

“Best Practices” for Chiropractic Care for Neck Pain Delphi Panelist Characteristics

(This is a **fillable** form. Please complete **electronically** by filling in as indicated & email to cathyevans14@gmail.com. **Also attach your CV.**

We will notify you if you are accepted as a Delphi panelist.

Your name (for contact purposes only):

Your email address (for contact purposes only):

1. Gender: 1 Female 2 Male

2. Professional and academic degree(s)

3. Other certification(s) (diplomate, etc.):

4. Profession Years in this profession

5. Teaching or other academic experience (post-grad, etc.):

7. Are you currently on the faculty of a chiropractic institution?

1 no 2 yes, full-time 3 yes, part-time 4 yes, post-grad only

8. Are you currently on the faculty of a non-chiropractic institution?

1 no 2 yes, full-time 3 yes, part-time

NOTE: Questions 9-12 apply to **practicing clinicians** only.

9. State/country in which you practice:

10. Years in practice:

11. Estimated average number of patient visits per week in your office:

12. Please indicate the % of your patient population whose chief complaint is neck pain: _____ %