

## THE PATIENT SATISFACTION QUESTIONNAIRE

NAME (OPTIONAL) \_\_\_\_\_ DATE \_\_\_\_\_

The following questions are in reference to the treatment you have had in the pat. Please circle the number which best reflects your satisfaction for each of the following.

(CIRCLE 1 NUMBER ON EACH LINE):

	Very Poor	Poor	Fair	Good	Very Good	Excel	The Best
1. The amount of privacy you were given	1	2	3	4	5	6	7
2. Interest shown in you as a person	1	2	3	4	5	6	7
3. Friendliness, warmth, and personal manner of the chiropractor who treated you	1	2	3	4	5	6	7
4. Explanations of treatment	1	2	3	4	5	6	7
5. Willingness to listen	1	2	3	4	5	6	7
6. Understanding your health problem	1	2	3	4	5	6	7
7. Answers given to your questions	1	2	3	4	5	6	7
8. Amount of time spent with you	1	2	3	4	5	6	7
9. Cost of care to you	1	2	3	4	5	6	7
10. Skill and ability of the physicians	1	2	3	4	5	6	7
11. Advice about ways to avoid illness and stay healthy	1	2	3	4	5	6	7
12. Ability of the physicians to put you at ease	1	2	3	4	5	6	7
13. courtesy, politeness, and respect shown by the physicians	1	2	3	4	5	6	7
14. Quality of overall care received	1	2	3	4	5	6	7

Other Comments??

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Note:

To score, first average responses to each item to obtain a score ranging between 1 and 7. Second, subtract 1 from the average. Then divide the result by 6 and multiply by 100.

SCORE \_\_\_\_\_