## Albany Medical Center
### Outpatient Physical Therapy Survey

**INSTRUCTIONS:**
- You should only fill out this survey if you were the patient during the physical therapy care. Do not fill out this survey if you were not the patient.
- Answer all questions by checking the box to the left of your answer.

### During your physical therapy care

**I. How often did the physical therapists:**

1. Treat you with courtesy and respect?
   - □Never  □Sometimes  □Usually  □Always

2. Listen carefully to you?
   - □Never  □Sometimes  □Usually  □Always

3. Explain things in a way you could understand?
   - □Never  □Sometimes  □Usually  □Always

4. Give you help when you asked for it?
   - □Never  □Sometimes  □Usually  □Always

**II. How often did the receptionist:**

5. Treat you with courtesy and respect?
   - □Never  □Sometimes  □Usually  □Always

6. Listen carefully to you?
   - □Never  □Sometimes  □Usually  □Always

7. Explain things in a way you could understand?
   - □Never  □Sometimes  □Usually  □Always

**III. How often was the:**

8. Reception area and waiting room area kept clean?
   - □Never  □Sometimes  □Usually  □Always

9. Treatment area kept clean?
   - □Never  □Sometimes  □Usually  □Always

### Managing your pain

10. Did you need physical therapy for pain?
    - □Yes  □No (skip to #12)

11. Did your physical therapist work with you to make your pain less?
    - □Never  □Sometimes  □Usually  □Always

### When you left physical therapy

12. Did you get information in writing about a home exercise program?
    - □Yes  □No

### Overall rating of outpatient physical therapy

Please answer the following questions about your physical therapy care.

13. Using any number 0 to 10, where 0 is the worst physical therapy possible and 10 is the best physical therapy possible, what number would you use to rate this physical therapy office during your care?
    - □0 □1 □2 □3 □4 □5 □6 □7 □8 □9 □10

14. Would you recommend this physical therapy office to your friends and family?
    - □Definitely no
    - □Probably no
    - □Probably yes
    - □Definitely yes

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About You
There are only a few remaining items left.

15. In general, how would you rate your overall health?
   □ Excellent  □ Very Good  □ Good  □ Fair  □ Poor

16. What is the highest grade or level of school that you have completed?
   □ 8th grade or less
   □ Some high school, but did not graduate
   □ High school graduate or GED
   □ Some college or 2 year degree
   □ 4-year college graduate
   □ More than 4-year college degree

17. What language do you mainly speak at home?
   □ English
   □ Spanish
   □ Some other language (please print): ____________________________

18. What is your race? Please choose one or more.
   □ White
   □ Black or African American
   □ Asian
   □ Native Hawaiian or other Pacific Islander
   □ American Indian or Alaska Native
   □ Spanish, Hispanic or Latino (if yes, please chose one below)
     □ Puerto Rican
     □ Mexican, Mexican-American, Chicano
     □ Cuban
     □ Other Spanish/Hispanic/Latino

THANK YOU
Please return the completed survey to the locked box in the waiting room.

Please see other side