

THE CHIROPRACTIC SATISFACTION QUESTIONNAIRE

NAME (OPTIONAL) _____ DATE _____

The following questions are in reference to the treatment you have had in the past. 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 chiropractor	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 chiropractor to put you at ease	1	2	3	4	5	6	7
13. Courtesy, politeness, and respect shown by the chiropractor	1	2	3	4	5	6	7
14. Quality of overall care received	1	2	3	4	5	6	7

Other Comments??

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 _____

Reference: Coulter, I. D., R. D. Hays, and C. D. Danielson, The Chiropractic Satisfaction Questionnaire, Topics in Clinical Chiropractic, Vol. 1, Issue 4, 1994, pp. 40-43.