



Patient Experience & Satisfaction Survey – Control 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.

Q1. How would you rate your ability to attend your scheduled appointments? (please consider any transport, parking, or other conflicting appointments that may have impacted on your ability to attend appointments).

- Extremely difficult
 Difficult
 Neither 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
 Very good
 Excellent

Q5. How satisfied were you with the frequency (i.e. approximately once per fortnight) 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
 Very good
 Excellent

Q7. Do you have any other feedback about your treatment and care that you would like to share?
