APPENDIX VII

PATIENT OPINION SURVEY
(Questionnaire 1)

1. Please fill in the following and return to Medical Record Department. Your correct reply, assessment and suggestion will help the administration to provide you better medical care:

Name ________________________ Age __________
Sex _______ Marital Status M/S/D/W
Educational Standard _______ Employed/Student E/S
Monthly income own/parent __________ Rural/Urban R/U
Ward No./OPD/Visitor ________________

2. Please tick the appropriate column in the following table:

<table>
<thead>
<tr>
<th>SERVICE/FACILITY</th>
<th>Very Good</th>
<th>Satisfactory</th>
<th>Bad</th>
<th>Hopeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 SERVICE</td>
<td>Medical Treatment</td>
<td>Dispensary</td>
<td>Laboratory</td>
<td>X-Ray</td>
</tr>
</tbody>
</table>

2.2 BEHAVIOUR
Receptionist
Senior Consultants
Junior Consultants
House Surgeons
Registrars
NMD Staff
Matron
Ward Sister
Duty Sister
Male Nursing Staff
Class IV employees

2.3 AVAILABILITY
Medicine
Injection
Dressing
Linen

2.4 CLEANLINESS
Office
Verandah
Wards
Lawns
<table>
<thead>
<tr>
<th>Stores</th>
<th>Bath rooms</th>
<th>Latrines</th>
<th>Urinals</th>
<th>Linen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very Good</strong></td>
<td><strong>Satisfactory</strong></td>
<td><strong>Bad</strong></td>
<td><strong>Hopeless</strong></td>
<td></td>
</tr>
</tbody>
</table>

2.5 **FOOD**
- Cooking Standard
- Variety
- Quantity
- Service

2.6 **AMENITIES**
- Light
- Fan
- Drinking Water
- Canteen
- Postal
- Telephone

2.7 **Any Other Observation/Complaint**

3. Please give your suggestions.

3.1

3.2

Signature please

Patient/Relative/Visitor