**SURVEY**

**Patient Satisfaction**

This questionnaire was constructed with the purpose of finding the patient satisfaction level based on the healthcare services provided by the Medicine Outpatient Department of Khmer-Soviet Friendship Autonomous Hospital. Any information collected will be used for the purpose of improving the quality of healthcare services only.

**No:…………….**

**Date:…./…./….**

**Part A. Socio-Demographic Characteristic**

Please write () in the appropriate column provided: 1. Gender

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male ☐ | Female ☐ |  |  |  |  |
| 2. | How old are you? |  |  |  |  |
| 18-30 ☐  | 31-40 ☐  | 41-50 ☐  | 51-60 ☐  | > 60 ☐  |
| 3. | What is your marital status? |  |  |  |
| Single ☐ | Married ☐ | Widowed/Separated ☐ |  |  |
| 4. | What is your educational degree? |  |  |  |
| Illiterate ☐ | Primary ☐ Secondary ☐ | High school ☐ | Post-graduate ☐ |

5. What do you do for living?

|  |  |
| --- | --- |
| Student ☐Unemployed ☐  | Self-employed ☐ Self-employed ☐ |
| Government staff ☐ Farmer ☐  | Worker ☐  | Company staff ☐  |
| NGOs’ staff ☐  |  |  |
| 6. How much do you earn per month? |  |
| <= 200,000 Riel ☐ 200,001-400,000 Riel ☐  | 400,001-600,000 Riel ☐  |

|  |  |
| --- | --- |
| more than 600,000 Riel ☐  |  |
| 7. | How many times have you visited Medicine Outpatient Department? |
| 2-4 times ☐  | more than 4 times ☐  |
| 8. | Who paid the treatment fee? |  |
| Personal finance ☐ | NGO ☐  | Equity fund ☐ |

**B. Experiences with Healthcare Services:**

Please write (✓) in the box that is appropriate for you. Note that the questions in this section are about patients’ opinions on services they have received.

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Facilities** | **Agreed** |  | **Disagreed** |
| 9. Medicine OPD’s location is easy to find. | ☐  |  | ☐  |

10. Medicine OPD is clean and tidy.

☐ ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. | There are enough waiting chairs in the waiting area. | ☐  |  | ☐ |
| 12. | There is a clean restroom in the waiting area. | ☐  |  | ☐  |
| 13. | The room is spacious, bright, and airy. | ☐  |  | ☐ |

|  |  |
| --- | --- |
| **Physicians’ Services** | **Agreed** |
| 14. | Physicians introduced their names to you. | ☐  |
| 15. | Physicians informed you the treatment process. | ☐  |
| 16. | Physicians took your health history in detail. | ☐  |
| 17. | Physicians understood your health complaint. | ☐  |
| 18. | You had chances to discuss problems with physicians. ☐  |
| 19. | Physicians spent enough time in consultation. | ☐  |
| 20. | Physicians were punctual and reachable. | ☐  |

**Disagreed**

* ☐
* ☐
* ☐
* ☐
* ☐
* ☐
* ☐

|  |  |  |  |
| --- | --- | --- | --- |
| **Nurses’ Services** | **Agreed** |  | **Disagreed** |
| 21. | Nurses welcomed you with respect. | ☐  |  | ☐ |
| 22. | Nurses answer to your questions gently. | ☐  |  | ☐ |
| 23. | Nurses prepared you for the consultation. | ☐  |  | ☐ |
| 24. | Nurses were punctual and reachable. | ☐  |  | ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmacy Services** | **Agreed** |  | **Disagreed** |
| 25. | Pharmacy staffs showed respect toward you. | ☐  |  | ☐ |
| 26. | Pharmacy staffs explained how to use drugs. | ☐  |  | ☐ |
| 27. | There were adequate amount of medicines. | ☐  |  | ☐ |
| 28. | Pharmacists were punctual and reachable | ☐  |  | ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration Services** | **Agreed** |  | **Disagreed** |
| 29. | Registration staffs warmly welcomed you. | ☐  |  | ☐ |
| 30. | Registration staffs informed you where OPD is. | ☐  |  | ☐ |
| 31. | Registration staffs were punctual and reachable. | ☐  |  | ☐  |

**Part C. Accessibility to Services**

Please write (✓) in the box that is appropriate for you. Note that the questions in this section are about patients’ opinions on services they have received.

**Waiting Time** **Agreed**

32. Waiting time in registration process is appropriate. ☐

33. Waiting time for receiving consultation is appropriate. ☐

34. Waiting time for receiving medicines is appropriate. ☐

**Disagreed**

* ☐
* ☐
* ☐

|  |  |  |  |
| --- | --- | --- | --- |
| **Working Schedule** | **Agreed** |  | **Disagreed** |
| 35. | OPD’s working shift was easy for you. | ☐  |  | ☐ |
| 36. | Clinical staffs were available when required. | ☐  |  | ☐ |
| **Service Procedure:** | **Agreed** |  | **Disagreed** |
| 37. | Registration process was done timely. | ☐  |  | ☐ |
| 38. | Good coordination was established between wards. | ☐  |  | ☐ |

**Part D. Patient Satisfaction:**

Please write (✓) in the box that is appropriate for you. Note that the questions in this section are about patients’ opinions on services they have received

**Convenience:** **Satisfactory** **Unsatisfactory**

39. Ease of registering process.

☐ ☐

40. Ease of finding Medicine OPD.

☐ ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 41. | Hospital facilities (bed, chair, restroom etc.) | ☐  |  | ☐ |
| 42. | Appropriate waiting time. | ☐  |  | ☐ |
| 43. | Medical supplies (thermometers, stethoscopes etc.) | ☐  |  | ☐ |

44. Regular presence of clinical staffs.

☐ ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 45. | Ease of coming back to visit in the same day. | ☐  |  | ☐ |
| **Courtesy:** | **Satisfactory Unsatisfactory** |
| 46. | The attitude and respect of receptionist. |  | ☐  |  | ☐ |

47. Language used by physicians.

☐ ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 48. | Friendly manners and attentiveness of nurses. | ☐  |  | ☐ |
| 49. | Physicians’ communication skill. | ☐  |  | ☐ |

50. Confidentiality of the patient records.

|  |  |  |  |
| --- | --- | --- | --- |
| **Quality of Care** | **Satisfactory** |  | **Unsatisfactory** |
| 52. | Physicians and nurses kept your from worrying | ☐  |  | ☐ |
| 53. | Self-confidence and ethic of the physicians. | ☐  |  | ☐ |

54. Quality of care by nurses.

☐ ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 55. | Chances in describing your health conditions | ☐  |  | ☐ |
| 56. | Method of consultation and treatment. | ☐  |  | ☐ |
| 57. | Explanation and accuracy of the diagnosis. | ☐  |  | ☐ |
| 58. | Awareness of your health conditions. | ☐  |  | ☐ |

59. Amount of needed drugs.

☐ ☐

60. Health improvement after treatment. ☐ ☐

**Part 5. Suggestions or Comments for the Improvement of the Outpatient**

**Department:**

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Thank you very much for your valuable time.