



“SUPERCARE” Chiropractic Office Survey

	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)	Not Applicable
1. Ease of making appointment by phone	5	4	3	2	1	N/A
2. Getting care for injury/problem as soon as you wanted it	5	4	3	2	1	N/A
3. Getting advice or help when needed during office hours	5	4	3	2	1	N/A
4. Our ability to return your calls in a timely manner	5	4	3	2	1	N/A
5. Your ability to contact us after hours	5	4	3	2	1	N/A
6. Chiropractor’s willingness to listen carefully to you	5	4	3	2	1	N/A
7. Chiropractor taking time to answer your questions	5	4	3	2	1	N/A
8. Effectiveness of our health information materials	5	4	3	2	1	N/A
9. Usefulness of our instructions for follow-up care	5	4	3	2	1	N/A
10. Chiropractor involved you in making decisions about your treatment	5	4	3	2	1	N/A
11. Chiropractor advised you on ways to stay healthy	5	4	3	2	1	N/A
12. Quality of your chiropractic care	5	4	3	2	1	N/A
13. Overall satisfaction with our office	5	4	3	2	1	N/A

Would you recommend us to others?

Definitely Yes Probably Yes Don’t Know Probably Not Definitely Not

Comments:

Is there anything thing else you’d like to share to help us better serve you in the future?
