



CACTUS SPORT & SPINE, P.C.

You recently received physical therapy services at our facility. Because we strive to deliver the best possible services, we are interested in learning from you how we might improve or enhance our services. Please take a few moments to complete and return this questionnaire.

Thank you very much for taking the time to provide your feedback.

1. Your age _____ years
2. Your sex Male Female
3. How did you learn about our clinic? *(Check all that apply)*
 - Physician Insurance company recommendation
 - Friend Former patient
 - Telephone Book Other, please indicate _____
4. Was this your first experience with physical therapy? Yes No
5. Was this your first experience with this clinic? Yes No
6. Please check the location of the problem for which you received physical therapy. *(Check all that apply)*
 - Neck Shoulder Elbow Wrist/Hand
 - Low Back Hip Knee Ankle
 - Other, please indicate _____

Please rate your degree of satisfaction with each of the following statements. (1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree. Please check 9 if you have no opinion on the subject)

	1	2	3	4	5	9
7. My privacy was respected during my care	<input type="checkbox"/>					
8. My physical therapist was courteous	<input type="checkbox"/>					
9. All other staff members were courteous	<input type="checkbox"/>					
10. The clinic hours were convenient for my schedule	<input type="checkbox"/>					
11. I was satisfied with the treatment provided	<input type="checkbox"/>					
12. My first visit was scheduled quickly	<input type="checkbox"/>					
13. It was easy to schedule visits after my 1 st visit	<input type="checkbox"/>					
14. I was seen promptly when I arrived for treatment	<input type="checkbox"/>					
15. The location of the facility was convenient for me	<input type="checkbox"/>					
16. My bills were accurate	<input type="checkbox"/>					
17. Parking was available for me	<input type="checkbox"/>					
18. My therapist understood my problem or condition	<input type="checkbox"/>					
19. The instructions my therapist gave me were helpful	<input type="checkbox"/>					
20. I was satisfied with the overall quality of my care	<input type="checkbox"/>					
21. I would recommend this clinic to family and friends	<input type="checkbox"/>					
22. The cost of care was reasonable	<input type="checkbox"/>					
23. If I had to, I would pay for these services myself	<input type="checkbox"/>					
24. Overall, I was satisfied with my experience	<input type="checkbox"/>					

25. Therapist Name: _____

Please provide additional comments you feel would assist in improving the quality of service:
