Questionnaire
On
Hospitals / Patients / Customers
Questionnaire

On
“Medicare Services in Hospitals”

“Analytical Study of Awareness amongst Prospects and Customers with regard to Medicare Services in Selected Hospitals in and around Pune Region during the period 1999-2003”

Q1. Name of the Hospital: __________________________________________

Q2. Address: ______________________________________________________

Phone: __________________ Fax: __________________

Q3. Year of Establishment: __________________________________________

Q4. Whether Hospital is Private or Government: _________________________

Q5. Total Number of in House Doctor’s:
   Male: ________________
   Female: ________________
   Total: ________________

Q6. Total Number of Visiting Doctor’s:
   Male: ________________
   Female: ________________
   Total: ________________

Q7. Total Number of Employees (Excluding Doctor’s):

Q8. Names of the Members of the Governing Board:
Q9. Name of the President / Chairman: __________________________
Address: ____________________________________________________
______________________________________________________________
Qualification: _________________________________________________
Experience: ____________________________________________________
Phone: ________________________________________________________

Q10. Name of the Medical Superintendent: ________________________
Address: _____________________________________________________
______________________________________________________________
Qualification: _________________________________________________
Experience: ____________________________________________________
Phone: ________________________________________________________

Q11. Name of the Administrative Officer: __________________________
Address: _____________________________________________________
______________________________________________________________
Qualification: _________________________________________________
Experience: ____________________________________________________
Phone: ________________________________________________________

Q12. Name of the Finance Officer: _________________________________
Address: _____________________________________________________
______________________________________________________________
Qualification: _________________________________________________
Experience: ____________________________________________________
Phone: ________________________________________________________
Q13. Name of the Nursing Superintendent: ____________________________
Address: ____________________________
Qualification: ____________________________
Experience: ____________________________
Phone: ____________________________

Q14. Name of the Personnel Officer: ____________________________
Address: ____________________________
Qualification: ____________________________
Experience: ____________________________
Phone: ____________________________

Q15. Name of the Public Relation’s Officer: ____________________________
Address: ____________________________
Qualification: ____________________________
Experience: ____________________________
Phone: ____________________________

Q16. Are You aware about the importance of educating Prospects/Customers/Patients about your Hospital Services?

Q17. Which of the following methods You are using for making Prospects/Customers/Patients aware about your Hospital Services:
   (i) Advertising(specify media): ____________________________
   (ii) Personal Selling: ____________________________
(iii) Publicity:

(iv) Public Relations:

Q18. Specify about the unique services offered by your Hospital to the Community at large:

Q19. Please comment on 'Public Relations & Marketing:

Q20. Does your Hospital follow the "Social Marketing Principle ?":

Q21. Does your Hospital have a tie-up with any "Insurance Companies" (Please specify the Name of the Insurance Company) and Why?:

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Q22. What precautions does your Hospital take with regard to the Comfort of the Patients once they are admitted?

Q23. Is the Billing Procedure explained to the patients at the time of Admission?

Q24. Does your Hospital keep suggestion boxes for welcoming Suggestions from Prospects /Customers / Patients? Which type of suggestions do you get?

Q25. Please comment on the significance of "Guest Relations" in Hospitals.

Q26. Are your Hospital services promoted Internationally? If not, Why?
Q27. What is the significance of ‘Out-Patient Department’?:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Q28. What are the ‘Out-Patient’ Facilities provided by your Hospital?:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Q29. What is the significance of the ‘emergency department’ of your Hospital?:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Q30. What are the facilities provided by the ‘emergency department’ of Your Hospital?:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Q31. What is the significance of “Clinical Laboratories” incase of Hospital Management?:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Q32. What are the facilities provided by the clinical laboratory of your Hospital? :

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Q33. What is the role played by surgical departments in Hospitals? :

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Q34. What is the significance of "Surgical department" of your Hospital? :

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Q35. What is the significance of "Intensive Care Unit" of your Hospital? :

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Q36. Does your Hospital have "Isolation Rooms" Why? :

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Q37. Does your Hospital have 'Psychiatric Nursing Unit'? Why?:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Q38. Does your Hospital have a House-Keeping Department? What are its functions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Q39. What inadequacies, imperfections, and inconsistencies do you find in our Indian Hospitals?:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Q40. What suggestions can you advocate for better management of Indian Hospitals and especially for the Hospitals situated in and around Pune?:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

SEAL OF THE HOSPITAL

SIGNATURE

NAME OF THE AUTHORISED PERSON

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Questionnaire:

A Questionnaire to Study:
( Awareness amongst Prospects / Customers / Patients with regard to “Medic Services” in Hospitals in and around Pune Region ).

( Questionnaire for Patients / Customers of the Hospital ):

Q1. Name : __________________________________________________________

Q2. Occupation:
   Service :
   Business:
   Agriculture:
   Student:
   Any Other: _________________________________________________________

Q3. Address: _________________________________________________________

Q4. Email Id: _________________________________________________________

Q5. Phone No: _________________________________________________________

Q6. Total Number of members in your Family: ____________________________

Q7. Your Total Monthly Income: _______________________________________

Q8. Why do you prefer the Services of this Hospital ?
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

Q9. How did you come to know about this Hospital’s Services ?
   _________________________________________________________________
   _________________________________________________________________
Q10. Were you admitted or your family members admitted to this Hospital?

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Q11. Was the admission to the Hospital via:
   Regular Admitting: ____________________________________________
   Emergency Room: _____________________________________________
   Transfer from another Hospital: ________________________________
   Any Other Reason: ____________________________________________

Q12. How much time did the admitting process take from the time of entry into the Hospital until admission to your room?
   About 30 Minutes: ________________________
   About 60 Minutes: ________________________
   1 - 2 Hours: ______________________________
   2 - 4 Hours: ______________________________

Q13. At the time of admission, were you and/or your family asked for information which would help to plan your care?
   Yes. ____________
   No. ______________
   Comments: __________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

Q14. Was your room clean and comfortable?
   Yes. ____________
   No. ______________
Q15. Was your room and toilet cleaned daily to your satisfaction?
Yes. _____________
No. _____________

Q16. Was the atmosphere restful and relaxing?
Yes. _____________
No. _____________

Q17. Was all of your equipment (bedrails, nurse call system, T.V., bed controls, taps, fixtures, etc.) in good working order?
Yes. _____________
No. _____________

Q18. Was your Nurse Call answered within a reasonable time?
Yes. _____________
No. _____________

Q19. Were you disturbed by Noise during your hospital stay?
Yes. _____________
No. _____________

Q20. If yes, what was the source of noise or disturbance?
- Roommate: __________________________
- Guests/Visitors: _____________________
- Hospital Personnel: __________________
- T.V.: ______________________________
- Equipment: _________________________

Q21. During what time of the day:
- 6 – 9 a.m : _____________
- 9 a.m to 12 noon: _________________
- 1 to 3 p.m : _________________
- 3 to 6 p.m : _________________
- 6 to 9 p.m : _________________
- 10 pm to 6 a.m: _________________

Comments:
________________________________________________________________________
________________________________________________________________________
Q22. Were you on a special diet?
   Yes. _______________
   No. _______________

Q23. If yes, please check the appropriate one:
   Low sodium: __________
   Low fat/low cholesterol: ______________
   Calorie control: ______________
   Cardiac diet: ______________
   High fibre: ______________
   Low residue: ______________
   Bland: ______________
   Any other: __________________

Q24. If you were on a special diet, did you receive an explanation on what to expect?
   Yes. _______________
   No. _______________

Q25. Was your food from the hospital kitchen or from home?
   Hospital kitchen: __________
   Home: __________

Q26. If from the hospital kitchen, was it tasty and attractively served?
   Yes. _______________
   No. _______________

Q27. Was it served hot and in time?
   Yes. _______________
   No. _______________

Q28. Were food trays delivered and removed within a reasonable time period?
   Yes. _______________
   No. _______________

Q29. Did you need to see the finance officer?
Q30. Was the billing procedure explained to you at the time of admission?
   Yes. ________________
   No. ________________

Q31. Did you ask for an estimate of your hospital expenses?
   Yes. ________________
   No. ________________

Q32. Did you receive it?
   Yes. ________________
   No. ________________

Comments:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Q33. When you arrived at your assigned hospital unit:
   Were you taken to your room immediately?
   Yes. ________________
   No. ________________

Q34. Did you have to wait near the nurses station prior to admission to your room?
   Yes. ________________
   No. ________________

Q35. When you were taken to your room, did you find your room and bed clean?
   Yes. ________________
   No. ________________

Q36. Were you shown how to use the Nurse call?
   Yes. ________________
Q37. Were you shown how to use the telephone?
   Yes. ______________
   No. ______________

Q38. Were you taught how to use the emergency call button and the pull cord in the Bathroom?
   Yes. ______________
   No. ______________

Q39. Did the Hospital personnel smile and introduce themselves upon entering your Room?
   Doctor: Yes. ______________
   No. ______________
   Nurses: Yes. ______________
   No. ______________
   Residents: Yes. ______________
   No. ______________
   Housekeepers: Yes. ______________
   No. ______________
   X-ray Technicians: Yes. ______________
   No. ______________
   Lab. Technicians: Yes. ______________
   No. ______________

Q40. Did the following hospital personnel explain the treatment or procedure that they Would perform on or for you?
   Doctor: Yes. ______________
   No. ______________
   Nurses: Yes. ______________
   No. ______________
   X-ray Technicians: Yes. ______________
   No. ______________
   Lab. Technicians: Yes. ______________
   No. ______________
   Respiratory Therapists: Yes. ______________
   No. ______________
   Physical / Occupational Therapists: Yes. ______________
   No. ______________

Q41. Did the Nursing staff inform you of your daily progress?
   Yes. ______________
   No. ______________

Q42. Do you feel the nurses caring for you showed interest in your personal needs?
   Yes. ______________
   No. ______________

Q43. Do you feel that the nursing staff have made your hospital stay as pleasant as
Possible?
Yes.__________
No.__________

Q44. Have the nurses been willing to listen to you and your concern?
Yes.__________
No.__________

Q45. Overall, how would you rate your nursing care?:
Excellent.______________________________
Above Average.__________________________
Average._______________________________
Below Average.__________________________

Q46. Do you feel satisfied that enough attention was given to your illness?
Yes.__________
No.__________

Q47. Have instructions been given to you so that you know what is expected of you after you were discharged?
Yes.__________
No.__________

Q48. Were you treated considerately by those individuals who drew a sample of your blood?
Yes.__________
No.__________

Q49. If you received physical/occupational therapy services, did the therapist show a caring, considerate attitude?
Yes.__________
No.__________

Q50. Did the hospital employees solicit illegal gratification or tips?
Yes.__________
No.__________

Q51. Were you constrained to pay?
Yes.__________
No.__________
Comments:

Q52. Was your discharge a pleasant experience?
   Yes. ___________________
   No. ___________________

Q53. Were there hassles?
   Yes. _________________
   No. _________________

Q54. Did you have to wait for a long time after the doctor said you could go home?
   Yes. _________________
   No. _________________

Q55. If yes, how long?
   - Under 60 minutes: _______________
   - 1 to 2 hours: _______________
   - 2 to 3 hours: _______________
   - More than 3 hours: _______________

Q56. If more than 3 hours, was it the hospital’s fault such as delay in billing, discharge papers, etc.?
   Yes. _________________
   No. _________________

Q57. If no, was the delay yours like you could not settle your bills, relatives did not come?
   Comments:

NAME: ___________________________________
SIGNATURE: ______________________________
DATE: ___________________________ PLACE: ______________________________

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Questionnaire:

A Questionnaire to Study:
(Awareness amongst Prospects / Customers / Patients with regard to “Medicare-Services” in Hospitals in and around Pune Region).

(Questionnaire for Prospects of the Hospital):

Q1. Name: ______________________________________________________________

Q2. Occupation:
Service: ________________________________________________________________
Business: ________________________________________________________________
Agriculture: ________________________________________________________________
Student: ________________________________________________________________
Any Other: ________________________________________________________________

Q3. Address: ____________________________________________________________
Q4. Email Id: ____________________________________________________________
Q5. Phone No: ____________________________________________________________
Q6. Total Number of members in your Family: ______________________________
Q7. Your Total Monthly Income: __________________________________________

Q8. Which Hospital services would you prefer Private or Government and Why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Q9. Can you name the Hospital whose Services you would like to avail in case of an Emergency and why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Q10. Through which promotional technique did you come to know about this Hospital’s Services:

(i) Advertising (specify Media): ____________________________________________

(ii) Personal Selling: _____________________________________________________

(iii) Publicity: ___________________________________________________________

(iv) Public Relations: _____________________________________________________

Q11. Specify about the unique services offered by this Hospital to the Community at Large?

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Q12. Does this hospital follow the Social Marketing Principle?

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

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Q13. Were you attracted to this specific Hospital because of its:

- Core Services (Medical Services): _______________
- Peripheral Services (Comfortable visit and Stay): _______________
- Diagnostic Services (Authentic, Investigation, Report): __________
- Quality Hospital Personnel: ____________________________
- Mass Awareness (Healthcare, Education Services): ___________

Q14. Are the Hospitals Advertising Slogans and Campaigns Creative? Comment:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Q15. Can you comment on the significance of People-Mix in case of Hospital Management?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Q16. What is the significance of Personal Selling in case of Hospital Management? Comment?

__________________________________________________________________________
__________________________________________________________________________

Q17. What is the significance of ‘Telemarketing’ in case of Hospital Management? Comment?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Q18. What is the significance of Public-Relations in case of Hospital Management Comment?

__________________________________________________________________________

Q19. What is the significance of Word-of-Mouth Promotion in case of Hospital Management Comment?

__________________________________________________________________________

Q20. Do you give importance to the "Physical Appearance" of the Hospital Personnel. If Yes Why?

__________________________________________________________________________

Q21. Do you feel that the vaccination culture needs to be promoted by the Hospitals Comment?

__________________________________________________________________________

Q22. Do you feel that the Hospitals should promote Yoga and Pranayam amongst masses?
Q23. Do you feel that there is creativity in Health-Care Communication?

Q24. Should the Hospitals inject the need for “Techniculture” amongst masses?

Q25. Should Uniform Culture be promoted in Hospitals if Yes Why?

Q26. Should New Hospitals be developed in rural areas or in suburbs Why?

Q27. Comment on the role of “Marketing Professionals” with regard to Hospital Management?
Q28. Comment on the role of “Human Resources Management” with regard to Hospital Management?


Q29. What drawbacks do you find in our Indian Hospitals?


Q30. What suggestions can you advocate for better management of Indian Hospitals and especially for the Hospitals situated in and around Pune Region?


NAME: ________________________________
SIGNATURE: ____________________________
DATE: ____________________________ PLACE: ____________________________