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PATIENT SATISFACTION QUESTIONNAIRE

This survey is **anonymous**. We would appreciate your taking a few minutes to express your opinion about our services and medical staff. We are interested in YOUR opinion both positive and negative. Your comments will help us evaluate and improve our services to ensure that we are truly responsive to your needs.

Instructions for Completing the Questionnaire

1. Please carefully read each question and the possible responses. Follow the instructions in *italics*.
2. If you make a mistake or change your mind, cross the wrong square and circle the correct one.
3. Please answer **all** the questions.

Please pay careful attention to the scale used in Section B of the questionnaire:

You are provided with 8 choices for Section B: Satisfaction measurement.
Please mark an appropriate box like this: **X**

<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Somewhat Dissatisfied</i>	<i>Neutral</i>	<i>Somewhat Satisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>	<i>Not applicable (N/A)</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(0)
EXAMPLE, PLEASE DO NOT WRITE							
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 0

Thank you for your cooperation!

A. GENERAL INFORMATION

1. What is your gender? (1) Male (2) Female

2. How old are you? _____ years old

3. For how long have you been using services at this clinic?
 - (1) It's my first visit
 - (2) Less than 1 year
 - (3) 1-5 years
 - (4) more than 5 years

B. SATISFACTION MEASUREMENT

Please place an "X" in the appropriate box which describes how much you are SATISFIED or DISSATISFIED with the following criteria:

		<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Somewhat Dissatisfied</i>	<i>Neutral</i>	<i>Somewhat Satisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>	<i>N/A</i>
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(0)
	<u>FACILITY/ SERVICES:</u>								
4.	Convenience of clinic hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
5.	Convenience of the appointment system at the clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
6.	Cleanliness and comfort of the clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
7.	Helpfulness of the directions/signs in the clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
8.	Ease of registration process at the front desk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
9.	Friendliness and courtesy of staff at the reception	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
10.	Length of time I have to wait to see my physician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
11.	Quality of medical equipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
12.	Quantity of medical equipment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
13.	Scope of services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
14.	Availability of educational/informational materials	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
15.	Availability of health promotion/patient education classes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0

	<i>(Continued from previous page)</i>	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Somewhat Dissatisfied</i>	<i>Neutral</i>	<i>Somewhat Satisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>	<i>N/A</i>
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	<u>MEDICAL STAFF:</u>								
16.	Possibility to see a physician of my choice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
17.	Amount of time my physician spends with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
18.	Clearness of explanations my physician gives me about my problem/condition and treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
19.	Advice my physician/nurse gives me about how to prevent future health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
20.	Competence of nurses at this clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
21.	Competence of physicians at this clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
22.	Friendliness and courtesy of medical staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
23.	Neat and professional appearance of medical staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
24.	Protection of my privacy during medical examinations/procedures	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
25.	Confidentiality of my personal information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0
	<u>OVERALL ASSESSMENT:</u>								
26.	Overall, are you satisfied with the quality of treatment/services you received at this clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 0

		less than 15 min	15-30 min	30-45 min	45min-1 h	1 h-1.5 h	1.5 h-2 h	more than 2h
27.	What is the average time you wait to see a doctor at this clinic? <i>(Please mark an appropriate box).</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

28. The services I receive at this clinic have:
- (1) improved over the last three years
 - (2) stayed the same over the last three years
 - (3) worsened over the last three years
 - (4) I don't know

29. The services at this clinic are:
- (1) better than at other government-operated clinics
 - (2) the same as at other government-operated clinics
 - (3) worse than at other government-operated clinics
 - (4) I don't know

INTERNATIONAL COLLABORATION

30. Is this clinic collaborating with an international organization from:

- (1) Germany
 - (2) Great Britain
 - (3) USA
 - (4) Other (*write*) _____
 - (5) It's not collaborating with an international organization.
 - (6) I don't know
-

31. In your opinion, does international cooperation make any difference in delivering better quality health care?

- (1) Yes
 - (2) No
 - (3) I don't know
-

Thank you for participating in the survey!
