
Marketing Activities Questionnaire

Customer Information

Customer Name: _____ Phonak Rep: _____
Account Number: _____ Date: _____

1. Do you develop a detailed marketing budget prior to the start of each year? Yes ☐ No ☐
2. Do you develop a marketing calendar? Yes ☐ No ☐
3. How often do you update? _____
4. How much did your practice spend on marketing last year? _____
5. How much is your practice planning to spend on marketing this year? _____
6. Approximately what % of annual marketing spending is allocated to each of the following?
(should add up to 100%)

Vehicle:

Television: _____
Radio: _____
Newspaper: _____
Public relations: _____
Direct mail: _____
Patient newsletter: _____
Social platforms: _____
Digital advertising: _____
Other: _____

7. What % of new patients over the previous year came from the following sources? (should add up to 100%)

Campaign:

Patient referral program: _____
Physician referral program: _____
Consumer marketing campaign: _____
Open house event: _____
Community seminar: _____
Third party referral: _____
Community outreach: _____
Walk-in: _____
Other: _____

8. Do you have a practice website? Yes ☐ No ☐
9. How do you currently use your website? _____

10. Would you like to improve your website? Yes ☐ No ☐

11. If so, how? _____

☐ Scheduling Tool ☐ Educational Video ☐ Testimonials ☐ Website Optimization ☐ Landing Pages/Forms

12. Do you collect email addresses? Yes ☐ No ☐

13. Do you regularly send emails to your database? Yes ☐ No ☐

14. What is your patient mix? New patient:_____ Existing patient:_____ Third party:_____

15. Is there seasonality in your business? Yes ☐ No ☐

16. If yes, please indicate your best and worst months. Best Months: _____ Worst Months: _____

17. What is your message? Is it professionally or promotionally driven? _____

18. What kind of marketing is your competition doing? _____

19. What kind of marketing has worked BEST for you in the past? _____

20. What kind of marketing has NOT worked well/ NOT worked at all for you in the past? _____

21. What kind of marketing would you like to do in the future? _____

22. Do you currently track your marketing efforts? Yes ☐ No ☐

23. If so, how do you do it? _____

24. Do you have a person who handles marketing in your office? Yes ☐ No ☐

25. Is marketing their sole responsibility? Yes ☐ No ☐

26. How often do you communicate with your patients? _____

27. How often do you run patient upgrade events? _____

28. Explain your public relations or newsworthy events that are going to happen in the upcoming year (in your explanation, please include staffing, services offered, and community outreach events). _____

29. How often do you collect patient testimonials? How do you use your patient testimonials? _____