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Date: _____ Name: _____

Please take a few minutes to fill out this survey. Please make sure you answer all the questions as your data is invaluable. Thank you for your assistance!

1. Which of the following contributed to your finding out about Dr. Pepi's office? (Check all that apply)

- () Word of mouth
- () Advertisement in "Who What Where"
- () Received a postcard
- () Website
- () Searched on a search engine (such as Google, Yahoo, etc)
- () Other - Please specify: _____

1a. If you searched on a search engine, what did you search for (which words, ex: kidney stones)?

2. When did you first hear about us? _____

3. What did you read of hear about us that sparked your interest in using our services?

4. What was the deciding factor that prompted you to book your first appointment with us?

5. What health condition(s) have you come to us to handle? _____

6. What else have you tried, if anything, to remedy these conditions? _____

7. Now a few questions to help us better identify the kinds of people we service:

- Home owner
- Rent apartment
- Rent house

Zip code where you live: _____

- Your age:
- Under 18
 - 18-25
 - 26-34
 - 35-45
 - 46-55
 - Over 55

Your occupation: _____

Religious affiliation: _____

- Male
- Female

- Marital status:
- Single
 - Divorced
 - Widowed
 - Married
 - Separated

- Children:
- None
 - Have children

Ages of children: _____

Combined annual household income:

- Under \$25,000
- \$26,000-\$40,000
- \$41,000-\$60,000
- \$61,000-\$75,000
- \$76,000-\$100,000
- Over \$100,000

Thank you very much for your help!