



Royal West Sussex



NHS Trust

## Department of Physiotherapy Patient Questionnaire

Dear Patient

In the new NHS guide, customer care is of great importance and we as a department take this very seriously. In order to establish whether we are achieving the highest standards, we have designed this questionnaire and would be very grateful for your assistance in completing it.

What is the Questionnaire about?

By telling us what you think about our service we can identify where changes are needed and where we are succeeding.

Completing the Questionnaire

There are no right or wrong answers. It is for you to decide on the quality of your experience. The information you give will be treated confidentially and will not be traceable to any specific physiotherapist.

Please use a BLACK biro to tick the appropriate box(es) and write in the spaces provided. Do not worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire answers will be treated in complete confidence and anonymously

### Your participation in this survey is voluntary.

If you choose not to take part in the survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason.

Please briefly describe what you were receiving physiotherapy for

Please tick your age range

16 - 34     35 - 54     55 - 64     65 - 74     75 - 84     85 +



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## Section 1. Before your visit

1.1 How long did you wait for your first appointment?

- 1  Less than 1 week
- 2  1 - 3 weeks
- 3  4 - 11 weeks
- 4  More than 12 weeks

1.2 If your first appointment was more than 3 weeks did your problem:-

- 1  Stay the same
- 2  Improve
- 3  Get worse

1.3 When physiotherapy was suggested by your doctor / nurse / midwife what sort of explanation did the person give you about

A) your condition

- 1  Nothing at all
- 2  Vague
- 3  Satisfactory
- 4  Very thorough

B) What to expect from physiotherapy

- 1  Nothing at all
- 2  Vague
- 3  Satisfactory
- 4  Very thorough

1.4 The physiotherapy department is open from 8:00 - 4:30 Monday to Friday.

How you feel about these opening times.

- 1  The opening hours are convenient
- 2  Would have preferred 7.00 - 8:00am
- 3  Would have preferred 5 - 7:30pm

1.5 Was the person arranging your appointment courteous and helpful?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

1.6 Was it easy to telephone the physiotherapy department?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

1.7 Was the written information about finding the hospital and physiotherapy department easy to understand?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

## Section 2. Your physiotherapy experience

Which statement most accurately reflects your views

2.1 I was addressed by the name of my choice

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

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**2.2** The staff were courteous and considerate

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**2.3** I was given a chance to say what was on my mind

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**2.4** I felt involved in deciding my treatment plan

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**2.5** The physiotherapist listened to what I said

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**2.6** The physiotherapist told me what I could achieve

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**2.7** The physiotherapist had a manner that put me at ease

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**2.8** Were you informed of the name of your therapist?

- 1  Yes
- 2  No
- 3  Cannot remember

**2.9** Were you given a choice of options for your treatment?

- 1  Yes
- 2  No
- 3  Cannot remember

**2.10** Were you encouraged to say what you wanted?

- 1  Yes
- 2  No
- 3  Cannot remember

**2.11** By the end of your first visit were the results of your assessment explained?

- 1  Yes
- 2  No
- 3  Cannot remember

**2.12** Have you ever been kept waiting more than 10 minutes past your appointment time?

- 1  Yes, often
- 2  Yes, occasionally
- 3  Never





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**2.13** I was given all the privacy I needed

- 1  Strongly disagree
- 2  Disagree
- 3  Uncertain
- 4  Agree
- 5  Strongly agree

**2.14** The physiotherapist used words I did not understand

- 1  Strongly disagree
- 2  Disagree
- 3  Uncertain
- 4  Agree
- 5  Strongly agree

**2.15** I was asked to do things I didn't agree to

- 1  Strongly disagree
- 2  Disagree
- 3  Uncertain
- 4  Agree
- 5  Strongly agree

**2.16** The physiotherapist was quite rough when giving me my treatment

- 1  Strongly disagree
- 2  Disagree
- 3  Uncertain
- 4  Agree
- 5  Strongly agree

**2.17** The physiotherapist explained the benefits and risks to me

- 1  Yes
- 2  No
- 3  Cannot remember

**2.18** I was given the chance to ask questions

- 1  Yes
- 2  No
- 3  Cannot remember
- 4  Not applicable

**2.19** I was told of my right to decline treatment

- 1  Yes
- 2  No
- 3  Cannot remember
- 4  Not applicable

**2.20** If you had to do exercises at home, were you given a clear explanation of what to do?

- 1  Yes
- 2  No
- 3  Don't know
- 4  N/A

**2.21** If you were left alone during your treatment session were you told how to call for help?

- 1  Yes
- 2  No
- 3  Don't know
- 4  N/A





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**2.22** The communication between other health professionals involved in your care was smooth and efficient

- 1  Yes
- 2  No
- 3  Don't know
- 4  Not applicable

**2.23** If other health professionals were involved in your care, did the physiotherapist discuss access to information about your physiotherapy?

- 1  Yes
- 2  No
- 3  Cannot remember
- 4  Not applicable

**2.24** Was it very difficult to arrange a follow-up appointment?

- 1  Yes
- 2  No
- 3  Sometimes
- 4  Don't remember

**2.25** Was there a long wait at the reception to organise your next appointment

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

### Section 3

#### On completion of treatment

Once you have completed your treatment, discharge arrangements should be made so things go smoothly

**3.1** I felt involved in the plans for my discharge from physiotherapy

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**3.2** If you were given equipment to use at home, were you given instructions?

- 1  Yes
- 2  No
- 3  Not applicable

**3.3** If you were referred on elsewhere (for example:- Hydrotherapy / Fracture Clinic), did you have a satisfactory discussion with your physiotherapist about why and what to expect?

- 1. Yes
- 2. No
- 3. Not applicable





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## Section 4 General impressions

4.1 Please indicate overall impression of the physiotherapy care you have received

- 1  Overall, I was satisfied with my care      2  I didn't recover as well as I had hoped
- 3  The treatment was a complete waste of time      4  I enjoyed coming for physiotherapy

4.2 Please add any further comments / suggestions that will help us improve the care we provide

**THANK YOU VERY MUCH FOR YOUR HELP**

**Please check that you have answered all the questions**

**Please return the completed questionnaire in the  
FREEPOST envelope provided**

**No stamp is needed**

