

INFORMED CONSENT: *Completion of this survey is voluntary. You may answer only the questions you feel comfortable answering, and you may stop at any time. If you do not wish to participate, you may simply return the blank survey, with no penalty to yourself. Completion and return of the survey indicates your consent to the above conditions. All responses will be kept completely confidential and you will not be able to be identified. Results will be used to improve your overall experience at the clinics.*

Appendix A: Survey Instrument

A) Your opinion is very important to us. Please rate your

satisfaction with the following aspects of the care you received. (Please circle one number for each statement).

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied or Satisfied	Satisfied	Very Satisfied	Not Applicable (did not get a chance to assess)
1. The professionalism and courtesy of the student(s).	1	2	3	4	5	N/A
2. Your student(s) concern and willingness to listen.	1	2	3	4	5	N/A
3. The explanation provided to you about the cause and prognosis of your condition.	1	2	3	4	5	N/A
4. The explanation provided to you about the proposed treatment plan (i.e. type of treatment, frequency, etc.).	1	2	3	4	5	N/A
5. The treatment or care you received.	1	2	3	4	5	N/A
6. Your overall experience with our clinic.	1	2	3	4	5	N/A
7. Please circle which health care provider(s) you saw today	acupuncture	chiropractic	massage	medicine	health coach	counseling

Please identify your race, as defined by the federal government. (Please check one)

- ₁ Asian or Pacific Islander
- ₂ Black/African American
- ₃ Hispanic
- ₄ American Indian or Alaskan Native
- ₅ White
- ₆ Other

What is your household income? (circle **only one** number)

- | | | | |
|---|----------------------|---|----------------------|
| 1 | Less than \$9,999 | 5 | \$35,000 to \$49,999 |
| 2 | \$10,000 to \$14,999 | 6 | \$50,000 to \$74,999 |
| 3 | \$15,000 to \$24,999 | 7 | \$75,000 or more |
| 4 | \$25,000 to \$34,999 | | |

Number of persons in household: _____ Adult
_____ Children (18 and under)

Gender M F Age: _____

Primary language spoken at home: _____

If you care to provide additional comments, please do so here:
