

GENERAL PATIENT RECALL QUESTIONNAIRE

#	Question	Response codes	SKIP TO
1. COVER SHEET INFORMATION			
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 incapacitated5 Other, Specify _____.....8	
106.	TIME INTERVIEW BEGINS – RECORD HOURS, MINUTES, AND CIRCLE AM OR PM CODE.	HOURS..... __ __ MINUTES..... __ __ AM.....1 PM.....2	
107.	WHERE IS THE INTERVIEW TAKING PLACE?	SURGERY WARD.....1 SURGERY WAITING ROOM.....2 SURGERY MAIN ENTRANCE AREA3 GENERAL WARD4 OTHER, SPECIFY _____.....8	
<p>[GREET THE RESPONDENT] My name is [ENUMERATOR'S NAME]. We are doing research evaluating a project which will take place in this hospital <u>taking place in hospitals in Liberia</u>. 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 or their caregivers. We would like to ask you some questions about the services you or your child (<i>if caregiver</i>) have received from this hospital. We are not going to ask you your name and anything you say will be kept private. <u>The study should take about 30 minutes</u>. 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.</p>			
108.	DOES THE RESPONDENT GIVE CONSENT?	YES1 NO 2 go to →	END: APPROACH ANOTHER PATIENT, IF AVAILABLE
<p><u>Could you confirm that you are at least 18 years of age, have had all your questions answered, and have voluntarily agreed to participate?</u></p>			
109.	<u>DOES THE RESPONDENT GIVE CONSENT?</u>	<u>YES1</u> <u>NO 2 go to →</u>	<u>END:</u> <u>APPROACH</u> <u>ANOTHER</u> <u>PATIENT,</u> <u>IF</u> <u>AVAILABLE</u>
110.	IS THE RESPONDENT THE PATIENT OR OTHER?	Patient.....1 go to → Other.....2	202
111.	WHAT IS THE RELATIONSHIP	Mother.....1	

#	Question	Response codes	SKIP TO
	BETWEEN THE RESPONDENT AND THE PATIENT?	Father.....2 Sibling.....3 Other relative.....4 Non-relative.....5	

2. RESPONDENT BACKGROUND INFORMATION

201.	How old are you as of your last birthday? PROBE IF DOESN'T KNOW, OTHERWISE ESTIMATE AN AGE FOR THE REpondENT	AGE IN YEARS ____ MARK "1" IF ESTIMATE ____	
202.	Patient age	AGE IN YEARS ____ MARK "1" IF ESTIMATE ____	
203.	Patient gender	Female.....1 Male.....2	
204.	Have you ever attended school?	YES.....1 NO.....0 go to →	206
205.	What is your highest level of education completed?	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3 VOCATIONAL.....4 OTHER, SPECIFY.....8	
206.	How well can you read a newspaper or letter?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
207.	What is your marital status?	SINGLE.....1 go to → MARRIED.....2 LIVING TOGETHER.....3 SEPARATED.....4 go to → WIDOWED.....5 go to →	211 211 211
208.	Has your spouse ever attended school?	YES.....1 NO.....0 go to →	210
209.	What is the highest level of education that your spouse completed?	PRIMARY..... 1 SECONDARY..... 2 UNIVERSITY.....3 VOCATIONAL.....4 OTHER SPECIFY.....8	
210.	How well can your spouse read a newspaper or letter?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL3	
211.	Do you do anything to get money?	YES.....1 NO.....0	
212.	Does your household own: a. Tapped water source inside the house? b. Electricity/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	
213.	Do you own your house or do you rent it?	OWN HOUSE.....1 RENT HOUSE.....2 OTHER, SPECIFY..... 8	

3. OVERALL ASSESSMENT OF HEALTH CARE AT THIS FACILITY

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.

Please assess the facility along the following dimensions.

301.	Skill of the physician at diagnosing illness	Very good.....1 Good.....2 Poor.....3 Very poor.....4	
302.	Skill of nursing care	Very good.....1 Good.....2 Poor.....3 Very poor.....4	
303.	The manner of your treatment	Very good.....1 Good.....2 Poor.....3 Very poor.....4	
304.	Value of services rendered	Very good.....1 Good.....2 Poor.....3 Very poor.....4	
305.	Did you undergo a surgical procedure?	Yes.....1 No.....2	go to → 501

4. SURGICAL HEALTHCARE AT THIS FACILITY

Now I have some questions about some the things the doctor may have asked about and some of the things he/she may have done prior to the surgery.

Pre-surgical procedures

401.	Were you shaved and cleaned where necessary?	Yes.....1 No.....2	
402.	Did you have a catheter inserted?	Yes.....1 No.....2	
403.	Was it explained to you what was going to happen?	Yes.....1 No.....2	
404.	Was consent obtained from you about the procedure?	Yes.....1 No.....2	
405.	Were you asked about allergies?	Yes.....1 No.....2	
406.	Were you given any medicine before the procedure?	Yes.....1 No.....2	
407.	Were you given a gown?	Yes.....1 No.....2	
408.	Were you covered?	Yes.....1 No.....2	

5. 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
501.	It is convenient to travel from your house to the health facility.	5	4	3	2	1	
502.	The health facility is clean.	5	4	3	2	1	
503.	The health staff is courteous and respectful.	5	4	3	2	1	
504.	The health workers did a good job of explaining your condition.	5	4	3	2	1	
505.	It is easy to get medicine that health workers prescribe.	5	4	3	2	1	
506.	The amount of time you spent waiting to be seen by a health worker was not long.	5	4	3	2	1	
507.	You had enough privacy during your visit.	5	4	3	2	1	
508.	The health worker spent a sufficient amount of time with you.	5	4	3	2	1	
509.	The overall quality of services provided was satisfactory.	5	4	3	2	1	
510.	You felt that the facility maintained confidentiality of your personal information.	5	4	3	2	1	
511.	You were asked for consent (permission) before any procedures.	5	4	3	2	1	
512.	You felt respected by your healthcare provider.	5	4	3	2	1	
513.	You had a warm and compassionate healthcare provider.	5	4	3	2	1	
514.	TIME INTERVIEW ENDS – RECORD HOURS, MINUTES, AND CIRCLE AM OR PM CODE. THANK THE RESPONDENT	HOURS..... __ __ MINUTES..... __ __ AM.....1 PM.....2					
515.	WAS ANY MEMBER OF THE HEALTH FACILITY STAFF PRESENT IN THE ROOM AT ANY POINT DURING THE INTERVIEW?	YES.....1 NO.....2					