Not Applicable
4 The receptionist was courteous and polite	1	2	3	4	5	6
5 The Physiotherapist was courteous and polite	1	2	3	4	5	6
6 I felt confident in the skills of my therapist	1	2	3	4	5	6
7 I understand my condition better	1	2	3	4	5	6
8 I was happy with the consistency of my treatment	1	2	3	4	5	6
9 Specific treatments and procedures were adequately explained	1	2	3	4	5	6
10 consent obtained from either myself or my family	1	2	3	4	5	6
11 I had adequate input into my care	1	2	3	4	5	6
12 I was given safety instructions or warnings were required	1	2	3	4	5	6
13 My privacy was respected	1	2	3	4	5	6
14 My specific cultural/religious needs were respected	1	2	3	4	5	6
15 I never had to wait more than 10 minutes for my treatment	1	2	3	4	5	6
16 The treatment area was clean and tidy	1	2	3	4	5	6
17 The seating was comfortable and appropriate for my condition	1	2	3	4	5	6
18 I felt my discharge was appropriate	1	2	3	4	5	6

- 19 Were you given an ongoing exercise/self management routine? Yes No (if no – go to Q22)
- 20 Was this exercise/ self management program an appropriate size? Yes No
- 21 I am likely to continue my exercise/self management routine. Yes No
- 22 Were you made aware of the department's "failure to attend" policy? Yes No Unsure



General Comments:

What do we do well? _____

How can we improve?

Example

Thank-you for completing this survey