

How did you hear about TBCC?

We like to be able to thank all the people who refer patients to our practice. We would also like to know where clients see us on social media.

This survey will help us know that information.

 **PLEASE Check all that apply.**

Name: _____ Date: _____

PEOPLE (Please include the name of specific friends or physicians)

- | | |
|--|--|
| <input type="radio"/> Ob Gyne _____ | <input type="radio"/> Ped _____ |
| <input type="radio"/> You are an existing APL family _____ | <input type="radio"/> Existing TBCC family _____ |
| <input type="radio"/> NCH Lactation _____ | <input type="radio"/> NCH NICU _____ |
| <input type="radio"/> NCH Nurse _____ | <input type="radio"/> NCH ED _____ |
| <input type="radio"/> St Alexius _____ | <input type="radio"/> Alexian Bros _____ |
| <input type="radio"/> Luries _____ | <input type="radio"/> Friend _____ |

SOCIAL MEDIA

- | | |
|---|---|
| <input type="radio"/> TBCC web site _____ | <input type="radio"/> APL web site _____ |
| <input type="radio"/> CABC web site _____ | <input type="radio"/> Medela web site _____ |
| <input type="radio"/> Google _____ | <input type="radio"/> Yelp _____ |
| <input type="radio"/> Pinterest _____ | <input type="radio"/> Twitter _____ |
| <input type="radio"/> Facebook _____ | <input type="radio"/> Other web site _____ |
| <input type="radio"/> Luries _____ | <input type="radio"/> BF Chicago _____ |

OTHER

- | | |
|--|---|
| <input type="radio"/> TBCC Display _____ | <input type="radio"/> TBCC Free Class _____ |
| <input type="radio"/> Insurance Carrier (name) _____ | <input type="radio"/> Other _____ |