APPENDIX – H

Knowledge acquisition of Exit Patient Questionnaire

a) Could you understand your health problem?
   If yes, Please name it.

b) Could you understand the treatment suggested by the doctor? Yes No

c) Do you remember the name of the tablets? Yes No

d) Did the doctor explained you the cause of your health problems? Yes No

e) Do you like to know, what is your health problem
   1) What is the treatment suggested Yes No
   2) What is the diet suggestion Yes No
   3) What is the cause for health problem Yes No

f) If yes, how do you want to learn?
   □ Doctor □ Reading □ Oral explanation by similar patient
   □ Seeing (AV)