



Hazrat-e Zahraye Marziyeh Hospital and Charity Clinic

International patient Satisfaction Survey

Title: International Patient Satisfaction Survey

Code: ZMH-FO-PR-2253

Dear Client

This questionnaire has been designed in order to assess your satisfaction with the hospital's services and facilities, and the identity of all respondents will be kept confidential. Therefore, we kindly ask that you help us in offering better and quality services by providing us with correct and precise responses.

Thank you

No. of visits:		First Visit <input type="checkbox"/>	2 nd to 4 th visit <input type="checkbox"/>	more than 5 visits <input type="checkbox"/>
Age:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/>	Married <input type="checkbox"/> Other:.....
Education: Illiterate <input type="checkbox"/>		No High School Diploma <input type="checkbox"/>	Diploma & A.A. Degree <input type="checkbox"/>	Bachelor's Degree & Higher <input type="checkbox"/>
Ward:	Date:	Completed by: Patient <input type="checkbox"/>	Patient's Company <input type="checkbox"/>	Interviewer <input type="checkbox"/>
Type of Discharge: by Physician <input type="checkbox"/>			Personal Consent <input type="checkbox"/>	Type of Visit: Emergency Room <input type="checkbox"/> Clinic <input type="checkbox"/>
Transfer to another Center <input type="checkbox"/>				

Domain	Assessment Items	Satisfaction Level					
		Very low	Low	Average	High	Very high	No comment
Security	1.How much were you satisfied with the security personnel's encounter and behavior?	Very low	Low	Average	High	Very high	No comment
	2.How much were satisfied with the necessary guidance offered by the security personnel at the entrance?	Very low	Low	Average	High	Very high	No comment
Reception	1.How satisfied were you with the reception desk personnel's encounter and behavior?	Very low	Low	Average	High	Very high	No comment
	2.How satisfied were with the information given about costs, insurances and support system and its regulations at the time of reception?	Very low	Low	Average	High	Very high	No comment
	3.How satisfied were you with the information given about protecting your personal belongings?	Very low	Low	Average	High	Very high	No comment
Medical Staff	1.How satisfied were you with the physicians' encounter and behavior?	Very low	Low	Average	High	Very high	No comment
	2.How satisfied were you with the physicians' time of presence at your bedside?	Very low	Low	Average	High	Very high	No comment
	3.How satisfied were you with the physicians' use of ID cards and their introduction to you at your bedside?	Very low	Low	Average	High	Very high	No comment
	4.How satisfied were you with the physicians' responsiveness to your questions and guiding you about your illness?	Very low	Low	Average	High	Very high	No comment
	5.How satisfied were you with the confidentiality of your personal privacy and observance of religious rules at the time of your physical examination and treatment by the physicians?	Very low	Low	Average	High	Very high	No comment
	6.How satisfied were you with the physicians' availability at the time of your need?	Very low	Low	Average	High	Very high	No comment

	7.How satisfied were you with the trainings offered to you in simple language by your physician at the time of discharge?	Very low	Low	Average	High	Very high	No comment
	8.How satisfied were you with the information given by the physician regarding how to follow up with your illness and your next appointments?	Very low	Low	Average	High	Very high	No comment
Nursing Staff	1.How satisfied were you with the nurses' manners and behavior?	Very low	Low	Average	High	Very high	No comment
	2.How satisfied were you with the nursing services' regularity and timely manner?	Very low	Low	Average	High	Very high	No comment
	3.How satisfied were you with the nurses' on-time response to your urgent requests?	Very low	Low	Average	High	Very high	No comment
	4.How satisfied were with the protection of your confidentiality at the time of nursing services?	Very low	Low	Average	High	Very high	No comment
	5.How satisfied were you with advice and necessary trainings regarding your care (personal hygiene, diet and other matters) offered by the nurses?	Very low	Low	Average	High	Very high	No comment
	6.How satisfied were you with the necessary help offered by the nurses in your personal affairs?	Very low	Low	Average	High	Very high	No comment
	7.How satisfied were you with the nurses' effort in creating and maintaining your calmness?	Very low	Low	Average	High	Very high	No comment
Physical Therapy	1.How satisfied were you with the physical therapy staff's behavior?	Very low	Low	Average	High	Very high	No comment
	2.How satisfied were you with the speed, precision and skillfulness of the staff at the time offering physical therapy services?	Very low	Low	Average	High	Very high	No comment
	3.How satisfied were you with the protection of your confidentiality and religious rules at the time of receiving physical therapy services?	Very low	Low	Average	High	Very high	No comment
	4.How satisfied were you with the necessary trainings and remarks explained to you at the time of physical therapy?	Very low	Low	Average	High	Very high	No comment
Welfare Facilities	1.How satisfied were you with the welfare status (calmness, lighting, cooling and heating systems)?	Very low	Low	Average	High	Very high	No comment
	2.How satisfied were you with the cleanliness of the ward, your room and restrooms?	Very low	Low	Average	High	Very high	No comment
	3.How satisfied were you with the on-time manner of changing your clothing, bed sheets and blankets?	Very low	Low	Average	High	Very high	No comment
	4.How satisfied were you with the welfare facilities offered for the person accompanying you (chair, blanket, religious customs)?	Very low	Low	Average	High	Very high	No comment
	5.How satisfied were you with the manners and encounter of the service staff, nurse assistants and patient transporters?	Very low	Low	Average	High	Very high	No comment
Food	1.How satisfied were with the quality, temperature and appearance of the food?	Very low	Low	Average	High	Very high	No comment
	How satisfied were you with the amount and quantity of the food?	Very low	Low	Average	High	Very high	No comment
	2.How satisfied were you with the food distribution time?	Very low	Low	Average	High	Very high	No comment
	3.How satisfied were you with the accordance of each	Very low	Low	Average	High	Very high	No comment

	meal with your prescribed diet?					
Other	A. If it became necessary for you to be under care again, would come back to this hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	B. In the case of needing to be hospitalized, would you recommend this hospital to your friends and relatives? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	C. Please mention three of the most essential problems most to least problematic at this hospital that you have encountered during your stay and receiving treatment services:					