On-Site Mobile Physical Therapy (User/Patient Survey)

Link to Live Survey: https://www.surveymonkey.com/r/JMCCSHW

I. What	kinc	ofs	etting	g do y	ou w	ork ir	າ?			2. Roughly how many employees are on site each day?													
○ Co	rpora	ıte Of	fice S	etting						< s	○ <50						<u> </u>						
○ Fa	ctory	/Man	ufactı	ıring S	Settin	g				<u> </u>	<u> </u>						2500-5000						
Ot	her (p	olease	e expl	ain)						<u> </u>	<u> </u>						O 5000-10000						
											<u> </u>	0-1000)					>	10000)			
3. Do y	ou ex	perier	nce pa	in on a	a daily	basis'	?				Are you concerned about pain affecting your job stability, or your performance at work?												
○ Ye	es										0	Yes											
○ N	0										0	○ No											
Please what yo						n, the f	requer	ncy (ho	urs pe	r day), and	Please explain how your pain affects your work responsibilities, and any concerns you may have about your on-going performance and job stability.												
5. Does your employer provide any physical therapy services as part of your employee benefits?												6. Would you like if your employer allowed you to receive 1-2 hours of physical therapy per week to treat your pain?											
O Yes	○ Yes												○ Yes										
O No											○ No												
Oth	er (ple	ase spe	ecify)								Please describe how this service would affect your work productivity, your satisfaction with your employer, and your daily activities (if at all).												
7. If you						eated w	hile at	work,	would	you													
○ Ye		\$150 p	oer trea	tment (1		Yes, u	p to \$2	0 per tr	eatmer														
ho	ur)			tment (e if my	nly utili employ vered it	er or	8. Please complete the sentence: My employer about my physical or mental well being.													
Yes, up to \$50 per treatment (1 hour) No, I am not interested in this												cares a lot						odoes not care					
O Ot	her (nlı	ase en	ecify)			servic	е				ocares	○ cares a little ○ really does not care								е			
Other (please specify)												is indifferent											
9. Plea	se rat	e the a	averag	e pain :	you ex	perien	ce whi	le at w	ork.		10. Overal	l. how i	intere:	sted a	re vou i	in thi	s servi	ce?					
Worst possible Not pain								Not at	•														
pain at all - 0	1	2	3	4	5	6	7	8	9	imaginable - 10	all interested	1	2	3	4	5	6	7	8	9	Interested - 10		
0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0			