CII.Qusetionnaires for Exit-patient Interview Survey

2 Ambulatory patients

EXIT INTERVIEW FOR AMBULATORY PATIENTS

A. Identification

1. Type of establishment: _

1	Hospital (outpatient)	3	CESAMO
2	Hospital (emergency)	4	CESAR

2. Establishment Code: _ _ _ _

3. Date of Interview: _ _ / _ _ / 95

4. Time of Interview: _ _ hr _ _ min

5. Interview: _____ _ _

6. Supervisor;: _____ _ _

7. Codifier: _____ _ _

8. Tally taker: _____ _ _

B. Description of Person Being Interviewed

1. Sex: _

1 Male
2 Female

2. Age: _ _

If the interview is being conducted with someone other than the patient, continue with questions 3.4 and 5. If the patient is being interviewed directly, skip to question 6.

3. Relationship of attendant of patient: _

1	Parent	5	Son/daughter
2	Grandparent	6	Other relative
3	Brother/Sister	7	Friend/Neighbor
4	Conjugal partner	8	Other

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Exit interview for ambulatory patients ID#: _ _ _ _ _ _

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4. Sex of attendant of patient: _

   1 Male
   2 Female

5. Age of attendant of patient: _ _

6. Civil status of patient: _

   1 Single
   2 Married
   3 Conjugal Union
   4 Widowed
   5 Divorced
   6 Separated

7. Ethnic Heritage: _

   1 Ladino
   2 Garifuna
   3 Miskito
   4 Pech
   5 Lenca
   6 Foreign
   7 Other
   9 Don't know

8. Religion **(for those over the age of 10)**: _

   1 Catholic
   2 Protestant
   3 Muslim
   9 Don't know
   4 Jewish
   5 Other
   6 None

9. Level of Education:

   Highest level reached: _ Number of years: _

   0 None
   1 Primary
   2 Secondary
   3 University
   4 Adult literacy/informal
   5 Special education

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10. Principal Occupation **(for those over the age of 10):** _ _

01	Professional/manager	08	Domestic servant
02	Office/store worker	09	Housewife
03	Technician/skilled laborer	10	Student/personal services
04	Unskilled laborer	11	Retiree/pensioner
05	Independent merchant	12	Unemployed
06	Rancher/farmer/fisherman	13	Other
07	Farm worker		

11. Do you receive health benefits? _

1	IHSS	4	Military (FFAA)
2	Company (not IHSS)	5	Other
3	Private (personal)	6	None
9	Don't know		

12. **For patients older than 10**
Do you smoke? _

1 Every day
2 Occasionally
3 No

13. **For patients older than 10**
Do you drink alcohol? _

1 Every day
2 Occasionally
3 No

Residence Municipality: _____ Department: _____

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C. Characteristics of consultation

1. What kind of consultation did you come for? __

   1 Emergency (hospitals only)
   2 Curative care
   3 Preventative care **Skip to 3**

2. What kind of problem did you have?

   Write literally what the person being interviewed says for later classification according to the following list. 3 answers are allowed. If the patient doesn't answer spontaneously, read the list of possible answers trying not to emphasize any specific one.

   1. _____
   2. _____
   3. _____

Problem 1: __ __ Problem 2: __ __ Problem 3: __ __

1	Respiratory problem	11	Genital problem
2	Diarrhea/vomiting	12	Nervous problem
3	Other digestive problem	13	Trauma, fracture
4	Cardiovascular problem	14	Injuries
5	Skin problem	15	Other accidents
6	Bone, Joint problems	16	Intoxication
7	Eye problem	17	Dental problem
8	Ear problem	18	Malaria/dengue
9	Urinary problem	19	Fever
10	Gynecological problem/ complicated pregnancy		

20 Other (specify) _____
99 Don't know

Skip to 4

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3. Can you tell me what kind of treatment or service you received? _ _

Write literally what the person being interviewed says for later classification according to the following list. If the patient doesn't answer spontaneously, read the list of possible answers trying not to emphasize any specific one.

01	Family planning	09	Hypertention control
02	Prenatal care	10	Renal illness control
03	Postnatal control	11	Allergy control
04	Vaccination	12	Mental problem
05	Growth and dev. care	13	Physical therapy
06	Vaccination and CCD	14	Asthma control
07	Tuberculosis control	15	Epilepsy control
08	Diabetes control	16	Periodic check-up

17 Other (specify) _____
99 Don't know

4. Is this the first place you've received treatment for this problem? _

1 Yes **Skip to 6.**
2 No

5. Why did you have to come here? _

1	No doctor available	4	Closed
2	Very full	5	Didn't want to
3	Too long to wait	6	Inadequate service
7	Referral **Skip to 10.**	8	Other (specify) _____

9 Don't know

6. Who decided to send you to the hospital? _

1	Head of household (patient him or herself)	**Skip to 15.**
2	Head of household (not the patient)	
3	The patient him or herself (not head of household)	
4	Other family member	**Skip to 8.**
5	Collective family decision	**Skip to 15.**
6	Someone else	**Skip to 9.**

7. How is the head of household related to the patient? __ __

02	Spouse/partner	07	Mother/father-in-law
03	Son/daughter	08	Brother/sister
04	Parent	09	Uncle/aunt
05	Son/daughter-in-law	10	Brother/sister-in-law
06	Grandchild	11	Cousin
		12	Friend

Skip to 15.

8. How is the person who made the decision related to the patient? __ __

02	Spouse/partner	07	Mother/father-in-law
03	Son/daughter	08	Brother/sister
04	Parent	09	Uncle/aunt
05	Son/daughter-in-law	10	Brother/sister-in-law
06	Grandchild	11	Cousin

Skip to 15.

9. Who is the other person? __ __

1	Neighbor	3	Other
2	Friend		

Skip to 15.

10. What health service or provider referred you here? __ __

01	Traditional healer	09	Private doctor/clinic
02	Midwife	10	NGO clinic
03	Other volunteer	11	MSP hospital
04	Pharmacist	12	IHSS hospital
05	Promoter	13	Private hospital
06	CESAR	14	Friend/relative
07	CESAMO	15	Other
08	IHSS clinic	99	Don't know

11. Was it the decision to come to this second facility discussed with your family (the family of the patient)? __

    1 Yes
    2 No **Skip to 15.**

12. Who decided to send you to this second facility?

    1 Head of household (patient him or herself) **Skip to 15.**
    2 Head of household (not the patient)
    3 The patient him or herself (not head of household)
    4 Other family member **Skip to 13.**
    5 Collective family decision **Skip to 15.**
    6 Someone else **Skip to 14.**

13. What is the relationship between the person who made the decision and the head of household? __ __

    02 Spouse/partner
    03 Son/daughter
    04 Parent
    05 Son/daughter-in-law
    06 Grandchild
    07 Mother/father-in-law
    08 Brother/sister
    09 Uncle/aunt
    10 Brother/sister-in-law
    11 Cousin

    Skip to 15.

14. Who is this other person? __

    1 Neighbor
    2 Friend
    3 Other

15. Why did you decide to come to this (first) facility and not another? __ __

    01 Only facility available
    02 Doctor present
    03 Adequate service
    04 Trusts the facility
    05 Near home
    06 Friendly, helpful
    07 Inexpensive
    08 High quality service
    09 Short waiting time
    10 Traditional beliefs
    11 Medicines available
    12 Available at any time
    13 It was recommended
    14 Other
    99 Don't know

16. How did you get to the facility?

Multiple answers are allowed.

1 On foot
2 Bicycle/motorcycle
3 Private vehicle
4 Taxi
5 Collective transport (truck, taxi, bus)
6 Ambulance
7 Horse, mule, etc.
8 Boat
9 Other

17. How long did it take you to get to the facility?

__ __ hrs __ __ min

18. What do you think about the distance between your home and the facility? __

1 Too far
2 Moderate
3 Near
9 Don't know, no answer

19. How much did you spend to get to and from the facility?

__ __ __ __ lempiras

20. How long did you have to wait to be attended?

__ __ hrs __ __ min

21. What do you think about the amount of time you had to wait? __

1 Quite short
2 Not short, not long
3 Too long
9 Don't know, no answer

22. How long did your consultation last?

23. Was the consultation time sufficient? __

1 Yes
2 No
9 Don't know, no answer

24. Who treated you? __

For the multiple answer, tick higher rank of the person (with the smaller code number)

1 Specialist
2 General practitioner
3 Nurse
4 Nurse's aide
5 Other (specify) _____
9 Don't know

25. What do you think of the attitude of the people who attended you?

Receptionist __ Cashier __
Doctor __ Nurse __
Other (specify) _____

1 Good
2 Normal
3 Poor
4 Not applicable
9 Don't know, no answer

26. What do you think of the technical level of the personnel who attended you?

Doctor __ Nurse __
Other (specify) _____

1 Good
2 Normal
3 Poor
4 Not applicable
9 Don't know, no answer

27. What do you think of the cleanliness of the facility (and service)? __

1 Good
2 Normal
3 Poor
9 Don't know, no answer

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28. What do you think of the physical condition of the facility and its medical equipment? __

1	Good	3	Poor
2	Normal	9	Don't know, no answer

29. How much time passed between the time you arrived at reception and the time you left? __

__ __ hrs __ __ min

30. What do you think about this amount of time? __

1	Quite short	3	Moderate
2	To long	4	Don't know, no answer

31. Were medicines prescribed during your consultation? __

1	Yes	
2	No	**Skip to 36.**
3	Don't know	**Skip to 36.**

32. Did they explain how to take or apply the medication? __

1	Yes	3	Yes, but I didn't understand
2	No	9	Don't know

33. Did you receive all the medication you needed at the same facility? __

1	Yes	**Skip to 36.**	3	None
2	No, just a portion		9	Don't know **Skip to 36.**

34. What do you plan to do to obtain the medicines that aren't available at the facility? __

1	Purchase at a community pharmacy	**Skip to 36.**
2	Purchase at another facility	**Skip to 36.**
3	Purchase at private pharmacy	**Skip to 36.**
4	Obtain by family or friends	**Skip to 36.**
5	Not going to obtain them	
9	Unknown	**Skip to 36.**

35. Why don't you plan to obtain them? __

1 Don't want to look it for
2 Very expensive/no money
3 Don't have time
4 No place to buy them
5 Other (specify) _____
9 Don't know

36. Would you return to this facility if you required further service? __

1 Yes
2 No **Skip to 38.**
3 Don't know **Skip to 39.**

37. Why would you prefer to return to this hospital and not another? __

1 It's the best
2 I was satisfied
3 There is no other
4 It's the least expensive
5 It's the closest
6 Good equipment/facilities
7 Other (specify) _____
9 Don't know

Skip to 39.

38. Why would you not return to this hospital? __

1 They didn't cure me
2 I was treated poorly
3 Inadequate service
4 It's very far away
5 It's very expensive
6 Facility/equipment in poor condition
7 There was no medicine
8 Other (specify) _____
9 Don't know

39. Did you (or a family member) pay anything for your consultation? __

1 Yes
2 No **Skip to 48.**
3 Don't know **Skip to 50.**

40. Have you been or will you be partially or totally reimbursed?

1 Yes, completely **Skip to 47** 3 No
2 Yes, partially 9 Don't know

41. How much did you pay for your entire consultation (excluding transportation)?

For consult/register/donation	__ __ __ lempiras
For medication at facility where treatment was received	__ __ __ lempiras
For medication from another facility	__ __ __ lempiras
For tests or x-rays at facility where treatment was received	__ __ __ lempiras
For tests or x-rays at another facility	__ __ __ lempiras
Others	__ __ __ lempiras
Total	__, __ __ __ lempiras

If paid less than 25 lempiras, skip to 50

42. Would you be willing to pay more than ____ lempiras for the same service

If complaints were made
assuming that the same quality was maintained?

If complaints or dissatisfaction were expressed
assuming that the problems you mentioned were corrected? __

Insert the cost mentioned in 41 in this question.

1 Yes
2 No **Skip to 46.**
3 Don't know

43. Would you be willing to pay _____ lempiras? __

Insert 150% of the total indicated in question 41.

1 Yes
2 No **Skip to 45.**
3 Don't know, no answer

44. Would you be willing to pay _____ lempiras? __

Insert twice the total indicated in question 41.

1 Yes
2 No
3 Don't know, no answer

45. How much would you be willing to pay?

_ _ _ _ lempiras

Skip to next module.

46. Why not? __

1 It's very expensive/can't
2 The service isn't worth it
3 The government should pay for or subsidize the service
4 Other (specify) _____
9 Don't know

Skip to next module.

47. **Ask this question only to those who answered 1 or 2 to question 40.**

Who reimbursed your hospital costs? __

1 IHSS
2 Employer
3 Private insurance
4 Military
5 Other (specify) _____
9 Don't know

Skip to 50.

48. Did (or will) anyone else pay for the consultation?

1 Yes
2 No **Skip to 50.**
9 Don't know **Skip to 50.**

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49. Who paid (or will pay)? __

1 IHSS
2 Employer
3 Private insurance
4 Military
5 Other (specify) _____
9 Don't know

50. Would you be willing to pay 50 lempiras for the same service
If complaints were made
assuming that the same quality was maintained?
If complaints or dissatisfactions were expressed
assuming that the problems you mentioned were corrected? __

1 Yes
2 No **Skip to 52.**
3 Don't know **Skip to 52.**

51. How much would you be willing to pay?

__ __ __ lempiras

Skip to next module.

52. Would you be willing to pay Lps. 25 under the same conditions?

1 Yes 2 No **Skip to 54.**

53. How much would you be willing to pay?

__ __ __ lempiras

Skip to next module.

54. Why not?

1 It's very expensive/can't
2 The service isn't worth it
3 The government should pay for or subsidize the service
4 Other (specify) _____
9 Don't know

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