

Chiropractic Patient Satisfaction Survey

INSTRUCTIONS: The Chiropractic Department at The Hetrick Center values your feedback, so please take a moment to answer the following questions. This information allows us to improve our services and provide better care. If a particular section is not applicable to you, please mark as N/A.

CENTER AVAILABILITY

1. It was very fast and easy to schedule my appointment.
2. The staff was very courteous while setting up my appointment.
3. The staff answered all my questions about my visit.
4. All phone calls were returned in a timely manner.
5. It was easy to find a parking spot.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

WHILE YOU WERE AT OUR CENTER

1. The front desk staff was courteous and helpful.
2. I did not have to wait long in the waiting room.
3. My insurance benefits were explained to me so that I could understand them.
4. I was given options for different appointment times.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

YOUR FIRST VISIT WITH THE CHIROPRACTOR

1. My Initial Evaluation was scheduled within 48 hours or within my desired time frame.
2. The Chiropractor introduced him/herself to me personally.
3. The Chiropractor was courteous and friendly.
4. The Chiropractor explained my injury/problem to me in a way I could understand.
5. The Chiropractor showed concern for my questions and worries.
6. The Chiropractor was able to answer my questions and sufficiently explain my diagnosis and plan of care.
7. The Chiropractor asked me what I wanted to accomplish during treatment.
8. The Chiropractor spent enough time with me during my initial visit.
9. I have confidence in my Chiropractor.
10. I would recommend this Chiropractor to a friend.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

QUALITY OF CARE

1. The Chiropractic staff members that worked with me were friendly, knowledgeable and professional.
2. The Chiropractor made sure I had a clear understanding of what exercises and activities I should and should not be doing.
3. At follow-up visits, I received enough individual attention from the Chiropractor.
4. When I arrived for my appointments, the service began promptly.
5. I did all that my Chiropractor asked me to do to help myself get better during my course of treatment.
6. My Chiropractor communicated with me regarding my progress.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

AQUATIC THERAPY —N/A

1. The staff told me what to bring with me for my first session.
2. My aquatic sessions began on time.
3. The pool staff explained to me the exercises and the purpose of each exercise.
4. The pool deck was clean and dry.
5. The changing rooms were clean and dry.
6. I enjoyed my experience in aquatic therapy at THC.
7. I would recommend aquatic therapy at THC to a friend.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

BILLING—N/A

1. The billing statements I received from THC were clear and understandable.
2. The billing staff was helpful in answering my questions and concerns.
3. I received timely answers to my questions.
4. The billing staff was friendly and knowledgeable.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

CARE AND OUTCOMES

1. The Chiropractor showed me how I progressed from my first visit to my last visit.
2. My improvement was better than I expected.
3. I would recommend Chiropractic care at THC to my family and friends.
4. How would you rate your overall experience at The Hetrick Center?

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
□	□	□	□	□
□	□	□	□	□
□	□	□	□	□
Poor	Fair	Average	Great	Fantastic

Are there any staff members you think deserve special recognition for the good work they did with you during your care? Please Explain _____

What did you *least like* about your experience at The Hetrick Center?

What did you *most like* about your experience at The Hetrick Center?

How did you hear about The Hetrick Center?

What could we have done better to improve your care?

 * THANK YOU FOR TAKING THE TIME *
 * AND HELPING TO MAKE *
 * THE HETRICK CENTER BETTER! *
