

EXPERIENCE OF SERVICE QUESTIONNAIRE
Paediatric Physiotherapy

For each item, please tick the box that best describes what **you** think or feel about the service (e.g.)

	Certainly True	Partly True	Not True	Not Sure/Not Applicable
I feel that Physiotherapy has made a difference to my child's functional abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy goals were agreed with me and relevant to my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely are you to **recommend the Paediatric Physiotherapy department to family and friends?
 Extremely likely Likely Neither likely or unlikely Unlikely Extremely unlikely
 I don't know

Did the **advice and/or support you were given **increase your confidence and/or knowledge** to **support your child**?
 Yes, significantly Yes, to some extent No

What was really good about your experience?

Do you have any comments about the Physiotherapy service?

If you don't want to take part, please tick this box and return the blank questionnaire in the envelope provided.

THANK YOU FOR YOUR FEEDBACK 😊