

**Chiropractic Patient Satisfaction Survey**

**INSTRUCTIONS:** The Levitt Chiropractic Center values your feedback, so please take a moment to answer the following questions. This information allows us to improve our services and provide better care. If a particular section is not applicable to you, please mark as N/A.

**CENTER AVAILABILITY**

1. It was very fast and easy to schedule my appointment. ....
2. The staff was very courteous while setting up my appointment. ....
3. The staff answered all my questions about my visit. ....
4. All phone calls were returned in a timely manner. ....
5. It was easy to find a parking spot. ....

Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: \_\_\_\_\_  
 \_\_\_\_\_

**WHILE YOU WERE AT OUR CENTER**

1. The front desk staff was courteous and helpful. ....
2. I did not have to wait long in the waiting room. ....
3. My insurance benefits were explained to me so that I could understand them. ....
4. I was given options for different appointment times. ....

Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: \_\_\_\_\_  
 \_\_\_\_\_

**YOUR FIRST VISIT WITH THE CHIROPRACTOR**

1. My Initial Evaluation was scheduled within 48 hours or within my desired time frame. ....
2. The Chiropractor introduced himself to me personally. ....
3. The Chiropractor was courteous and friendly. ....
4. The Chiropractor explained my injury/problem to me in a way I could understand. ....
5. The Chiropractor showed concern for my questions and worries. ....
6. The Chiropractor was able to answer my questions and sufficiently explain my diagnosis and plan of care. ....
7. The Chiropractor asked me what I wanted to accomplish during treatment. ....
8. The Chiropractor spent enough time with me during my initial visit. ....
9. I have confidence in my Chiropractor. ....
10. I would recommend this Chiropractor to a friend. ....

Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. My doctor was:

- Dr. Barry W. Levitt
- Dr. Erick Daes
- Dr. Jeffrey Greenberg
- More than 1 doctor

Comments: \_\_\_\_\_  
\_\_\_\_\_

**QUALITY OF CARE**

1. The Chiropractic staff members that worked with me were friendly, knowledgeable, and professional. ....
2. The Chiropractor made sure I had a clear understanding of what exercises and activities I should and should not be doing.
3. At follow-up visits, I received enough individual attention from the Chiropractor. ....
4. When I arrived for my appointments, the service began promptly. ....
5. I did all that my Chiropractor asked me to do to help myself get better during my course of treatment. ....
6. My Chiropractor communicated with me regarding my progress. ....

Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: \_\_\_\_\_  
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**OFFICE ENVIRONMENT**

1. The office was clean and well maintained. ....
2. My personal privacy during treatment was respected. ....
3. I did not feel rushed or stressed during my treatment. ....
4. I enjoyed my experience at the office. ....

Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: \_\_\_\_\_  
\_\_\_\_\_

**BILLING**

1. The billing statements I received from Levitt Chiropractic Center were clear and understandable. ....
2. The billing staff was helpful in answering my questions and concerns. ....
3. I received timely answers to my questions. ....
4. The billing staff was friendly and knowledgeable. ....

Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: \_\_\_\_\_  
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**CARE AND OUTCOMES**

1. The Chiropractor showed me how I progressed from my first visit to my last visit. ....
2. My improvement was better than I expected. ....
3. I would recommend Chiropractic care at Levitt Chiropractic Center to my family and friends. ....
4. How would you rate your overall experience at Levitt Chiropractic Center? .....

Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	Fair	Average	Great	Fantastic

**Are there any staff members you think deserve special recognition for their good work they did with you during your care? Please explain**

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**What did you *least like* about your experience at Levitt Chiropractic Center?**

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**What did you *most like* about your experience at Levitt Chiropractic Center?**

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**How did you hear about Levitt Chiropractic Center?**

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**What could we have done better to improve your care?**

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THANK YOU FOR TAKING THE TIME  
AND HELPING TO MAKE THE  
LEVITT CHIROPRACTIC CENTER  
BETTER!