|  |  |  |  |
| --- | --- | --- | --- |
| **1. 您的年龄是：**[单选题] | | **医院医疗服务问卷调查** | |
| 20岁以下 | |  | |

|  |  |
| --- | --- |
|  | 20-30岁 |
|  | 30-40岁 |

|  |  |
| --- | --- |
|  | 40-50岁 |
|  | 50-60岁 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 60岁以上 |
| **2.** | **您的性別：**[单选题] | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 男 |
|  | | | 女 |
| **3.** | **您选择医院看病的原因？**[多选题] | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | 亲友推荐 | | | | |  |  | | --- | --- | |  | 交通便利 | | |  |  | | --- | --- | |  | 医疗设备佳 | |
| |  |  | | --- | --- | |  | 不收紅包 | | | | |  |  | | --- | --- | |  | 地点适中 | | |  |  | | --- | --- | |  | 服务态度好 | |
| |  |  | | --- | --- | |  | 医院名气 | | | | |  |  | | --- | --- | |  | 医术高明 | | |  |  | | --- | --- | |  | 其他 | |
|  | | |  |  |
| **4.** | **您对医院的交通便利性是否满意？**[单选题] | | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **5.** | **您对医院的药品价格评价是：**[单选题] | | |

|  |  |
| --- | --- |
|  | 便宜 |
|  | 可接受 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 偏贵 |
|  | | | 很贵 |
| **6.** | **您对医院办理各种手续的速度及等候时间是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **7.** | **您对医护人员就诊时的服务态度是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **8.** | **您对住院医生及护士的巡视病房服务态度是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **9.** | **您对医院医生及护士的医术医德是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **10.** | **您对病房清洁人员服务态度是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **11.** | **您对医护人员的护理过程是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **12.** | **您对医护人员在诊疗过程中会核对您的信息是否满意？**[单选题] | | |

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| --- | --- |
|  | 满意 |
|  | 基本满意 | |

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| --- | --- | --- | --- |
|  | | | 不满意 |
| **13.** | **您对药房、挂号处及收费室人员服务态度是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **14.** | **您对医院处理抱怨的及时性是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

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| --- | --- | --- | --- |
|  | | | 不满意 |
| **15.** | **您对住院期间的品质(指清洁卫生及温度)是否满意？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

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| --- | --- | --- | --- |
|  | | | 不满意 |
| **16.** | **您对检查部门工作人员服务态度(心电图、B超等检查)是否满意？**[单选题] | | |

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| --- | --- |
|  | 满意 |
|  | 基本满意 | |

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| --- | --- | --- | --- |
|  | | | 不满意 |
| **17.** | **您对医院的医疗服务质量总体评价是否满意吗？**[单选题] | | |

|  |  |
| --- | --- |
|  | 满意 |
|  | 基本满意 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 不满意 |
| **18.** | **您是通过哪种途径知道医院？**[多选题] | | |

|  |  |  |
| --- | --- | --- |
|  | 亲朋好友介绍 | |
|  | 户外广告 |

|  |  |
| --- | --- |
|  | 报纸 |
|  | 电视 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | 网络 |
|  | | | 其他 |
| **19.** | **您认为医院最需加强的部份是什么？**[多选题] | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | 就医环境 | | | | |  |  | | --- | --- | |  | 各方面都很好 | | |  |  | | --- | --- | |  | 医护人员的自身素质 | |
| |  |  | | --- | --- | |  | 医疗设备 | | | | |  |  | | --- | --- | |  | 患者的隐私性 | | |  |  | | --- | --- | |  | 各项检查的等待时间 | |
| |  |  | | --- | --- | |  | 医术医德 | | | | |  |  | | --- | --- | |  | 医疗人员服务态度 | | |  |  | | --- | --- | |  | 其它 | |
|  | | |  |  |
| **20.** | **您对医院还有什么建议？** | | | |