

PATIENT EXIT FORM

Patient Information:

Name	
Date of Visit:	
Department/Unit	
Patient ID/Number	
Email	
Phone	

Socio-demographic Information:

Age (in years)	
Gender	<div><input type="radio"/> Male</div> <div><input type="radio"/> Female</div> <div><input type="radio"/> Non-binary</div> <div><input type="radio"/> Prefer not to say</div>
Ethnicity	<div><div><input type="radio"/> Sindhi</div><div><input type="radio"/> Urdu-speaking/Muhajir</div></div> <div><div><input type="radio"/> Punjabi</div><div><input type="radio"/> Other (please specify: ____)</div></div> <div><div><input type="radio"/> Pashtun</div><div><input type="radio"/> Prefer not to say</div></div> <div><div><input type="radio"/> Balochi</div></div>
Marital Status	<div><div><input type="radio"/> Single</div><div><input type="radio"/> Prefer not to say</div></div> <div><div><input type="radio"/> Married</div></div> <div><div><input type="radio"/> Divorced</div></div> <div><div><input type="radio"/> Widowed</div></div>
Highest Education Level	<div><div><input type="radio"/> No formal education</div><div><input type="radio"/> University</div></div> <div><div><input type="radio"/> Primary school</div><div><input type="radio"/> Other (please specify: ____)</div></div> <div><div><input type="radio"/> Secondary school</div></div> <div><div><input type="radio"/> College</div></div>
Occupation	<div><div><input type="radio"/> Self-employed</div><div><input type="radio"/> Homemaker</div></div> <div><div><input type="radio"/> Government employee</div><div><input type="radio"/> Retired</div></div> <div><div><input type="radio"/> Private sector employee</div><div><input type="radio"/> Other (please specify: __)</div></div> <div><div><input type="radio"/> Unemployed</div><div><input type="radio"/> Prefer not to say</div></div>
Annual Income	<div><div><input type="radio"/> Below poverty line (Less than 30,000 PKR)</div></div> <div><div><input type="radio"/> Low-income (30,000 - 100,000 PKR)</div></div> <div><div><input type="radio"/> Middle-income (100,000 - 500,000 PKR)</div></div> <div><div><input type="radio"/> High-income (500,000+ PKR)</div></div> <div><div><input type="radio"/> Prefer not to say</div></div>
District of Residence	

Thank you for choosing this facility for your healthcare needs. We value your feedback and kindly request you to complete this patient exit form. Your responses will help us enhance the services and provide better care in the future.

Perceived Quality of Amenities

1. How would you rate the overall cleanliness of the health facility environment?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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2. How would you rate the cleanliness of the waiting area?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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3. How would you rate the cleanliness of the washroom facilities?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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4. How would you rate the drinking water facility?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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5. Please provide any additional comments or suggestions regarding the cleanliness and quality of amenities at health facility

Answer:

Perceived Promptness of Service

1. The waiting time from arrival to receiving care at the primary health care facility was appropriate.

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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2. Please provide any additional comments or suggestions regarding the waiting time from arrival to receiving care.

Answer:

Perceived Quality of Health Care Provider Conduct

1. How would you rate the politeness of the health care providers during your interaction?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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2. How would you rate the amount of time given by healthcare providers to you during your appointment?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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3. Please rate the health care provider’s attentiveness to your concerns and medical history.

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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4. Please rate your overall experience regarding the assurance of confidentiality by the health care providers during your interaction

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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5. Please rate your level of involvement in the medical decision-making process with Very poor: “My input was not adequately considered” to Very good: “I was fully involved, and my preferences were thoroughly considered in the decision-making process”.

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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6. How would you rate the overall conduct of health care providers?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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7. Please provide any additional comments or suggestions regarding the conduct of our health care providers

Answer:

Perceived Quality of Health Provider Communication

1. How would you rate the adequacy and clarity of the information provided about your diagnosis?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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2. How would you rate the adequacy and clarity of information about your treatment plan?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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3. How would you rate the adequacy and clarity of the information provided to you about the purpose, process, and risks of any diagnostic tests (laboratory/radiology) with Very poor: “The information provided was insufficient or unclear” to Very good: “The information provided was excellent and comprehensive.”

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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4. Please rate the adequacy and clarity of the information provided to you about the purpose, usage, dose, and potential side effects of the medicines given to you upon discharge with Very poor: “The information provided was insufficient or unclear” to Very good: “The information provided was excellent and comprehensive.”

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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5. Please rate the adequacy and clarity of the information provided to you regarding the cost of treatment and all other associated costs for your hospital stay with Very poor: “The information provided was insufficient or unclear” to Very good: “The information provided was excellent and comprehensive.”

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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6. Please rate the adequacy and clarity of the information provided to you about the follow-up visit with Very poor: “The information provided was insufficient or unclear” to Very good: “The information provided was excellent and comprehensive”

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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7. Please provide any additional comments or suggestions regarding the communication with health providers

Answer:

Perceived Quality of Health Service Delivery

1. How would you rate the healthcare provider’s knowledge who managed your treatment?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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2. Please rate the thoroughness of the examination conducted by the healthcare provider regarding your condition with Very poor: “The examination felt rushed or incomplete” to Very good : “The examination was comprehensive and thorough”.

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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3. Please rate your satisfaction with the treatment you received at the primary healthcare facility.

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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4. How would you rate the appropriateness of drug prescriptions made by health care providers?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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5. How would you rate the appropriateness of diagnostic tests made by health care providers?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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6. Please rate your likelihood of recommending this health care facility to your friends and family based on the care you received.

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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7. Please provide any additional comments or suggestions regarding the quality of our health service delivery.

Answer:

Perceived Financial And Physical Accessibility To Care

1. How would you rate the availability of alternative payment options for your care?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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2. How would you rate the manageability of the costs associated with the services you received?

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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3. How would you rate the manageability of the costs associated with the prescribed drugs (including the options of alternative brand of the prescribed drug(s))

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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4.How would you rate the accessibility of the facility in terms of its proximity to your location?.

<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Neutral	<input type="radio"/> Good	<input type="radio"/> Very good
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8. Please provide any additional comments or suggestions regarding the quality of our health service delivery.

Answer:

Thank you for taking the time to complete this patient exit form. Your feedback is greatly appreciated. Wishing you good health and well-being