



≡

INFORMATION SYSTEMS SERVICE SATISFACTION (Attitude)

Hospital DR. The City Council Is Similar

Characteristics Of Respondents:

Name

full name

E-mail

email address

Gender

- Please Select-

Education

- Please Select-

Jobs

Characteristics Of Respondents

Name

full name

E-mail

email address

Gender

- Please Select-

Education

- Please Select--

Jobs

- Please Select-

Age

Enter age

MEDICAL QUESTIONNAIRE

1.

How do you assess the ease in outpatient registration process?



Very Not Satisfied



No Satisfied



Satisfied



Very Satisfied

2.

What is the waiting time to get outpatient services are in accordance with your hope?



Very Not Satisfied



No Satisfied



Satisfied



Very Satisfied

3.

How do you feel about your assessment of cleanliness and comfort of the waiting room outpatient?

3.

How do you feel about your assessment of cleanliness and comfort of the waiting room outpatient?



Very Not Satisfied



No Satisfied



Satisfied



Very Satisfied

4.

Whether medical personnel provide clear and understandable explanations about your condition and treatment?



Very Not Satisfied



No Satisfied



Satisfied



Very Satisfied

5.

How do you feel about your assessment of friendliness and professionalism of personnel medical who serves you on an outpatient basis?



Very Not Satisfied



No Satisfied



Satisfied



Very Satisfied

road ?



Very Not
Satisfied



No
Satisfied



Satisfied



Very
Satisfied

7.

How satisfied are you with the results
the treatment you received on an outpatient basis?



Very Not
Satisfied



No
Satisfied



Satisfied



Very
Satisfied

Critism & Suggestions

0/50 character

Make sure all answers are correct before
complete the questionnaire.

Yes, the questionnaire has been completed correctly