# CLIENT EXPERIENCE QUESTIONNAIRE

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client services and Chiropractic Care. We strive toward this excellence through continuing education, technical advances and compassionate care for all of our patients.

You can help us reach and maintain this level of service by sharing your chiropractic needs and expectations. By completing this client survey, you will be a part of our team meetings and be assured that your comments will be discussed and acted upon. Thank you for your time and effort.

(Please Note: Your privacy is 100% assured.)

| **How Did You Choose our practice?** | **YES** | **NO** |
|---|---|---|
| A friend or relative recommended the practice | ☐ | ☐ |
| I drove by and saw your sign | ☐ | ☐ |
| I saw the practice in the Yellow Pages | ☐ | ☐ |
| Found you through the Search Engines | ☐ | ☐ |
| **Other:** | | |

| **Your Telephone Experience:** | **YES** | **NO** |
|---|---|---|
| My call was answered promptly | ☐ | ☐ |
| It was easy to make an appointment | ☐ | ☐ |
| I was referred to the website to get necessary forms ahead of time | ☐ | ☐ |
| I was placed on hold too long | ☐ | ☐ |
| I was offered to be called back if needed | ☐ | ☐ |
| I did not phone | ☐ | ☐ |

| **Your Impression of our Receptionist (Over the Phone):** | **YES** | **NO** |
|---|---|---|
| Friendly and attentive | ☐ | ☐ |
| Courteous | ☐ | ☐ |
| Informative | ☐ | ☐ |

| **Your Impression of our Receptionist (In Person):** | **YES** | **NO** |
|---|---|---|
| Stood and greeted me | ☐ | ☐ |
| Aware of purpose of visit | ☐ | ☐ |
| Seemed warm and cheerful | ☐ | ☐ |
| Gave me undivided attention | ☐ | ☐ |
| Seemed hospitable | ☐ | ☐ |
| Answered all my questions | ☐ | ☐ |

| **Your Impression of our Reception Area:** | **YES** | **NO** |
|---|---|---|
| Comfortable | ☐ | ☐ |
| Neat & Clean | ☐ | ☐ |
| Countertops free from clutter | ☐ | ☐ |
| Retail displays are well organized | ☐ | ☐ |
| Child-friendly | ☐ | ☐ |

| **Your Impression of our Parking Lot/Grounds:** | **YES** | **NO** |
|---|---|---|
| Clean | ☐ | ☐ |
| I found a parking spot with ease | ☐ | ☐ |

| **Your Impression of our website** | **YES** | **NO** |
|---|---|---|
| I visited the website | ☐ | ☐ |
| I found the website to be helpful & resourceful | ☐ | ☐ |
| I printed out any necessary forms ahead of time | ☐ | ☐ |
| I registered to be a member and/or to receive free newsletters | ☐ | ☐ |

| **Your Impression of our Doctor:** | **YES** | **NO** |
|---|---|---|
| Introduced himself/herself | ☐ | ☐ |
| Listened to what I said | ☐ | ☐ |
| Gave clear advice | ☐ | ☐ |
| Answered all my questions | ☐ | ☐ |
| Made me feel valued | ☐ | ☐ |
| Seemed proficient and knowledgeable | ☐ | ☐ |
| Gave me the information I needed | ☐ | ☐ |

| **Additional Questions:** | **YES** | **NO** |
|---|---|---|
| Was your waiting time reasonable? | ☐ | ☐ |
| Do you feel the fees were reasonable? | ☐ | ☐ |
| Did you understand all our fees? | ☐ | ☐ |

If you marked "No" please explain.

| | **YES** | **NO** |
|---|---|---|
| **Will you recommend us to others?** | ☐ | ☐ |

**Why or why not?**

**What suggestions do you have for improving the office, staff or procedures?**

**If you would like us to contact you, please fill out the necessary information.**

**Name:**

**Email:**

**Phone:**