



HELLENIC REPUBLIC

MINISTRY OF HEALTH & SOCIAL SOLIDARITY

6th HEALTHCARE REGION
GENERAL HOSPITAL OF CORFU

QUESTIONNAIRE OF SATISFACTION FOR OUTPATIENTS

Completion of the questionnaire is anonymous

Sex: Man Woman Age: ____ years old

Education Level: Secondary school High school University or College

Citizenship :

Accommodation place: In Emergency

In outpatient department

Do you have insurance? Yes (Please note your insurance)
 No

Who will fill out the questionnaire?: The patient himself/herself The family relation or companion

Date of completion: _____

PLEASE, EVALUATE YOUR IMPRESSIONS ABOUT THE FOLLOWING :

	Poor	Below Average	Average	Good	Very good
RECEPTION					
Phone service (appointment, information)					
Behavior of the staff on arrival					
Waiting time for the doctor					
Providing information (where you must go, etc.)					
Directions and clear instructions of the appropriate departments					

	Poor	Below Average	Average	Good	Very good
Your opinion about cleaning and operation of reception area					
Is there availability of seats while you are waiting?					
Temperature of the reception area (heating-cool)					
Quietness					
Cleanliness of auxiliary areas (w.c. toilet. etc)					
Accessible to people with disabilities					
SPEED OF SERVICE					
Waiting time for your appointment					
Compliance with the programmed time of your appointment					
Waiting time for your examinations					
Time of issue of results					
CLINICAL AND LABORATORY EXAMINATIONS					
Behavior of the staff during your examinations					
Respect of your personality during your examinations					
YOUR OPINION ON MEDICAL CARE					
Quality of medical care (doctor's experience and efficiency)					
Doctor's behavior (kindness, politeness, respect)					
Full and detailed information about your problem and your treatment					
Behavior of the medical staff during the medical examinations					
YOUR OPINION ON NURSING CARE					
Quality of nursing care (experience and efficiency of the nursing staff)					
Behavior of nursing staff (information, kindness,					

	Poor	Below Average	Average	Good	Very good
politeness, respect)					
ADMINISTRATIVE SERVICES					
Behavior of administrative staff (information, kindness, politeness, respect)					
Speed of completion of procedures					

HOSPITAL TOTAL EVALUATION:

0	1	2	3	4	5	6	7	8	9	10

- **Will you choose to come back to our hospital?**
Definitely not Probably not Probably yes Definitely yes
- **Would you recommend our hospital to other people?**
Definitely not Probably not Probably yes Definitely yes

PLEASE NOTE ANY PROPOSALS FOR IMPROVEMENT

Our hospital thanks you for your participation in our effort to continue to improve our services.