



**GREENE COUNTY EYE CARE**

*Doctors of Optometry*  
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Please complete this survey. All completed surveys will be entered in a drawing for a pair of prescription sunglasses. You may remain anonymous if you choose.

1. Name: \_\_\_\_\_
2. Date: \_\_\_\_\_
3. Gender: M      F
4. Occupation: \_\_\_\_\_
5. If you were referred, who referred you? \_\_\_\_\_
6. What was said to you exactly that interested you in trying out our practice?

\_\_\_\_\_

\_\_\_\_\_

7. If you responded to an advertisement, what about the ad attracted your attention?

\_\_\_\_\_

8. Once you were attracted to the ad, what about it made you want to read it?

\_\_\_\_\_

9. If you responded to our website, how did you locate it? What about the website interested you?

\_\_\_\_\_

10. What did you hope our office would be like?

\_\_\_\_\_

Thank you for your time and cooperation with this survey.