



Patient Satisfaction Questionnaire

NAME (optional): _____

Today's Date: _____

What General Area were you Treated For? _____

For each item identified below, please circle the number to the right that best describes your judgment of its quality. Use the scale below to select the quality number:

1 = Strongly Disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly Agree

- My Privacy was protected during my physical therapy care _____
- My Physical Therapist treated me respectfully. _____
- My Physical Therapist spent enough time with me. _____
- My Physical Therapist explained the problems, treatment, and goals to me. _____
- The information and instruction I received is valuable to me. _____
- The receptionist was courteous and helpful. _____
- I was able to schedule appointments that were convenient for me. _____
- My Insurance benefits were explained to me. _____
- My bills are accurate. _____
- I would recommend ACTIV Physical Therapy to my family and friends. _____
- I would return to ACTIV Physical Therapy for Physical Therapy again. _____
- I was completely satisfied with the overall outcome of my experience. _____

Comments or Suggestions: