

# VNG Fall Assessment Demo Doctor Questionnaire

[Please answer the following questions accurately and print clearly.]

1. If you could earn up to \$2,500 for each demo performed, would you or a staff member we train have a few hours a week to demonstrate our equipment? Yes \_\_\_\_ No \_\_\_\_
  - a. How many hours a week would you or your staff member have available to this? \_\_\_\_\_
2. If you could earn \$500 for just 30+ minutes answering questions about our equipment from other physicians who are considering purchasing it, would you have the time? Yes \_\_\_\_ No \_\_\_\_
  - a. How many hours a week would you have available for these consults? \_\_\_\_\_

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3. **Approximately how many patients do YOU see PER WEEK over the age of 60?** \_\_\_\_\_
4. Including you, how many physicians work in the practice? \_\_\_\_\_
5. **Approximately how many TOTAL patients over the age of 60 does THE PRACTICE see PER WEEK (you and the other physicians in the office combined)?** \_\_\_\_\_
6. On average, how many times PER YEAR would a patient over 60 come in to see you?  
\_\_\_\_\_ 1 x PER YEAR    \_\_\_\_\_ 3 x PER YEAR    \_\_\_\_\_ 6 x PER YEAR    \_\_\_\_\_ 12 x PER YEAR
7. **What percentage of your elderly patients are covered by an HMO?** \_\_\_\_\_%

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8. Do you currently test or treat patients for dizziness and balance problems? Yes \_\_\_\_ No \_\_\_\_
9. Do you currently own an ENG (Electronystagmography) System for testing? Yes \_\_\_\_ No \_\_\_\_
10. **Do you currently own a VNG (Videonystagmography) System for testing?** Yes \_\_\_\_ No \_\_\_\_
11. Do you currently use a "service" for testing patients with balance problems? Yes \_\_\_\_ No \_\_\_\_
12. Do you currently have an audiologist on staff, or do you use the services of one? Yes \_\_\_\_ No \_\_\_\_

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13. What type of a physician are you? M.D. \_\_\_\_\_ D.O. \_\_\_\_\_ Other \_\_\_\_\_
14. What is your specialty? \_\_\_\_\_
15. **When would be the best day and time to call you: Date \_\_\_\_\_ Time: \_\_\_\_\_**
16. Name of Personal Scheduler: \_\_\_\_\_ Backline Phone#: \_\_\_\_\_

**Please fax this questionnaire to 561-793-5311. Once we receive it, we will create an income projection detailing the benefits of offering this program and send it prior to our appointment.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_