



Hazrat-e Zahraye Marzieh Hospital and charity clinic (PBUH)

Satisfaction questionnaire from the international patients

Greetings and Regards

The present questionnaire is prepared to receive your valuable opinions for improving the level of the services of this center and receiving your exact and honestly answers will help us to make plans to improve continuously the quality of the provided services .

Name of ward:

Age:

Gender: Female ☐ Male ☐

Level of education: uneducated ☐ Reading & Writing ☐ High school diploma ☐ Bachelor's degree and higher levels ☐

Place of residence:

Length of stay:

Date:

Type of admission: Direct ☐ Tourism company ☐ Via the site ☐ Telephone number:

Row	Hospital services	Totally Satisfied	Satisfied	No idea	unsatisfied	Totally unsatisfied
1	I was satisfied with the passed time for receiving the diagnostic and medical treatment services.					
2	I was satisfied with the treatment, behavior and guidance of the staffs of the paraclinic units (radiology, sonography, CT scan and etc.)(Fill out this part in the case of receiving service).					
3	At the time of receiving the services, the staffs considered my privacy according to the available facilities.					
4	Providing nursing services to the patients by the same-sex nurse.					
Row	Performance of IPD	Totally Satisfied	Satisfied	No idea	unsatisfied	Totally unsatisfied
5	I was satisfied with the treatment and behavior of the admission unit of IPD.					
6	I received the necessary information by the IPD's expert in the field of services and facilities of the medical center.					
7	Waiting from the entering to the IPD to the admission in the ward was acceptable for me.					
8	At the time of making contract, I was informed about the cost of the medical center and the package of amenities.					
Row	Performance of IPD's physician	Totally Satisfied	Satisfied	No idea	Unsatisfied	Totally unsatisfied
9	I was satisfied with the treatment and behavior of the physicians.					
10	I was explained about the diagnostic and medical procedures and the results of the treatment by the attending physicians.					
11	I was satisfied with the outcome of my treatment by the attending physician.					
Row	Performance of IPD's nurse	Totally Satisfied	Satisfied	No idea	Unsatisfied	Totally unsatisfied
12	I was satisfied with the treatment and behavior of the nurses.					
13	The nurses responded to my needs and care expectations all the times.					
14	The quality and quantity of the presented trainings were appropriate during the stay.					
Row	Performance of tourism office/company (Fill out this part in the case of admission by the tourism office/company)	Totally Satisfied	Satisfied	No idea	Unsatisfied	Totally unsatisfied
15	I was satisfied with the coordinated activities by the tourism company / office with the medical center.					
16	I received the exact and clear information about the package of medical services and amenities.					
17	I was satisfied with the treatment and performance of the tourism company/office agent.					
18	The company has performed to its commitments for appropriate hoteling and stay services.					
19	The company has performed to its commitment for providing medical services in a safe and relaxing environment for the patients and their companions.					

Row	Performance of nutrition unit	Totally Satisfied	Satisfied	No idea	Unsatisfied	Totally unsatisfied
20	I was trained by the nutrition expert on my diet.					
21	I was satisfied with the behavior and trainings of the nutrition expert.					
22	The type and quality of the food was appropriate.					
23	The portion size and the temperature of the food was appropriate.					
24	The time and distribution type of the food was appropriate.					
Row	Health / Amenities	Totally Satisfied	Satisfied	No idea	Unsatisfied	Totally unsatisfied
25	Room and bathroom cleaning was considered during the stay.					
26	The health points were considered and observed by the staff.					
27	My clothes, bed and mattresses were clean and comfortable during the hospital stay.					
28	There was enough quietness in the ward.					
29	Amenities of companions(food, chair and etc.) were appropriate.					
30	The signs were appropriate and enough and the wards of the hospital were recognizable clearly.					
31	Facilities for transportation of the patients (wheelchairs, elevator and stretcher) were adequate and appropriate.					
32	To go out of the hospital the transportation means were enough for the patients and the companions.					
Row	Informing / training	Totally Satisfied	Satisfied	No idea	Unsatisfied	Totally unsatisfied
33	I have informed enough about my illness.					
34	After training, my companions and I have the ability to take care at the home.					
35	At the time of discharge, I was trained on the diet, activity, prescribed drugs and the type of taking them and the next date of referral to the physicians.					

A) If you need to be taken care again, will you come to this hospital? (If the answer is **No** explain your reason)

Yes ☐ No ☐

B) Do you recommend this hospital to your relatives and friends if they need to be admitted (if the reason is No explain your answer) Yes ☐ No ☐

C) Please mention your comments, suggestions and expectations from the staffs of this hospital

D) The comment of the patient's companion- agent of the tourism office/ company.