



Annex-4b: Patient satisfaction survey tool

Patient satisfaction survey questionnaire for OPD 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 place)
From the previous visit	2		6-10 Km (Name of place)
According to my knowledge	3		10-15 Km (Name of place)
Close to house	4		15+
Relative/friend	5		(Name of place)
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/registration (-----Min)	5	4	3	2	1	N/A
2	Waiting time to see your Doctor (-----min)	5	4	3	2	1	N/A

B	Interpersonal manner, communication, time given						
Sl.No.	How satisfied are you with the following?	Extremely satisfied	Very satisfied	Satisfied	Very dissatisfied	Extremely dissatisfied	Does not apply
3	The courtesy/respect/dignity shown to you by doctor?	5	4	3	2	1	N/A
4	The courtesy/respect/dignity shown to you by nurse?	5	4	3	2	1	N/A
5	The courtesy/respect/dignity shown to you by other staff like registration clerk/receptionist/lab people/radiology & imaging people/ward boys/accounts people/ Aya etc (<i>plz tick if specified</i>)	5	4	3	2	1	N/A
6	Doctor's willingness to listen you carefully	5	4	3	2	1	N/A
7	Taking time to answer your questions by doctor	5	4	3	2	1	N/A
8	The thoroughness of the examination by doctor	5	4	3	2	1	N/A
9	Privacy arrangement by screen, wall, partition etc	5	4	3	2	1	
10	Explanation of your illness the way you could understand by doctor	5	4	3	2	1	N/A
11	Explanation of your procedure/treatment plan the way you could understand by doctor	5	4	3	2	1	N/A
12	Instructions regarding medication/follow up care by doctor	5	4	3	2	1	N/A
13	Time taken to get report of investigations (-----Min/day) (Skip if no investigation done)	5	4	3	2	1	N/A
14	Advice given to you on ways to stay healthy/improving your health	5	12	3	2	1	N/A
15	Amount of medicine	5	13	3	2	1	N/A

	received from hospital						
16	Amount of investigation done from hospital (Skip if no investigation done)	5	4	3	2	1	N/A
17	Ease of getting a referral when you needed (Skip if no referral done)	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
19	Sitting arrangement while waiting to see your doctor	5	4	3	2	1	N/A
20	Over head fan while waiting to see your doctor	5	4	3	2	1	N/A
21	Water (For drinking, hand washing, in toilet)	5	4	3	2	1	N/A
22	Toilet (Water, Soap, Cleanliness, smell)	5	4	3	2	1	N/A
23	Overall general cleanliness	5	4	3	2	1	N/A
25	Adequate parking (Skip if not relevant)	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) <i>Skip if new patient</i>	5	4	3	2	1	N/A
E.	Financial aspect						
29	Cost of services I had to pay. Tk-----out of pocket.	5	4	3	2	1	N/A
F	General satisfaction						
30	Hospital services as a whole	5	4	3	2	1	N/A

General comments

Sl	Comments about	Sure, Certainly	May be	Not sure	May be 'No'	Certainly not	
31	Would you suggest others to come to this hospital for similar problem that you came?	5	4	3	2	1	N/A
32	If you were to seek help again, would you come	5	4	3	2	1	N/A

	back here again?						
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Ask to 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 for improvement: