

PATIENT FEEDBACK SURVEY FORM
BORANG KAJIAN MAKLUM BALAS PESAKIT

Please answer the following on a scale from 1-5 as explained below.

Sila jawab mengikut skala dari 1-5 seperti yang dinyatakan dibawah.

1-least satisfactory, 2-less satisfactory, 3-neutral, 4- satisfactory, 5- most satisfactory

1- sangat tidak memuaskan, 2- kurang memuaskan, 3- neutral, 4- memuaskan, 5- sangat memuaskan

No	Statement/Keyataan	1	2	3	4	5
1	Reception and information provided at the registration counter <i>Layanan dan maklumat yang disediakan di kaunter pendaftaran</i>					
2	Waiting time at the registration counter <i>Masa menunggu di kaunter pendaftaran</i>					
3	Courtesy and attitude of the doctor/student <i>Kesopanan dan sikap doktor/pelajar</i>					
4	Explanation about the treatment plan, procedures, cost and its alternatives <i>Keterangan mengenai pelan rawatan, prosedur, kos serta rawatan alternatif</i>					
5	Time period of subsequent appointment is.... <i>Jangkamasa bagi temujanji untuk rawatan susulan</i>					
6	Cleanliness and neatness of operating area <i>Kebersihan dan kekemasan bilik rawatan</i>					
	Would you recommend your friends about getting treatment here. <i>Adakah anda akan syurkan rakan rakan anda untuk mendapat rawatan di sini.</i>	Yes/ No Ya/Tidak				
7	If NO, kindly elaborate _____ _____					
	Jika TIDAK, sila jelaskan _____ _____					

Suggestions/complaints/comments if any
Sebarang cadangan / aduan / komen jika ada

Thank you for your feedback/*Terima Kasih atas maklumbalas tuan/puan*

Name>Nama: _____

Address/Alamat: _____

Tel Num/No. Tel: _____

Date/Tarikh: _____

Polyclinic Visited/Poliklinik: _____