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โทร : 053-416328 โทรสาร : 053-416-329

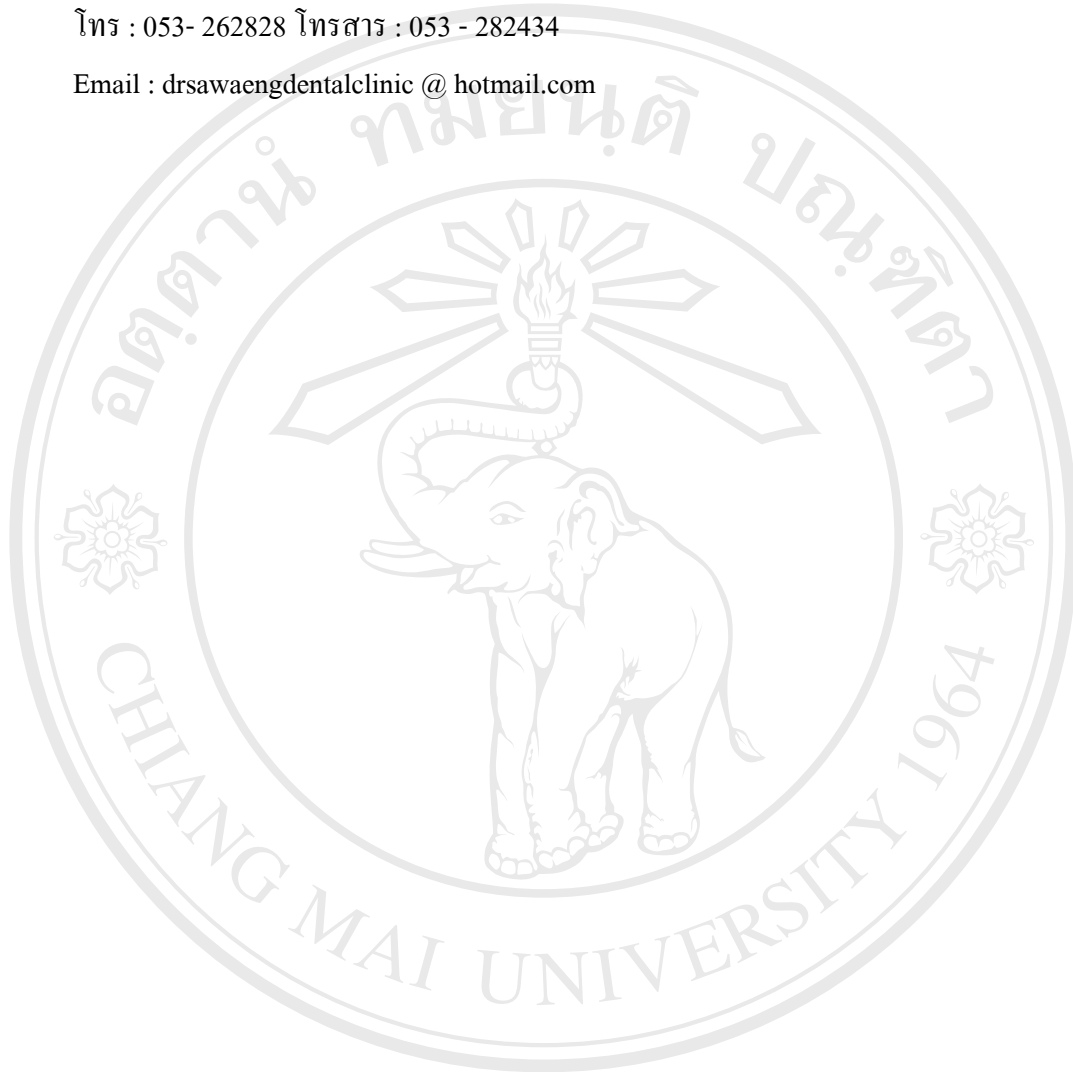
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60/1-2 ถ.ทุ่งโฮเต็ล อ.เมือง จ.เชียงใหม่ 50000 , Thailand

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ภาคผนวก ข

แบบสอบถามภาษาอังกฤษ

This questionnaire is part of the MBA graduate program for an independent study at the Business Administration Faculty, Chiang Mai University. This study researches the functions of marketing services that affect foreigners in choosing dental services within the city of Chiang Mai, Province. The information collected will be analyzed and a proposal will be written for the improvement and development of dental services. We kindly request that you take some time to reply to these questions and thank you for helping us complete our research.

Please reply to every item.**Part 1. Foundation Data**

1. Gender

.....(1) Female (2) Male

2. Age

.....(1) 10-20 years (2) 21-30 years (3) 31-40 years

.....(4) 41-50 years (5) 51-60 years (6) More than 60 years

3. Nationality :

4. Your status in Thailand ,at the present

.....(1) Tourist (can skip question number 5)

.....(2) Not a tourist

.....(2.1) Living or working in Chiang Mai

.....(2.2) Living or working in other province(please identify).....

5. Occupation in Thailand

.....(1) Student

.....(2) Employee/ Office worker

.....(3) Pensioner

.....(4) Owner of business

-(5) House – wife
-(6) Civilian / semi-civilian
-(7) Lecturer/Teacher
-(8) Consultant
-(9) Writer and/or Editor
-(10) Other (Please Identify).....

6. Have you ever heard about the Thai Government policy to promote Thailand as the Health hub of Asia ?

- Yes, I have
- No, I haven't

Part 2

1. Have you ever had a dental service in Chiang Mai before this treatment ?

-(1) Yes, I have.
-(2) No, I haven't

2. What kind of service did you get from dentist ? (answer is permitted for more than one).

- (1) Consultation
- (2) Denture
- (3) Examination/X-ray
- (4) Crown (cap) / Bridge
- (5) Tooth filling
- (6) Root canal treatment
- (7) Tooth extraction
-(8) Orthodontic (braces)
- (9) Teeth cleaning/polishing
-(10) Gum surgery /treatment
- (11) Teeth Whitening
-(12) Dental Implant
-(13) Others,(please identify).....

3. Convenient time to see Dentist ? (answer can be more than one)

-(1) 08.00-12.00 hrs.
-(2) 13.00-16.30 hrs.
-(3) 17.00-20.00 hrs.

4. The days that are convenient for your appointment ? (answer can be more than one)

-(1) Monday – Friday
-(2) Saturday – Sunday, Official holidays

5. Where did you get the information about the Dental Clinic / Department ?

(answer can be more than one)

-(1) Newspaper
-(2) Friend/ Family
-(3) Periodical
-(4) Personal contact Dentistry/ Personne
-(5) Leaf-let
-(6) Name – list at the office
-(7) Radio
-(8) Advertising boards
-(9) Internet
-(10) Embassy / Consulate Office
-(11) Others, (please identify).....

6. Who is responsible for your payment of Dental Services ?

-(1) You, yourself/ Your family
-(2) Governmental Welfare
-(3) Employer/Company where you work
-(4) Insurance Company
-(5) Others.....

7. Did you have ever change Dental Clinics for yourself ?

-(1) Never
-(2) Ever, with one or two times.
-(3) Changed for 3-4 times.
-(4) Changed more than 4 times.

8. How do you feel about your last dental services ?

-(1) Satisfy
-(2) Fair
-(3) Not satisfy

9. Why do you select to get dental services in the Chiang Mai area? (answer can be made more than one)

-(1) Dental Emergency
-(2) Living in Chiang Mai
-(3) To save the expenses.
-(4) Well known one, famous one.
-(5) Introduction from tourist guide book.
-(6) Introduction from friend /Knowing people

-(7) Want to experience dental services in Chiang Mai.
-(8) Welcoming friendliness of the dental clinic.
-(9) The atmosphere of the dental clinic is attractive.
-(10) Others. (Identify).....

10. Why do you select to get the services at this Dental clinic (answer can be made more than one)

-(1) Dental emergency.
-(2) Introduction from friend/Knowing people.
-(3) Introduction from guide book for tourists.
-(4) Former patient.
-(5) The location (near home, near office, on the way home/office)
-(6) Decoration
-(7) Cleanliness
-(8) The dentist is sharp (trustable, professional)
-(9) Easy to communicate, understandable
-(10) To be cured by specialist dentist.
-(11) Impressive from the first sight.
-(12) Well known one, famous one.
-(13) Reasonable expenses and payable amount charged.
-(14) Friendly welcome.

.....(15) Others (please identify).....

Part 3. Marketing Factor

Please rate the Level of Important following factors that effects to your selection of dental services in Chiang Mai (Please give an answer to every factor).

Factor	The Levels of Importance				
	Less	Low	Fair	High	Highest
1. Production					
1. Instruments and facilities					
2. High technology facility					
3. Quality of materials and drugs					
4. Having many kinds of services					
5. Modern facility					
6. Image and fame					
7. Cleanliness of services					
8. Guarantee of Services rendered					
9. Services given by specialists					
10. Others (please identified)					

Factor	The Levels of Importance				
	Less	Low	Fair	High	Highest
2. The cost of services					
1. Cost are clearly identified before services rendered					
2. Reasonable cost of expenses					
3. Cost of services does not fluctuate often					
4. Precise calculation for service charge					
5. Credit Card payment is acceptable					
6. Deposit payment is not necessary					
7. Others (please identified).....					
3. Location					
1. Easy Accessibility					
2. Parking					
3. Decoration					
4. Cleanliness					
5. Clinical Atmosphere					
6. Have English news paper or Magazine					
7. Television, Cable Television					
8. Clean toilettes room					
9. Separate for male, female, bathrooms					
10. Other (please identify)					

Factor	The Levels of Importance				
	Less	Low	Fair	High	Highest
4. Marketing Promotion					
1. Introduction made by friend./other people(word of mouth)					
2. Personal contact with the dentist or personnel.					
3. Internet information					
4. Information from some periodical, newspaper and map distribution					
5. Introduction from different books.					
6. Introduction from Tourist Authority of Thailand					
7. Leaflet, folding papers of clinic or hospital.					
8. Letter or electronic mail connection					
9.Others (please identify).....					
5. Personnel					
1. Reputation of the dentist					
2. services mind of the dentist					
3. Personality of the dentist					
4. Provide Specialist dentists					
5. Dentists Ability to communicate with foreign customer					
6. Welcoming gestures and friendliness of personnel					
7. Ability to communicate in English of personnel					
8. Others (identify).....					

Factor	The Levels of Importance				
	Less	Low	Fair	High	Highest
6. Physical Characters					
1. Clinics Landscape					
2. Grandeur and modernization of the building					
3. The trustable of the building					
4. Others (please identify).....					
7. Process					
1. Waiting period for the services					
2. Prompt action for Services					
3. Consultation & Checking are free					
4. If there is a delay the customer is well informed					
5. Clear information is given about treatment plan					
6. Clear information is given about treatment fee					
7. Let the customer decide to accept the treatment					
8. Given advance appointment					
9. Advance notification for each appointment time					
10. Provide complete and perfect medical records					
11. Other (please identify).....					

8. Have you ever faced these problems?

Problems	No Problem	Problem Sometime	Big Problem
1. The dental charges were not discussed before service rendered			
2. Not enough parking area			
3. Service duration provided is limited			
4. Personnel-impoliteness, unfriendly			
5. Waiting long time for services			
6. Too long for the treatment duration			
7. Too many appointments			
8. Communication is made with difficulty.			
9. Giving no - choices for customer to consider or make decision			
10. The appointment is made with difficulty			

10. Other recommendation.....

ภาคผนวก ข

Questionnaire

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Please reply to every item.

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-(9) Writer and/or Editor
-(10) Other (Please Identify).....

6. Have you ever heard about the Thai Government policy to promote Thailand as the Health hub of Asia ?

- Yes, I have
- No, I haven't

Part 2

2. Have you ever had a dental services in Chiang Mai before this treatment ?

-(1) Yes, I have.
-(2) No, I haven't

2. What kind of service did you get from dentist ? (answer is permitted for more than one).

- (1) Consultation
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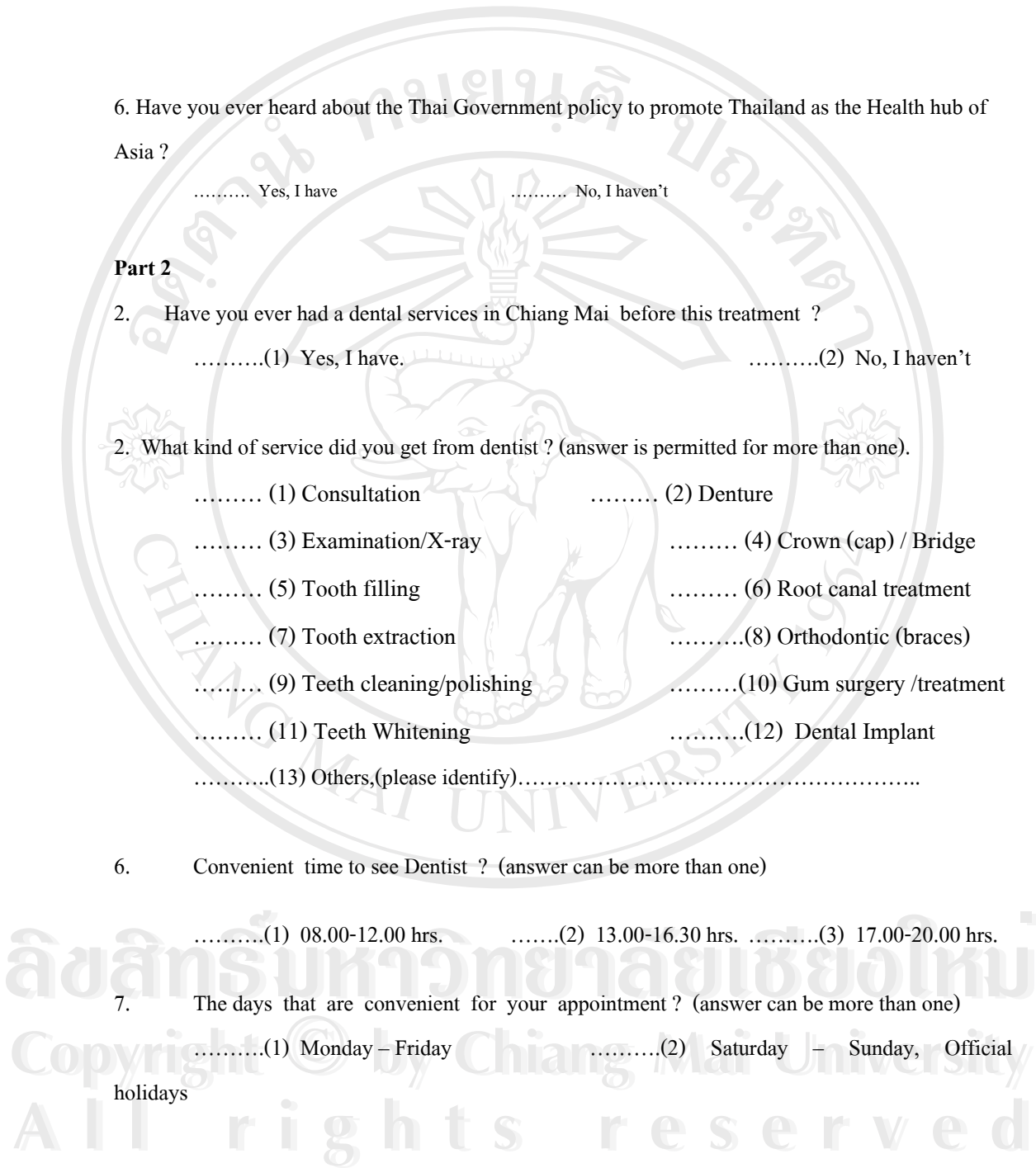
7. The days that are convenient for your appointment ? (answer can be more than one)

-(1) Monday – Friday
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8. Where did you get the information about the Dental Clinic / Department ?

(answer can be more than one)

-(1) Newspaper
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-(4) Personal contact Dentistry/

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-(4) Former patient.
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Factor	The Levels of Importance				
	Less	Low	Fair	High	Highest
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2. Parking					
3. Decoration					
4. Cleanliness					
5. Clinical Atmosphere					
6. Have English news paper or Magazine					
7. Television, Cable Television					
8. Clean toilettes room					
9. Separate for male, female, bathrooms					

10. Other (please identify)					
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6. Too long for the treatment duration			
7. Too many appointments			
8. Communication is made with difficulty.			
9. Giving no - choices for customer to consider or make decision			
10. The appointment is made with difficulty			

10. Other recommendations.....

.....

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