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PATIENT SATISFACTION SURVEY

Date: _____

The "Patient Satisfaction Survey" is **anonymous**. We care about what you think! Your answers to this survey will help us understand your needs and improve the quality of our services. Thank you for your help.

Instructions for Completing the Questionnaire

1. Read carefully each question and the possible responses. Choose the option that best represents your opinion and cross the corresponding square.
2. Some questions should be answered in words or by a number. Please write on the blank lines next to these questions.
3. If you make a mistake or change your mind, cross the wrong square and circle your correct answer. See example below.
4. Please answer **all** questions.

A. GENERAL INFORMATION

1. Is this your first visit to our clinic? (1) Yes (2) No
2. How old are you? (*Please write your age*). _____

B. SERVICES PROVIDED

3. Which clinic service areas did you use today?

- | | |
|--|---|
| <input type="checkbox"/> (1) Breast Cancer Screening/Diagnosis | <input type="checkbox"/> (6) Infertility |
| <input type="checkbox"/> (2) Cervical Cancer Screening/Diagnosis | <input type="checkbox"/> (7) Menopausal |
| <input type="checkbox"/> (3) Family Planning | <input type="checkbox"/> (8) Other GYN |
| <input type="checkbox"/> (4) Prenatal | <input type="checkbox"/> (9) Counseling |
| <input type="checkbox"/> (5) Postpartum | <input type="checkbox"/> (10) Health Education |
| | <input type="checkbox"/> (11) Other – explain _____ |

C. 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)
4.	Convenience of clinic location	<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 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
6.	Convenience of the clinic's appointment system	<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.	Length of time spent in the waiting room	<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>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)
8.	Cleanliness and comfort of 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
9.	Cost of clinic 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
10.	Courtesy and respect with which staff treats 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
11.	Staff's willingness to answer my questions	<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.	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
13.	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
14.	Clarity of explanations my physician gives to me about my 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
15.	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
16.	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
17.	Quality of modern medical equipment and supplies	<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.	Scope of medical 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
19.	Availability of a variety of educational and counseling 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
20.	Overall quality of clinic services received today	<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. Do you use a contraceptive method? Yes No (go to Q. 23)

22. What kind of contraceptive methods do you use? Please check:

- | | |
|--|---|
| <input type="checkbox"/> (1) Oral contraceptive | <input type="checkbox"/> (5) Foams of suppositories |
| <input type="checkbox"/> (2) Hormonal injections | <input type="checkbox"/> (6) Condoms (male or female) |
| <input type="checkbox"/> (3) Intrauterine device | <input type="checkbox"/> (7) Natural method |
| <input type="checkbox"/> (4) Diaphragm | <input type="checkbox"/> (8) Other (<i>specify</i>) _____ |

23. If you received printed information at the clinic, check the answer that best describes what you do most often:

<input type="checkbox"/> (1) Read it and save it in case I need it later
<input type="checkbox"/> (2) Read it and share it with a friend
<input type="checkbox"/> (3) Read it and throw it away
<input type="checkbox"/> (4) Don't read it; just throw it away
<input type="checkbox"/> (5) Did not receive anything / not applicable

24. If you answered "(4) Don't read it; just throw it away" to Question 23, please explain using the choices below:

- (1) Already know; don't need to read it
- (2) Have received same information before
- (3) Too much information

- (4) Don't have time to read it
- (5) It's too hard to read and/or understand
- (6) Other – explain: _____

25. How could your clinic visit today have been improved?

26. Additional Comments

Thank you for your time!