



Annex-4a: Patient satisfaction survey questionnaire for IPD services

Patient satisfaction survey questionnaire for IPD services

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		

How did you select this hospital?

Recommendation from a doctor	1	How far are you living from hospital?	1-5 Km (Name of the place)
From the previous visit	2		6-10 Km (Name of the place)
According to my knowledge	3		10-15 Km (Name of the place)
It is close to my house	4		15+ (Name of the place)
Relative/friend	5		
Others	6		

Profession: Patient/Guardian/Husband/others

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.	How satisfied are you with the following?	Extremely satisfied	Very satisfied	Satisfied	Very dissatisfied	Extremely dissatisfied	Does not apply
A	Ease of getting service						
1	Waiting time in triage area/ reception area /getting registered and admission process done (-----Min)	5	4	3	2	1	N/A
2	Waiting time to see your doctor in the ward (-----Min/day)	5	4	3	2	1	N/A
3	Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	N/A
B	Interpersonal manner, communication, time given						
4	The courtesy/respect/dignity shown to you by doctor?	5	4	3	2	1	N/A
5	The courtesy/respect/dignity shown to you by nurse?	5	4	3	2	1	N/A
6	The courtesy/respect/dignity shown to you by other staff (Aya /registration clerk/receptionist/lab people/radiology & imaging people/ward boys/accounts people etc) Plz tick if specified	5	4	3	2	1	N/A
7	Doctor's willing to listen you carefully	5	4	3	2	1	N/A
8	Giving time to answer your questions	5	4	3	2	1	N/A
9	Privacy arrangement (Screen/wall/separation etc)	5	4	3	2	1	N/A
10	The thoroughness of the examination	5	4	3	2	1	N/A
11	Explanation of your illness the way you could understand	5	4	3	2	1	N/A
12	Explanation of your procedure/treatment plan the way you could understand (Skip if no procedure was done)	5	4	3	2	1	N/A

SI No	How satisfied are you with the following?	Extremely satisfied	Very satisfied	Satisfied	Very dissatisfied	Extremely dissatisfied	Does not apply
13	Instructions regarding medication/follow up care	5	4	3	2	1	N/A
14	Time taken to get report of investigations (-----day)	5	4	3	2	1	N/A
15	Advice given to you on ways to stay healthy/improving your health	5	4	3	2	1	N/A
16	Amount of medicine received from hospital	5	4	3	2	1	N/A
17	Amount of investigation done from hospital	5	4	3	2	1	N/A
18	Ease of getting a referral when you needed	5	4	3	2	1	N/A
C	About the hospital						
19	Hours of operation/opening hours convenient for you	5	4	3	2	1	N/A
20	Sitting arrangement for attendant/visitor	5	4	3	2	1	N/A
21	Fan over bed	5	4	3	2	1	N/A
22	Water (Drinking, hand wash, Wash etc)	5	4	3	2	1	N/A
23	Toilet	5	4	3	2	1	N/A
24	Overall general cleanliness	5	4	3	2	1	N/A
25	Adequate parking (Plz skip if not applicable)	5	4	3	2	1	N/A
26	Signage and directions easy to follow	5	4	3	2	1	N/A
D	Technical quality of care						
27	Problem solving (Cure, desired improvement)	5	4	3	2	1	N/A
E.	Financial aspect						
28	Cost of services I had to pay (Tk-----)	5	4	3	2	1	N/A
F	General satisfaction						
29	Receiving services as expected	5	4	3	2	1	N/A

General comment

SI No	Comments about	Sure, Certainly	May be	Not sure	May be 'No'	Sure, certainly	
30	Would you suggest others to come to this hospital for similar problem that you had?	5	4	3	2	1	N/A
31	If you were to seek help again, would you come back here again?	5	4	3	2	1	N/A

For returning patients only:

Do you think hospital services have been improved compared to what was last time? If yes which aspect?

General problems you observed :

Suggestions improvement: