

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY



CUSTOMER EXIT INTERVIEW QUESTIONNAIRE

Dear Customer,
 TMDA is always striving to deliver quality services to meet customer needs and expectations. We would greatly appreciate if you could use your few seconds to respond to the questions below. Your feedback is critical to us to improve our services to you as our customer. **The information you provide will be kept CONFIDENTIAL.**

Date: _____
 (dd/mm/yyyy)

| OFFICE VISITED (PLEASE TICK ONE) | | | |
|----------------------------------|--------------|-------------------------|---------------|
| TMDA HQ | EASTERN ZONE | NORTHERN ZONE | CENTRAL ZONE |
| LAKE ZONE | WESTERN ZONE | SOUTHERN HIGHLANDS ZONE | SOUTHERN ZONE |

1) How long have you been receiving services from TMDA?

| | |
|-----------------------------|------------------------------|
| Less than 6 months | 6 months to less than 1 year |
| 1 year to less than 3 years | 3 years to less than 5 years |
| 5 years or more | |

2) Type of Service(s)?

| | | |
|---------------------------------|---------------------------------------|-----------------------------------|
| Medicinal Product Registration | Medical Devices Registration | Diagnostics Registration |
| Medicines Import Permits | Medical Devices Import Permits | Diagnostics Import Permits |
| Medicines Export Permits | Medical Devices Export Permits | Diagnostics Export Permits |
| Medicines Premises Registration | Medical Devices Premises Registration | Diagnostics Premises Registration |
| Clinical Trial Authorization | Laboratory Analysis | Others: Specify |

3) How do you rate the level of your satisfaction with the way TMDA provided services to you? (PLEASE TICK ONLY ONE ITEM)

| | | |
|------------------|----------------------|---------------------|
| Highly satisfied | Somehow satisfied | Highly dissatisfied |
| Neutral | Somehow dissatisfied | |

4) How much do you rate us on the following attributes? (PLEASE TICK ONLY ONE ITEM)

| | Well Below Average | Below Average | Average | Above Average | Well Above Average |
|-------------------------------------|--------------------|---------------|---------|---------------|--------------------|
| Customer care and courtesy | | | | | |
| Quality of service | | | | | |
| On - time delivery of service | | | | | |
| Transparency on delivery of service | | | | | |
| Responding to customer requests | | | | | |

5) Do you have any suggestions for improvement?

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