

# Imara Patient Service Questionnaire:

1. How would you rate our service here at the Imara? *(please circle your response)*
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very Good
2. Which service/s are you most satisfied with? *(please circle your response/s)*
  - a. Reception
  - b. Nursing/Triage
  - c. Doctor's Consultation
  - d. Lab
  - e. Pharmacy
  - f. Housekeeping
3. Which service/s are you least satisfied with? *(please circle your response/s)*
  - a. Reception
  - b. Nursing/Triage
  - c. Doctor's Consultation
  - d. Lab
  - e. Pharmacy
  - f. Housekeeping
4. How long was your waiting time for the following services and what would you suggest we do to improve:?  
*(please give a written comment/response)*
  - a. Reception/waiting area: \_\_\_\_\_
  - b. Nursing/Triage: \_\_\_\_\_
  - c. Doctor's Consultation: \_\_\_\_\_
  - d. Lab service: \_\_\_\_\_
  - e. Pharmacy: \_\_\_\_\_
5. Any other comments:  
\_\_\_\_\_  
\_\_\_\_\_