

An audit of patient satisfaction

Patient Satisfaction Audit – questionnaire

This practice is looking at ways in which it can improve the services offered to patients. It would be very helpful if you could complete this short questionnaire: it should only take a few minutes to fill in. All of the information you give is anonymous and will be treated in strict confidence.

PLEASE DO NOT WRITE YOUR NAME ON THIS FORM

When you have completed the form, please place it in the envelope provided and post it

1. Where were the symptoms that caused you to consult an osteopath?

2. How long had you had those symptoms? _____

3. Were you able to ask the osteopath about anything connected with treatment? Yes No

4. Were you always seen promptly for your sessions? Yes No

5. Did you expect the treatment would remove your pain immediately? Yes No

6. Did the osteopath listen to what you had to say? Yes No

7. Did you have confidence that the osteopath knew what he/she was doing? Yes No

8. Did you expect to have to do exercises in addition to your treatment? Yes No

9. Was it important for you to see the same osteopath throughout your treatment? Yes No

10. Were the treatment sessions always at convenient times? Yes No

11. Did you feel the treatment was fully explained to you? Yes No

12. Were you able to easily contact the osteopath outside of treatment hours? Yes No

13. Would you recommend osteopathic treatment? Yes No

Do you have any other comments? If yes, please add your comments below:

Finally, please tick the number to answer the questions below

Your sex	Your age	Your employment status
Male <input type="checkbox"/>	18-29 <input type="checkbox"/>	Full time <input type="checkbox"/>
Female <input type="checkbox"/>	30-39 <input type="checkbox"/>	Part time <input type="checkbox"/>
	40-49 <input type="checkbox"/>	Not employed <input type="checkbox"/>
	50-59 <input type="checkbox"/>	Carer <input type="checkbox"/>
	60-69 <input type="checkbox"/>	Student <input type="checkbox"/>
	70-79 <input type="checkbox"/>	Retired <input type="checkbox"/>
	80-89 <input type="checkbox"/>	Other <input type="checkbox"/>

Thank you very much. We greatly appreciate your help

This audit tool is based on the work by Hills (2007)*

* Hills R, Kitchen S. Toward a theory of patient satisfaction with physiotherapy: Exploring the concept of satisfaction. *Physiotherapy Theory and Practice*. 2007;23(5):243-254