International Patient
Satisfaction Questionnaire

NEAR EAST UNIVERSITY HOSPITAL

Your opinion is
matter to us.

NEAR EAST UNIVERSITY HOSPITAL

To measure your satisfaction with the services you have received from our hospital and to provide you with better quality services, we kindly ask you to fill out our questionnaire. It will take approximately 2 minutes to complete the survey.

We thank you in advance for your sincere answers and wish you a healthy day.

Please indicate the extent to which agree with the statements.

1 Person completing the survey: Patient ☐ Relative ☐

2 Gender: Female ☐ Male ☐

3 Nationality: UK ☐ RU ☐ CY ☐ Other ☐

4 Social security: Private Health Insurance ☐ None ☐

5 Did you receive services from our hospital before? Yes ☐ No ☐

6 Name and surname of your doctor in our hospital:……..

DOCTORS

(Multiple choice I 5 best - 1 worst)

		1	2	3	4	5
1	My doctor has given me enough of his / her time.	☐	☐	☐	☐	☐
2	My doctor gave me enough information about the diagnosis and treatment.	☐	☐	☐	☐	☐
3	My doctor was interested and kind to me.	☐	☐	☐	☐	☐
4	My doctor gave me confidence.	☐	☐	☐	☐	☐

NURSING AND PATIENT CARE SERVICES

(Multiple choice I 5 best - 1 worst)

		1	2	3	4	5
1	The nurses responded to my calls in a timely manner	☐	☐	☐	☐	☐
2	The nurses were attentive and kind to me.	☐	☐	☐	☐	☐
3	My nurses were knowledgeable and professional.	☐	☐	☐	☐	☐
4	The caregiver was interested and polite.	☐	☐	☐	☐	☐

HOSPITAL AND ROOM CLEANING

(Multiple choice I 5 best - 1 worst)

		1	2	3	4	5
1	The room was clean and tidy.	☐	☐	☐	☐	☐
2	Room temperature /ventilation was appropriate.	☐	☐	☐	☐	☐
3	The room had personal cleaning supplies (toilet paper, towels, etc.) and furnishings that I might need.	☐	☐	☐	☐	☐
4	Sufficient information was given about room equipment.	☐	☐	☐	☐	☐

PRICE AND ADMISSION-DISCHARGE SERVICES

(Multiple choice I 5 best - 1 worst)

		1	2	3	4	5
1	Information regarding prices and payment terms was sufficient.	☐	☐	☐	☐	☐
2	I had no problems during the patient admission procedure.	☐	☐	☐	☐	☐
3	For my discharge, my procedures were completed in a short time and without any problems.	☐	☐	☐	☐	☐
4	Staff involved in the discharge procedure were polite and attentive.	☐	☐	☐	☐	☐

TRANSPORTATION SERVICES

(Multiple choice I 5 best - 1 worst)

		1	2	3	4	5
1	The car for transpotation came on time.	☐	☐	☐	☐	☐
2	The car was comfortable.	☐	☐	☐	☐	☐
3	The driver was polite.	☐	☐	☐	☐	☐
4	The transportation was safe.	☐	☐	☐	☐	☐

HOTEL SERVICES

(Multiple choice I 5 best - 1 worst)

		1	2	3	4	5
1	Hotel location was convenient.	☐	☐	☐	☐	☐
2	Hotel staff was friendly.	☐	☐	☐	☐	☐
3	The hotel was safe.	☐	☐	☐	☐	☐
4	The hotel was comfortable and clean.	☐	☐	☐	☐	☐
5	All services in the hotel was enjoyable.	☐	☐	☐	☐	☐

GENERAL EVALUATION

(Please share the reason for the questions you asnwered ''no/undeided'')

1 In general, how satisfied are you with the services you received from Near East University Hospital?

☐ Very satisfied ☐ Satisfied ☐ Undecided ☐ Unsatisfied ☐ Not at all satisfied

.....

2 Would you come again to Near East University Hospital?

☐ Yes ☐ No ☐ Undecided

.....

3 Would you recommend Near East University Hospital to your relatives?

☐ Yes ☐ No ☐ Undecided

.....

4 Would you prefer your doctor again?

☐ Yes ☐ No ☐ Undecided

.....

5 Would you recommend your doctor to your relatives?

☐ Yes ☐ No ☐ Undecided

We care
about your health.

Thank you
for participating
in our survey.

NEAR EAST UNIVERSITY
HOSPITAL