



**ROYAL GOVERNMENT OF BHUTAN**

**NAME OF HCC**

**DZONGKHAG**

*Feedback of Patient availing OPD Services*

Name of Healthcare Facility.....Age/Sex of patient...../.....

Date:.....

<b>Rating Criteria:</b>		<b>Excellent-3;</b>	<b>Good-2;</b>	<b>Needs improvement-1;</b>	<b>Bad-0</b>
Sl. No.	Indicators	Rating Level			
		3	2	1	0
<b>Reception</b>					
1	Efficiency of the receptionist (Timeliness of service)				
2	Friendliness of the receptionist				
3	Clarity of the information provided by the receptionist				
<b>Out-patient Department</b>					
Name of the department/unit visited: _____					
Chamber no: _____					
4	Efficiency of the healthcare provider (Timeliness of service)				
5	Friendliness of the healthcare provider				
6	Clarity of the information provided by the healthcare provider				
7	Protection of your privacy and confidentiality				
8	Satisfaction level of the service provided at this department/unit				
<b>Diagnostic services</b>					
Name of the department/unit visited: <input type="checkbox"/> Lab <input type="checkbox"/> Radiology <input type="checkbox"/> Echo <input type="checkbox"/> Endoscopy <input type="checkbox"/> Audiology					
<input type="checkbox"/> Others specify _____					
9	Efficiency of the staff (Timeliness of service)				
10	Friendliness of the staff				
11	Clarity of the information provided by the staff				
12	Protection of your privacy and confidentiality				
13	Satisfaction level of the service provided at this department/unit				
<b>Pharmacy Department/Unit</b>					
14	Efficiency of the staffs (Timeliness of service)				
15	Friendliness of the staffs				
16	Clarity of the information provided by the staffs				
17	Satisfaction level of the service provided at this department/unit				
<b>Health Facility Environment</b>					
18	Cleanliness of the healthcare facility				



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19	Cleanliness of the toilets				
20	Availability of sitting facilities in waiting rooms				
21	Clarity of direction and sign boards				
Suggestion/Feedbacks:					