



## Patient Satisfaction Questionnaire

You recently received osteopathy at our facility. Because we strive to deliver the best possible service, we are interested in learning from you how we might improve or enhance our services. Please take a few minutes to complete and return this questionnaire.

Please tick the appropriate box.

**I was able to contact the clinic to arrange my appointment without any problem.**

Strongly agree	
Agree	
Disagree	
Strongly disagree	

**The appointment times offered to me were suitable.**

Strongly agree	
Agree	
Disagree	
Strongly disagree	

**The information I received before attending my appointment gave me all the information I needed.**

Strongly agree	
Agree	
Disagree	
Strongly disagree	

**Friendliness of front desk service.**

Excellent	
Good	
Average	
Poor	
Very poor	

**How comfortable is the clinic?**

Excellent	
Good	
Average	
Poor	
Very poor	

**My Osteopath was courteous and considerate at all times.**

Strongly agree	
Agree	
Disagree	
Strongly disagree	

