



Cebu Institute of Technology - University
College of Computer Studies
Information Technology Department

Survey Questionnaire

Consent for Participation

This survey is designed to collect data from individuals who provide patient care and have experience in managing clinical healthcare services. The goal of this survey is to familiarize and analyze clinical healthcare management operations in order to identify potential key challenges and provide a solution that our team has developed: *SPECTION Clinical Health Care Website with Health Care Analytics and Clinical Reservation Appointment System*.

By continuing, you have:

- a. Accepted to participate in this survey and have agreed to answer honestly;
- b. Understood the purpose of the survey, and that you have the opportunity to ask questions to the researchers to your satisfaction;
- c. Understood that the answers are confidential and are only used for the purpose of this research study.

Thank you

I. Work Environment

- How many Patients do you accommodate every day? _____
- Does your Clinic use electronic medical records (EMR) or electronic health records (EHR) system? Do not include billing record systems.
 - ☐ Yes, all electronics
 - ☐ Yes, part paper and part electronics
 - ☐ No
 - ☐ Don't know
- How would you rate the reliability when encoding data using devices?
 - ☐ Very Poor
 - ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Excellent
- How frequent you receive patient calls, text or emails on their accommodation and their concern?
 - ☐ Never
 - ☐ Seldom
 - ☐ Sometimes
 - ☐ Often
 - ☐ Always

- Who is responsible for tracking subject patient care charges? Select all that apply.
 - ☐ Doctor/Physician
 - ☐ Receptionist/Staff
 - ☐ Financial Management
 - ☐ Others: Please Specify _____

- How do you rate your difficulty on handling Data loss?
 - ☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☐ Excellent
- How do you describe the accuracy of your statistics in your monthly financial data report?
 - ☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☐ Excellent

- How much time would the patient wait for their accommodation?
 - ☐ Below 5 mins.
 - ☐ 5-10 mins.
 - ☐ 10-20 mins.
 - ☐ Above 20 mins.

- Would you allow your patients to share a copy with their own medical record using website?
 - ☐ Yes ☐ No

- Do you have any storage device or services to back up your raw data?
 - ☐ Yes ☐ No

- If yes, then what are device or services you use to back up with?
 - ☐ Cloud Services
 - ☐ Pen and Paper
 - ☐ Laptop/Computer
 - ☐ I Don't have any
 - ☐ Others: Please Specify _____

- How many scheduled appointments does the doctor receive in every week?
 - ☐ Below 10
 - ☐ 10-20
 - ☐ 20-30
 - ☐ Above 30

- How likely would you use a system that provides a graphical representation for your summary report?
 - ☐ Definitely Not ☐ Probably Not ☐ Probably ☐ Probably Definitely ☐ Definitely

- How much time you allocate for patient in checking up in regular time schedule? _____

- Which services you provide in patients to schedule appointments? Select all that apply.
 - ☐ Email
 - ☐ SMS/Text
 - ☐ Online
 - ☐ Personally
 - ☐ Others: Please Specify _____

- How much time would you wait for a patient to finish in answering pre-assessment survey forms and Covid-19 inspection checklist form?
 - ☐ Below 5 mins.
 - ☐ 5-10 mins.
 - ☐ 10-20 mins.
 - ☐ Above 20 mins.
- How likely would you recommend patients to use the website for your clinic?
 - ☐ Definitely Not
 - ☐ Probably Not
 - ☐ Probably
 - ☐ Probably Definitely
 - ☐ Definitely
- How likely would you expect the increase of patient participation when using the application?
 - ☐ Definitely Not
 - ☐ Probably Not
 - ☐ Probably
 - ☐ Probably Definitely
 - ☐ Definitely
- How do you describe the difficulty on managing patient's concerns especially in appointments?
 - ☐ Very Difficult
 - ☐ Difficult
 - ☐ Neutral
 - ☐ Easy
 - ☐ Very Easy

II. Comments and Recommendations

Comments:

Recommendations:

The team would like to acknowledge their heartfelt appreciation for your cooperation.

Stay safe and God Bless!

Best Regards,

SPECTION

No	Question	Type
1	How many Patients do you accommodate every day?	Numeric
2	Does your Clinic use electronic medical records (EMR) or electronic health records (EHR) system? Do not include billing record systems.	Multiple Choice
3	How would you rate the reliability when encoding data using devices?	Likert Scale
4	How frequent you receive patient calls, text or emails on their accommodation and their concern?	Likert Scale
5	How do you describe the difficulty on managing patient's concerns especially in appointments?	Likert Scale
6	Who is responsible for tracking subject patient care charges?	Checkbox
7	How do you rate your difficulty on handling Data loss?	Likert Scale
8	How do you describe the accuracy of your statistics in your monthly financial data report?	Likert Scale
9	How much time would the patient wait for their accommodation?	Multiple Choice
10	Would you allow your patients to share a copy with their own medical record using website?	Yes/No/Maybe
11	Do you have any storage device or services to back up your raw data?	Yes/No/Maybe
11.1	If yes, then what are device or services you use to back up with?	Checkbox
12	How many scheduled appointments does the doctor receive in every week?	Numeric
13	How likely would you use a system that provides a graphical representation for your summary report?	Likert Scale
14	How much time you allocate for patient in checking up in regular time schedule?	Multiple Choice

15	Which services you provide in patients to schedule appointments? Select all that apply?	Checkbox
16	How much time would you wait for a patient to finish in answering pre-assessment survey forms and Covid-19 inspection checklist form?	Multiple Choice
17	How likely would you recommend patients to use the website for your clinic?	Likert Scale
18	How likely would you expect the increase of patient participation when using the application?	Likert Scale

