

STATE LIFE INSURANCE CORPORATION OF PAKISTAN

PATIENT SATISFACTION SURVEY

PATIENT NAME: _____

VISIT NO: _____

CONTACT NUMBER: _____

HOSPITAL: _____

- | | | |
|---|-----|----|
| • Have you been admitted in the hospital? | Yes | No |
| • Are you satisfied with the treatment? | Yes | No |
| • Have you paid any cash for laboratory investigations? | Yes | No |
| • Have you paid any cash for medicines? | Yes | No |

Is Yes? How much money is being paid: _____

- | | | |
|--|-----|----|
| • Are you satisfied with the treatment? | Yes | No |
| • Have State Life Doctor visited you? | Yes | No |
| • Have you been given any post discharge medicine? | Yes | No |
| • Have you been given transportation charges? | Yes | No |

ASSESSMENT DONE BY _____

ASSESSMENT DATE _____