QUESTIONNAIRE FOR HOSPITAL HEADS

GENERAL

1. Name of the Hospital
   _____________________________________

2. Address
   _____________________________________

3. Year of Establishment
   _____________________________________

4. Name of the Respondent Title / Designation
   _____________________________________

5. Category of Hospital
   [   ] Medical
    [   ] Surgical
    [   ] Nursing Home
    [   ] ________

6. Hospital Type
   [   ] General:
    [   ] Acute Care
    [   ] Long Stay
   [   ] Specialized:
    [   ] Tuberculosis
    [   ] Infectious
    [   ] Cardiology Diseases
    [   ] Chest
    [   ] Psychiatry
    [   ] Child Health
    [   ] Trauma
    [   ] Leprosy
    [   ] Cancer
    [   ] ENT
    [   ] Orthopedics
    [   ] Gynecology
    [   ] ________

7. Ownership and Management:
   [   ] Individual / Private
   [   ] Government:
    [   ] State
    [   ] Central
   [   ] Local Bodies:
    [   ] Zilla Parishad
    [   ] Municipality
    [   ] Panchayat
    [   ] ______________

8. Catchment area of Hospital:  Districts of: _____________________________

9. Staff Strength:
   _______Doctors
   _______Medical Assistants
   _______Administrative Assistants
   _______Nurses
   _______Workers

10. Admissions per day:
    _______New Patients

11. Total Number of Wards:
    _______________________

12. Bed Capacity:
    _______Beds

13. Occupancy:
    _______________________

14. Specialty-wise Distribution of Beds:
    _______  _______
MEDICAL FACILITIES

1. What are the different facilities available: [ ] Laboratory [ ] Radiology in your hospital
   [ ] Pathology [ ] Recovery Room
   [ ] Casualty [ ] Operation Theatre
   [ ] Diagnostic Department [ ] ICU

2. What are the diagnostic services: [ ] Clinical Laboratory
   [ ] Clinical Pathology
   [ ] Clinical Chemistry
   [ ] Microbiology [ ] Radiology
   [ ] Endoscopy
   [ ] Electrocardiography
   [ ] CT Scan [ ] MRI
   [ ] __________ [ ] __________

3. Is/Are there qualified persons to look after these services?
   [ ] Yes [ ] No

4. Average Number of Patients admitted fora day in the casualty department:
   ___________________________________

5. What is the nature of Emergency?: [ ] Injury by Accident
   [ ] Sudden attacks of illness

6. Does your Hospital Accept/Admit emergency patients?
   [ ] Yes [ ] No

7. Do you have X-ray Dept?
   If Yes,
   ♥ How many X-ray machines do you have?
   [ ] Yes [ ] No
   ♥ Do you have an Automatic film processing unit?
   [ ] Yes [ ] No
   ♥ Do you maintain buffer-stock of X-ray films?
   [ ] Yes [ ] No
   ♥ Do you store medico-legal X-rays?
   [ ] Yes [ ] No
   ♥ Are all X-rays reported by the Radiologist?
   [ ] Yes [ ] No
   ♥ Is the X-ray room air-conditioned?
   [ ] Yes [ ] No
   ♥ How long a patient has to wait?
   ___________________________________
a. for a plain X-ray? __________________________
b. for a contrast X-ray? __________________________

8. What system of standardization is followed in your laboratory? __________________________

9. Who supervises the functioning: [ ] Laboratory Committee of the Laboratory?
   [ ] Lab. In charge
   [ ] Doctor himself [] _______

10. Does the Laboratory help in Hospital infection control surveillance? [ ] Yes [ ] No

11. What system is used for dispatching laboratory reports? __________________________

12. What is the procedure followed for dealing with chemical and bacteriological hazards? __________________________

13. Is the service available round-the-clock? [ ] Yes [ ] No

14. How do you control sterilization? __________________________

15. Do you have a central sterilized stores department? (CSSD)? [ ] Yes [ ] No
   Is there a qualified pathologist? [ ] Yes [ ] No

16. Does the hospital offer MTP? [ ] Yes [ ] No

17. Do you conduct Amniocentesis (Sex determination) test? [ ] Yes [ ] No
   If Yes, Which organ/s?
   ________  ________  ________  ________

18. Do you conduct organ transplants? [ ] Yes [ ] No

19. What measure do you take to prevent outside infection? __________________________

20. Is there a pharmacy in your hospital? [ ] Yes [ ] No

21. If Yes, How many pharmacists are employed there? [ ] Yes [ ] No

22. Do you maintain a stock of all essential drugs in hospitals? [ ] Yes [ ] No

23. Do you have a separate medical store in your Hospital? [ ] Yes [ ] No

24. Does your hospital do autopsy? [ ] Yes [ ] No

25. Does your hospital offer mortuary services? [ ] Yes [ ] No

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OUT-PATIENT DEPARTMENT (OPD)

1. Does the hospital have a separate OPD block? [ ] Yes [ ] No
2. If Yes, Is there a separate officer-in-charge for it? [ ] Yes [ ] No
3. Are there following facilities in the OPD?
   ▼ Sample collection counter [ ] Yes [ ] No
   ▼ Injection Room [ ] Yes [ ] No
   ▼ Dressing Room [ ] Yes [ ] No
   ▼ Health Education Programmed [ ] Yes [ ] No
   ▼ Family Welfare Programmed [ ] Yes [ ] No
   ▼ Medical Social Workers [ ] Yes [ ] No
4. What is the average daily attendance in the OPD? ___________ Patients
5. What is the average monthly attendance in the OPD? ___________ Patients

HOSPITAL ADMINISTRATION/SUPERINTENDENT

1. Does the hospital have a full time Hospital Administrator? [ ] Yes [ ] No
2. If No, does the hospital have a full time Medical Superintendent? [ ] Yes [ ] No
3. If both No, who is responsible for the day-to-day functioning of the hospital? ______________________
4. Have the subordinates been given medical / administrative decision making authority? [ ] Yes [ ] No
5. Are the suggestions tendered by the staff accepted and implemented? [ ] Yes [ ] No
6. Can an external personnel communicate with an individual hospital department? [ ] Yes [ ] No

NURSING SERVICES

1. What are the basic educational specification of the nurses in your hospital? [ ] below SSC [ ] SSC
   [ ] HSC [ ] BSC nursing [ ] HSC nursing [ ]
2. What are your hospital’s sources for obtaining nurses? ______________________
3. How many nurses are available in the night shift? ______________________
4. Do the nurses provide health education to patients? [ ] Yes [ ] No
5. Where the nurse records are maintained? [ ] Wards [ ] Nursing Station
6. What is the rate of nurses’ turnover in your hospital? ____________ % of total nurses
7. Have the nurses been provided residential accommodation in your hospital? [ ] Yes [ ] No

HOSPITAL TECHNICIANS

1. What is your hospital’s source of obtaining laboratory and X-ray technicians? _____________________________
2. What is the basic minimum specification of the technicians recruited by your hospital? _____________________________

INVENTORY CONTROL

1. Do you have a separate store and purchase department in your hospital? [ ] Centralized [ ] Decentralized
2. Which method of purchase is followed by you? [ ] Yes [ ] No
3. Have you adopted systematic procedure for receiving and inspecting purchased goods? [ ] Yes [ ] No
5. What system is adopted for stock replenishment? [ ] Drug Basket [ ] Exchange Card [ ] Par-level or Topping-up
6. Do you use legally valid and printed purchased order forms? [ ] Yes [ ] No
7. Are the purchase orders initiated in time and followed up for delivery? [ ] Yes [ ] No

CANTEEN AND LAUNDRY SERVICES

1. Does the hospital have its own laundry? [ ] Yes [ ] No
2. Is it manual or mechanical? [ ] Yes [ ] No
3. What Is the system of Linen-supply followed in hospital? _____________________________
4. Does the hospital have a on the premises? [ ] Yes [ ] No
## FINANCE AND BUDGETING

1. Total annual expenditure of the hospital
   - Rs._______________ approx.

2. Do you prepare annual budget for the hospital?
   - [ ] Yes
   - [ ] No
   - [ ] Operating Revenue Budget
   - [ ] Capital Budget
   - [ ] Cash Budget
   - [ ] Flexible Budget
   - [ ] Fixed Budget

3. If Yes, What type -

4. What is the strategy adopted by the hospital for controlling the expenditure?

5. Are the hospitals day-to-day expenditure met from the receipts of the hospital?
   - [ ] Yes
   - [ ] No

6. What was the hospital’s initial source of financing?
   - [ ] Own
   - [ ] Government

7. Is there any government grants in aid or financial aid receivable by the hospitals?
   - [ ] Yes
   - [ ] No

8. If Yes, from whom?

9. Does the hospital prepare financial statement?
   - [ ] Yes
   - [ ] No

10. If yes, specify which?

11. Who looks after the hospital’s financial matters?

12. Is the hospital able to earn sufficient money presently to fulfill its future plans?
   - [ ] Yes
   - [ ] No

## VEHICLES

1. Total number of vehicles owned by the hospital?

2. Who supervises the transport and ambulance services in the hospital?

3. Do you maintain the following records for the use of ambulance/s?
   - [ ] Mileage each month/week
   - [ ] Ambulance Charges Recovered
   - [ ] Petrol Consumption
   - [ ] Details of repairs with cost
   - [ ] Mileage per liter
   - [ ] Details of Servicing

4. What is the system of maintenance of vehicles?

5. Is there any separate transport is available for disabled?
   - [ ] Yes
   - [ ] No

6. Does the Hospital have black van?
   - [ ] Yes
   - [ ] No

7. Does the ambulance driver maintain log book?
   - [ ] Yes
   - [ ] No
MAINTENANCE DEPARTMENT

1. Does the hospital have a maintenance department? [ ] Yes [ ] No
2. Does Hospital’s workshop undertake maintenance at all the equipment? [ ] Yes [ ] No
3. Do you have any arrangement for auxiliary power supply/emergency lighting? [ ] Yes [ ] No
4. What is the frequency of X-ray machines breakdown? [ ] Rarely [ ] Frequently [ ] ________________
5. What arrangement have been made for servicing/repair of X-ray machines? ________________

MISCELLANEOUS

1. Has the hospital prepared job-description / job-specification for each job? [ ] Yes [ ] No
2. Sources # which you get current information about the medical science? __________________________
3. What is the information system maintained by the hospitals? [ ] File [ ] Register [ ] F and [ ] Computer
4. On what basis employees are recruited? [ ] Qualification [ ] Experience [ ] Both
5. Do you give training to the employees? [ ] Yes [ ] No
6. __________________________
7. Do you have a written appoint to your staff? [ ] Yes [ ] No

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# QUESTIONNARI FOR STAFF

## A. PERSONAL DATA

1. **Sex**
   - [ ] M
   - [ ] F
2. **Age (in years)** ___________________
3. **Cast** ___________________
4. **Marital status**
   - [ ] Unmarried
   - [ ] Married
   - [ ] Widowed
   - [ ] Widower
   - [ ] Divorce
   - [ ] Divorced
5. **Distance of residence from the hospital (kms.)**
   - [ ] upto 1
   - [ ] 1-3
   - [ ] 3-6
   - [ ] 6-9
6. **Mode of conveyance**
   - [ ] Walks
   - [ ] Bicycle
   - [ ] Moped
   - [ ] Motorcycle
   - [ ] Bus
7. **Education**
   - [ ] SSC/HSC
   - [ ] Diploma
   - [ ] Graduate
   - [ ] Post Graduate
   - [ ] professional qualification
8. **Designation /grade** ___________________
9. **Experience (years)**
   - [ ] up to 3
   - [ ] 3-6
   - [ ] 6-9
   - [ ] 9-12
   - [ ] 12-16
   - [ ] above 16

## B. WORKING CONDITION

1. **How many hrs. A day do you work?** ___________________
2. **Do you feel fatigue after the worker?**
   - [ ] Yes
   - [ ] No
3. **Are you allowed to work overtime?**
   - [ ] Yes
   - [ ] No
4. **If yes, do you work overtime?**
   - [ ] Yes
   - [ ] No
5. **Do you get extra remedy of overtime?**
   - [ ] Yes
   - [ ] No
6. **If yes, at what rate?** ___________________
7. **Do you have shift system in your hospital?**
   - [ ] Yes
   - [ ] No
8. **If yes, in which shift do you work?**
   - [ ] Day
   - [ ] Night
9. **Which shift do you preferred?**
   - [ ] Day
   - [ ] Night

## C. WAGE POLICY

1. **How the work is rated?**
   - [ ] Basic + DA
   - [ ] Time-Rated
2. **Are there deductions from your salary?**
   - [ ] Yes
   - [ ] No
3. If yes, on what A/C?   [ ] Fine/ Penalty   [ ] For Damage
[ ] Loan/Advance
[ ] Housing/Accommodation


5. Are satisfied with salary that you receive?   [ ] Yes   [ ] No

6. If no, why not?

7. With what should the salary should linked:   [ ] cost of living
[ ] work input
[ ] both

8. Do you receive bonus payment?   [ ] Yes   [ ] No

9. If yes, how much

D. WELFARE FACILITIES

1. Do you have a canteen in the hospital?   [ ] Yes   [ ] No
2. Is there free medical aid for you?   [ ] Yes   [ ] No
3. Does the hospital have a housing colony?   [ ] Yes   [ ] No
4. If yes, have you allotted quarters there?   [ ] Yes   [ ] No
5. Do you get credit facilities?   [ ] Yes   [ ] No
6. Are there free school facilities for your children?   [ ] Yes   [ ] No

E. LEAVE AND RETIREMENT

1. Do you get weekly off?   [ ] Yes   [ ] No
2. What other types of leave can you get?   [ ] Sick Leave
[ ] Casual Leave
[ ] Monthly Leave

3. Do get paid leave each year?   [ ] Yes   [ ] No
4. Is the leave procedure in your hospital helpful?   [ ] Yes   [ ] No
5. If Yes, How? ( Make the full statement )   ____________________
6. Do you get privilege of leave encashment?   [ ] Yes   [ ] No
7. What are main retirement benefits in your hospital?   [ ] family pension
[ ] provident fund

F. GRIEVANCE PROCEDURE

1. Is there a grievance procedure in your hospital?   [ ] Yes   [ ] No
2. How do you aid your grievances?   [ ] head of department
[ ] directly   [ ] department
[ ] trade union

3. Can the grievance procedure solve your problem?   [ ] Yes   [ ] No
4. If yes, how? __________________________________________
   __________________________________________

5. Are you given a layoff? [ ] Yes [ ] No
6. If yes, what a reason? [ ] Excess manpower
   [ ] Temporary recruitment
   [ ] Agreement [ ] Other

7. What are the normal grievances related? [ ] Leave [ ] Weekly off
   [ ] Transfer [ ] Promotion
   [ ] Heavy work [ ] Discipline
   [ ] treatment [ ] salary

8. What is your opinion about salary? [ ] Sufficient [ ] Fair
   [ ] Minimum [ ] Poor

G. PROMOTIONS
1. Does the hospital have the promotion policy? [ ] Yes [ ] No
2. If yes, what is the promotion policy? [ ] Seniority [ ] Qualification
   [ ] Nepotism [ ] Performance
3. If seniority, after how many years service are you promoted?
   [ ] 4 years [ ] 5 years
   [ ] 8 years [ ] 10 years
   [ ] 12 years [ ] 14 years
4. Are you satisfied with your hospital promotion policy? [ ] Yes [ ] No

H. TRADE UNION
1. Does the hospital having the trade union? [ ] Yes [ ] No
2. Are you a member of it? [ ] Yes [ ] No
3. Is it recognised union? [ ] Yes [ ] No
4. Does it fight for you? [ ] Yes [ ] No
5. What are the sources of income for union? [ ] Donation
   [ ] Contribution [ ] other
6. Does your union make representation to the minimum
wages committee appointed by the government? [ ] Yes [ ] No
7. Do you get welfare fund assistance? [ ] Yes [ ] No

I. TRAINING AND DEVELOPMENT

1. What are the difficulties faced by you while discharging your duties? [ ] Ignorance of job [ ] Wrong placement [ ] Lack of orientation [ ] Communication gap [ ]

2. Do you think training is needed? [ ] Yes [ ] No
3. If yes, what type of training?
   - training with hospital
   - job rotation
   - on the job training
   - professional training

4. Does the hospital spend some fund on training program? [ ] Yes [ ] No
5. If yes, do you take advantage of it? [ ] Yes [ ] No
6. Does the hospital provide training at all levels? [ ] Yes [ ] No
7. Should the training be pre-employment or post employment? [ ] Yes [ ] No
8. What sort of achievement do you expect from training?
   - organizational
   - self development
   - promotion
   - increase payment

J. MISCELLANEOUS

1. Did anybody explain to you about the following:
   - Nature of work [ ] Yes [ ] No
   - Nature of incentives [ ] Yes [ ] No
   - Monetary benefits [ ] Yes [ ] No
   - Working condition [ ] Yes [ ] No

2. If yes, who was it? ___________________

3. Did you have certain expectations about the job before joining? [ ] Yes [ ] No
4. If Yes, Have your expectations been realized in the present job? [ ] Yes [ ] No
5. Have you ever thought of leaving your present job? [ ] Yes [ ] No
6. Have tried for a job elsewhere? [ ] Yes [ ] No
7. Do you feel it is easy for you to change your job? [ ] Yes [ ] No
8. Have you ever been turned down by your immediate superior when approach with:-: problem [ ] yes [ ] no : Suggestion [ ] yes [ ] no
9. Do you have a supervisor on where you can depend fully? [ ] Yes [ ] No
10. Do you think the present supervisor hold a personal dislike towards you? [ ] Yes [ ] No
QUESTIONNARIE FOR HOSPITAL PATIENT

Name: Mr/Mrs.  
Age: Years  
Sex: M/F

Family size: Members  
Occupation:

Following eighteen statements related to your recent stay in Hospital of Nashik city. You may ‘strongly agree’ or ‘strongly dis-agree’ with particular statement or may have feeling in between as shown in the following scale.

<table>
<thead>
<tr>
<th>Response Statements</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Un-decided</th>
<th>Dis Agree</th>
<th>Strongly Disagree</th>
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<tr>
<th>Question No</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Un-decided</th>
<th>Dis -Agree</th>
<th>Strongly Disagree</th>
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<tr>
<td>Questions</td>
<td>Strongly Agree</td>
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<td>Un-decided</td>
<td>Dis-Agree</td>
<td>Strongly Dis-agree</td>
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<tr>
<td>1. The doctor has kept up with the latest medical technology.</td>
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<td>2. The doctor is available in emergency situation.</td>
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<td>3. The doctor took keen interest in my well being.</td>
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<td>4. The doctor charged me the reasonable fees.</td>
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<td>5. The hospital's working hours are convenient to me.</td>
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<td>6. The doctor hears what I have to say.</td>
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<td>7. The doctor usually gives me enough information about my health</td>
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<td>8. The doctor examined me carefully before deciding what is wrong.</td>
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<td>9. The doctor thoroughly explain me the reasons, for tests and procedure that are done on me.</td>
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<td>10. The hospital staff taken a warm and personnel interest in me.</td>
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<tr>
<td>11. The hospital staff is friendly and courteous.</td>
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<td>12. The doctor prescribes drugs and pills too often.</td>
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<tr>
<td>13. The doctor order too may X-ray and laboratory test.</td>
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<tr>
<td>14. The doctor's main interest is in making as much money as he/she can.</td>
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<td>245</td>
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Please express yours’ feeling about the statement through the scale given below.
15. The doctor insist on purchasing medicine from particular drug store.

16. The doctor checks that the medicine purchased are as per prescription.

17. The doctor advise orally/in writing about how to take medication.

18. “I am very satisfied with the medical care I received” from the doctor.