



# LESOTHO

## Exit questionnaire - Health Care Centers and OPDs

### Information on the Health Care Center

<b>Name of Health Center:</b>		
<b>District:</b> (circle one)	1 = Berea 2 = Butha-Buthe 3 = Leribe 4 = Mafeteng 5 = Maseru	6 = Mohale's Hoek 7 = Mokhotlong 8 = Qacha's Nek 9 = Quthing 10 = Thaba-Tseka
<b>Type:</b> (circle one)	1 = Government 2 = CHAL	

### Date

Day	Month	Year

Dear Health Center Visitor,

My name is \_\_\_\_\_. I am working with the approval of the Lesotho Ministry of Health and Social Welfare and on a research project supported by the Millennium Challenge Corporation. We are conducting a survey to assess how patients perceive the quality of the services received and the overall physical state of health facilities. This information will help the government to evaluate the services offered in their health centers. The survey usually takes between 5 to 10 minutes to complete. If the patient is a child and you are the parent or caregiver that is accompanying the child, we would appreciate if you could complete the survey for the child. Whatever information you provide will be kept strictly confidential and will not be shown to anyone else. Participation in this survey is voluntary and you can choose not to participate. Your participation will not affect the care you receive. You may also choose to not answer any individual questions and you may stop the interview at any time. The doctors, nurses, and staff members at this health facility will not know what you have told us, and the treatment and care that you get here will not be affected in any way by what you say. The risk of anyone knowing about what you have said is very small and there are no benefits to the care that you or the patient will receive. A report will be written for the government that combines information from all of the people we talk with so that no one person can be identified. However, your views are very important, and we hope that you will take the time to participate in this survey. At this time, do you have any questions?

Are you ready to begin?

**Interviewer Initials:** \_\_\_\_\_

## Exit questionnaire - Health Care Centers and OPDs

### Information on the Patient

<b>Village:</b>		
<b>District:</b> (circle one)	1 = Berea 2 = Butha-Buthe 3 = Leribe 4 = Mafeteng 5 = Maseru	6 = Mohale's Hoek 7 = Mokhotlong 8 = Qacha's Nek 9 = Quthing 10 = Thaba-Tseka

### Interview

**Start Time:** \_\_\_\_\_

What time did you arrive at the Health Care Center?

\_\_\_\_\_ Hours      \_\_\_\_\_ Minutes

Day of visit:

- |               |              |
|---------------|--------------|
| 1 = Monday    | 5 = Friday   |
| 2 = Tuesday   | 6 = Saturday |
| 3 = Wednesday | 7 = Sunday   |
| 4 = Thursday  |              |

**1** What is your relationship to the patient?

1 = Self  
 2 = Parent  
 3 = Legal guardian  
 4 = Friend or neighbor  
 5 = Other:  
 (Specify: \_\_\_\_\_)

**2** How old is the patient?  
(In Months if the patient is less than 12 months old)

Years:  
 or  
 Months:

**3** What is the patient's gender?

1 = Female  
 2 = Male

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**4** What is the patient's highest educational level?      1 = No formal education  
2 = Primary education  
3 = Secondary education  
4 = Higher than secondary education

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**5** Is the patient currently employed in a paid job?      1 = Yes  
0 = No      (if No, go to **6**)

**5a** If the patient is currently employed: did the patient have to skip work to come to the health care center?      1 = Yes  
0 = No

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**6** Is the patient enrolled in school?      1 = Yes  
0 = No      (if No, go to **7**)

**6a** If the patient is enrolled in school: did the patient have to skip school to come to the health care center?      1 = Yes  
0 = No

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**7** How did you get to the health care center?      1 = Walking  
2 = Riding a donkey or a horse  
3 = Bicycle  
4 = Micro-bus  
5 = Bus  
6 = Taxi  
7 = Private car  
8 = Other: \_\_\_\_\_  
(Specify: \_\_\_\_\_)

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**8** How long did it take to get to the health care center from your place of residence?

\_\_\_\_\_      \_\_\_\_\_  
Hours      Minutes

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**9** Did you have to pay for transportation to get to the health center?      1 = Yes  
0 = No      (if No, go to **10**)

**9a** If paid for transportation: how much did you have to pay to get to the health care center?

\_\_\_\_\_  
Maloti

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**10** What was the main purpose of the visit?

1 = Curative services (the patient was feeling sick)  
2 = Family planning  
3 = HIV testing/counseling  
4 = Care related to child birth  
5 = Vaccination  
6 = ART services  
7 = TB testing  
8 = Other:  
(Specify: \_\_\_\_\_)

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**11** Was the patient diagnosed with a disease or illness?

1 = Yes  
0 = No (If No, Go to **12**)

**11a** If a diagnosis was made: please write in the disease/illness.

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Provide all applicable diagnoses

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**12** Did the doctor/nurse prescribe any medication?

1 = Yes  
0 = No (If No, Go to **13**)

**12a** If medication was prescribed: did the patient get all the medications?

1 = Yes (If Yes, Go to **13**)  
0 = No

**12b** If patient did not get all medications: select a reason.

1 = Center is out of supply  
2 = Center does not supply  
3 = Other:  
(Specify: \_\_\_\_\_)

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**13** Does this health facility offer all the services you need?

1 = Yes (If Yes, Go to **14**)  
0 = No

**13a** If this health facility does not offer all the services needed: where do you go for other services?

1 = Hospital  
2 = Another health center  
3 = Private doctor  
4 = Traditional healer  
5 = Other:  
(Specify: \_\_\_\_\_)  
6 = None

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<b>14</b> Please rate the following aspects of the Health Care Center:	1 Very Good	2 Good	3 Poor	4 Very Poor
<b>14a</b> Overall health facility in terms of space?				
<b>14b</b> Condition of the building (such as roofing, doors, windows, walls, pavements)?	1 Very Good	2 Good	3 Poor	4 Very Poor
<b>14c</b> Availability of water?	1 Very Good	2 Good	3 Poor	4 Very Poor
<b>14d</b> Availability of toilet/latrines?	1 Very Good	2 Good	3 Poor	4 Very Poor
<b>14e</b> Security Conditions?	1 Very Good	2 Good	3 Poor	4 Very Poor
<b>15</b> Is electricity available at the Health Center?	1 Yes	2 No	3 Don't Know	
<b>16</b> Is hand washing soap available at the Health Center?	1 Yes	2 No	3 Don't Know	
<b>17</b> Who attended the patient?	1 = Nurse 2 = Doctor 3 = Other 4 = Don't Know			
<b>18</b> How would you rate the quality of the service received from the nurse/doctor?	1 Very Good	2 Good	3 Poor	4 Very Poor
<b>19</b> How would you rate the time you had to wait to be seen by the nurse/doctor?	1 Very Good	2 Good	3 Poor	4 Very Poor
<b>20</b> Why did you choose this health care center? (Circle all that apply)	1 = Nearest health care center 2 = Recommended by family/friends 3 = Health care center has a good reputation 4 = Health care center provides the services I need 5 = The service is good 6 = Other: (Specify: _____)			

