QUESTIONNAIRE FOR THE CHIROPRACTOR

Please refer to the ‘Participant Information’ sheet for details regarding the purpose, confidentiality and ethics of this research project. Completion of this survey will indicate that you have agreed to participate. This survey is being conducted by a Senior Lecturer at Macquarie University, Department of Health and Chiropractic.

Thank you for filling out this anonymous survey.

General Information
Please circle or otherwise indicate the most correct answer

1. My sex is (please tick) □ M □ F

2. Into which of the following categories do you fall (please tick your age category)?
   Under 30 years ___
   30-50 years ___
   Over 50 years. ___

3. In what country were you born? ________________________________

4. Currently, in which suburb do you live? _________________________

5. a. From which chiropractic school did you graduate?
   __________________________________________________________________

   b. What year did you graduate? __________________________

   c. What are your qualifications? ___________________________

This section attempts to determine the career patterns and expectations of new graduates.

Location of Practice: Current

1. Do you currently Practice Chiropractic? (Please tick) □ Yes □ No

If you answered ‘YES’, please answer all questions in section 1 and 3:

If you answered ‘NO’, please answer all questions in section 2 and 3.
SECTION 1. ONLY FOR THOSE WHO ANSWERED ‘YES’ TO QUESTION 1.

If you answered ‘YES’ to whether you practice chiropractic, please answer the following:

2. How many hours per week do you work? ____________

3. In how many clinics do you work? ____________

4. Where do you practice and how long have you worked there? _________________________

5. When you were deciding on setting up your practice in your current location did you consider any other locations. ________________

If you work in more than one practice please answer the following questions.

5a. What are the other locations? ________________________________

5b. Why did you choose this/these locations over the others, and what was the most important factor affecting your decision?

____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

6. What is your opinion of the supply of chiropractors in your area of practice (please tick)?

   Under-supply ___
   Over-supply ___
   Neither ___

7. What is your average annual (pretax) household income (please tick)?

   Less than $40,000 ---
   $40,000 - $64,000 ---
   $65,000 - $89,000 ---
   $90,000 - $114,000 ---
   $115,000 - $139,000 ---
   $165,000 - $189,000 ---
   $190,000 - $214,000 ---
   More than $215,000 ---

8. Have you seriously considered moving and setting up somewhere else?

   □ Yes
   □ No

8a. If Yes, where to and why? ________________________________
9. Please estimate the percentage of your patients/clients that would present with the following in a typical week - % approximate

Low back symptoms
Neck symptoms
Thoracic region symptoms
Rib symptoms
Headache
Upper limb pain (shoulder, elbow, wrist, fingers)
Lower limb pain (hips, knees, ankles, toes)
Preventative treatment for general well-being
Other Please specify

10. Generally, how do most of your patients find out about your services (please tick):

Referral from another health care professional
Word of mouth
Advertising (yellow pages, signage etc)
Passing trade

11. Would there be any common characteristics among your patients, indicated perhaps by a specific mix type of problem (more than one area may be ticked)?

Geriatrics
Sporting injuries
Woman’s health
Standard musculoskeletal complaints
Paediatrics
Other Please Specify

12. Do you currently have an integration or referral system in place with another health care practitioner?

□ Yes □ No

12a. If YES what type of practitioner(s).

13. Could you see more patient’s in your normal working week; that is without extending your usual hours?

□ Yes □ No

14. Do you have a waiting list for patients who have an appointment but would like to be scheduled earlier?

□ Yes □ No

15. Approximately how many house calls would you make each week? __________

16. How easy is it for you to find a locum when you need one? ______________

17. Do you feel that other professions such as physiotherapy or osteopathy have had a negative impact on your practice through competition?

□ Yes □ No
SECTION 2
ONLY FOR THOSE WHO ANSWERED QUESTION ‘NO’ IN QUESTION 1
IF YOU ANSWERED ‘YES’ TO QUESTION 1, PLEASE GO TO SECTION 3.

1. If you answered ‘NO’, please state reasons why you are currently not in practice?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

2. Do you think your chiropractic training prepared you well for clinical practice (please tick)?
☐ Adequate training  ☐ Inadequate training

2a. In what area(s) within the curriculum do you think you were adequately prepared?
_____________________________________________________________________________
_____________________________________________________________________________

2b. In what area(s) within the curriculum do you think you were inadequately prepared?
_____________________________________________________________________________
_____________________________________________________________________________

3. Did chiropractic clinical practice meet the expectations you held while you were a student?
☐ Yes  ☐ No

4. If your answer to question 3 was ‘NO’ in what way did clinical practice not meet your expectations?
__________________________________________________________

5. Did you cease chiropractic practise because you there was excessive competition from other chiropractors?
☐ Yes  ☐ No

6. Did you cease chiropractic practise because there was excessive competition from other practitioners?
☐ Yes  ☐ No
SECTION 3  PLEASE ANSWER ALL QUESTIONS IN SECTION 3

1. Generally, what do you think are the important factors that might affect a practitioner’s choice of location? ______________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

2. Generally, do you think there is an under- or over-supply of chiropractors in NSW (please tick)?
   Under-supply ☐
   Over-supply ☐
   Neither (adequate supply) ☐

3. Currently, Macquarie University is graduating an average of 120 chiropractors per year. Do you think this is too many, too few or the correct output?
   Too many ☐
   Too few ☐
   Correct output ☐

4. If you think this average is ‘TOO FEW’ or ‘TOO MANY’, how many graduates do you think is closer to ideal?
   ______________________________________________________________

5. What is your opinion on the general community’s views on chiropractic?
   ______________________________________________________________
______________________________________________________________________
______________________________________________________________________

6. What methods could be put in place to further improve the perception of chiropractic?
   ______________________________________________________________
______________________________________________________________________
______________________________________________________________________

7. Are there any other further comments relating to the above?
   ______________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Location of Practice: Past Employment**

8. Have you practiced in a prior locations in the past? _________________
   If ‘YES’ to question 1, please answer questions 8a and 8b

8a. How long did you work at your last location? _________________

8b. Why did you decide to move from there? _________________

9. What factors influenced you to move from that location?
   ______________________________________________________________

Thank you for completing this questionnaire. Please return it in the envelope provided.