

**ANNEXE XIII**  
**HEALTH FACILITY SURVEY-BHUTAN, 2009**  
**QUESTIONNAIRE FOR ASSESSMENT OF STI/HIV PATIENT SATISFACTION**

Serial number of the facility

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Serial number of the patient

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Kuzuzangpola! My name is ..... I am working as an enumerator for assessing the service quality in this facility conducted by the Ministry of Health, Royal Government of Bhutan. This survey is aimed at finding more information on how to improve service quality from this health facility.

I would like to request you to participate in this research by answering few questions. Information provided by you will only be used for the purposes of this survey. Whatever you tell me will be kept strictly confidential. Your name or address will never be written. You can refuse to participate in the interview or you can stop the interview at any time after we start. If you agree to participate in the interview, then it is really important that you provide us the right information. Is it all right to begin?

**General Information**

Name of the facility:	
District:	Gewog /Town:
Interview completion status:	1. Completed <input type="checkbox"/> 2. Not completed <input type="checkbox"/> 3. Refused <input type="checkbox"/> 4. None available <input type="checkbox"/>
If refused, ask the respondent what is the possible cause of refusal?	
1. Not interested 2. No time 3. Others (specify).....	
If the interview is not completed, specify the question number in which interview was terminated:	
<div style="border: 1px solid black; width: 120px; height: 20px; margin: 0 auto;"></div>	
Type of health facility:	
1.	National Referral Hospital <input type="checkbox"/>
2.	Regional Referral Hospitals <input type="checkbox"/>
3.	District Hospitals <input type="checkbox"/>
4.	BHU-I <input type="checkbox"/>
5.	BHU-II <input type="checkbox"/>

Interviewer's code: \_\_\_\_\_ Interviewer's signature: \_\_\_\_\_ Interview date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked by:

Name of the supervisor:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Patient exit interview form (STI/HIV)

Type of visit:                1. *New*                                2. *Old*  
 Type of session:            1. Individual                                2. Couple

***(Please circle the most appropriate response)***

1.	Was there a place for you to sit while you were waiting?	1. Yes	2. No
2.	Was the prescriber knowledgeable?	1. Yes	2. No    3. Not sure
3.	Did you feel comfortable when the prescriber asking questions?	1. Yes	2. No
4.	Did you feel the prescriber answer your questions fully?	1. Yes	2. No
5.	Did you feel comfortable during your physical examination?	1. Yes	2. No    3. NA*
6.	Did you feel comfortable when samples were collected?	1. Yes	2. No    3. NA
7.	Was the prescriber appeared to be friendly to you?	1. Yes	2. No
8.	Did your prescriber clearly explain the meaning of your disease?	1. Yes	2. No
9.	Do you intend to discuss your test results with your partner?	1. Yes	2. No    3. NA
10.	Were staff members helpful and supportive?	1. Yes	2. No
11.	Overall, were the services you received at this facility satisfactory?	1. Yes	2. No
12.	Do you intend to tell others about this facility?	1. Yes	2. No
13.	Do you have a clear idea of how to protect yourself and/or your partner from HIV/STI now?	1. Yes	2. No
14.	Did the prescriber who examined wear gloves?	1. Yes	2. No
15.	Has any laboratory test for HIV/STI conducted for you in this visit?	1. Yes	2. No    3. Refer
16.	If yes, have you received the result?	1. Yes	2. No
17.	If no, what is the date (expected time) they gave you to get the result?    1. 1-2 days                                2. >2 days		

\*NA = Not applicable

Do you have any suggestion to improve quality of services in the facility?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**(End the interview by giving thanks to the interview participant)**