|  |
| --- |
| **We would like to ask you to answer this questionnaire. It takes about 5 minutes.**  **This result will be utilized for the activity of Red Cross and Red Crescent movement.** |

1. What do you think of our hospital as a whole? (Please select an applicable answer)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Outstanding | 2. | Very good | 3. | Good | 4. | Fair | 5. | Poor |

Please explain why you answered the previous question in that way.

|  |
| --- |
|  |

1. What do you think of our hospital regarding to these following points? (Please select an applicable answer for each question.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Outstand-ing | Very good | Good | Fair | Poor |
| How well the doctors explain and answer your questions | 1 | 2 | 3 | 4 | 5 |
| How well the nurses explain and answer your questions | 1 | 2 | 3 | 4 | 5 |
| Doctor’s attitude towards you and your family | 1 | 2 | 3 | 4 | 5 |
| Nurse’s attitude towards you and your family | 1 | 2 | 3 | 4 | 5 |
| Other hospital staff’s attitude towards you and your family | 1 | 2 | 3 | 4 | 5 |
| Cleanliness of the hospital (room, toilet, etc.) | 1 | 2 | 3 | 4 | 5 |
| Comfort of the environment (temperature, private space, facilities, etc.) | 1 | 2 | 3 | 4 | 5 |

1. Please let us know yourself.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * Sex | | * Age | | | | | |
| 1. | Male | 1. | Under 10 | 4. | 30’s | 7. | 60’s |
| 2. | Female | 2. | 10’s | 5. | 40’s | 8. | Over 70 |
| 3. | Other | 3. | 20’s | 6. | 50’s |  |  |

1. If you have any other comments or opinions about our hospital, please describe in below form.

|  |
| --- |
|  |

**Thank you for your cooperation.**