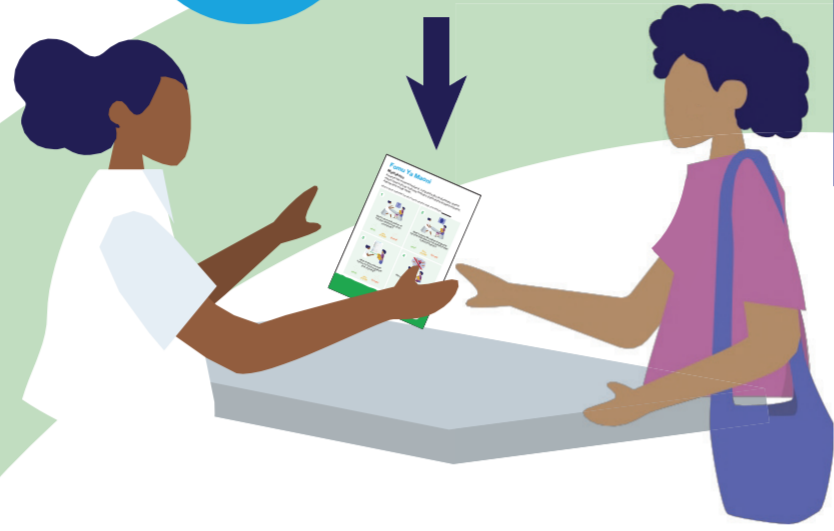


Give Us Your Opinion!

1



The health agent will give you a coupon to give your opinion anonymously on this consultation.

If the agent forgets your coupon, remind him to give it to you!

2

Fill in the coupon after the consultation!

Client Feedback Form
Instructions
For each drawing/sentence, circle the answer that best describes your opinion of the service you just completed. Thank you for your time!
The provider initials the paper before handing it over: _____

1 Did your provider listen to you and answer your questions clearly and respectfully? True Not quite False	2 Did your provider listen without interrupting you and involve you in decision-making? True Not quite False
3 Did your provider show you and explain all the information you need? True Not quite False	4 Did your provider show kindness without judging you? True Not quite False

USAID, americares, Breakthrough ACTION

Then place in the box below.

4

We take your opinion into account and use it to improve our service.

3



DROP THE COUPON IN THE BOX!

