

## PEDIATRIC PATIENT RECALL QUESTIONNAIRE

#	Question	Response codes	SKIP TO
<b>1. COVER SHEET INFORMATION</b>			
101.	INTERVIEWER ID NUMBER	____	
102.	HOSPITAL NAME		
103.	HOSPITAL ID NUMBER	____	
104.	PATIENT'S HOSPITAL ID NUMBER	_____	
105.	OUTCOME OF INTERVIEW	Completed interview.....1 Partially completed and postponed interview.....2 Terminated interview.....3 Refusal.....4 Respondent was incapacitated .....5 Other, Specify .....8	
106.	TIME INTERVIEW BEGINS	____ : ____ AM/PM	
107.	WHERE IS THE INTERVIEW TAKING PLACE?	OUTPATIENT WARD.....1 OUTPATIENT WAITING ROOM.....2 OUTPATIENT MAIN ENTRANCE AREA .....3 INPATIENT PEDIATRIC WARD.....4 INPATIENT PEDIATRIC WAITING ROOM.....5 INPATIENT PEDIATRIC MAIN ENTRANCE AREA .....6 GENERAL WARD .....7 OTHER, SPECIFY .....8	
OBSERVER, GREET THE RESPONDENT: <b>My name is [ENUMERATOR'S NAME]. We are doing research evaluating a project which will take place in this hospital. As part of our research we want to observe what is happening in the hospital. As part of this study, we are interviewing patients who have recently received care in the pediatric ward or their caregivers. We would like to ask you some questions about the services you or your child (if caregiver) have received from this hospital. We are not going to ask you your name and anything you say will be kept private. The study will take approximately 30 minutes. You can refuse to answer any question and you can stop at any time. Do I have your permission to ask you about your latest visit and experience at this hospital? IF NECESSARY, PROMPT THE RESPONDENT TO RESPOND IN YES OR NO.</b>			
108.	DOES THE RESPONDENT GIVE CONSENT?	YES .....1 NO ..... 2 GO TO →	END: APPROACH ANOTHER PATIENT, IF AVAILABLE
OBSERVER: <b>Could you confirm that you are at least 18 years of age, have had all your questions answered, and have voluntarily agree to participate?</b>			
109.	DOES THE RESPONDENT GIVE CONSENT?	YES .....1 NO ..... 2 GO TO →	END: APPROACH ANOTHER PATIENT, IF AVAILABLE
110.	IS THE RESPONDENT THE PATIENT OR OTHER?	Patient.....1 GO TO → Other.....2	201
111.	WHAT IS THE RELATIONSHIP BETWEEN THE RESPONDENT AND THE PATIENT?	Mother.....1 Father.....2 Sibling.....3 Other relative.....4 Non-relative.....5	

2. RESPONDENT BACKGROUND INFORMATION			
201.	<b>How old are you as of your last birthday?</b> PROBE IF DOESN'T KNOW, OTHERWISE ESTIMATE AN AGE FOR THE REPENDENT	AGE IN YEARS   ____   MARK "1" IF ESTIMATE   ____	
202.	<b>Have you ever attended school?</b>	YES.....1 NO.....0 GO TO →	204
203.	<b>What is your highest level of education completed?</b>	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3 VOCATIONAL.....4 OTHER, SPECIFY.....8	
204.	<b>How well can you read a newspaper or letter?</b>	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
205.	<b>What is your marital status?</b>	SINGLE.....1 GO TO → MARRIED.....2 LIVING TOGETHER.....3 SEPARATED.....4 GO TO → WIDOWED.....5 GO TO →	209   209 209
206.	<b>Has your spouse ever attended school?</b>	YES.....1 NO.....0 GO TO →	208
207.	<b>What is the highest level of education that your spouse completed?</b>	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3 VOCATIONAL.....4 OTHER SPECIFY.....8	
208.	<b>How well can your spouse read a newspaper or letter?</b>	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL .....3	
209.	<b>Do you do anything to get money?</b>	YES.....1 NO.....0	
210.	<b>Does your household have:</b> a. A tapped water source inside the house? b. Electricity or a Generator in your house? c. A cell phone? d. A TV? e. A refrigerator/Ice Box? f. A bicycle? g. A motorcycle? h. A car?	YES NO 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
211.	<b>Do you own your house or do you rent it?</b>	OWN HOUSE.....1 RENT HOUSE.....2 OTHER, SPECIFY.....8	

3. OVERALL ASSESSMENT OF HEALTH CARE AT THIS FACILITY			
OBSERVER: Now I have some questions about health care the patient received during this visit. I understand that some of these questions may be difficult to answer. So, if you just do not know the answer or cannot remember the answer, just tell me.			
301.	Patient gender	Male.....1 Female.....0	
302.	Patient age	<2 years old.....1 2 to 5 years old .....2 5 to 8 years old.....3 >8 years old.....4	
303.	What was the doctor's name?		
304.	What are the patient's symptoms?  (MULTIPLE ANSWERS POSSIBLE)	A. Head a. Headache.....1 b. Fever .....2 c. Running nose.....3 d. Cough.....4 e. Coughing up blood.....5 f. Sore throat/mouth.....6 g. Eye problems.....7 h. Ear problems.....8 i. Head/eye injury.....9 B. Stomach a. Vomitting.....10 b. Diarrhea.....11 c. Diarrhea with blood.....12 d. Constipation.....13 e. Abdominal pain.....14 f. Stomachache.....15 g. Poisoning.....16 h. Low urination.....17 i. Lack of ability to drink or breastfeed...18 j. Worms (seen by caretaker).....19 C. Limb a. Broken bone/fracture.....20 b. Deep cut.....21 c. Pain in extremities.....22 d. Accident/Trauma.....23 D. General a. Slow growth.....24 b. Convulsions, Epilepsy.....25 c. General weakness.....26 d. Restlessness or irritability.....27 e. Shortness of breath.....28 f. Anemia.....29 g. Burn.....30 h. Chest pain.....31 i. Weight loss.....32 j. Skin rash.....33 E. Other, specify.....34	
305.	If Q304 is Other, specify	_____	
306.	How long have the symptoms been going on before this visit?	Duration             __  hours         __  days	
307.	Is this the first time you are here for this condition?	Yes.....1   GO TO-> No.....2	310

308.	<b>Was treatment given on the first visit completed?</b>	Yes.....1 No.....0	
309.	<b>Why are you returning?</b>	Still sick.....1 Return with results.....2 More medicine.....3	
<b>OBSERVER: Please assess the facility along the following dimensions.</b>			
310.	<b>Skill of the physician at diagnosing illness</b>	Very good.....1 Good.....2 Poor.....3 Very poor.....4	
311.	<b>Skill of nursing care</b>	Very good.....1 Good.....2 Poor.....3 Very poor.....4	
312.	<b>How was the health worker's attitude towards you?</b>	Very good.....1 Good.....2 Poor.....3 Very poor.....4	
313.	<b>Value of services rendered</b>	Very good.....1 Good.....2 Poor.....3 Very poor.....4	
314.	<b>What is the travel time (using the fastest possible mode of travel) from your home to the nearest hospital?</b>	LESS THAN 30 MINUTES.....1 30-60 MINUTES.....2 MORE THAN 60 MINUTES.....3	

4. HEALTHCARE AT THIS FACILITY				
OBSERVER: Now I have some questions about some the things the doctor may have asked about the patient's condition and some of the things he/she may have done.				
401.	Did the doctor welcome and greet you?	Yes.....1 No.....0		
402.	Did you have a chair to sit on?	Yes.....1 No.....0		
403.	Did the doctor listen to your description of the illness?	Yes.....1 No.....0		
404.	Did the doctor ask many questions or few?	Many.....1 Few.....2		
405.	Did the doctor ask how long the patient has had the symptoms for?	Yes.....1 No.....0		
406.	Did the doctor ask if there were other symptoms, different from the main complaint?	Yes.....1 No.....0		
407.	Did the doctor ask if the patient had sought care elsewhere prior to this visit?	Yes.....1 No.....0		
408.	Did the doctor wash his hands prior to examination?	Yes.....1 No.....0		
409.	Did the doctor take the patient's pulse?	Yes.....1 No.....0		
410.	Did the doctor take the patient's blood pressure?	Yes.....1 No.....0		
411.	Did the doctor perform pulmonary exam using stethoscope?	Yes.....1 No.....0		
412.	Did the doctor measure mid upper arm circumference?	Yes.....1 No.....0		
413.	Did the doctor weigh the child?	Yes.....1 No.....0		
414.	Did the doctor measure the child's height?	Yes.....1 No.....0		
415.	Was the <u>main</u> condition the patient came here for FEVER, COUGH, DIARRHEA, or OTHER? (CHOOSE ONLY ONE)	Fever.....1 Cough.....2 Diarrhea.....3 Other.....4	GO TO -> GO TO -> GO TO -> GO TO ->	416 436 452 501
OBSERVER: ASK QUESTIONS 416-435 IF MAIN CONDITON WAS <u>FEVER</u> .				
FEVER – History Taking				
416.	Did the doctor ask how long has the patient had a fever?	Yes.....1 No.....0		
417.	Did the doctor ask if the patient had chills or sweats?	Yes.....1 No.....0		
418.	Did the doctor ask if the patient had a cough or difficulty breathing?	Yes.....1 No.....0		
419.	Did the doctor ask if the patient had diarrhea or vomiting?	Yes.....1 No.....0		
420.	Did the doctor ask if the child had convulsions?	Yes.....1 No.....0		
421.	Did the doctor ask about presence of sore throat/pain during swallowing?	Yes.....1 No.....0		

422.	Did the doctor ask about presence of running nose?	Yes.....1 No.....0	
423.	Did the doctor ask about ability to drink or breastfeed?	Yes.....1 No.....0	
424.	Did the doctor ask about ear problems?	Yes.....1 No.....0	
425.	Did the doctor ask about vaccination history?	Yes.....1 No.....0	
426.	Did the doctor ask if any medication was given?	Yes.....1 No.....0	GO TO -> 428
427.	Did the doctor ask about the amount of medication given, if any?	Yes.....1 No.....0	
FEVER – Examination			
428.	Did the doctor take the patient's temperature?	Yes.....1 No.....0	
429.	Did he ask if the patient felt weakness from lack of blood?	Yes.....1 No.....0	
430.	Did he look in the patient's ears or throat?	Yes.....1 No.....0	
431.	Did he check the patient's stomach?	Yes.....1 No.....0	
432.	Did he ask for a blood slide?	Yes.....1 No.....0	
433.	Did he check if the patient's neck was stiff?	Yes.....1 No.....0	
434.	Did he check if feet were swollen?	Yes.....1 No.....0	
435.	Did he check respiratory rate?	Yes.....1 No.....2	GO TO -> 501 GO TO -> 501
OBSERVER: ASK QUESTIONS 436-451 IF MAIN CONDITION WAS <u>COUGH</u>			
COUGH – History Taking			
436.	Did the doctor ask about the duration of the cough?	Yes.....1 No.....0	
437.	Did the doctor ask if there was sputum?	Yes.....1 No.....0	
438.	Did the doctor ask if there was blood in the cough?	Yes.....1 No.....0	
439.	Did the doctor ask if the patient had difficulty breathing?	Yes.....1 No.....0	
440.	Did the doctor ask about the history of vaccinations?	Yes.....1 No.....0	
441.	Did the doctor ask if the patient also has a fever?	Yes.....1 No.....0	
442.	Did the doctor ask about patient's ability to drink or breastfeed?	Yes.....1 No.....0	
443.	Did the doctor ask about the patient's appetite?	Yes.....1 No.....0	
444.	Did the doctor ask about presence of convulsions?	Yes.....1 No.....0	
445.	Did the doctor ask about ear problems?	Yes.....1 No.....0	
446.	Did the doctor ask about presence of diarrhea or vomiting?	Yes.....1 No.....0	

447.	<b>Did the doctor ask about the patient's general health condition (tiredness/fatigue)</b>	Yes.....1 No.....0	
<b>COUGH – Examination</b>			
448.	<b>Did the doctor look at the patient's throat?</b>	Yes.....1 No.....0	
449.	<b>Did he listen to the patient's chest?</b>	Yes.....1 No.....0	
450.	<b>Did he take the patient's temperature?</b>	Yes.....1 No.....0	
451.	<b>Did he examine the patient's ears?</b>	Yes.....1 No.....0	GO TO -> 501 GO TO -> 501
OBSERVER: ASK QUESTIONS 452-476 IF MAIN CONDITION WAS <u>DIARRHEA</u> .			
<b>DIARRHEA – History Taking</b>			
452.	<b>Did the doctor ask about the duration of the diarrhea?</b>	Yes.....1 No.....0	
453.	<b>Did the doctor ask about frequency of stools?</b>	Yes.....1 No.....0	
454.	<b>Did the doctor ask about the way the stool looks?</b>	Yes.....1 No.....0	
455.	<b>Did the doctor ask if there was blood in the stool?</b>	Yes.....1 No.....0	
456.	<b>Did the doctor ask if there was mucus in the stool?</b>	Yes.....1 No.....0	
457.	<b>Did the doctor ask if the patient is vomiting?</b>	Yes.....1 No.....0	
458.	<b>Did the doctor ask if the patient also has a fever?</b>	Yes.....1 No.....0	
459.	<b>Did the doctor ask about patient's ability to drink or breastfeed?</b>	Yes.....1 No.....0	
460.	<b>Did the doctor ask about convulsions?</b>	Yes.....1 No.....0	
461.	<b>Did the doctor ask about ear problems?</b>	Yes.....1 No.....0	
462.	<b>Did the doctor ask about cough or difficulty breathing?</b>	Yes.....1 No.....0	
463.	<b>Did the doctor ask about general health condition?</b>	Yes.....1 No.....0	
464.	<b>INTERVIEWER: IS THE CHILD UNDER TWO YEARS?</b>	Yes.....1 No.....0	GO TO → 471
465.	<b>Did he ask about presence of tears when baby cries?</b>	Yes.....1 No.....0	
466.	<b>Did he ask whether the baby started taking other food?</b>	Yes.....1 No.....0	
467.	<b>Did he ask whether the change in food happened recently</b>	Yes.....1 No.....0	
468.	<b>Did the doctor ask how the food has been given?</b>	Yes.....1 No.....0	
469.	<b>Did he ask who prepares and feeds the child?</b>	Yes.....1 No.....0	
470.	<b>Did he ask about the hand washing practice of the person who feeds the child?</b>	Yes.....1 No.....0	

471.	<b>Did the doctor ask whether other family members or neighbors have diarrhea?</b>	Yes.....1 No.....0	
472.	<b>Did the doctor ask about the patient's vaccination history?</b>	Yes.....1 No.....0	
<b>DIARRHEA – Examination</b>			
473.	<b><i>If the child is under two years, Did he look at the child's head?</i></b>	Yes.....1 No.....0	
474.	<b>Did he pinch the skin on the stomach?</b>	Yes.....1 No.....0	
475.	<b>If it is a young child, did he weight the child?</b>	Yes.....1 No.....0	
476.	<b>Did he take the child's temperature?</b>	Yes.....1 No.....0	
477.	<b>Did he look at both feet of the child?</b>	Yes.....1 No.....0	GO TO -> 501 GO TO -> 501

## 5. TECHNICAL EVALUATION OF HEALTH CARE AT THIS FACILITY

501.	<b>Did the doctor give you a name for the patient's illness?</b>	Yes.....1 No.....0	
502.	<b>Did he explain the patient's illness?</b>	Yes.....1 No.....0	
503.	<b>Did he explain the treatment?</b>	Yes.....1 No.....0	
504.	<b>Did he give you advice to improve the patient's health?</b>	Yes.....1 No.....0	
505.	<b>Did he explain if the patient needs to return?</b>	Yes.....1 No.....0	
506.	<b>Did he refer you to another facility?</b>	Yes.....1 No.....0	GO TO -> 508
507.	<b>Did he explain why you were referred?</b>	Yes.....1 No.....0	
508.	<b>Did he tell you what to do?</b>	Yes.....1 No.....0	
509.	<b>If you suffered from a similar illness in the future would you return?</b>	Yes.....1 No.....0	GO TO -> 601 GO TO -> 601

## 6. SUBJECTIVE EVALUATION OF HEALTH CARE AT THIS FACILITY

I am going to read you a series of statements regarding this health facility.

First, I will ask you to please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you. If you need me to repeat the five possible answers to each question on your agreement, please let me know anytime.

FIRST READ THE LIST ASKING HOW MUCH THE PATIENT AGREES OR DISAGREES, AND RECORD PATIENT'S ANSWER. WHEN YOU HAVE GONE THROUGH THE WHOLE LIST, THEN READ THE FOLLOWING AND GO OVER THE LIST AGAIN:

Now I am going to go through each statement again, but this time I would like you to tell me if this statement is something important to you when you think of this health facility. For example, when I read "It is convenient to travel from your house to the health facility", I would like to know if the convenience of travel from your house to the health facility is an important factor for you to want to come to this health facility. As another example, when I tell you "The health facility is clean", I would like to know if the cleanliness of the health facility is an important factor for you to want to come to this health facility. Please let me know if you need further explanations before we start again.

QUESTION	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	Is this criterion important to you? YES.....1 NO.....2
601. It is convenient to travel from your house to the health facility.	5	4	3	2	1	
602. The health facility is clean.	5	4	3	2	1	
603. The health staff is courteous and respectful.	5	4	3	2	1	
604. The health workers did a good job of explaining your condition.	5	4	3	2	1	
605. It is easy to get medicine that health workers prescribe.	5	4	3	2	1	
606. The amount of time you spent waiting to be seen by a health worker was not long.	5	4	3	2	1	
607. You had enough privacy during your visit.	5	4	3	2	1	
608. The health worker spent a sufficient amount of time with you.	5	4	3	2	1	
609. The overall quality of services provided was satisfactory.	5	4	3	2	1	
610. You felt that the facility maintained confidentiality of your personal information.	5	4	3	2	1	
611. You were asked for consent (permission) before any procedures.	5	4	3	2	1	
612. You felt respected by your healthcare provider.	5	4	3	2	1	
613. You had a warm and compassionate healthcare provider.	5	4	3	2	1	
614. TIME INTERVIEW ENDS –THANK THE RESPONDENT	____ : ____ AM/PM					
615. WAS ANY MEMBER OF THE HEALTH FACILITY STAFF PRESENT IN THE ROOM AT ANY POINT DURING THE INTERVIEW?	YES.....1 NO.....2					