

*Patient Survey Questionnaire*

Northside Physical Therapy & Sports Rehabilitation Center  
6821 N. Country Homes Blvd #102 Spokane, WA 99208

Dear Patient:

*We want to give you the best possible physical therapy care! To do that, we need your feedback. Please let us know what you think we're doing right, and how we can improve, by filling out the following patient survey. All of your responses will be kept strictly confidential, and your signature is not required. So please use this opportunity to respond freely. Thank you very much!*

1. Who referred you to our office? MD \_\_\_\_\_ Another patient \_\_\_\_\_ Relative or friend \_\_\_\_\_  
Self-referred \_\_\_\_\_ Asked doctor for referral here \_\_\_\_\_ Chose from phone book \_\_\_\_\_ Other \_\_\_\_\_.
2. Have you been treated in our office for more than one series of physical therapy? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, did you return for: the same or similar problem \_\_\_\_\_ a different problem \_\_\_\_\_.
3. Were you offered your first appointment: Within 1-3 days of initial phone call \_\_\_\_\_ Within 4-6 days of phone call \_\_\_\_\_ 7 days or more \_\_\_\_\_
4. Please rate the following by circling:
 

a. Initial phone call with our office:	Very good	Average	Poor
b. Convenience of location:	Very good	Average	Poor
c. Billing policy information:	Very good	Average	Poor
d. Scheduling:	Very good	Average	Poor
e. Office environment, cleanliness:	Very good	Average	Poor
5. How long on the average did you have to wait in the reception area?  
Less than 5 mins \_\_\_\_\_ 5-10 mins \_\_\_\_\_ 15-30 mins \_\_\_\_\_ more than 30 mins \_\_\_\_\_.
6. How well did the care you receive meet your expectations?  
Exceeded expectations \_\_\_\_\_ Met expectations \_\_\_\_\_ Did not meet expectations \_\_\_\_\_

7. Did the **receptionist**:
  - a. Greet you pleasantly? Yes \_\_\_\_\_ No \_\_\_\_\_.
  - b. Handle payment efficiently? Yes \_\_\_\_\_ No \_\_\_\_\_.
  - c. Seem to be (check all that apply):  
Concerned \_\_\_\_\_ Competent \_\_\_\_\_ Courteous \_\_\_\_\_ Respectful \_\_\_\_\_ Efficient \_\_\_\_\_  
Other \_\_\_\_\_
8. Did the physical therapy **aide**:
  - a. Introduce him/herself? Yes \_\_\_\_\_ No \_\_\_\_\_.
  - b. Seem to be (check all that apply):  
Concerned \_\_\_\_\_ Competent \_\_\_\_\_ Courteous \_\_\_\_\_ Respectful \_\_\_\_\_ Efficient \_\_\_\_\_  
Other \_\_\_\_\_
9. Did the **physical therapist**:
  - a. Introduce him/herself? Yes \_\_\_\_\_ No \_\_\_\_\_.
  - b. Seem to be (check all that apply):  
Concerned \_\_\_\_\_ Competent \_\_\_\_\_ Courteous \_\_\_\_\_ Knowledgeable \_\_\_\_\_ Informative \_\_\_\_\_  
Respectful \_\_\_\_\_ Efficient \_\_\_\_\_  
Other \_\_\_\_\_
10. On a scale of 1-5, how would you rate the overall service of this clinic?  
5 (excellent)    4 (above average)    3 (Average)    2 (Below Average)    1 (Poor)
11. Would you recommend us to a friend or relative? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_.
12. Please comment here and on back: : \_\_\_\_\_