EXPERIENCE OF CARE QUESTIONNAIRE

Name of Health Facility: _____ Date of Interview: _____
Name of Interviewer: _____ Code of the client……..

Age of person who received services: _____ Sex M F (circle)

[Note: If person receiving services was a child, please request that the caregiver answer the following questions on behalf of their child.]

Good morning/afternoon, my name is ---------- and I am part of the survey team at the health center where you received your health services. We are conducting experience of care interviews with some people as they leave the health center to find out how they felt their health care was provided. Would you be willing to answer a few questions for me? It will only take a few minutes. I also want to assure you that we will not be using your name or giving your information to anyone else –this information will only be used to help improve the health care here. Is this okay? (If they agree, then proceed.) Your participation is completely voluntary and you can opt out at any time. Do you agree to participate in this survey?

Signature …….. Date……

1. Is this your first visit to this health facility for an illness or other service?
   ( ) Yes ( ) No

2. When was your last visit to this facility? : (.) Beyond six month ( ) within the last 3 month ( ) This is my first visit

3. What is the main illness/complaint or service for which you came here today? ( ) Child health and EPI services ( ) MNH/RH/FP services ( ) Other general medical conditions and illness

4. Do you feel you had the chance to fully explain your problem to the person who provided care to you?
   ( ) Yes ( ) No ( ) Yes, somehow

5. Did he/she physically examine you?
   ( ) Yes ( ) No

6. Were you satisfied with the consultation?
   ( ) Yes ( ) No ( ) Somehow

7. How much time did he/she spend with you during consultation?

   ( ) Small time ( ) Long small ( ) Too long

8. In your opinion was the time spent sufficient (enough)?
   ( ) Yes enough ( ) Fair ( ) No

9. How would you rate the technical capacity of the provider in diagnosis and treatment? *(read out loud each possible response below)*

   ( ) Good ( ) Fair ( ) Poor

10. How would you rate the behavior / attitude of the provider who gave you services? *(read out loud)*
    ( ) Good ( ) Fair ( ) Poor

11. How long did you have to wait before being seen?
    ( ) Small time ( ) Long but not too long ( ) Too long

12. Do you feel you were seen in the appropriate order in a way that address your dignity and respect ? ( ) Yes fully (.) Yes some ( ) No
13. Were your privacy addressed when you were seen by the health care provider? (.) Yes fully, ( ) Yes, somehow ( ) No

14. Did you get the medicines that you needed?

    ( ) Yes ( ) Yes some ( ) No

15. If yes, did the Dispenser explain to you how to take the medicines?
    ( ) Yes ( ) No

16. Can you explain what you are supposed to do when you go home?
    ( ) Yes I Can explain ( ) Yes but Can't explain ( ) No

17. Were you charged for anything during your visit today?
    ( ) Yes. ( ) No
18. Did you see any change or improvement in the facility health services compared to the past
    ( ) Yes ( ) No ( ) First time visit, I can't tell

22. What is your opinion about the cleanliness in the facility? ( ) Clean ( ) Not clean, (.) Somehow clean
23. If not clean, please specify why? : ( ) Medical waste can be seen on the ground ( ) Non-medical waste can be seen on the ground ( ) Water cycles and toilets are not clean
24. Overall, how satisfied are you with your experience in this facility today? ( ) Satisfied ( ) Somehow satisfied ( ) Dissatisfied

25. What are your suggestions for improving services in this facility?

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_____
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Thank you for your time. We appreciate your input! ☺