

Surveys & Tabulations

DOING A SURVEY?

Whatever your medium (paper, web or phone) and whatever your sample size, we can mail, email, collect, tabulate and summarize. Reports that provide actionable information and as extensive as you need it – from simple paper reports to complete cross tabs and on-line reporting.

We'll even review your questions and offer suggestions for free.

G I T N 6 2 0 4 A
NISSAN MOTOR CORPORATION U.S.A.

SERVICE INFORMATION FORUM (SIF)

FEEDBACK QUESTIONNAIRE

PRESENTER Leech DATE 3/14/04 YOUR DEALER CODE 31491
 LOCATION OF PRESENTATION (circle one) Training Center Dealership Other

Please circle the number that best represents your response to the following questions.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The technical content was relevant.	4	3	2	1
2. The presentation was easy to understand.	4	5	2	1
3. The procedures and information were described clearly.	4	5	2	1
4. The level of detail was appropriate for the topics presented.	4	5	2	1
5. I will probably use these techniques when appropriate.	4	3	2	1
6. The slides that were used were clear and relevant.	4	5	2	1

7. Have you worked on any of the incidents discussed today? Few Some Most
 8. If so, did you use these techniques to repair the vehicles? No For Some For Most
 9. Did the technique(s) you used fix the car? Yes Some No
 10. If no, did you use a technique other than those discussed today? Yes No
 11. Did the other technique repair the vehicle? Yes No
 12. If yes, please describe the other technique that was used to repair the vehicle:
 Model Year Customer Complaint
 What did you do?
 13. Have you seen any other incidents that you would like us to know about or think should be covered in future presentations? If so, please describe it briefly.

GENERAL DENTIST SURVEY

The following information will help us to develop products that are relevant to your clinical needs. All information will be kept in strict confidence.

Please accept the gift of Macadamia Nuts for taking the time. MAHALOH!

Please print clearly—
 Name: Allen Gordin DDS MEd
 Office: Dr. Henry Gordin DMD
 Practice Name: 1051 N 35 Ave
 Street Address: Willingwood FL State: 33211
 City: Acw. 967-1536 Fax:
 Office Phone: _____
 Date: _____

1. What is your specialty?
 General Dentistry Dental Hygiene
 Prosthodontics Other _____
 Periodontics

2. How many years have you been in practice?
 1-10 11-20 21-30 31-40 41-50 51+

3. Number of dentists in your (main) office?
 1 2 3 4 5 6 7 8 9 10 11-20 21-30 31-40 41-50 51+

4. Approximately how many patients per week do you see?
 ≤20 21-40 41-60 61-80 81-100 ≥101

5. Number of hygienists in your office?
 1 2 3 4 5 6 7 8 9 10 11-20 21-30 31-40 41-50 51+

6. Approximately how many patients per week do ALL hygienists in your office see?
 1-10 11-20 21-30 31-40 41-50 51+

7. What percentage of your new patients are referrals from satisfied patients?
 1-10% 11-20% 21-30% 31-40% 41-50% 51-60% 61-70% 71-80% 81-90% 91-100%

DENTVIEW
DV

1. Select the survey above that you wish to view.
 2. Select the different criteria you wish to filter by.

3. Select a cross tab component if you wish. Check the 'Cross Tab' box if you wish to see the percentages in the side-tab.

4. Press the Graph Analysis button.

Reading the results

Note: In an example of Taste, controlled by Gender, based through the total survey data for this company in 2002, 27 did not answer the Taste question. Therefore 1537 represents the calculated base for that question. The percentages (95.2%, 45.8%, 5.8%, 25.8%) are based on the 1537 selected base, not the 1562 total sample of answers. Of the 1537 people that answered our question, 52.0% of those were Male, 47.9% were Female, and 0.1% did not answer the Gender question.

	Count	Percentage	Count	Percentage
Very Good	1,513	98.2%	27	1.8%
Good	749	48.6%	395	25.7%
Fair	43	2.8%	34	2.2%
Poor	9	0.6%	57	3.7%
Calculated Base for Taste	1,537		1,537	100%
No Answer	27	1.8%		

- Flexible Cross Tabs & Banners
- Accurate Reporting
- Custom Designed Reports
- On-site Data Entry
- On-line or Paper Reporting



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