

Patient Experience & Satisfaction Survey - Intervention Group

Study Title: Hydrotherapy in the management of persistent pelvic pain: a pilot randomised controlled trial

The purpose of the following survey is to collect feedback regarding your experience and satisfaction towards the physiotherapy management you received as a participant of this research project. The survey will take no longer than 5 minutes to complete, where your responses will remain confidential.

_		-	-	-	scheduled appointment pacted on your ability			-	ansport, parking,			
	Extremely difficult	Ī	Difficult	□ N	Veither difficult or easy	,	☐ Easy		Extremely easy			
-	Q2. How satisfied are you with the length of time that you had to wait to commence treatment with the RBWH Physiotherapy Department?											
	Extremely dissatisfied		Somewhat dissatisfied		Neither satisfied or dissatisfied		Somewhat satisfied		Extremely satisfied			
Q3. How satisfied are you with the costs that may have been associated with receiving treatment from the RBWH Physiotherapy Department? (please consider costs related to transport, parking, time from work or other activities)												
	Extremely dissatisfied		Somewhat dissatisfied		Neither satisfied or dissatisfied		Somewhat satisfied		Extremely satisfied			
Q4. How well do you feel you connected with the Physiotherapists that were involved in your treatment?												
	Poor		Fair		Good	□ V	ery good		Excellent			
Q5. How satisfied were you with the frequency (i.e. weekly hydrotherapy sessions, and fortnightly individual physiotherapy sessions) of your scheduled appointments?												
	Extremely dissatisfied		Somewhat dissatisfied		Neither satisfied or dissatisfied		Somewhat satisfied		Extremely satisfied			
Q6. Overall, how would you rate the quality of treatment and care you received from the RBWH Physiotherapy Department?												
	Poor		Fair		Good	□ V	ery good		Excellent			

Please turn over to complete survey.

Q7. Please rate your ability to a	ccess the hydrotherapy sess	sions scheduled for I	Fridays at 1pm:						
Extremely difficult	Difficult Neither d	lifficult or easy	☐ Easy	Extremely easy					
Q8. Do you plan to continue your hydrotherapy programme at your local pool following this trial?									
Yes Unsure	☐ No								
Q9. Would you recommend the l	nydrotherapy programme to	o other patients with	a persistent pel	lvic pain condition?					
Yes Unsure	□ No								
Q10. Do you have any other feed	lback about your treatment	and care that you w	vould like to sha	ure?					