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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **¿Cómo califica su experiencia global respecto a los servicios de salud, que ha recibido a través de la IPS?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MUY BUENO** | **BUENO** | **REGULAR** | **MALA** | **MUY MALA** | **NO RESPONDE** |

 | 1. **¿Cómo califica la atención recibida?:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROFESIONAL** | **MUY BUENO** | **BUENO** | **REGULAR** | **MALA** | **MUY MALA** | **NO RESPONDE** |
| **MEDICO** |  |  |  |  |  |  |
| **ODONTOLOGO** |  |  |  |  |  |  |
| **BACTERIOLOGO** |  |  |  |  |  |  |
| **ENFERMERA** |  |  |  |  |  |  |
| **FARMACIA** |  |  |  |  |  |  |
| **SERVICIO AL CIUDADANO** |  |  |  |  |  |  |
| **TECNICO RAYOS X** |  |  |  |  |  |  |

 |
| 1. **¿Recomendaría a sus familiares y amigos esta IPS?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEFINITIVAMENTE SI** | **PROBABLEMENTE SI** | **DEFINITIVAMENTE NO** | **PROBABLEMENTE NO** | **NO****RESPONDE** |
|  |  |  |  |  |

 |
| 1. **¿la hora en la que fue asignada su cita, coincide con el momento de la atención?**

**NOO****SI** | **7. ¿Cómo califica las instalaciones físicas del centro de atención?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MUY BUENO** | **BUENO** | **REGULAR** | **MALA** | **MUY MALA** | **NO RESPONDE** |

 |
| 1. **¿Recibió usted información sobre su estado de salud y recomendaciones?**

**NOO****SI** | 1. **¿Conoce los derechos y deberes que tiene como paciente del Centro de Atención?**

**NOO****SI** |
| 1. **¿Volvería a utilizar nuestros servicios?**

**NOO****SI** | 1. **¿Conoce usted los mecanismos para manifestar sus inquietudes, reclamos, sugerencias o felicitaciones?**

**SI****NOO** |