



BLACKSASH

MAKING HUMAN RIGHTS REAL

Monitoring Questionnaire – PATIENTS Primary Healthcare provider : CLINICS

Province	
District	
Clinic Name	
Date	
Time	
Name of Monitor	
Organisation of Monitor	

Thank you for your time. Please complete, circle or tick the follow questions.

1. Personal Information

Are you a South African citizen/refugee/asylum seeker/permanent resident?		
Gender?	MALE	FEMALE
How old are you?		

2. Time & Venue

What time does this clinic open?		
What time does this clinic close?		
How long did it take you to travel to this clinic? (<i>hours, minutes</i>)	__hrs	__min
Have you come from another district or municipality to this clinic?	YES	NO
If YES, from which municipality/area and why?		
How much did you pay for travelling to the clinic (one way)? R _____		
How long did you wait to be serviced after you arrived today? (mins)		
Do feel that you have sufficient privacy when seen by clinic staff?	YES	NO
How many days per week does this clinic operate from this venue?		
Is the service at this clinic provided in a clean and safe place?	YES	NO
Is there enough shelter at this clinic for everyone who needs the service?	YES	NO

3. Healthcare Processing

When you arrived at the clinic were you given a number or a card?	NUM	CARD	
If NO, what was the procedure?			
If you received a card, was the card any different in colour from other patients at the clinic?	YES	NO	
Is it the first time you visit this clinic for the purpose you came today?	YES	NO	
If NO, how many times have your returned for the same purpose?			
Why did you have to come back?			
Were you consulted by a nurse or doctor today?	NURSE	DR	
Were you seen by the same nurse/doctor that examined you the last time u came to the clinic?	YES	NO	
Were you consulted in private?	YES	NO	
How do you feel about the service you received from the Nurse/DR?	good	fair	bad
Why?			
Did you receive your required medicines today?	YES	NO	
If NO, why?			
How long did you have to wait in a queue to receive your medicines? (minutes)			
Did you have to pay for the service today?	YES	NO	
If YES, how much did you pay? R _____			
Were you aware of the costs before received the service?	YES	NO	

4. Language & Communication

Do you know that you have the right to be treated by a named Health Professional?	YES	NO
Did you know that you may refuse treatment (verbally or in writing) provided that this does not endanger the health of others?	YES	NO
Do you know that you have the right to be given full and accurate information about the nature of your illnesses and the proposed treatment and the costs involved, for you to make a decision?	YES	NO
Did anyone ask you about your view on what should to be done to make health services better?	YES	NO
Do you know that you have the right to be referred for a second opinion to a health provider of your choice?	YES	NO
Do you know that you should not be abandoned by a health care professional worker or a health facility that initially took responsibility for your health?	YES	NO
Do you know that you have the right to complain/comment about health care service you receive and that your complaints/comments should be investigated and you should receive a full response on such investigation?	YES	NO
Where do you get information about your health care rights and responsibilities?		
Do you receive information in your spoken language?	YES	NO
As a patient you have the following responsibilities, did you know this?		
• to advise the health care providers on your wishes with regard to your death.	YES	NO
• to comply with the prescribed treatment or rehabilitation procedures	YES	NO
• to enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.	YES	NO
• to take care of health records in your possession	YES	NO
• to take care of your health	YES	NO
• to care for and protect the environment.	YES	NO
• to respect the rights of other patients and health providers.	YES	NO
• to utilise the health care system properly and not abuse it.	YES	NO
• to know your local health services and what they offer.	YES	NO
• to provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes.	YES	NO

