

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.

