



Patient Exit Interview

Patient gender and age	Gender ____ (M/F) Age ____ (years)
Health Facility Visited	
Department	
County	
District	
Date of Visit	
Assessor's Name	
Assessor's contact	
Start time: _____	End time: _____

Read to patient: We would like to ask you some questions about your recent experience at this health facility. This information will help us understand ways the health facility and staff can best provide services to their patients. We do not need to collect your name, phone number, or any medical information, and your participation in this brief survey is completely voluntary. You may choose not to participate at any time during the survey.

1) During this health center visit, did you see the healthcare workers wash and sanitize their hands before touching you or provide care?

- All of the time
- Some of the time
- No
- I don't remember

2) During this health center visit, did you see the healthcare workers wash and sanitize their hands after touching you or provide care?

- All of the time
- Some of the time
- No
- I don't remember

3) During this health center visit, did the healthcare worker(s) wear gloves when caring for you or giving treatment?

- All of the time
- Some of the time
- No
- I don't remember

4) During this health center visit, the healthcare worker spent enough time listening to me:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



Assessor: **briefly** describe how “enough time” was defined:



5a.) Did you require a follow up appointment or referral to additional care?

Assessor: *do not inquire as to the reason for the follow up appointment - that is considered confidential*

Yes

No

5b) If yes: The health worker/facility provided adequate information on the next appointment (such as the time, location, and reason for the next visit):

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

6) Would you recommend this health facility to your friends and family?

Yes

No

** Please **briefly** describe why or why not**:

