The purpose of this survey is to evaluate the quality of the care provided to you at this hospital. This information will help us to further improve our services to you.

Your frank response is essential in order to obtain accurate information from this survey. Your response will be kept strictly confidential.

There is no need to indicate your name or identity in this questionnaire.

The questionnaire consists of three parts and the instructions for responding to the questionnaire are provided in each part. Please answer every question unless it does not apply to you. If you are unsure about a question, please give the best answer you can. Although some questions may appear similar to each other, all are different.

After completion of the questionnaire please deposit in the designated boxes provided or mail it in the enclosed stamped envelope.

Thank you for using the services of this hospital and for taking part in this survey.
PART - I

Below are given a set of statements. Please go through them and against each indicate (by encircling) whether you

1. STRONGLY AGREE (SA) with the statement,
2. AGREE (A) with it,
3. are UNCERTAIN (U) about it,
4. DISAGREE (D) with the statement , or
5. STRONGLY DISAGREE (SD) with it.

Please leave blank any statement that is not applicable to you.

01. The quality of care here is better than other hospitals.  SA  A  U  D  SD
02. The reception desk does not give proper information.  SA  A  U  D  SD
03. The doctors here are competent.  SA  A  U  D  SD
04. The stay in this hospital is comfortable.  SA  A  U  D  SD
05. The reception staff is not willing to listen to me.  SA  A  U  D  SD
06. The dietary and pantry service is not good.  SA  A  U  D  SD
07. The staff solved my problems efficiently.  SA  A  U  D  SD
08. The nursing staff is not helpful to the patient.  SA  A  U  D  SD
09. The nursing staff is considerate towards the patients.  SA  A  U  D  SD
10. The outcome of my treatment was satisfactory.  SA  A  U  D  SD
11. The charges in this hospital are unreasonably high.  SA  A  U  D  SD
12. The waiting time here is reasonable.  SA  A  U  D  SD
13. The working hours of doctors are convenient.  SA  A  U  D  SD
14. The hospital has good equipment and infrastructure.  SA  A  U  D  SD
15. This hospital gives value for money.  SA  A  U  D  SD
16. The doctors are sincere toward their patients.  SA  A  U  D  SD
17. It is difficult to come here because of the location.
18. The doctor involved me in decisions about my problem.
19. The doctor was concerned about my problem.
20. My medical condition improved as expected.
21. The hospital staff is not courteous.
22. The investigations done here are reliable.
23. The nursing staff is well skilled.
24. The doctors do not spend adequate time with patients.
25. The employees are helpful to the patient.
26. The doctors here understand the patient well.
27. It is not easy to get an appointment in this hospital.
28. The layout and decor of this hospital is good.
29. The hospital staff is not friendly.
30. Time is wasted in going from one counter to another.
31. The doctor explained well my treatment to me.
32. The services in this hospital are well organized.
33. The hospital provides better services than others.
34. The environment (cleanliness, lighting, ventilation) is good.
35. The staff takes interest in the patient as a person.
36. The nursing staff answered queries satisfactorily.
37. Overall, I am satisfied with care given at this hospital.
PART - II

Below are given a set of attributes of a hospital. Please score them according to their importance for you. Score as follows:

- Extremely important: score 5
- Very important: score 4
- Important: score 3
- Slightly important: score 2
- Not at all important: score 1

Please also score these attributes according to the performance of this hospital in respect to these attributes. Please score as follows:

- Excellent performance: score 5
- Good performance: score 4
- Average performance: score 3
- Below average: score 2
- Poor performance: score 1

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>IMPORT. SCORE</th>
<th>PERFOR. SCORE</th>
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</thead>
<tbody>
<tr>
<td>1. Attractive layout and décor</td>
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<td>2. Availability of expensive and sophisticated equipment</td>
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<td>3. Behaviour and attitude of the doctors</td>
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<td>4. Behaviour and attitude of other staff</td>
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<tr>
<td>5. Convenience of location</td>
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<td>6. Convenience of timing</td>
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<tr>
<td>7. Easy conversation with doctors</td>
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<td>8. Explanation of tests and treatment</td>
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<td>9. Favourable recommendations</td>
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<td>10. Good treatment results</td>
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<td>11. Personalized service</td>
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<td>12. Pleasing appearance of the personnel</td>
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<tr>
<td>13. Reasonable pricing</td>
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<td>14. Reliability of service</td>
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<tr>
<td>15. Sincerity of the doctors towards patients</td>
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<tr>
<td>16. Skill of the doctors</td>
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<tr>
<td>17. Staff demonstrating concern</td>
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<tr>
<td>18. Trust and confidence in the doctor</td>
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<tr>
<td>19. Value for money</td>
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<tr>
<td>20. Well-organized and quick service</td>
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</tbody>
</table>
PART - III

How did you come to know about this hospital and the services provided here? 
(please tick and further specify if required)

i) advertisement (please specify)

ii) through another patient

iii) through a doctor / referred by a doctor

iv) others (please specify)

Will you recommend this hospital to other patients? 
(please encircle)

Always / Mostly / Sometimes / Never / Cannot say

Is this your first visit to this hospital? 
(please encircle)

Yes / No

Do you have medical insurance / are medical costs reimbursed? 
(please encircle)

Yes / No / Partly

Would you like to give any other recommendation that will help us to improve our services further?

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
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Your Age: yrs ; Sex: M / F (encircle) ; Nationality:

Your address (locality and city only):

........................................................................................................................................

Thank you for your time and effort in completing this survey.
The purpose of this study is to evaluate the extent of application of different marketing tools and strategies in this hospital. The information obtained will further help us to improve the services provided by this hospital to the patients and to its employees.

Your frank response is essential for this study. Your response will be kept strictly confidential and will be used only for the purpose of this study.

There is no need to indicate your name or identity in this questionnaire.

The questionnaire consists of three parts and the instructions for responding to the questionnaire are provided in each part. Please answer every question unless it does not apply to you. If you are unsure about a question, please give the best answer you can. Although some questions may appear similar to each other, all are different.

After completion of the questionnaire please deposit in the designated boxes provided or mail it in the enclosed stamped envelope.

Thank you for taking part in this survey.

This study has been approved by your institution.
PART I

Below are given a set of statements. Please go through them and against each indicate (by encircling) whether you
1. STRONGLY AGREE (SA) with the statement,
2. AGREE (A) with it,
3. are UNCERTAIN (U) about it,
4. DISAGREE (D) with the statement, or
5. STRONGLY DISAGREE (SD) with it.
Please try and avoid ‘uncertain’ category.

<table>
<thead>
<tr>
<th>Statement</th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>01. The quality of patient care is better than other hospitals.</td>
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<tr>
<td>02. The reception desk does not give proper information.</td>
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<td>03. The doctors here are competent.</td>
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<td>04. The working hours are not convenient for me.</td>
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<td>05. The administration does not welcome employees’ suggestions.</td>
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<td>06. The administration participates with employees in decision-making.</td>
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<td>07. The staff solves patient problems efficiently.</td>
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<td>08. The nursing staff is not helpful to the patient.</td>
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<td>09. The nursing staff is considerate towards the patients.</td>
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<td>10. I am satisfied with my job at this hospital.</td>
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<td>11. The charges in this hospital are unreasonably high.</td>
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</tbody>
</table>
18. The doctors involve the patient in decisions about their problem.  
19. There is no professional growth at this hospital.  
20. The administration motivates the employees well.  
21. The hospital staff is not courteous.  
22. The investigations done here are reliable.  
23. The nursing staff is well skilled.  
24. The doctors do not spend adequate time with patients.  
25. The employees are helpful to the patient.  
26. The doctors here understand the patient well.  
27. It is not easy to get an appointment in this hospital.  
28. The layout and decor of this hospital is good.  
29. The hospital staff is not friendly.  
30. Patients waste time in going from one counter to another.  
31. The administration trains the employees in patient relations.  
32. The services in this hospital are well organized.  
33. The hospital provides better services than others.  
34. The environment (cleanliness, lighting, ventilation) is good.  
35. The hospital does not provide good working conditions.  
36. The administration handles employees’ problem efficiently.  
37. My remuneration package is not satisfactory.  
38. The staff and administration work as a team.  
39. The staff listens to the patients well.  
40. Overall I am satisfied with this hospital.
PART – II

Rank the following in order of importance for you:
(give rank 1 to most important 2 to next and so on & rank 4 to least import)
   a) money
   b) power
   c) fame
   d) job satisfaction

Which of the above, if any, is/are fulfilled by your current job.
(please mark ‘none’ if required)

What was your main reason(s) for joining this hospital?
(please encircle one or more)
   a) good remuneration package
   b) good administration
   c) good working environment
   d) well known hospital
   e) avenues for professional growth
   f) had a friend/relative/spouse working here
   g) convenient location and timing
   h) no other choice available
   i) others (please specify)

Would you like to give any other recommendation that will help us to improve our services further?

Number of years you have worked with this hospital:

Your age yrs and sex M / F (please encircle)

Thank you for your time and effort in completing this survey