# DEFENCE HEALTH MAINTENANCE LIMITED

## CLIENTS' EXIT/SATISFACTION FORM

***(Instruction: All Responses should be based on the latest consultation)***

Facility/ Location:……
State……

*SECTOR: Urban* ☐ *Rural* ☐
*Principal* ☐ *Dependant* ☐
*Serving* ☐ *Retired* ☐ ***(for Personnel only)***

| S/N | ISSUES | Response and Comments |
|---|---|---|
| (a) | (b) | (c) |
| ***SECTION A : DEMOGRAPHY*** | | |
| 1. | Age | **Under 18** ☐ **18 -30** ☐<br>**31-45** ☐ **61+** ☐<br>**46-60** ☐ |
| 2. | Sex | **Male** ☐ **Female** ☐ |
| 3. | Educational Background | **Primary** ☐ **Secondary** ☐<br>**Tertiary** ☐ **Post graduate** ☐ |
| **SECTION B: ACCESS TO CARE** | | |
| 4. | Are you close to the healthcare facility? | **Yes** ☐ **No** ☐ |
| 5. | If **NO**, what is the approximate travel time by car or motorcycle from your residence to the healthcare facility? | 10-15 minutes ☐ 15-20 Minutes ☐<br>25-30 Minutes ☐ 30 Mins&above ☐ |
| 6. | Does the hospital operate 24hours/day and 7 days a week? | **Yes** ☐ **No** ☐ |
| 7. | If **NO**, what are the reasons given for this? | |
| 8. | Was your time wasted in any of the department? If yes, where?<br>*(Please tick as appropriate)* | Reception Area ☐ GOPD ☐<br>Waiting Room ☐ Lab ☐<br>Nursing Station ☐ Pharmacy ☐ |
| | | |
| **SECTION C: QUALITY OF CARE** | | |
| 9. | Was the medical condition you were being treated for explained to you? | **Yes** ☐ **No** ☐ |
| 10. | Where you told of the treatment options available for your condition? | **Yes** ☐ **No** ☐ |
| 11. | Which of the medical worker explained the treatment option(s) to you? | Doctor ☐ Nurse ☐<br>Pharmacist ☐<br>Others (Specify)<br>☐ |

| | | |
|---|---|---|
| 12. | Where you told of the treatment options available for your condition? | **Yes** ☐ **No** ☐ |
| 13. | Where you treated with respect and dignity? | **Yes** ☐ **No** ☐ |
| 14. | How would you rate the attitude of the Doctors to Patients? | Poor ☐ Fair ☐<br>Very Good ☐ Good ☐<br>Excellent ☐ |
| 15. | How would you rate the attitude of the Nurses to Patients? | Poor ☐ Fair ☐<br>Very Good ☐ Good ☐<br>Excellent ☐ |
| 16. | How would you rate the time and attention given to you by the doctors? | Poor ☐ Fair ☐<br>Very Good ☐ Good ☐<br>Excellent ☐ |
| 17. | How would you rate their response to emergencies? | Poor ☐ Fair ☐<br>Very Good ☐ Good ☐<br>Excellent ☐ |
| 18. | Were you assured of the confidentiality of your medical condition? | **Yes** ☐ **No** ☐ |
| 19. | Have you ever paid for any services in the facility? | **Yes** ☐ **No** ☐ |
| 20. | If ***Yes,*** what services did you pay for? | **Hosp Card** ☐<br>**Drugs** ☐<br>**Lab Services** ☐<br>**Accommodation** ☐<br>**Feeding** ☐<br>**Others (Specify)** ☐ |
| 21. | How much did you pay for the service? | **₦** |
| 22. | Have you ever been denied treatment? | **Yes** ☐ **No** ☐ |
| 23. | If Yes, what were the reasons? | |
| 24. | Have you ever been referred from a Primary care provider to secondary/Tertiary care Provider? | **Yes** ☐ **No** ☐ |
| 25. | If Yes, how long did you wait for an Authorization code for treatment? | **30 mins** ☐ **1Hr** ☐ **others** ☐ |
| 26. | Overall, were you satisfied with the services you received? | **Yes** ☐ **No** ☐ |

Name, Signature and Date *(Interviewer)*.....