



Health facility name	
Monitor	
Date	

1. What was your reason for visiting the facility?

Select **all** those which apply with an 'x'

<input type="checkbox"/>	Generally not feeling well
<input type="checkbox"/>	Pregnant mother and children
<input type="checkbox"/>	Emergency
<input type="checkbox"/>	Accompanying someone else
<input type="checkbox"/>	I visit regularly to collect monthly medication and/or check up
<input type="checkbox"/>	Other:

2. How far did you travel to get to the clinic?

Circle a **single** answer

2km or less	3 - 5km	6 - 8km	More than 8km
-------------	---------	---------	---------------

3. What was the total amount you had to pay for transport to the service office?

Nothing	Less than R10	R11 - R25	R26 - R50	R51 - R75	More than R75
---------	---------------	-----------	-----------	-----------	---------------

4. Is this clinic the nearest health facility to your home?

Circle a **single** answer

Yes	No
-----	----

5. Waiting Times

Select a **single** answer using an 'x'

Please tell us how long you waited to:

	More than 4 hours	3 - 4 hours	2 - 3 hours	1 - 2 hours	Less than 1 hour
Get registered at reception					
See a professional (nurse or doctor)					
Collect your medication					

6. Please answer yes or no to the following questions

Select a **single** answer using an 'x'

	Yes	No	Not Applicable
Did you feel safe in and around the clinic?			
Did the staff respect your right to be examined in private?			
Did the nurse or doctor explain your rights and ask for your consent before treating you?			
Did you get all the medication that you needed?			
Do you know how to make a complaint at this clinic if you wanted to?			
Do you think that the clinic will respond to a complaint if you make one? *			

**Note: We are measuring whether the respondent has hope of improvement being possible*

7. Would you like to mention any personal experience related to any of these questions?

--

8. How would you rate the performance of the clinic staff in the following areas?

Select a **single** answer using an 'x'

	Very poor	Poor	Not good, not bad	Good	Excellent
Was the clinic clean?					
Did the clinic manage queues well? Were you guided to the right queue? Did you experience any bad behaviour whilst waiting?					
Did the administrative staff treat you respectfully?					
Did the health professionals (doctors and nurses) treat you respectfully?					
How good are the ambulance services?					
Does the clinic have the necessary equipment in good working condition to provide the services you need?					

9. Would you like to say more about your personal experience at this clinic?

--

10. Does this clinic have a Clinic Committee?

Circle a **single** answer

Yes	No	Unsure
-----	----	--------

11. Do you know what the Clinic Committee should do?

Circle a **single** answer

Yes	No
-----	----

12. Do you think that this clinic will learn from this survey and improve their services?

Circle a **single** answer

Yes	No	Maybe
-----	----	-------

13. What improvements would you most like to see at this clinic?

14. Select your gender

Circle a **single** answer

Male	Female
------	--------

15. How old are you?

Circle a **single** answer

Under 25 years old	26 - 40 years old	41 - 60 years old	Older than 60 years
--------------------	-------------------	-------------------	---------------------

16. Do you have any disabilities?

Circle a **single** answer

Yes	No
-----	----

17. Where do you earn most of your income from?

Circle a **single** answer

I do not earn an income	Government grant	Temporary employment	Permanent employment	Small scale vendor (no employees)	Own business (with employees)
-------------------------	------------------	----------------------	----------------------	-----------------------------------	-------------------------------