Better Balance Occupational Therapy Services

Client Feedback Survey

Thank you for choosing Better Balance.

Your feedback helps us continually improve our services and ensure we're providing the highest quality Occupational Therapy care.

This survey takes less than **2 minutes** to complete.

Overall Experience

1. Overall, how would you rate your experience with Better Balance? *(Required)*

○ Excellent

○ Very Good

○ Good

○ Fair

○ Poor

Occupational Therapy Service

2. How satisfied were you with the Occupational Therapist's assessment and recommendations? *(Required)*

○ Very Satisfied

○ Satisfied

○ Neutral

○ Dissatisfied

○ Very Dissatisfied

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3. How satisfied were you with the booking process and communication before your appointment? *(Required)*

○ Very Satisfied

○ Satisfied

○ Neutral

○ Dissatisfied

○ Very Dissatisfied

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4. Did your Occupational Therapist arrive within the expected appointment time? *(Required)*

○ Yes

○ Mostly

○ No

○ Not Applicable

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5. Did you feel listened to and involved in decisions about your care? *(Required)*

○ Always

○ Most of the time

○ Sometimes

○ Rarely

○ Never

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6. Do you feel the recommendations provided will help you remain safe and independent at home? *(Required)*

○ Strongly Agree

○ Agree

○ Unsure

○ Disagree

○ Strongly Disagree

Recommendation

7. How likely are you to recommend Better Balance to a friend or family member? *(0 = Not at all likely, 10 = Extremely likely)*

0 1 2 3 4 5 6 7 8 9 10

Your Feedback

8. What did we do well?

(Long answer)

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9. Is there anything we could improve?

(Long answer)

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10. Is there anything else you would like us to know?

(Long answer)

Thank You

Thank you for taking the time to provide your feedback.

Your responses help us improve our services and continue providing high-quality Occupational Therapy support to older people and their families.

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