



1. Date: _____ 2. Your age: _____

3. How did you learn about our clinic? (*Check all that apply.*)
☐ Physician ☐ Insurance company recommendation ☐ Friend ☐ Former patient ☐ Internet
☐ Other, please indicate _____

4. Was this your first experience with physical/occupational therapy? ☐ Yes ☐ No

5. Was this your first experience with this clinic? ☐ Yes ☐ No

6. Please indicate the area of treatment for which you received physical/occupational therapy. (*Check all that apply.*)
☐ Neck ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Hand
☐ Lower back ☐ Hip ☐ Knee ☐ Foot ☐ TMJ
☐ Other, please indicate _____

7. At which location did you receive treatment? (*Check one*) ☐ Northgate ☐ Ballard ☐ Both

8. Who was your Physical/Occupational Therapist? _____

[illegible]

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree or Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>No Opinion</i>
16. I was seen promptly when I arrived for treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The location of the clinic was convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My bills were accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I was satisfied with the services provided by my physical/occupational therapist assistant(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Parking was available for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. My physical/occupational therapist understood my problem or condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The instructions my physical/occupational therapist gave me were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I was satisfied with the overall quality of my physical/occupational therapy care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I would recommend this clinic to family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I would return to this clinic if I required physical/occupational therapy care in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. The cost of the physical/occupational therapy treatment received was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. If I had to, I would pay for these physical/occupational therapy services myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Overall, I was satisfied with my experience with physical/occupational therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted with permission of the American Physical Therapy Association from Goldstein MS, Elliott SD, Guccione AA.