

Patient Rights Awareness Evaluation

Full Name

Email Address

Age

1. Are you aware of your rights as a patient?

☐ Yes ☐ No ☐ Not Sure

2. Where did you learn about patient rights? (Select all that apply)

☐ Hospital ☐ Doctor ☐ Media ☐ Family ☐ Other

3. How confident are you in exercising your patient rights?

4. Which of the following patient rights are you aware of? (Select all that apply)

☐ Right to Privacy ☐ Right to Information ☐ Right to Consent/Refuse ☐ Right to Second Opinion
☐ Right to File a Complaint ☐ Other

5. Please share any suggestions or experiences related to patient rights.