

Form ID	Province ID		District ID		Clinic ID		Physician ID			
							Patient ID			

FORM 11: INTEVIEW WITH OUTPATIENTS AT THE CLINIC

Introduction of the interview's purpose:

Hello, my name is _____. I'm working at the Ministry of Health. We are having a survey on health service delivery at district level hospitals and commune health centers nationwide to understand service use and quality of care at these medical facilities. Please provide some information related to your service use here.

The information you provide will be of vital importance to the Ministry of Health in helping us pursue ways to further improve hospital quality of care.

We assure you that the information you provide will be kept confidential and used only for the purposes of this study.

BACKGROUND	
Province	.....
District	.....
Clinic: <i>(Hospital/District health center/Commune health center)</i>	.....
Surveyor name	.....
Interview date/time	...../...../2015
BACKGROUND INFORMATION ON THE PATIENT	
Patient's record	.....
Cell phone	.....

<u>A. BACKGROUND ON PATIENTS AND PATIENTS' FAMILY RESPONDENTS</u>		PATIENT	RESPONDENT
1.	What are your relationship with the patient? 1. I'm the patient 2. Parent 3. Offspring 4. Sibling 5. Spouse 6. Grandparent 7. Others (<i>specify</i>)	.....	.....
2.	How old are you?	.....	.....
3.	Sex?	.....	.....

	1. Male 2. Female		
A. BACKGROUND ON <u>PATIENTS</u> AND <u>PATIENTS'</u> <u>FAMILY RESPONDENTS</u>		PATIENT	RESPONDENT
4.	What ethnic group do you belong to? 1. Vietnamese 2. Others (<i>specify</i>)	.....	.....
5.	What is your marital status? 1. Single 2. Married 3. Separated 4. Widowed 5. Divorced	.....	.....
6.	How large is the patient's family ? (<i>Family members eating at the same table and living in the same place in the last six months</i>)	.....
7.	What is your highest education?		
	1. Illiterate 2. Know how to read and write 3. Primary school 4. Junior high 5. High school 6. Elementary vocational education 7. Intermediate vocational/Technology high school	8. Associate's degree 9. Bachelor's degree 10. Master's degree 11. PhD 12. Don't know 13. Others (<i>specify</i>)	.....
8.	What do you do primarily? (<i>what you spent the most time on in the last six months</i>)		
	1. farming, forestry, fishery 2. Paid employment 3. Services/trading 4. Self-employed	5. Pensioner 6. Old age and dependent 7. School/college student 8. Children under 6 9. Others (<i>specify</i>)	.....
9.	What is the income status (living standards) of the patient's household , by local ratings? 1. Poor 2. Near poor 3. Not classified	.....
B. BACKGROUND ON THE <u>PATIENT</u> AND SERVICE USE			

10.	<p>How are you feeling today? <i>(Surveyor to ask patients to rate their health status on their own)</i></p> <p><i>(select ONE option only)</i></p>	<ol style="list-style-type: none"> 1. Very weak 2. Weak 3. So so 4. Good 5. Very good
11.	<p>Do you often seek medical care at this clinic?</p>	<ol style="list-style-type: none"> 1. This is the first time 2. Every month 3. Every quarter <i>(every three months)</i> 4. Occasionally 5. Others:
12.	<p>Why do you choose to seek medical service at this facility? <i>(Surveyor must not read the answer options, and instead only note down the respondent's answers → MULTIPLE choices are allowed)</i></p>	<ol style="list-style-type: none"> 1. It's near where I live 2. It's inexpensive 3. I trust the quality of care offered by this clinic 4. I don't have to wait long 5. Drugs are available and abundant here 6. Referrals are available 7. It is where I registered for HI care 8. I know some of the doctors here 9. They have advanced equipment 10. Good physicians' attitude 11. I used to be treated here 12. It was recommended to me by my friends/relatives 13. Others <i>(specify)</i>
13.	<p>When you are sick this time, what signs did you notice? <i>(DO NOT read answer keys; listen to what answers the patient gives, and circle the respective options)</i></p> <p><i>(MULTIPLE choices are allowed)</i></p>	<ol style="list-style-type: none"> 1. Fever 2. Cough 3. Diarrhea 4. Fatigue 5. Accidents, injuries 6. Vomiting 7. Cutaneous condition 8. Pregnancy 9. Pain, sites of pain: 10. Others (specify):
14.	<p>Of these, how long was the most persistent sign?</p>	<p>..... days</p>
15.	<p>What diagnosis were you given this time? <i>(Surveyor to reference the patient register to note diagnoses in details)</i></p>	<p>.....</p>

16. In your treatment course this time, did the physicians ask/give treatment for the following? (Surveyor to READ in turn every part for the patient to answer, and circle the respective options)				
<i>a</i>	<i>Asking when you</i>	1. Yes	2. No	3. Don't know
<i>b</i>	<i>Taking body temperature</i>	1. Yes	2. No	3. Don't know
<i>c</i>	<i>Blood Pressure Measurement</i>	1. Yes	2. No	3. Don't know
<i>d</i>	<i>Giving palpation</i>	1. Yes	2. No	3. Don't know
<i>e</i>	<i>Using a stethoscope in examination</i>	1. Yes	2. No	3. Don't know
<i>f</i>	<i>Asking what drugs you used</i>	1. Yes	2. No	3. Don't know
17. What services below did you receive this time? (Surveyor to READ in turn every part for the patient to answer, and circle the respective options)				
<i>a</i>	<i>X-ray</i>	1. Yes	2. No	3. Don't know
<i>b</i>	<i>Ultrasound</i>	1. Yes	2. No	3. Don't know
<i>c</i>	<i>ECG</i>	1. Yes	2. No	3. Don't know
<i>d</i>	<i>Blood tests</i>	1. Yes	2. No	3. Don't know
<i>e</i>	<i>Urine tests</i>	1. Yes	2. No	3. Don't know
<i>f</i>	<i>Medical procedures</i>	1. Yes	2. No	3. Don't know
<i>g</i>	<i>Endoscopy</i>	1. Yes	2. No	3. Don't know
<i>h</i>	<i>Acupuncture</i>	1. Yes	2. No	3. Don't know
<i>i</i>	<i>Others:</i>			
18. In your visit this time, what counsels among the following did the physicians give you? (Surveyor to READ in turn every part for the patient to answer, and circle the respective counsel options)				
<i>a</i>	On how to use drugs	1. Yes	2. No	3. Don't know
<i>b</i>	On side-effects of drugs	1. Yes	2. No	3. Don't know
<i>c</i>	On diets	1. Yes	2. No	3. Don't know
<i>d</i>	On physical training	1. Yes	2. No	3. Don't know
<i>e</i>	On observation	1. Yes	2. No	3. Don't know
<i>f</i>	Other advice:			
19.	Do you (as a patient) have health insurance?	1. Yes 2. No → Move to question 23		
20.	If yes, what is it from the HI types below? (If the patient does not know what HI card he/she has, borrow the card and note down the CARD No. in 7. Others (specify)) (select ONE option only)	1. Poor/ethnic minority 2. Near poor 3. Children under 6 4. Social welfare beneficiary 5. Pensioner 6. Government employee/public official 7. Others (specify).....		
21.	Did you use HI for care this time?	1. Yes 2. No → Move to question 23		
22.	Did you need to buy other drugs not covered by HI?	1. Yes 2. No		
C. INFORMATION ON PATIENT'S ACCESS AND SATISFACTION				

23.	How far is it from where you live to the clinic, in kilometers?	..... km
24.	How do you get here? <i>(Ask which means of transport the patient uses to travel the longest distance/route)</i> <i>(select ONE option only)</i>	1. Walk 2. Bicycle 3. Motorcycle 4. Car 5. Others (specify)
25.	How long does it take from where you live to this clinic, in minutes?	..... minutes
26.	How long do you wait from your ARRIVAL here till being TAKEN CARE OF?	..... minutes
27.	How long did it take the doctor to check on you?	..... minutes
28.	What is the TOTAL time taken from your ARRIVAL here to seek medical care till YOU LEAVE ? <i>(Counting from your arrival to the clinic, waiting for your turn to get examination, take tests, X-ray scans, and waiting for results, till getting a prescription and buying drugs)</i>	..... minutes
29.	Are you satisfied with this visit to the clinic? <i>(select ONE option only)</i>	1. Very unsatisfied 2. Unsatisfied 3. Normal 4. Satisfied 5. Very satisfied
D. MEDICAL COSTS		
30.	How much in total did you have to PAY DIRECTLY out of your pocket to the clinic for this visit? <i>(Note “VND 0” if the patient didn’t pay any costs; and “Don’t know” if the patient is not sure)</i>	VND
31.	Is all you PAID DIRECTLY out of your pocket to the clinic for this visit the entire or only part of the costs incurred? <i>(select ONE option only)</i>	1. It’s everything 2. Only part of it (the remaining was covered by HI) 3. I didn’t have to pay anything 4. I don’t know 5. Others:
32.	<i>Apart from what you paid the clinic as mentioned above,</i> did you have to pay any other costs outside the clinic to <i>buy more drugs, instruments, or take more tests</i> this time? How much in total?	VND
33.	Apart from the above mentioned costs, how much did you have to pay for other things this time? <i>(transport, meals, lodging, gifts etc.)</i>	VND

34.	<p>How did you finance your medical cost this time? <i>(MULTIPLE choices are allowed)</i></p>	<ol style="list-style-type: none"> 1. Borrowing from friends/relatives 2. Available cash from home 3. Sales of production means 4. Sales of houses or properties 5. Sales of the products I made/income from other sources 6. Cutting expenses (foods, etc.) 7. A person from outside the household gave me the money 8. Others (<i>specify</i>):
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E. INFORMATION ABOUT THE HOUSEHOLD'S PROPERTIES

35.	<p>Do you have the following properties/items at home? <i>(Surveyor to read each option for the patient to answer, and circle the respective option, if any)</i></p>	<ol style="list-style-type: none"> 1. Washing machine/cloth dryer 2. Water heater 3. Computer 4. Refrigerator 5. Gas hob/induction stove 6. Cell phones 7. Electric cooker/pressure cooker/microwave oven/electric oven/grill 8. Tables, chairs, sofas, make-up tables 9. Motorcycles 10. Color television
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Thank you!