

Survey Questions

Hey, I am working on a small project and here is the survey questions about it.

***Required**

1. Email address *

2. 1. Have you ever visited dental clinic before? *

Mark only one oval.

☐ Yes

☐ No

3. 2. Have you faced any Dental Health Problem? *

Mark only one oval.

☐ Yes

☐ No

4. 3. How many times have you visited a Dental Clinic? *

Mark only one oval.

☐ Once

☐ Twice

☐ More than 3 times

☐ Never.

5. 4. What would you prefer if you have any dental problem? *

Mark only one oval.

- ☐ Home Remedies
☐ Visiting a Dentist.

6. 5. Have you ever placed an appointment related to dental issue online? *

Mark only one oval.

- ☐ Yes
☐ No

7. 6. Would you like to have a consultation online through chats/calls instead of meeting a doctor in a clinic? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Maybe

8. 7. What do you think about booking an appointment through a registration form online on a website is time saving? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Maybe

9. 8. Would you trust on the data/description provided on a particular website? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ Not at all.

10. 9. What type of payment method would you use after a Treatment? *

Mark only one oval.

- ☐ Internet Banking
- ☐ Cash Payment
- ☐ E-wallet.

11. 10. Would you believe on the feedbacks of the user on a particular website/system? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

This content is neither created nor endorsed by Google.

Google Forms