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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 [ ]  NoIf 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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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Support from our medical staff for your health concerns

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| --- | --- | --- | --- | --- | --- | --- |
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 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
 |