

## Advertising audit – sources of patients

Record Yes (Y), NO (N), or Not Applicable (NA) to each of the questions below concerning which sources of advertisement/recommendation made your patient aware of your practice.

|                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| Word of mouth                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Local advert                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yell.com                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yellow pages                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Thompson Directory               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I live nearby                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| From a healthcare practitioner   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Internet search                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Multiple sources from list above | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |