WHITEHOUSE QUESTIONNAIRE

Here at the Whitehouse Physiotherapy Clinic we are committed to continually assessing and improving our services to our clients. We would appreciate your help in providing feedback on your experience.

The survey should only take a few minutes to complete. **Feel free to add further comments as you wish.**

**Date:** ..... / ..... / 20.....

**How did you hear about the Whitehouse?**

- Advert □
- Website □
- Recommendation □
- Referred by insurance company □
- Referred by GP □
- Referred by consultant □
- Google □
- Yell.com/Yellow Pages □
- Other (please state) ................................................

**Which of our clinics did you attend?**

- Sheffield □
- Worksop □
- Doncaster □
- Barn Clinic □
- Dronfield □
- Hathersage □

**FIRST CONTACT:**

**How would you rate the response time for answering the phone or replying to emails?**

- Excellent □
- Good □
- Satisfactory □
- Poor □

**How would you rate the availability of convenient appointment times?**

- Excellent □
- Good □
- Satisfactory □
- Poor □

**How would you rate the availability of parking at the clinic?**

- Excellent □
- Good □
- Satisfactory □
- Poor □

**How would you rate the facilities at the clinic (in terms of cleanliness, overall appearance & ambience?)**

- Excellent □
- Good □
- Satisfactory □
- Poor □

**How would you rate the service of reception staff (in terms of professionalism, attentiveness & friendliness?)**

- Over the telephone
  - Excellent □
  - Good □
  - Satisfactory □
  - Poor □
Face to face
Excellent    Good    Satisfactory    Poor

Were you asked to complete a ‘Patient details/Assessment form’ prior to your initial consultation?
Yes    No

TREATMENT:

Which practitioner did you see? (If you have seen more than one, choose the person you have seen the most)

Jason Howard    Christine Antunes
Steve Canning    Andrew Hewlett
Katie Bell    Sally Fawcett
Julia Baron    Dave Nicholls (Podiatry)
Hayley Mount    Jill Saxby (Massage therapy)
Simon Leonard    Tom Doran (Golf specialist)
Irralee Andrejowska    Kayleigh Wright
Anna Wilkinson

How would you rate your treatment experience?

Punctuality of therapist
Excellent    Good    Satisfactory    Poor

Friendliness / Approachability of therapist
Excellent    Good    Satisfactory    Poor

Professionalism of therapist
Excellent    Good    Satisfactory    Poor

Explanation of diagnosis
Excellent    Good    Satisfactory    Poor

Manual (Hands on) treatment
Excellent    Good    Satisfactory    Poor

Treatment/Appointment length
Excellent    Good    Satisfactory    Poor
Overall treatment experience
Excellent    Good    Satisfactory    Poor

Price/Value for money
Excellent    Good    Satisfactory    Poor

How effective was your treatment in helping you achieve your goals for recovery?
Fully achieved    Partially achieved    Not achieved

OTHER:

Would you return to the Whitehouse for further treatment in the future?
Yes    No

Would you recommend a friend/relative to us for treatment?
Yes    Maybe    No

Have you accessed the Whitehouse website?
Yes, Once    Yes, Several times    No

If ‘Yes’, how would you rate it?
Excellent    Good    Satisfactory    Poor

If ‘Yes’, what did you use it for? (tick all that apply)
Contact details    Map/location details
Physiotherapist info    Information on our services
Advice on your condition    FAQ’s
Other (please detail)    ..........................................................

Would you be interested in our other services*? (tick all that apply)
Pilates
Podiatry
Massage
Acupuncture
Athletic screening**
Ergonomic /Workplace assessments**
(**Currently being developed)
Are you happy for us to contact you regarding these or new services in the future?
Yes □ No □

Any additional comments. Please use this space to provide any further feedback or tell us anything else that you think might improve our service
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Please could you provide some personal details in order for us to ensure we only receive feedback from clients who have used our service. Your details will not be used for any further marketing or contact, unless you have requested feedback or further information from us as indicated.
Name ........................................................................................................................................
Email address ................................................................................................................................

Would you like us to contact you regarding your feedback from this survey?
Yes □ No □

Thank you for completing this survey. Your feedback is very much appreciated.

The Whitehouse Physiotherapy Clinic