

Form ID	Province ID		District ID		Clinic ID	

FORM 09: INTEVIEW WITH DISCHARGED OUTPATIENTS AT DISTRICT HOSPITALS/HEALTH CENTERS

Introduction of the interview's purpose:

Hello, my name is _____. I'm working at the Ministry of Health. We are doing a survey on health service delivery at district hospitals nationwide to understand about service use and quality at these medical facilities. Please provide some information related to your stay 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	.....
District hospitals/health center: (“hospitals”)	.....
Surveyor name	.....
Interview date/time	...../...../2015.
BACKGROUND INFORMATION ON THE PATIENT	
Patient's record	.....
Cell phone	.....
Admission date	...../...../2015.

<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. Nam 2. Female	.....	.....
4.	What ethic group do you belong to? 1. Vietnamese	.....	.....

	2. Others (<i>specify</i>)			
A. BACKGROUND ON PATIENTS AND PATIENTS' FAMILY RESPONDENTS			PATIENT	RESPONDENT
5.	What is your marital status? 1. Single 2. Married 3. Separated 4. Widowed 5. Divorced		.....	.....
6.	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 holder 9. Bachelor's degree holder 10. Master's 11. PhD 12. I don't know 13. Others (<i>specify</i>)		.....	.....
7.	What do you do primarily? (<i>what you spent the most time on in the last six months</i>) 1. Farming, forestry, fishing 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>)		.....	.....
8.	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 PATIENT AND SERVICE USE				
9.	What illness did you have this time you stayed in the hospital? <i>(Surveyor to reference the discharge note to write down diagnoses in details:</i> <i>AND circle the respective options → MULTIPLE</i>		1. Respiratory conditions 2. Gastrointestinal diseases 3. Cardiovascular illnesses/Hypotension 4. Urologic diseases 5. Musculoskeletal and joint diseases 6. Endocrine conditions/diabetes 7. Accidents, injuries, poisoning 8. Obstetric and gynecological conditions	

	<i>choices are allowed)</i>	9. Others (<i>specify</i>)
10.	Is this your first time getting care/staying at this hospital?	1. Yes 2. No
11.	Why did you choose to seek medical service at this hospital? <i>(Surveyor must not read the answer options, and instead only note down the respondent's answers → MULTIPLE choices are allowed)</i>	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>)
12.	What services below did you receive this time? <i>(Surveyor to READ in turn every part for the patient to answer, and circle the respective options)</i>	
<i>a</i>	<i>X-ray</i>	1. Yes 2. No 3. I don't know
<i>b</i>	<i>Ultrasound</i>	1. Yes 2. No 3. I don't know
<i>c</i>	<i>ECG</i>	1. Yes 2. No 3. I don't know
<i>d</i>	<i>Blood tests</i>	1. Yes 2. No 3. I don't know
<i>e</i>	<i>Urine tests</i>	1. Yes 2. No 3. I don't know
<i>f</i>	<i>Surgery/operation</i>	1. Yes 2. No 3. I don't know
<i>g</i>	<i>Endoscopy</i>	1. Yes 2. No 3. I don't know
<i>h</i>	<i>Acupuncture</i>	1. Yes 2. No 3. I don't know
<i>i</i>	<i>Others (specify)</i>	.....
13.	Do you have health insurance?	1. Yes

		2. No → Move to question 18
14.	If yes, what is it from the HI types below? <i>(Choose ONE option only; if the patient does not know what HI card he/she has, borrow the card and note down the CARD No. in Others)</i>	1. Poor/ethnic minority 2. Near poor 3. Children under 6 4. Social welfare beneficiary 5. Pensioner 6. Government employee/public official 7. Others <i>(specify)</i>
15.	Did you use your HI card for this stay?	1. Yes 2. No → Move to question 18
16.	If you can use HI, do you need to buy other drugs not covered by HI? <i>(asked only for the stay at the hospital)</i>	1. Yes 2. No → Move to question 18
17.	Why do you have to buy other drugs? <i>(MULTIPLE choices are allowed)</i>	1. The prescribed drugs are not included in the HI drug list 2. The drugs are covered by HI but out of stock 3. I don't trust the quality of HI drugs 4. Physicians asked to buy the drugs without saying why 5. Others <i>(specify)</i>
18.	How long was your stay at the hospital?	..... days
19.	How much in total did you have to PAY DIRECTLY to the hospital based on the invoice issued for this inpatient care episode? <i>(obtaining the hospital invoice released on discharge)</i>	VND
20.	Apart from the hospital invoice released on discharge, did you have to pay any other fees to the hospital for <i>drugs, tests and supplies</i> ? How much in total?	VND
21.	Was what you paid the hospital (from Questions 19 and 20) all or only part of the medical cost for this stay?	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 <i>(specify)</i>
22.	<i>Apart from what you paid the hospital</i> , did you have to pay any other fees outside the hospital , related to <i>buying other drugs, instruments or tests</i> for this stay?	VND

	How much in total?	
23.	How much did you have to pay for transport, lodging, gifts and others this time?	VND
24.	How did you finance your medical cost this time? (<i>MULTIPLE choices are allowed</i>)	<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>)

C. INFORMATION ON LENGTH OF STAY AND SATISFACTION

25.	How far is it from where you live to the hospital, in kilometers?	..... km
26.	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>)	<ol style="list-style-type: none"> 1. Walk 2. Bicycle 3. Motorcycles 4. Car 5. Others (<i>specify</i>)
27.	How long does it take from where you live to this hospital, in minutes?	..... minutes
28.	How long do you wait from your ARRIVAL here till being TAKEN CARE OF?	..... minutes
29.	Did you receive daily check-ups during your stay?	<ol style="list-style-type: none"> 1. Yes 2. No
30.	Did the physicians give specific explanations to you or your family on how bad your illness was?	<ol style="list-style-type: none"> 1. Yes 2. No
31.	Did the physicians advise you or your family how to watch the illness and use drugs?	<ol style="list-style-type: none"> 1. Yes 2. No
32.	Did the doctors or nurses talk loudly or yell at you while you discussed something with them?	<ol style="list-style-type: none"> 1. Yes 2. No
33.	Were you discriminated compared to other patients?	<ol style="list-style-type: none"> 1. Yes 2. No → Move to question 35

34.	If you were discriminated, why do you think that happened?	<ol style="list-style-type: none"> 1. Because other patients are better-off than me 2. Because I'm from an ethnic minority group 3. Because I'm a health insurance patient 4. Others (<i>specify</i>):
35.	Do you think this hospital is clean enough?	<ol style="list-style-type: none"> 1. Yes 2. No
36.	Does the hospital have sufficient equipment to use in your treatment?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know
37.	Was the hospital's equipment functioning well?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know
38.	In this treatment episode, what were you not happy about? Do you want to tell the hospital that?	<ol style="list-style-type: none"> 1. Yes, I have/will tell the hospital 2. Yes, but I didn't/won't tell the hospital → Move to question 40 3. No → Move to question 40
39.	<p>If you have/will tell the hospital, how did/are you going to do that?</p> <p><i>(MULTIPLE choices are allowed)</i></p>	<ol style="list-style-type: none"> 1. I don't know how yet 2. Call the hotline 3. Write to the facility's suggestion box 4. Directly say it to the doctors 5. Others (<i>specify</i>)

E. INFORMATION ABOUT THE HOUSEHOLD'S PROPERTIES

40.	<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!