



Patient Satisfaction Survey - Physical Therapy

Thank you for taking the time to complete this survey. Your feedback is important to us. Please complete this survey and let us know how we are doing and/or how can improve to better meet your healthcare needs. Thank you for choosing Sacred Circle Healthcare.

1. How likely is it that you would recommend physical therapy at Sacred Circle Healthcare to a friend or family member?

- Very likely
- Somewhat likely
- Not likely

2. How satisfied were you with the scheduling process for physical therapy services at Sacred Circle Healthcare?

- Very satisfied
- Somewhat satisfied
- Not satisfied

3. Overall, how satisfied were you with the outcome of your physical therapy treatments?

- Very satisfied
- Somewhat satisfied
- Not satisfied

4. Overall, how would you rate the care you received from your physical therapist?

- Excellent
- Above Average
- Average
- Below average
- Poor

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5. How knowledgeable do you feel your therapist was?

- Very knowledgeable
- Somewhat knowledgeable
- Not at all knowledgeable

6. Was your therapist open to your concerns during your course of treatment?

- Very open
- Somewhat open
- Not at all open

7. Did you have confidence and trust in your physical therapist?

- Very much so
- Somewhat
- Not at all

8. Did you understand and get to participate with your goals for physical therapy?

- Very much so
- Somewhat
- Not at all

9. Do you have any other comments, questions, or concerns?