Annexure-II

QUESTIONNAIRE FOR INDOOR PATIENTS

01. What is your opinion regarding admission?
   (i) It is really difficult to get admission
   (ii) It is not much difficult to get admission
   (iii) It is easy to get admission

02. How the patients are received when they reach the ward for the first time. What was your experience?
   (i) I had to wait for long before I was made comfortable in the bed.
   (ii) I had to wait for tolerable time before I was made comfortable in the bed.
   (iii) I did not have to wait at all and I was soon made comfortable in the bed.

03. How did you get preliminary information about your treatment?
   a) Information Desk  b) Doctor  c) Nurse  d) Staff member

04. How did the person at the information desk answer?
   Politely / Rudely

05. Did he give complete information?
   Yes  No

06. Average length of time spent by you as an indoor patient between entry and exit.
   (i) 1-2 days
   (ii) 2-3 days
   (iii) 3-4 days
   (iv) 4-5 days
   (v) More than 5 days

07. Did you have to pay tips in cash or in kind to any hospital staff?
   Yes / No

08. Do you get all medicines prescribed by doctors, from hospital itself?
   (i) Very few medicines
   (ii) Most of the medicines
   (iii) All medicines

09. Were you allotted a bed during your stay?
   Yes / No
10. What are the cleanliness standard of the hospitals?
   (i) Excellent
   (ii) Fair
   (iii) Good
   (iv) Dirty
   (v) Extremely dirty.

11. Which of the difficulties did you face?
   (i) Treatment not started immediately
   (ii) Doctors not available soon
   (iii) Nurses not available soon
   (iv) Medicines not available from the hospitals

12. How did you find the behaviour of staff during your stay in the hospitals?
   Excellent  Good  Acceptable  Rude
   (i) Doctors
   (ii) Nursing Staff
   (iii) Ayahs & others

13. Which of the following difficulties have you faced in emergency room?
   (i) Doctors was required, but not available
   (ii) Emergency drugs & equipment required at that moment were not available in casualty.

14. Tastes differ in respect of food; therefore comments vary. What is your opinion?
   (i) Food is awful
   (ii) Food is tolerable
   (iii) Food is excellent

15. How were you looked after by night duty staff?
   (i) They were good.
   (ii) They were so on.
   (iii) They were indifferent

16. Different comments are heard about the policy of the doctors visiting the ward in the hospitals. What is your feeling in this matter?
   (i) Not satisfactory
   (ii) Somewhat satisfactory
   (iii) Satisfactory
17. Are you satisfied with the facilities for the relative attending on you?
   (i) Not satisfactory
   (ii) Satisfactory
   (iii) Somewhat satisfactory

18. Is the linen provided clean? Yes / No

19. Did you have to depend on private clinics for
   (i) X-ray Yes / No
   (ii) Pathology Yes / No

20. Patients usually form an opinion about the kind of medical treatment they are receiving. How is the treatment you received?
   (i) Adequate
   (ii) Somewhat inadequate.
   (iii) Mostly inadequate.

21. (a) Do you understand the drug schedules prescribed by the Doctors Yes / No
   (b) Do the patients depend upon dispensary people for proper instructions on this? Yes / No

22. How often do you go against medical advice?
   (i) Very Often
   (ii) Often
   (iii) Not at all

23. Please indicate your reason for selecting this hospital?
   (i) It is free
   (ii) It is nearer
   (iii) It has good doctors
   (iv) You have relatives in the city
   (v) It is well-known
   (vi) No other place to go

24. What additional services/improvement would you suggest to have in the hospitals?
DEMOGRAPHIC INFORMATION

25. Name of the Hospital :

26. Address :

27. Name of the Patient :

28. a) Sex
   i) Male
   (ii) Female

   b) Educational Status
   Under matric / Matriculate / Under graduate/
   Graduate / Post-graduate

29. Occupation
   Agriculture / Service / Business / Profession
   Any other

30. Address (Residential) :

31. Income Level (per month)
   (i) < 5000
   (ii) 5000 – 10,000
   (iii) 10,001 – 15,000
   (iv) 15,001 – 20,000
   (v) Above 20,000

32. Ward Name / Bed No.: