

OUTPATIENT REHABILITATION SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

BACKGROUND QUESTIONS

1. Who is filling out this survey?

☐ Patient

☐ Parent of Patient

☐ Spouse/Partner of Patient

☐ Other Family Member

☐ Friend

☐ Other: _____
(specify)
2. Have you used our services before this course of therapy?

☐ Yes

☐ No
3. How many weeks of therapy did you receive?

weeks
4. On average, how many therapy visits per week did you have?
5. Have you completed your treatment?

☐ Yes

☐ No

INSTRUCTIONS: Please rate the services you received from our facility. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ACCESS

- | | very poor | poor | fair | good | very good |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. Ease of scheduling appointments at convenient times for you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Ease of the registration process | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience):

PHYSICAL THERAPY

Physical therapy is the treatment of physical conditions that limit your ability to move. Physical therapy helps you restore physical function, reduce pain, and prevent further injury. PLEASE SKIP THIS SECTION IF YOU DID NOT RECEIVE PHYSICAL THERAPY.

- | | very poor | poor | fair | good | very good |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. Courtesy and respect of the physical therapy staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Efforts to include you in decisions about your physical therapy goals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Explanations from the physical therapy staff about your treatment and progress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Your trust in the skill of the physical therapy staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience):

OCCUPATIONAL THERAPY

Occupational therapy is the treatment you receive in order to improve your ability to perform daily activities at home or work. This may include skills training and adaptive equipment recommendations. PLEASE SKIP THIS SECTION IF YOU DID NOT RECEIVE OCCUPATIONAL THERAPY.

- | | very poor | poor | fair | good | very good |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. Courtesy and respect of the occupational therapy staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Efforts to include you in decisions about your occupational therapy goals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Explanations from the occupational therapy staff about your treatment and progress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

		very poor	poor	fair	good	very good
OCCUPATIONAL THERAPY (...continued)		1	2	3	4	5
4. Your trust in the skill of the occupational therapy staff		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						
.....						
.....						

		very poor	poor	fair	good	very good
SPEECH THERAPY		1	2	3	4	5
Speech therapy is the treatment of conditions that affect speaking, language, or swallowing. Your care may have been provided by a speech therapist or speech-language pathologist. PLEASE SKIP THIS SECTION IF YOU DID NOT RECEIVE SPEECH THERAPY.						
1. Courtesy and respect of the speech therapy staff		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Efforts to include you in decisions about your speech therapy goals		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Explanations from the speech therapy staff about your treatment and progress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Your trust in the skill of the speech therapy staff		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						
.....						
.....						

		very poor	poor	fair	good	very good
PERSONAL ISSUES		1	2	3	4	5
1. Staff's concern for your privacy		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Staff's concern for your comfort		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff's concern for your questions and worries		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						
.....						
.....						

		very poor	poor	fair	good	very good
OVERALL ASSESSMENT		1	2	3	4	5
1. How well the staff worked together to care for you		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Overall rating of care received during your visits		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Likelihood of your recommending this facility to others		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience):						
.....						
.....						

Patient's Name: (optional)

Telephone Number: (optional)

