

Trophy Club Chiropractic

Customer Experience Questionnaire

Dr. Hardin and our office staff would like to thank you for taking the time to take this survey. We appreciate your time and consideration for our practice. Please answer all questions with honesty, and to the best of your ability. By completing this questionnaire, you are agreeing to the possibility of your responses posted on the Trophy Club Chiropractic Website. If you do not wish to have this done, please do not complete the questionnaire. Thank you again for your consideration.

Customer Experience Questionnaire

Please fill out this questionnaire to inform us on how your experience at Trophy Club Chiropractic has been.

How did you choose our practice?

- a. A friend or family member recommended the practice
 - b. I drove by and saw your office
 - c. I found you through a search engine
 - d. Other: (specify)
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Please Check All That Apply: ***Telephone Experience***

- My call was answered promptly
- It was easy to make an appointment
- I was referred to a website to get my forms ahead of time
- I was placed on hold for too long
- I was offered a call back
- None of the above

Please Check All That Apply: ***Impression of Receptionist(over the phone)***

- Friendly and Attentive
- Courteous
- Informative
- None of the above

Please Check All That Apply: ***Impression of Receptionist(in person)***

- Greeted me with a friendly tone
- Warm and Cheerful
- Gave me undivided attention
- Answered all my questions
- None of the above

Please Check All That Apply: ***Impression of Waiting Area***

- Comfortable
- Clean and Neat
- Well-Organized
- Child friendly
- None of the above

Please Check All That Apply: ***Your impression of our website***

- I visited the website
- I found the website resourceful and helpful
- I printed forms ahead of time
- Needs improvement
- None of the above

Please Check All That Apply: ***Impression of the Doctor***

- Introduced himself/herself
- Listened to what I had to say
- Gave clear advice
- Answered All my Questions
- Made me feel valued
- None of the above

Please Check Yes or No.

Was your waiting time reasonable? Yes / No

If no, please explain why:

Do you feel the fees were reasonable? Yes / No

If no, please explain why:

On a scale of 1-10 (10 being the highest) please rate your overall experience with Trophy Club Chiropractic

1	2	3	4	5	6	7	8	9	10
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Will you recommend us to others? Yes / No

What suggestions do you have for improving the office, staff, and/or procedures? Or, anything you'd like to say about us.

If you would like for us to contact you, please fill out the necessary information below.

Name: _____

Email: _____

Phone: _____