



ID Number:

Patient Satisfaction Survey

1. Were treatment goals discussed with you by your physiotherapist?

Yes No

Comment _____

2. How much Physiotherapy did you receive a day?

0-15min 15-30min 30-45min 60min >

Did this meet your expectations?

3. Did you feel that the physiotherapist listened to your concerns?

Yes No

Comment: _____

4. Were you told how you were progressing with physiotherapy?

Yes No

Comment _____

5. Did you feel that the Doctors and Nursing Staff were aware of your progress with Physiotherapy?

Yes No Not Sure

Comment _____

7. Did the physiotherapist give you exercises to do on your own on the ward while you were in Hospital?

Yes No

If Yes, Were they easy to follow?

Yes No

Comment _____

6. Did you get an exercise program from the physiotherapist when you were discharged? Yes No

Were you referred to Physiotherapy service on Discharge?

Yes No

If No: Do you think an onward referral would have been beneficial?

Yes No

7. Were you happy with your overall outcome following physiotherapy treatment? Yes No

Now that you are discharged, are there any comments/issues that you would like to highlight or anything you wish to see changed?

Thankyou