

PATIENT QUALITY ASSESSMENT - YEAR 2023

CLINICS/ADMINISTRATIVE SERVICES

Dear patient,

We kindly ask you to answer the following questions in order to let us know your point of view on the quality of our service.

There is no right or wrong answer, we simply invite you to report your experience.

In accordance with Regulation (EU) 2016/679 regarding the protection of personal data, we inform you that the information is collected anonymously and that it will be used for statistical purposes, in order to evaluate the service and any need for modifications or improvements.

HOSPITAL

HOSPITAL ☐ Maggiore ☐ Cattinara ☐ Gorizia ☐ Monfalcone

HEALT AUTHORITY ☐ 1 ☐ 2 ☐ Alto Isontino ☐ Basso Isontino

OTHER (specify).....

Clinic/administrative service (specify).....

(E.g. : Radiology, Neurology)



1) Did you find it easy to find the clinic/service?

(1 is the minimum score and 5 the maximum)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) How long did you wait before receiving the service/treatment related to your appointment time?

(1 is the minimum score and 5 the maximum)

0 - 30 minutes	<input type="checkbox"/>	30 minutes- 1 hour	<input type="checkbox"/>	Longer than 1 hour	<input type="checkbox"/>
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3) How do you evaluate the information that you received?

(1 is the minimum score and 5 the maximum)

Clarity of information

Available time for clarification/questions

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) How do you evaluate the personnel who assisted you?

(1 is the minimum score and 5 the maximum)

Courtesy

Availability

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) Do you think your right to privacy has been respected?

(1 is the minimum score and 5 the maximum)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) How do you evaluate the premises?

(1 is the minimum score and 5 the maximum)

Comfort

Cleaning

Accessibility

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Would you recommend this clinic to a relative or friend?

(1 is the minimum score and 5 the maximum)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANY COMMENTS OR SUGGESTIONS:**PERSONAL DATA**I am: ☐ Male ☐ FemaleI am: ☐ 0 -11 ☐ 12 - 17 ☐ 18 - 34 ☐ 35 - 49 ☐ 50 - 64 ☐ 65 - 79 ☐ 80 years old and over*THANK YOU! For your time and attention.*