Client Feedback Survey

Client Unique ID *

Date of visit

Which services did you receive? *

- [ ] Family planning
- [ ] HIV testing/services
- [ ] SGBV services/support

Feedback channel *

- ◯ SMS link
- ◯ Phone interview
- ◯ In-person

If privacy is not assured, do not proceed. Do not record sensitive details.

Overall satisfaction *

- ◯ 1 - Very poor
- ◯ 2 - Poor
- ◯ 3 - Fair
- ◯ 4 - Good
- ◯ 5 - Excellent

Privacy during service *

- ◯ 1 - Very poor
- ◯ 2 - Poor
- ◯ 3 - Fair
- ◯ 4 - Good
- ◯ 5 - Excellent

Stigma-free treatment *

- ◯ 1 - Very poor
- ◯ 2 - Poor
- ◯ 3 - Fair
- ◯ 4 - Good
- ◯ 5 - Excellent

Wait time experience

- ◯ 1 - Very poor
- ◯ 2 - Poor
- ◯ 3 - Fair
- ◯ 4 - Good
- ◯ 5 - Excellent

Likelihood to recommend (0–10) *

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10

Did you feel judged/disrespected?

- ◯ Yes
- ◯ No
- ◯ Not sure

Any safety concern related to seeking care?

- ◯ Yes
- ◯ No

What should be improved? (optional)

What went well? (optional)