



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

Feedback of Patient admitted at the Inpatient Department/Unit

Name of Healthcare Facility.....Dept/Ward/Unit Name.....

Age/Sex of Patient:...../..... Admission Date:.....Discharge Date:.....

**Rating Criteria: Excellent-3; Good-2; Needs improvement-1;
Bad-0**

Sl. No.	Indicators	Rating Level			
		3	2	1	0
1	Clarity on explanation regarding dos and don'ts in the ward on admission				
2	Promptness to get you admitted in the ward after your arrival at the health facility				
3	Information about your care & treatment provided to you and/or your attendant				
4	Protection of your privacy and confidentiality				
5	Control of noise & disturbances in the ward				
6	Promptness of the response to complain and queries				
7	Friendliness of the nurses				
8	Friendliness of the doctors				
9	Friendliness of the ward boy/girl and cleaners				
10	Cleanliness of the ward/unit				
11	Cleanliness of toilet in the ward/unit				
12	Cleanliness of the linen provided				
13	Quality of the meals provided				

Suggestion/Feedbacks:

Total Score=39 Total Score in survey form_____

Overall Satisfaction level=Total Score in survey form/Total Score*100