

Feedback form

HELLO

You have recently participated in an assessment of your polio/post-polio by _____ on behalf of the Duncan Foundation.

We are striving to deliver the best possible service and appreciate your support in the development of the resources and are therefore interested in learning from you how we might improve or enhance our services to you.

Please could you take a few minutes to complete and return this questionnaire; any additional comments you wish to make are welcome.
Please circle the most appropriate answer.

	Yes	No
Is this your first experience with a neurological physiotherapist?	Yes	Please describe previous experiences?
Do you currently see a therapist for management of your symptoms? If so where? Who? (physiotherapist/occupational therapist/alternative therapy)	Yes	
What else would you like to see included within the assessment?		
Did you feel the assessment addressed your individual needs within the time available?	Yes	No –please explain why and how we may modify the assessment to accommodate?

This content is safe and effective when used as directed. Please consult your GP for approval before use. Duncan Foundation is not responsible for direct, indirect, incidental or consequential damages resulting in content that may fail to perform, hold errors, defects or be outdated. These resources were developed on behalf of Duncan Foundation through collaboration of international clinicians, and societies like those experiencing Polio. We aim to review content annually and modify research as clinical guidelines develop.

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Did you feel that the therapist gave you the opportunity to express your concerns regarding your physical presentation and function?	Yes	
Did you feel the therapist was able to address your presenting concerns?	Yes	
Were you happy with the resources you were provided?	Yes	
Were you happy with the report you received?	Yes	
Were there elements of your daily life that you have altered as a result of the assessment and suggested intervention?	If Yes please elaborate	
Are you satisfied with the training you received in the use of any equipment/exercise tools provided?	Yes	
Are you satisfied with the referrals made onward on your behalf?	Yes	
Would you recommend others with Polio having difficulty to attend and be assessed through the clinic?	Yes	If not could you please provide more detail?

Thank you for your response – we appreciate the time taken to provide us feedback .

The team at Duncan Foundation