

Chiropractic Patient Satisfaction Survey

Date: _____ Patient Name: _____ Patient ID: _____

This is used for internal marketing and quality improvement. The survey can be administered for one full month each quarter and the results tracked.

1. How would you rate your overall experience with our clinic? (Please circle one.)

- 1: Poor
- 2: Fair
- 3: Good
- 4: Very Good
- 5: Excellent

• Comments: _____

2. How satisfied are you with the quality of care you received? (Please circle one.)

- 1: Very Dissatisfied
- 2: Dissatisfied
- 3: Neutral
- 4: Satisfied
- 5: Very Satisfied

Comments: _____

3. Was our staff friendly and helpful? (Please circle one.)

- 1: Not at all
- 2: Slightly
- 3: Neutral
- 4: Mostly
- 5: Extremely

Comments: _____

4. How likely are you to recommend our clinic to a friend or family member? (Please circle one.)

- 1: Very Unlikely
- 2: Unlikely
- 3: Neutral
- 4: Likely
- 5: Very Likely

Comments: _____

5. How would you rate the overall environment of our clinic? (Please circle one.)

- 1: Very Unpleasant
- 2: Unpleasant
- 3: Neutral
- 4: Pleasant
- 5: Very Pleasant
- Comments: _____

6. How satisfied are you with the wait time before your appointment? (Please circle one.)

- 1: Very Dissatisfied
- 2: Dissatisfied
- 3: Neutral
- 4: Satisfied
- 5: Very Satisfied
- Comments: _____

7. How would you rate the effectiveness of your treatment? Did you receive the outcome you wanted? (Please circle one.)

- 1: Very Ineffective
- 2: Ineffective
- 3: Neutral
- 4: Effective
- 5: Very Effective
- Comments: _____

8. Did you feel informed about your condition, treatment options, and plan? (Please circle one.)

- 1: Not at all
- 2: Slightly
- 3: Neutral
- 4: Mostly
- 5: Completely
- Comments: _____

9. Do you have any suggestions for how we can improve our services?

10. Any additional comments or feedback?

Total Points Possible: 40	
Points from the Survey: _____	38-40 Points: Excellent
Survey Score: _____	34-38 Points: Good
Grade: _____	40 or below: Act fast to improve