

# 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?

Select

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.