

## ANNEXE XV

### HEALTH FACILITY SURVEY-BHUTAN, 2009 GUIDELINE FOR ASSESSMENT OF STI/HIV PATIENT SATISFACTION QUESTIONNAIRE

#### Questionnaire Cover page

Before starting interviewer will introduce him/herself to the patients, describe their purpose of survey and take consent from the patient.

#### General information:

- **Name of the facility:** Name of the facility should be written specifically.
- **District and Gewog/town:** In these boxes the name of district and village/town should be written.
- **Interview completion status:** If the interview is completed from beginning to the end, circle 1; if not completed circle 2; if refused circle 3 and if there is no client in the facility to interview then circle 4. If there is refusal for the interview, then try to get the possible cause of refusal and circle the appropriate response. If the interview is not completed, then mention the number of the question where the interview has been terminated.
- **Type of the health facility:** Before the interview starts check the box of health facility where the interview is being taking place.
  1. National Referral Hospital
  2. Regional referral hospitals
  3. District hospitals
  4. BHU-I
  5. BHU-II
- **Interviewer's code:** A code list for all interviews will be prepared. Please write the appropriate code in to the box.
- **Interviewer's signature:** After completion of the interview, respective interviewer should sign here.
- **Date of interview:** Record the exact date of interview (dd/mm/yy).
- **Checked by:**
  - **Supervisor name and signature:** The supervisor will check the questionnaire daily thoroughly and then sign.
  - **Date:** The supervisor will record the date (dd/mm/yy) on which s/he has checked the questionnaires.

## Patient Exit Interview Form (STI/HIV)

**Type of visit:** If New visit circle 1 and for Old patient circle 2.

**Type of session:** If only with patient circle 1 and if with partner circle 2.

### Now start the questions and circle the most appropriate response

- Q1** Ask the patient whether there was a place for him/her to sit while waiting.  
If yes circle '1' and no circle '2'.
- Q2** Ask the patient whether the prescriber was knowledgeable.  
If yes circle '1', no circle '2' and for not sure circle '3'.
- Q3** Ask the patient whether s/he felt comfortable when the prescriber asking questions.  
If yes circle '1' and no circle '2'.
- Q4** Ask the patient whether s/he felt about the prescriber answer their questions fully.  
If yes circle '1' and no circle '2'.
- Q5** Ask the patient whether s/he felt comfortable during physical examination.  
If yes circle 1, no circle 2 and if not applicable circle NA.
- Q6** Ask the patient whether s/he felt comfortable when samples were collected.  
If yes circle '1', no circle '2' and if not applicable circle NA.
- Q7** Ask the patient whether the prescriber appeared to be friendly.  
If yes circle '1' and no circle '2'.
- Q8** Ask the patient whether the prescriber clearly explained the meaning of their disease.  
If yes circle '1' and no circle '2'.
- Q9** Ask the patient whether s/he intend to discuss test results with their partner.  
If yes circle '1', no circle '2' and if not applicable circle NA.
- Q10** Ask the patient whether staff members were helpful and supportive.  
If yes circle '1' and no circle '2'.
- Q11** Ask the patient whether the services were received at this facility satisfactory.  
If yes circle '1' and no circle '2'.
- Q12** Ask the patient whether s/he intend to tell others about this facility.  
If yes circle 1 and no circle 2.
- Q13** Ask the patient whether they have a clear idea of how to protect them self and/or their partner from HIV/STI now.  
If yes circle '1' and no circle '2'.

- Q14** Ask the patient whether the prescriber who examined wore gloves.  
If yes circle '1' and no circle '2'.
- Q15** Ask the patient whether any laboratory test for HIV/STI has conducted for him/her in this visit.  
If yes circle 1, if no circle 2 and if refer circle 3.
- Q16** If yes, ask the patient whether s/he got the result.  
If yes circle '1' and no circle '2'.
- Q17** If no, ask the patient what is the date (expected time) they gave to get the result.  
If 1-2 days circle '1' and >2 days circle '2'.

Lastly asked the patient about any suggestion to improve quality of services in the facility, write first four.

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