

Medical Tourism Experience Survey

Full Name

Email Address

Country of Residence

Destination Country for Treatment

Purpose of Medical Travel

Date of Visit

Facility Visited

Overall Satisfaction

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Please rate the following aspects:

Medical Staff

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Facility Cleanliness

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Communication

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Value for Money

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Additional Comments / Suggestions