

# CUSTOMER SATISFACTION SURVEY 顧客意見書

## Physical Check Up 體格檢查服務

At Quality HealthCare, we are totally committed to service excellence and professional care for our customers. Please let us know how we have performed by completing this questionnaire, and your comment will help us take better care of you next time. Thank you!  
 一直以來，卓健醫療致力為客戶提供卓越及專業的醫療健康服務。請將你寶貴的意見及評語填寫於本意見書內，以便我們能為閣下提供更佳之服務。謝謝！

Name 姓名：\_\_\_\_\_

Date 日期：\_\_\_\_\_

Age 年齡： 18-25  26-35  36-45  46-55  56-65  66 or above

Gender 性別： Male 男性  Female 女性

### HOW SATISFIED ARE YOU IN THE FOLLOWING AREAS? 請問閣下對下列各方面之滿意程度？

Please put a tick "✓" in the appropriate box 請於適當的方格內加上「✓」

	Very Satisfied 非常滿意	Satisfied 滿意	Needs Improvement (#) 有待改善(#)	Not Applicable 不適用
<b>(1) APPOINTMENT BOOKING 預約服務：</b>				
1.1) Efficiency of Physical Centre Staff 體檢中心職員之辦事效率	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2) Efficiency of Customer Service Hotline Staff 客戶服務熱線職員之辦事效率	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3) Availability of appointment time & location 預約時間及地點選擇	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(2) ABOUT YOUR VISIT 體檢服務：</b>				
2.1) Location of Physical Centre 體格檢查中心地點	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2) Ease of registration 登記時之方便程度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3) Waiting time during the examination 體檢當天之等候時間	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4) Process of the examination 體檢過程	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(3) FRIENDLINESS &amp; COURTESY OF 態度親切有禮：</b>				
3.1) Reception Staff 接待處職員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2) Nurse 護士	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3) Doctor 醫生 (Name 姓名：_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4) Laboratory Staff 實驗室職員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5) X-ray Staff 放射室職員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(4) KNOWLEDGE, SKILL &amp; COMPETENCY OF 知識，技能及能力：</b>				
4.1) Reception Staff 接待處職員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2) Nurse 護士	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3) Doctor 醫生 (Name 姓名：_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4) Laboratory Staff 實驗室職員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5) X-ray Staff 放射室職員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(5) FACILITY - CLEANLINESS &amp; COMFORT OF 設施—整潔及舒適度：</b>				
5.1) Waiting Area 候診室	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2) Doctor's / Examination Room 醫生房 / 檢驗室	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3) X-ray Room 放射室	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(6) OVERALL QUALITY OF SERVICE 整體滿意程度</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(#) Suggestions for Improvement / New Physical Centre Location(s) / Comment 改善建議 / 新體格檢查中心地點 / 意見：**

**(7) Would you recommend Quality HealthCare's physical check-up services to your friends / relatives?**

閣下會否推薦卓健醫療之體格檢查服務予朋友/親戚?

Yes 會  No 不會 (Reasons 原因：\_\_\_\_\_)

**(8) Would you like to receive our special promotions / offers / health information in future?**

閣下是否希望將來收到卓健醫療之推廣/優惠/健康資訊?

Yes 願意 (Please provide information for at least one of the following 請提供至少一種聯絡方法)  No 不願意

Email address 電郵：\_\_\_\_\_ Phone no. 電話號碼 (Mobile 手提)：\_\_\_\_\_

Mailing address 地址：\_\_\_\_\_

**Thank you for your valuable comment! 多謝你寶貴的意見！**

Please put the completed questionnaire into our collection box inside the Center or send to our Customer Services Department by fax at 2521 7971 or email at [info@qhms.com](mailto:info@qhms.com)  
 請將意見書放入中心的意見箱內，或交回客戶服務部(傳真號碼：2521 7971 / 電郵：[info@qhms.com](mailto:info@qhms.com))

- \_\_\_\_\_
- Annual Physical (incl. Health Screening)  
 Pre-employment Physical  
 Manulife Physical / Health Screening