

1. In the past 12 months, HOW MANY TIMES have you seen a chiropractor at your clinic?

Answer Options

- None
- 1 or 2 times
- 3 or 4 times
- 5 or six times
- 7 or more times

1. How do you rate the way you are treated by the RECEPTIONIST/S at your clinic?

Answer Options

- Very poor
- Poor
- Fair
- Good
- Very good
- Excellent

1. How do you rate the HOURS that your clinic is open for appointments?

Answer Options

- Very poor
- Poor
- Fair
- Good
- Very good
- Excellent

1. What ADDITIONAL HOURS would you like the clinic to be open? (please tick all that apply)

Answer Options

Early morning

Lunchtimes

Evenings

Weekends

None, I am satisfied

1. Thinking of times when you want to see a PARTICULAR chiropractor:

(a) How QUICKLY do you get to see that chiropractor?

Answer Options

Same day

Next working day

2 working days or less

3 working days or less

4 working days or less

5 or more working days

Does not apply

(choose one item from each list)

(b) How do you rate this?

Answer Options

Very poor

Poor

Fair

Good

Very Good

Excellent

Does not apply

(choose one item from each list)

6, Thinking of times when you are willing to see ANY chiropractor:

(a) How QUICKLY do you usually get seen?

Answer Options	Same day	Next working day	2 working days or less	3 working days or less	4 working days or less	5 or more working days	Does not apply
(choose one item from each list)							

(b) How do you rate this?

Answer Options	Very poor	Poor	Fair	Good	Very Good	Excellent	Does not apply
(choose one item from each list)							

7. If you need to see a chiropractor URGENTLY, can you normally get seen on the same day?

Answer Options

- Yes
- No
- Don't know/never needed to

7. Thinking about WAITING TIME when you are at your clinic:

(a) How LONG do you usually have to wait at the clinic for your appointment to begin?

Answer Options	5 mins or less	6 to 10 mins	11 to 20 mins	21 to 30 mins	30 mins or more
(choose one item from each list)					

(b) How do you rate this?

Answer Options

Very poor

Poor

Fair

Good

Very Good

(choose one item from each list)

7. Thinking of times you have PHONED your clinic, how do you rate the following:

a) Ability to get through to the clinic on the phone?

Answer Options

Very poor

Poor

Fair

Good

Very good

Excellent

Don't know/never tried

(choose one item from each list)

b) Ability to speak to a chiropractor on the phone when you have a question or need advice?

Answer Options

Very poor

Poor

Fair

Good

Very good

Excellent

Don't know/never tried

(choose one item from each list)

7. The remaining questions ask about your usual chiropractor. If you don't have a 'usual chiropractor', please answer about the chiropractor who you know best at your clinic. If you don't know any of the chiropractors, please indicate this below:

Answer Options

I don't know any of the chiropractors

7. Thinking about a TYPICAL appointment with your USUAL CHIROPRACTOR, how do you rate the following:

Answer Options	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
a) How thoroughly the chiropractor asks about your symptoms and how you are feeling?							
b) How well the chiropractor listens to what you had to say?							
c) How well the chiropractor puts you at ease during your physical examination?							
d) How much the chiropractor involves you in decisions about your care?							
e) How well the chiropractor explains your problems or any treatment that you need?							
f) The amount of time your chiropractor spends with you?							
g) The chiropractor's patience with your questions or worries?							
h) The chiropractor's caring and concern for you?							

7. After seeing the chiropractor do you FEEL:

Answer Options	Much more than before the visit	A little more than before the visit	The same or less than before the visit	Does not apply
(a) Able to UNDERSTAND your problems?				
(b) Able to COPE with your problems?				
(c) Able to KEEP YOURSELF healthy?				

7. Is there anything particularly good about your chiropractic care?

8. Is there anything that could be improved?

9. Any other comments?

7. Finally, it will help us to fully understand your answers if you could tell us a little about yourself. Are you:

Answer Options

Male
Female

7. To which AGE GROUP do you belong?

Answer Options

19 or younger
20 to 29
30 to 39
40 to 49
50 to 59
60 to 69
70+

7. To which ETHNIC GROUP do you belong?

Answer Options

White
Black or Black British
Asian or Asian British
Mixed
Chinese
Other ethnic group

7. Which of the following BEST DESCRIBES you? (please tick one box)

Answer Options

Employed (full or part time, including self-employed)

Unemployed and looking for work

At school or in full time education

Unable to work due to long term sickness

Looking after your home/family

Retired from paid work

Other