



**University of Brighton**

# **Osteopathy – Your Views**

This questionnaire is for patients currently receiving osteopathic treatment.

Please read the participant information sheet and decide if you would like to take part in the study.

It should take approximately 15 minutes to complete.

All the information that you provide will be treated with strictest confidence and will not affect your treatment.

Please return the completed questionnaire in the attached stamped addressed envelope.

## SECTION A: About You

Please tick **one** answer

1 Are you  Male  Female

---

2 Age

---

3 What is your marital status?  
 Single  Married / partner  Divorced /separated  Widowed

---

4 How would you describe your ethnicity?

---

White:

- British
- Irish
- Any other white background,  
please state

Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background,  
please state

Asian or Asian British :

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background,  
please state

Black or Black British:

- Caribbean
- African
- Any other Black background,  
please state

Chinese or other ethnic group

- Chinese
- Any other, please state
- 

5 How would you describe the area you live in?  
 Rural area  Urban area

---

6 At what age did you complete your full-time education?

---

7 What is your employment status?  
 Employed  Self-employed  Unemployed  Retired  Other

---

8 Do you consider yourself to have a disability?  Yes  No  
If yes, please give details

---

---

## SECTION B: Osteopathic Treatment

Please tick **one** box

- 1 Is this your first visit to an osteopath?  Yes  No
- 
- 2 If no, approximately how long ago was your first visit?  
 Less than 1 year  1-5 years  More than 5 years  More than 10 years
- 
- 3 Who is paying for this osteopathic treatment?  
 The NHS  Private health insurance  Yourself
- 
- 4 Have you ever had any other manual therapy treatments?  
Physiotherapy  Yes  No  
Chiropractic  Yes  No  
Other, please state \_\_\_\_\_
- 

## SECTION C: Your Symptoms

Please tick **one** box

- 1 How would you describe your current symptoms?  
 Mild  Moderate  Severe
- 
- 2 How long have you suffered with the problem that brought you to your osteopath today?  
 Days  Weeks  Months  Years
- 
- 3 How do you rate your general health?  
 Excellent  Good  Fair  Poor
-

## SECTION D: What do you expect when you go to an osteopath?

Please read each statement and then tick the box that is closest to what you think.

What I expect	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1 Before my first visit I expect to be given information about what will happen during the consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I expect to be given an explanation of what the treatment will involve before treatment begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I expect to be given information about the benefits of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I expect to be able to negotiate the cost of my treatment sessions if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I expect to be given a choice of appointment times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I expect to be given information about the risks and side effects of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I expect to sign a consent form prior to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I expect the practice to display evidence of the osteopath's professional qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I expect to have the choice of a male or female osteopath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I expect to see the same osteopath each time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I expect to be offered a chaperone or permitted to bring my own if I wish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I expect the waiting area to be comfortable and relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 I expect the clinic environment to be hygienic and professional-looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 I expect the consultation to last at least 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 I expect the osteopath to only treat one patient at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 I expect to be reassured that the information I am asked to provide will be kept confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 I expect the osteopath to take a detailed account of my personal case history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 I expect the osteopath to be sympathetic towards me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 I expect to be involved in making decisions about my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 I expect the osteopath to make me feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 I expect to be given privacy when undressing and dressing during examination and treatment sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 I expect to be provided with a gown or towel when asked to undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 I expect the osteopath to identify my problem area using her/his hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 I expect to be given a clear osteopathic diagnosis of my problem at my first appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What I expect	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
25 I expect the osteopathy treatment to be vigorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 I expect the osteopathy treatment to be gentle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 I expect to receive electrotherapy e.g. ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 I expect the osteopath to monitor my reaction to her/his treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 I expect to be treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 I expect the osteopath to listen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 I expect to be given a clear explanation of my problem that I understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 I expect to be told, at my first appointment, how many treatments I may need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 I expect my osteopathic treatment to be value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 I would forgo some luxuries to be able to afford osteopathic treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 I expect treatment to be painless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 I expect my symptoms may get worse temporarily following treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 I expect to be able to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 I expect my questions to be answered to my satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 I expect to be asked about the effects of previous osteopathic treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 I expect there to be communication between my osteopath and GP if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 I expect the osteopath to refer me elsewhere if my symptoms are not improving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 I expect to be given advice about how to manage my symptoms myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 I expect to be able to telephone the osteopath for advice if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 I expect to be given advice on how to prevent the same problem happening again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 I expect to be given activities or exercises to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 I expect to be given a timeframe for improvement of symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 I expect my symptoms to improve within the given timeframe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 I expect to feel some pain or discomfort following treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 I expect to be able to return to my normal activities soon after treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 If I am not satisfied with any part of my treatment I would expect to be given information about how to make a formal complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 I expect the practice to make provision for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION E: We are also interested in what actually happened during your visits to the osteopath

What happened during your visit	Did happen	Did happen to some extent	Did not happen	Not applicable
1 Before my first visit I was given information about what would happen during the consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 I was given an explanation of what the treatment involved before treatment began	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 I was given information about the benefits of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I was able to negotiate the cost of my treatment sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I was given a choice of appointment time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 I was informed of the risks and side effects of the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 I signed a consent form prior to treatment being given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 I saw evidence of the osteopath's qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 I was given the choice of a male or female osteopath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 I saw the same osteopath on each occasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I was offered a chaperone/brought my own chaperone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 The waiting area was comfortable and relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 The environment was hygienic and professional-looking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 The consultation lasted at least 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15 The osteopath did not treat other patients at the same time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 The osteopath assured me that my details were kept confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17 The osteopath took my personal case history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18 The osteopath was sympathetic towards me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19 I was given the opportunity to be involved in making decisions about my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20 The osteopath made me feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21 I was given privacy when undressing and dressing during examination and treatment sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22 I was provided with a gown or towel when asked to undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23 The osteopath examined my specific problem area using her/his hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24 I was given a clear diagnosis of my problem at my first appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25 I received vigorous treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26 I received gentle treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>What happened during your visit</b>	<b>Did happen</b>	<b>Did happen to some extent</b>	<b>Did not happen</b>	<b>Not Applicable</b>
27 I received electrotherapy treatment e.g. ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 The osteopath monitored my reactions to her/his treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 The osteopath listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 I was given an explanation of the cause of my problem that I was able to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 I was told, at my first appointment, how many treatments I may need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 My osteopathic treatment was value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 I had to forgo some luxuries in order to have osteopathic treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 The treatment was painless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 My symptoms got worse temporarily following treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 I was able to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 My questions were answered to my satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 I was asked about the effects of previous osteopathic treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 There was communication between my osteopath and GP about my problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 The osteopath referred me elsewhere when my symptoms did not improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 I was given advice about how to manage the symptoms myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 I was given the opportunity to receive advice from the osteopath over the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 I was given advice on how to prevent the problem happening again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 I was given activities and exercises to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 I was given a timeframe for improvement of my symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 My symptoms did improve within the given timeframe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 I felt some pain or discomfort following treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 I was able to return to my normal activities soon after treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 I was made aware that there is a complaints procedure should I need to use it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 There was access for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION F: Your experience of osteopathy – what matters to you

1 Please record your three most important expectations of your osteopathic care

1

---

2

---

3

---

2 I am satisfied with my treatment

Strongly agree  Agree  Neither agree/disagree  Disagree  Strongly disagree

3 Do you have any other expectations of osteopathic care that have not been met?

Yes  No

If yes, please give details

---

---

---

4 Did you receive any other type of treatment you were not expecting? Please give details

---

---

---

5 Did you experience anything else during your visit that you were not expecting?

Please give details

---

---

---

**Thank you for taking the time to complete this questionnaire**

**Please return the questionnaire using the envelope supplied:**

**OPEn project**

**Clinical Research Centre for Health Professions**

**Aldro Building**

**49 Darley Rd**

**Eastbourne**

**BN20 7UR**



**University of Brighton**