

Kusunoki Clinic Patient Questionnaire

Q1 Before you know about our clinic, what bothered you? (something which you were concerned about or something you wanted to solve)

Strong lower back pain (Sciatic Nerve?)

Q1 How did you know about our clinic? (e.g., your friend or someone introduced us to you, leaflet, homepage, or internet search)

A friend told me about Kusunoki Clinic

Q3 When you knew about our clinic, did you visit us right away? **Yes** No

In case your answer is No, what made you delay your visit?

Q4 What made you decide to visit us? (We appreciate detailed information for example, price, evaluation, our achievement, atmosphere, etc.)

I know the owner and staff are very good at their work. And the owner speaks English.

Q5 After you have started to have our treatment, how do you feel about it?

Very good treatment. Excellent diagnosis.

- Do you agree to put your above-mentioned answers in our homepage?
➢ Yes **Yes, but not with my name** No

Your name (Initial is possible)

W R Payne

Age

77

Occupation

Retired

Your condition

Generally good

The name of the clinic?

Kusunoki Clinic

The area of your residence Toyonaka

Concerning your information written on this questionnaire, we will treat it with utmost care and we will not use or provide it to other organizations. Also, your information will be deleted from our file, upon your request.