

AYUSHMATI SCHEME

Department of Health and Family Welfare, Government of West Bengal

Client Feedback Format

1. How will you rate the overall welcoming attitude of the staffs of this setting?

Excellent	Good	Bad

2. Was the attending nurse available when you called for some assistance?

Yes	No

3. Was the attending doctor available when you called for some assistance during labour?

Yes	No

4. Was the food good over here?

Yes	No

5. Among all the people who have looked after you here, who has been the most caring?

Nurse	Attendant	Doctor	Others

6. Have you had to pay any money to the hospital / nursing home?

Yes	No	Do not know	No response

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7. Will you refer any of your friends to this centre for delivery?

Yes	No

8. What is your overall satisfaction level about the services you received from this setting?

Excellent	Good	Average	Bad

9. Will you come back here after 6 weeks for a checkup?

Yes	No

Name of the Client _____

Address of the Client _____

Services Received:

Normal Delivery / Caesarian Section / TT / Diagnostics / BCG & Polio 0 for neonate

Name of Interviewer _____

Signature _____ Date _____