



## Patient Office Survey

We are gathering information that will enable us to better serve our patients. When you are finished, you may email the completed survey to us at [cwchiro@surfglobal.net](mailto:cwchiro@surfglobal.net) *or* simply bring it to your next appointment. Either way, you will receive \$10 off your next visit!

1. Please rate each of the following using a scale of 1 to 10 (10 being the highest).

- |  |  |
|--|--|
| <input type="checkbox"/> Convenient location               | <input type="checkbox"/> Short waiting time                    |
| <input type="checkbox"/> Attractive building               | <input type="checkbox"/> Doctor shows concern for clients      |
| <input type="checkbox"/> Bright, cheery waiting room       | <input type="checkbox"/> High quality of service               |
| <input type="checkbox"/> Overall cleanliness of facilities | <input type="checkbox"/> Doctor gives clear explanations       |
| <input type="checkbox"/> Neat appearance of personnel      | <input type="checkbox"/> Doctor listens to opinions of clients |
| <input type="checkbox"/> Polite receptionist               | <input type="checkbox"/> Fees are fair                         |

2. What day of the week and time of day do you generally find preferable for an appointment?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> 7am to 9am    |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> 9am to Noon   |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Noon to 2pm   |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> 2pm to 4pm    |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> 4pm to 6pm    |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> 6pm to 9pm    |
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> No preference |

3. How were you referred to our office?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Friend     | <input type="checkbox"/> Advertisement in Newspaper       |
| <input type="checkbox"/> Relative   | <input type="checkbox"/> Advertisement in Mail            |
| <input type="checkbox"/> Neighbor   | <input type="checkbox"/> Yellow pages                     |
| <input type="checkbox"/> Drove by   | <input type="checkbox"/> Referral from Doctor             |
| <input type="checkbox"/> Radio      | <input type="checkbox"/> Referral from Attorney           |
| <input type="checkbox"/> Television | <input type="checkbox"/> Referral from other professional |
| <input type="checkbox"/> Sign       | <input type="checkbox"/> Other: _____                     |

4. When you telephoned,

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Was your call answered promptly?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you have trouble getting through? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you have to call several times?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. My telephone conversation was

Courteous

Hurried

Impolite

I did not telephone

6. Our parking lot is

Adequate (enough space)

Inadequate (not enough space)

7. Our receptionists are

Warm and cheerful

Professional

Cool and unfriendly

Unprofessional

8. Our reception room is

Comfortable

Clean and neat

Uncomfortable

Disordered

9. The Doctor

Explained my problem in easily understood language

Yes  No

Left me somewhat confused

Yes  No

Seemed rushed or impatient

Yes  No

10. The Doctor was

Professional in manner and appearance

Yes  No

Acceptable in manner and appearance

Yes  No

Less than professional in manner and appearance

Yes  No

11. Were you satisfied with the care and service you received?

Yes

No

12. Did you understand the fees?

Yes  No

Did you feel the fees were reasonable and fair?

Yes  No

13. Please explain any concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Why did you choose this office? \_\_\_\_\_

15. Have you recommended us to others? If yes, to whom? \_\_\_\_\_  
\_\_\_\_\_

16. Do you have any suggestions for the improvement of our office, staff or procedures?  
This is your office and we welcome ways to serve you better.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_