

Are chiropractic patients in Malta satisfied with the outcome of their treatment plan?

Questionnaire

The purpose of this questionnaire is to better understand whether patients receiving chiropractic care in Malta are satisfied with the outcome of their treatment/s. It should take no longer than 10 minutes of your time. Your response is of the utmost importance to us.

Please do not enter your name or contact details on the questionnaire. It remains anonymous.

The information you provide will be assessed in strict confidentiality and will NOT, in any way, be disclosed to third parties, nor will it affect your current treatment plan, if any.

1) Gender

- Male
- Female

2) Age

- 10-25
- 25-45
- 45-65
- 65+

3) Origins

- Maltese
- Resident
- Tourist

4) Why did you visit a chiropractic clinic?

- Lower back pain
- Neck Pain
- Shoulder Pain
- Joint Pain
- Headache
- Other

5) How long have you suffered, or been suffering from this condition?

- Less than 4 weeks
- Less than 4 months
- More than 4 months
- More than 1 year

6) Has the pain stopped you from carrying out daily activities?

- Yes
- No (go to question 9)

7) What activities have you NOT been able to perform the most?

- Work
- Gym / Exercise
- Social
- Other

8) Did it affect you financially?

- Yes
- No

9) Did you try to relieve your pain by using over-the-counter medications?

- Yes
- No (go to question 13)

10) Did you find them effective?

- Yes (it resolved your pain completely)
- Slightly (it eased your pain temporarily)
- No (it did not make any changes at all to your pain)

- 11) How long did you take the medications for?
Less than a week
More than a week
More than a month
- 12) Did you experience any side effects?
Yes
No
-
- 13) Did you take any prescribed medications to ease your pain?
Yes
No (go to question 17)
- 14) Did you find them effective?
Yes (it resolved your pain completely)
Slightly (it eased your pain temporarily)
No (it did not make any changes at all to your pain)
- 15) How long did you take the medications for?
Less than a week
More than a week
More than a month
- 16) Did you experience any side effects?
Yes
No
-
- 17) Did you try any other therapies to manage your pain?
Yes
No (go to question 19)
- 18) What other types of therapy did you try?
Massage
Physiotherapy
Acupuncture
Other
- 19) Who told you about chiropractic?
Visited before
A friend / family
Discussed with my GP
Read on the internet
- 20) How many visits did you attend?
Only 1
Less than 4
More than 4
- 21) Did the practitioner show you any exercises to do at home?
Yes
No
- 22) Overall, how satisfied are you with the chiropractic care you received?
Unsatisfied
Not so satisfied
Not sure
Fairly satisfied
Very satisfied
- 23) Would you like to find/access chiropractic care through the Maltese NHS, i.e. hospitals?
Yes
No

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