We value your feedback to help us improve our services in order to serve you better

1. How do you rate our services in the following areas;

Un satisfactory Satisfactory Excellent

1. Speed

1. Professionalism
2. Courtesy
3. Efficiency
4. friendliness
5. Which areas would you like us to improve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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YES NO

1. Would you like Bungoma District Hospital Laboratory to be your regular testing site?
2. Have you ever recommended our services to a friend?

Unsatisfactory satisfactory excellent

1. Overall view with the way you were served today

Thank you for taking time to fill this form.

Your name: (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please drop this form in our suggestion box