**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

1. **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

1. **Comments and Recommendations**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recommendations:

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

Stay safe and God Bless!

Best Regards,

SPECTION

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| --- | --- | --- |
| **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 |