

Name of Hospital/RHC  
Date of Interview

Patient ID Number  
Assessment Team Number

## Hospital/RHC outpatient checklist

My name is \_\_\_\_\_ and I am working with the health department to try to improve services for clients, and we would like your honest opinion of how well we are doing and what we need to improve—both the good things and the bad things. This interview is private and confidential. You are free not to answer any questions you do not want to, and if you do not want to take part in the interview at all, you do not have to. Your name will not be used. This will take about 10 minutes. If you don't wish to answer any questions that is alright, please just say so, if you want to stop the interview at any time, please say so. The care provided by the service provider will not be influenced in any way by the answers you give to us.

Your ideas are important to us—may I ask you a few questions? I

**Note to interviewer:** Ask the questions and check (✓) responses that the client gives. Write additional notes in the spaces provided. I'd like to start with a few questions about you.

1. Sex (M)\_\_\_(F)\_\_\_ 2. Age \_\_\_
3. Was this your first visit to this Hospital/RHC? How many previous visits did you have?  
First visit ..... ☐ Previous visits #.....



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4. Do you have a:
- i. Health card (mother and child)
  - ii. Immunization card (child)

**If no then skip to question 6.**

5. Was the health card filled in during this visit? **1.2.3**

Yes.....☐ No.....☐

6. Was your (or your child's) medical history taken and written down? **2.8.5**

Yes.....☐ No.....☐

**Now, I would like to read some statements and I would like to ask you to respond with your opinion to these statements about some of your general experiences at the Hospital/RHC. Here I would like you to tell me how you would rate each of these on a scale of 1 to 4, with one being the worst and 4 being the best. I have given you a small card so you can see the scale.**

Identifier	Question	😊😊	😊	😞	😞😞
7 3.2.7	A qualified healthcare provider is available whenever the facility is open				
8 19.4	The hospital/RHC and all its departments are clearly signposted and a plan of the hospital/RHC is displayed to help me find my way.				



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9 2.1.4	The cost of using this service is affordable.				
10 2.1.4	The cost of drugs is affordable				
11 2.1.4	The cost of transport to the Hospital/RHC is affordable				
12 3.1.3	If I needed a wheelchair or stretcher to enter into the hospital they would be available.				
13 5.2.3	If I come to the Hospital/RHC and am seriously ill I will be seen before others who are not so ill.				
14 5.2.3	If I am extremely sick I will be seen by the healthcare provider immediately.				
15 5.2.4	The time I have to wait to see a healthcare provider is reasonable				
16 3.3.5	The doctor gave me a full check-up and then gave me a treatment or advice.				
17 3.3.3	I was given a choice on whether I wanted a male or female healthcare provider to give me a check-up.				
18 2.1.9	If I am referred to another hospital or specialist I am given a letter with information about my illness to take with me.				
19 1.4.5	There is enough equipment for the healthcare provider and it works.				



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20 5.2.6	I am given privacy when I am examined, for example behind curtains.				
21 2.3.5	The staff treat me courteously.				
22 3.3.6	I always have my temperature and blood pressure taken when I come to the Hospital/RHC.				
23 3.3.6	If I bring my child who is under five years of age s/he is always weighed.				
24 2.1.11	There is health education material available for me to read and take home.				
25 11.4.5	If I have to take medicine, the healthcare provider instructs me about the amount of medication to take.				
26 11.4.5	I feel the healthcare provider checks to make sure that I understand the instructions.				
27 11.4.5	When I was given medicine I was told about any bad effects the medicine could have and what effects I should report to the doctor.				
28 14.2	The waiting area is clean				
29 14.2	The compound around the Hospital/RHC is clean.				
30 19.10	There are enough toilets or latrines available for people to use while they are waiting.				

**Now I would like to ask you a few questions about your experience with the healthcare provider. These are 9 more questions in the survey.**

Outpatient Client Questionnaire  
Department of Health, NWFP



**tama** Technical Assistance Management Agency



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Identifier	Question	😊😊	😊	😞	😞😞
31 2.1.7	The healthcare provider listens to me when I tell them what's wrong with me or my family.				
32 2.1.7	I felt I am given enough information by the doctor or medical technician.				
33 2.1.7	The healthcare provider tells me what treatment I need and why.				
34 3.3.11	The healthcare provider tells me if and when I need to come back.				
35 2.3.5	I am treated in a respectful manner at all times.				
36 2.2.1	If I complain about the service at the Hospital/RHC I feel that my complaints or concerns will be addressed in a timely manner.				
37	What is your overall satisfaction with the Hospital/RHC.				

**In summary, I would like to ask what you like and dislike most about the Hospital/RHC.**

38. What do you like most about this Hospital/RHC? Why?

.....

39. What do you like least about this Hospital/RHC? Why?

.....

I would like to answer any questions that you have before you leave.

**We really appreciate your answering the questions in this survey and it will help us to improve the services you receive at this Hospital/RHC.**

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