

Lane Community College
 Physical Therapist Assistant Program
 PTA 280 Patient Satisfaction Survey

Student Name: _____ Date: _____

Please answer the following questions based on your experience as a patient.

Y	N	1. Did your therapist introduce the Student Physical Therapist Assistant to you?
Y	N	2. Were you asked permission by your therapist for the Student Physical Therapist Assistant to participate in your treatment?
Y	N	3. Did the Student Physical Therapist Assistant wear a nametag identifying him/herself?
Y	N	4. Did the physical therapist assistant present him/herself in a professional manner (e.g. dress, verbal communication and body language) during your encounter?
Y	N	5. Did the Student Physical Therapist Assistant answer your questions adequately or seek clarification from the supervising therapist if needed?
Y	N	6. Did the Student Physical Therapist Assistant adequately address your concerns or condition to your satisfaction?
Y	N	7. Did you feel the supervising therapist provided appropriate level of supervision of the Student Physical Therapist Assistant during your treatment?
Y	N	8. Did the Student Physical Therapist Assistant Provide clear and concise instructions to you during your treatment?
Y	N	9. Did you feel safe being treated by the Student Physical Therapist Assistant?
Y	N	10. Would you feel comfortable being treated by the Student Physical Therapist Assistant again?

Comments: