



REPUBLIKA E SHQIPËRISË
MINISTRIA E SHËNDETËSISË
SPITALI UNIVERSITAR OBSTETRIK-GJINEKOLOGJIK
“MBRETËRËSHA GERALDINË”
TIRANË

“Our priority is healthy mother and child and happy family”

QUESTIONNAIRE

HONORABLE PATIENTS:

Together we can make “Queen Geraldine” hospital a place where is served quality and safe health service. Dedicating some time to this questionnaire you help us in impartially identification of the problematic that you may face at our hospital. This way you are part of the continuous initiatives that aim improving the service delivered to mother and child in our institution. Together we can do more! The Hospital Staff is dedicated in offering you a good service.

ACT NOW – Make your voice heard!

GUIDELINESS: Please spend 10 minutes to complete the questionnaire. Please give your perspective assessing and rating the service offered by Our institution. Mark with an X the boxes that apply and circle the number that best describe your experience: rate with 5 if you had a very good experience, and rate 1 if you had a bad experience. We encourage you to comment on blank spaces.

THANK YOU FOR YOUR TIME AND COLLABORATION

RESPECTFULLY,

Dr. Robert Qirko

PERSONAL INFORMATION

1. ADDRESS

1.1 Address _____

1.2 Where did you received prenatal care (place): _____ **FROM:**

- Midwife
- Doctor
- Other: _____

1.3 You have been referred to our hospital by: _____

2. STATUS:

- Married
- Single
- Divorced
- Other _____

3. AGE

- < 20 years of age
- 20-25 years of age
- 26-30 years of age
- 31-40 years of age
- >40 years of age

4. EDUCATION

- Analphabet
- Elementary
- Secondary
- Vocational
- Higher education

- House wife
- Student
- Unemployed
- Employee
- Village worker
- Health Care personnel
- Other _____

5. EMPLOYMENT

GENERAL QUESTIONS

6. YOU HAVE BEEN HOSPITALIZED AT OUR HOSPITAL FOR THE:

- First time
- Second time
- Third time
- Other _____

- Yes
- No

7. Have you been informed at our hospital about patient's rights?

9. What are the reasons that you have been hospitalized at "Queen Geraldine" Hospital:

- Normal delivery
- Caesarean birth
- Disease during pregnancy
- Gynecologic disease
- Gynecologic intervention
- Abortion
- Other/ Please specify _____

8. Are you paying social insurance?

- Yes
- No

10. Have you been informed that you have the right to have someone to accompany you during pregnancy?

- Yes
- No

11. Have you been attended by a relative during pregnancy?

- Yes
- No
- If No, WHY? _____

10. How you would describe your health status

very good good not bad bad very bad

5 4 3 2 1

Service at our Hospital

11. Rate the general conditions compared with what you have been expecting:	very good	good	not bad	bad	very bad
	5	4	3	2	1

12. Admission to Hospital	very good	good	not bad	bad	very bad
a. Rate the timeliness of the admission	5	4	3	2	1
b. Rate the behavior of the health personnel that admitted you to Hospital	5	4	3	2	1

13. Room	very good	good	not bad	bad	very bad
a. How do you rate the room furniture	5	4	3	2	1
b. How do you rate room cleanliness and order	5	4	3	2	1
c. How do you rate the behavior of the cleaning lady/s	5	4	3	2	1
d. How do you rate room temperature	5	4	3	2	1
e. How do you rate the peace in and around your room	5	4	3	2	1
f. How do you rate aids in your room (call button, light, bed, sink etc.)	5	4	3	2	1

14. Food	very good	good	not bad	bad	very bad
a. How do you rate the quality of the food	5	4	3	2	1
b. How do you rate the behavior of the personnel that served the food	5	4	3	2	1

15. Analysis and treatment	very good	good	not bad	bad	very bad
a. How do you rate explanations for analysis and treatments (<i>in time, late</i>)	5	4	3	2	1
b. How do you rate analysis (<i>quick, painless</i>)	5	4	3	2	1
c. How is the serum done (<i>quick, painless</i>)	5	4	3	2	1

Health Care personnel

16. Nurses	very good	good	not bad	bad	very bad
a. Rate hospital nurse behavior	5	4	3	2	1
b. Rate readiness to respond to call button	5	4	3	2	1
c. Rate nurse and midwife attention to your needs	5	4	3	2	1
d. Rate medical information received by midwives	5	4	3	2	1
e. Rate nurses and midwives from professional perspective	5	4	3	2	1

17. Physicians	very good	good	not bad	bad	very bad
a. Rate the time doctor spent with you	5	4	3	2	1
b. Rate doctor interest to your questions and concerns	5	4	3	2	1
c. Rate doctor information on your situation (understandable, sufficient)	5	4	3	2	1

18. Various personal problems	very good	good	not bad	bad	very bad
a. Rate hospital staff related to maintaining your privacy	5	4	3	2	1
b. Rate staff sensitivity to consequences related to medical problems	5	4	3	2	1
c. Rate staff readiness to alleviate your pain	5	4	3	2	1
d. Rate staff efforts to include you in decisions made related to your treatment	5	4	3	2	1

19. Informal payment for health personnel are	Not accepted	Not asked	Implied	Asked openly	Given willingly
a. In our hospital informal payment for health personnel are	5	4	3	2	1

20. Informal payment for health personnel	Does not affect the service received	Unacceptable	Acceptable	Wrong	Risky
a. Rate bribe that patients given to health personnel	5	4	3	2	1

21. Please list 2 things you liked the most at our hospital:

- _____
- _____

22. Please list 2 things that you would like to improve in our hospital:

- _____
- _____

Patient Name (not obligatory): _____

Room No. (not obligatory): _____

Telephone No. (not obligatory): _____