

# Patient Questionnaire

Dear Valued Patient:

Please take a few moments to evaluate each statement, using the following scale:

(1) Disagree; (2) Somewhat disagree; (3) No opinion; (4) Somewhat agree; (5) Agree.

Your response will be confidential and your signature is not required.

- 1. The doctor was interested and concerned about your problem.
- 2. The doctor explained your problem to you in a way that allowed you to understand.
- 3. The doctor spent enough time with you.
- 4. You felt at ease with the doctor.
- 5. The chiropractic treatment was comfortable.
- 6. The chiropractic treatment was effective.
- 7. The doctor was professional.
- 8. You were able to see the doctor at or near your appointment time.
- 9. The doctor explained the treatment procedure to your satisfaction.
- 10. The office staff was pleasant, friendly, and helpful.
- 11. You were able to get appointments at times that were convenient.
- 12. The atmosphere of our office was pleasant and comfortable.
- 13. Paperwork was handled efficiently.
- 14. Our fees are reasonable.
- 15. You would recommend us to others.

16. Please tell us about anyone on our staff who deserves special recognition.

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17. What do you like most about our office? \_\_\_\_\_

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18. What do you like least about our office? \_\_\_\_\_

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19. Additional Suggestions: \_\_\_\_\_

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Name (Optional)