



Ministry of Health Family Welfare
Quality Improvement Secretariat
www.qis.gov.bd

Patient satisfaction survey questionnaire

Information about patient

Gender	Code	Age	Code	Type of patient	Code
Male	1	Under 18	1	New	1
Female	2	18-30	2	Returning	2
		31-40	3		
		41-50	4		
		51-60	5		
		Over 60	6		

Dear patient: We would like to know your opinion about the service you received from this hospital. It will help hospital authority to improve services in future. Your responses will be kept strictly confidential. Thanks for your help.

Please rate the following:

Sl.No.	Question	Extremely dissatisfied	Very Dissatisfied	Satisfied	Very satisfied	Extremely satisfied	Does not apply
A	Appointment						
1	Ease of getting registered	5	4	3	2	1	N/A
2	Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	N/A
3	Waiting time in triage area/ reception area	5	4	3	2	1	N/A
4	Waiting time to see your doctor	5	4	3	2	1	N/A
B	Interpersonal manner, communication, time given						
5	The courtesy/respect/dignity shown to you by doctor?	5	4	3	2	1	N/A
6	The courtesy/respect/dignity shown to you by nurse?	5	4	3	2	1	N/A
7	The	5	4	3	2	1	N/A

	courtesy/respect/dignity shown to you by medical assistants?						
8	The courtesy/respect/dignity shown to you by other staff like registration clerk/receptionist/lab people/radiology & imaging people/ward boys/accounts people/others?	5	4	3	2	1	N/A
9	Willing to listen you carefully to you	5	4	3	2	1	N/A
10	Taking time to answer your questions	5	4	3	2	1	N/A
11	The thoroughness of the examination	5	4	3	2	1	N/A
12	Explanation of your illness the way you could understand	5	4	3	2	1	N/A
13	Explanation of your procedure/treatment plan the way you could understand	5	4	3	2	1	N/A
14	Instructions regarding medication/follow up care	5	4	3	2	1	N/A
15	Time taken to get report of investigations	5	4	3	2	1	N/A
16	Advice given to you on ways to stay healthy/improving your health	5	4	3	2	1	N/A
17	Ease of getting a referral when you needed	5	4	3	2	1	N/A
C	About the hospital						
18	Hours of operation/opening hours convenient for you	5	4	3	2	1	N/A
21	Overall comfort	5	4	3	2	1	N/A
20	Adequate parking	5	4	3	2	1	N/A
21	Signage and directions easy to follow	5	4	3	2	1	N/A
D	Technical quality of care						
22	Completeness of medical care (Did all that needed)	5	4	3	2	1	N/A
23	Correctness of diagnosis	5	4	3	2	1	N/A

E.	Financial aspect						
24	Cost of services I had to pay	5	4	3	2	1	N/A
F	General satisfaction						
25	Just perfect what I expected	5	4	3	2	1	N/A