**Competitive Assessment**

**Rate each of the following areas using a scale of 1 to 5:**

**1 = Poor 2 = Needs Improvement 3 = Average 4 = Above Average 5 = Strength**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Comparative Factors** | **Your** **Clinic** | **Competitor** **#1** | **Competitor** **#2** | **Competitor****#3** |
| **Leadership** |  |  |  |  |
| **Clinic Reputation** |  |  |  |  |
| **Convenience (hours)** |  |  |  |  |
| **Location** |  |  |  |  |
| **Breadth of Services** |  |  |  |  |
| **Facial Rejuvenation Products/Procedures** |  |  |  |  |
| **Waiting Room Extras (adequate seating, refreshments, magazines, etc.)** |  |  |  |  |
| **Warmth of Facility** |  |  |  |  |
| **Customer Services and “The Patient Experience”** |  |  |  |  |
| **Marketing Programs/Community Awareness** |  |  |  |  |
| **Telephone Skills** |  |  |  |  |
| **Website Presence** |  |  |  |  |
| **Social Media (Facebook/Twitter/YouTube)** |  |  |  |  |
| **Pricing** |  |  |  |  |
| **TOTAL SCORE**  |  |  |  |  |