

Name of Hospital/RHC
Date of Interview

Patient ID Number
Assessment Team Number

Inpatient interview 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?

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 admission to this Hospital/RHC? How many previous admissions did you have?
First admission ☐ Previous admission(s) #.....



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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 | 😊😊 | 😊 | 😞 | 😞😞 |
|------------|--|----|---|---|----|
| 4 3.1.3 | If I needed a wheelchair or stretcher to enter into the hospital they would be available. | | | | |
| 5 19.4 | The hospital and all its departments are clearly signposted and/or a plan of the hospital is displayed to help me find my way. | | | | |
| 6 15.1 | The compound around the Hospital/RHC was clean. | | | | |
| 7 2.1.4 | I knew before I saw the healthcare provider how much the service would cost | | | | |
| 8 19.10 | On admission to the hospital I was told where the toilets were. | | | | |
| 9 3.2.5 | On admission I was given a bed with fresh linen. | | | | |
| 10 19.5 | The ward was clean. | | | | |
| 11 19.7 | There was safe drinking water available for my use. | | | | |



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|-------------|--|----|---|---|----|
| 12 2.3.5 | I was treated courteously by the staff on the ward. | | | | |
| 13 3.2.7 | Nursing care was available 24 hours a day. | | | | |
| 14 3.3.5 | The healthcare provider gave me a full check-up and then gave me a treatment or other advice. | | | | |
| 15 3.3.3 | I was given a choice on whether I wanted a male or female health provider to give me a check-up. | | | | |
| 16 5.2.4 | I was told how long I would have to wait for treatment after I had my check-up. | | | | |
| 17 1.5.1 | I felt my tests and treatments were carried out by qualified people. | | | | |
| 18 19.7 | Wheelchairs or stretchers were available to transport me for tests or treatments if needed. | | | | |
| 19 1.4.5 | There is enough equipment for the healthcare provider and it works. | | | | |
| 20 2.3.3 | I am given privacy when I am examined, for example behind curtains. | | | | |
| 21 2.1.7 | The healthcare provider listened to me when I told them what's wrong with me or my family. | | | | |
| 22 2.1.7 | I felt I was given enough information by the healthcare provider about my illness. | | | | |



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|--------------|--|----|---|---|----|
| 23 2.1.7 | The healthcare provider told me what treatment I needed and why. | | | | |
| 24 2.1.8 | My consent was obtained before I was treated. | | | | |
| 25 2.1.7 | I feel the doctor or nurse checks to make sure that I understand what will happen during a treatment or test. | | | | |
| 26 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. | | | | |
| 27 2.3.5 | I was treated in a respectful manner at all times. | | | | |
| 28 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. | | | | |
| 29 2.1.7 | I am provided with information about what treatment or medications I need to take when I go home. | | | | |
| 30 2.1.11 | There is health education material available for me to read and take home. | | | | |
| 31 2.1.9 | If I am referred to another hospital or doctor I am given a letter with information about my illness to take with me. | | | | |
| 32 | 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.

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

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

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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.

