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** ☐ **31-45** ☐ **61+** ☐ **46-60** ☐
2.	Sex	**Male** ☐ **Female** ☐
3.	Educational Background	**Primary** ☐ **Secondary** ☐ **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 ☐ 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? *(Please tick as appropriate)*	Reception Area ☐ GOPD ☐ Waiting Room ☐ Lab ☐ 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 ☐ Pharmacist ☐ Others (Specify) ☐

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 ☐ Very Good ☐ Good ☐ Excellent ☐
15.	How would you rate the attitude of the Nurses to Patients?	Poor ☐ Fair ☐ Very Good ☐ Good ☐ Excellent ☐
16.	How would you rate the time and attention given to you by the doctors?	Poor ☐ Fair ☐ Very Good ☐ Good ☐ Excellent ☐
17.	How would you rate their response to emergencies?	Poor ☐ Fair ☐ Very Good ☐ Good ☐ 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** ☐ **Drugs** ☐ **Lab Services** ☐ **Accommodation** ☐ **Feeding** ☐ **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)*……………………………………………………………………………………