

Dear Patient,

You recently received rehabilitation services at Newton Medical Center. Because we strive to deliver the highest quality services, we are asking for your feedback. Please take a few moments to complete and return this questionnaire.

How did you learn about this facility? (check all that apply)

- Physician Insurance company recommendation
 Friend Pharmacy bag
 Telephone book Newspaper
 Personal experience Other, please indicate _____

For which therapy(s) did you receive treatment?

- Occupational Therapy
 Physical Therapy
 Speech Therapy

**Please circle the appropriate response
for each of the following statements.**

1 = Strongly Agree

2 = Agree

3 = Neither Disagree or Agree

4 = Disagree

5 = Strongly Disagree

0 = NA - Not Applicable

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. The problem I received therapy for improved. | 1 | 2 | 3 | 4 | 5 | 0 |
| 2. I have less pain now than I did before I received therapy. | 1 | 2 | 3 | 4 | 5 | 0 |
| 3. I can do more now than I could before going to therapy e.g. personal care, housekeeping, work, leisure, and social activities. | 1 | 2 | 3 | 4 | 5 | 0 |
| 4. I achieved the treatment goals set by my therapist and me. | 1 | 2 | 3 | 4 | 5 | 0 |
| 5. My therapist taught me how to manage my problem/condition and prevent future problems. | 1 | 2 | 3 | 4 | 5 | 0 |
| 6. Therapy improved my overall health and wellness. | 1 | 2 | 3 | 4 | 5 | 0 |

COMMENTS

Rehab Services
Newton Medical Center
800 Medical Center Drive
Newton, KS 67114

Physical Therapy Occupational Therapy Speech Therapy