**What did you think of the First Contact Physiotherapy service?**

The First Contact Physiotherapy service is a new venture for us and you are one of the first patients to use it. We would really welcome your feedback and suggestions on how we could improve it. This questionnaire is strictly anonymous unless you choose to leave your details at the end. We would be really grateful if you would answer the questions below:

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GP Practice**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. How did you hear about the physiotherapy service in your practice?**

GP surgery reception

Poster in GP surgery

GP surgery website

Other (please specify)

Sussex MSK Partnership website

Word of mouth

Social media (please specify)

|  |
| --- |
|  |

**Please rate on a scale of 1-5, by ticking the box. Where 1 is the lowest possible score and 5 the highest possible score.**

**2. To what extent did the physiotherapist make you feel at ease?** (Being friendly and warm towards you, treating you with respect; not cold or abrupt)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**3. To what extent did the physiotherapist let you tell “your” story and really listen to you?** (Giving you time to fully describe your illness in your own words; not interrupting or diverting you; paying close attention to what you were saying; not looking at the notes or computer as you were talking).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**4. To what extent was the physiotherapist interested in you as a whole person?** (Asking/ knowing relevant details about your life, your situation; not treating you as “just a number”).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**5. To what extent did the physiotherapist show care and compassion and fully understand your concern?** (Seeming genuinely concerned, communicating that they had accurately understood your concerns; not overlooking or dismissing anything).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**6. To what extent was the physiotherapist positive?** (Having a positive approach and a positive attitude; being honest but not negative about your problems).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**7. To what extent did the physiotherapist explain things clearly?** (Fully answering your questions, explaining clearly; giving you adequate information; not being vague).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**8. To what extent did the physiotherapist help you to take control and make a plan of action with you?** (Exploring with you what you can do to improve your health yourself; discussing the options; involving you in decisions as much as you want to be involved; not ignoring your views).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**9. Thinking about your appointment today. Overall, how was your experience of the service?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very poor | Poor | Neither good nor poor | Good | Very good | Don’t know |

Please can you tell us why you gave your answer?

|  |
| --- |
|  |

**10. Please tell us about anything that we could have done better**

|  |
| --- |
|  |

We would like to thank you for taking the time to complete this form.

Please hand this in to your GP reception.

**Many Thanks,**

Sussex MSK Partnership Central

***OPTIONAL***

*If you would like us to address any individual questions about the service please leave your details and how you would like to be contacted below:*

|  |  |
| --- | --- |
| *Name and Surname* |  |
| *Preferred Contact Details (telephone or email)* |  |
| *Your Query* |  |