

**ANNEXE XIV**  
**HEALTH FACILITY SURVEY-BHUTAN, 2009**  
**QUESTIONNAIRE FOR ASSESSMENT OF VCT CLIENT SATISFACTION**

Serial number of the VCT centre

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Serial number of the client

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Kuzozangpola! My name is ..... I am working as an enumerator for assessing the VCT services facility conducted by the Ministry of Health, Royal Government of Bhutan. This survey is aimed at finding more information on show to improve VCT service quality.

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:
<p>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"/></p> <p>If refused, ask the respondent what is the possible cause of refusal?</p> <p>1. Not interested  2. No time  3. Others (specify).....</p> <p>If the interview is not completed, specify the question number in which interview was terminated:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 10px auto;"></div>	
<p>Type of health facility:</p> <p>1. HISC, Thimphu <input type="checkbox"/></p> <p>2. HISC, Phuentsholing <input type="checkbox"/></p>	

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

Checked by:  
Name of the supervisor:

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

### Assessment of the VCT client satisfaction form

*Type of visit:*                      1. new                      2. old

*Type of session:*                      1. Individual                      2. Couple                      3. Group information/counseling

1.	Was there a place for you to sit while you were waiting?	1. Yes      2. No
2.	Have you been greeted by a VCT staff member (e.g. receptionist) within 15 minutes of your arrival?	1. Yes      2. No
3.	Did the staff members explained what would happen during your visit?	1. Yes      2. No
4.	Was the counsellor knowledgeable?	1. Yes      2. No      3. Not sure
5.	Did you feel comfortable when the counsellor asking you questions?	1. Yes      2. No
6.	Did you feel the counsellor answer your questions fully?	1. Yes      2. No
7.	Did you feel that the counsellor himself/herself appeared comfortable while talking to you?	1. Yes      2. No      3. Don't know
8.	Did you feel comfortable during your blood sample collection?	1. Yes      2. No      3. Not applicable
9.	Did the person who collected your blood wear gloves?	1. Yes      2. No      3. Not applicable
10.	Were the VCT staff members helpful and supportive?	1. Yes      2. No      3. Not sure
11.	Do you intend to discuss your test results with your partner?	1. Yes      2. No      3. Not applicable
12.	Do you have a clear idea on how to protect yourself and your partner?	1. Yes      2. No      3. Not sure
13.	Do you intend to change your behaviour as a result of coming to this site?	1. Yes      2. No      3. Not sure
14.	Did your counsellor clearly explain the meaning of your test results?	1. Yes      2. No      3. Not applicable
15.	When your test results will be or were available (not applicable for confirmatory tests and ELISA)?	<input type="checkbox"/> on the same day <input type="checkbox"/> 1 day <input type="checkbox"/> ≥2 days
16.	Did you come here for repeat counselling session?	1. Yes      2. No
17.	Overall, how would you grade the services received from this VCT centre?	1. <input type="checkbox"/> Excellent      2. <input type="checkbox"/> Good 3. <input type="checkbox"/> poor
18.	Will you be telling others to visit this VCT centre?	1. Yes      2. No      3. Not sure

**Suggestions to improve the quality of the service of this VCT centre (write first four):**

**1**.....

**2**.....

**3**.....

**4**.....

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