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| Satisfaction Survey template   |  | | --- | | **Place:** | | **Date** | | **Name of volunteer /staff** |   ***This is an anonymous survey about your level of satisfaction regarding our services. The results will help us to improve our services and provide a better assistance. Please ask the potential respondents if they could take a few minutes to answer the following questions.***  One of every 10 people assisted at the HSP should be interviewed. Please consider the following points before starting the survey:   1. Find out which services have been provided to the respondent. Make sure that the respondent has received at least one humanitarian service  * XXXXX * XXXX * XXXXXX * XXXXX * XXXXX * Other  1. Please ask the person if he/she could take a few minutes to answer the following questions.   Yes  No   |  | | --- | | **Gender**  **Man**  **Woman**  **ND** | | **Age** |  **Are the HSP service hours comfortable for you?** No  a little  Yes   |  | | --- | |  |   **In case the response is ‘No’ or ‘a little’, Which would be the best schedule?**  **Service hours**  Am  Noon  pm |  | **Which is your level of satisfaction with the service provided?**  |  |  | | --- | --- | | Very dissatisfied | Satisfied | | Moderately dissatisfied | Very satisfied | | Neither satisfied nor dissatisfied |  |  Do we need to improve our services? Yes  No If the answer is yes, Is there anything we could improve? (this is an open question, don’t read the options) The friendliness of our staff  Services  Information received.  Cleanliness  Waiting time  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On a scale of 1 to 5, How would you rate the quality of our XXXX services? 1 (Very poor, 2 Poor, 3 Average, 4 Good, 5 Excellent)Understanding your health problem and advising on care/treatment  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | |  |  |  |  |  |   Privacy during the medical consultation or diagnosis   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |   Support from our medical staff for your health concerns   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  On a scale of 1 to 10, considering your overall experience, would you recommend our services to a member of your family, friend, acquaintance and/or other persons? 1  2  3  4  5  6  7  8  9  10  **What are your preferred channels to receive information?**   * WhatsApp * Facebook * Radio * TV   **What type of information would you like to receive?**   * Information on the journey * COVID-19 * Information about other illnesses * Information about legal procedures * Information about how to stay in Panama * Other |