

PATIENT EXIT SURVEY

FACILITY DETAILS

	Name of facility	[Drop down]	
	District	[Drop down]	
	Chiefdom	[Drop down]	
	Type of facility	National tertiary referral hospital ..... Provincial secondary hospital..... District secondary hospital..... Community health centre (chc) ..... Community health post (chp) ..... Maternal child health post (mchp)..... Other (specify)	
	Managing Authority	Government/public..... Ngo/not-for-profit..... Private-for-profit ..... Mission/faith-based ..... Other (specify)	
	Urban/rural	Urban ..... Rural .....	
	Geocode		

HEALTH INFORMATION CONSENT FORMS

X: INTERVIEW DETAILS

	Interviewer name	[Drop down list of interviewers]	
	Date of Interview	[Date ]	
	Time of Interview	[Time]	
	Health facility unit	OPD  MCH (family planning, ANC, and postnatal care)  HIV/TB clinic	

PATIENT (IF CHILD IS THE PATIENT, RESPONDENT) DEMONGRAPHIC INFORMATION

	What is your age?		
	What is your gender?		
	What is your current marital status?	1 Married or living together 2 Divorced/separated 3 Widowed 4 Never married and never lived together	
	Have you ever attended school?	0 No 1 Yes 98 Don't know	
	What is the highest level of school you attended?	Sierra Leone 1 Pre-primary 2 Primary 3 Secondary 3 Tertiary/university 4 Vocational/trade school 5 Madrasa 98 Don't know	
	Are you currently working?	0 No 1 Yes 98 Don't know	
	Has you always lived in this chiefdom?	0 No 1 Yes 98 Don't know	
	Are you visiting the health facility today because of a problem you are having or because of a problem the child is having?	<div><div></div> Self</div> <div><div></div> Child</div> <div><div></div> Both</div>	
	If child, how is old is the child?		

HOUSEHOLDS SOCIAL ECONOMIC STATUS

	Does your household have electricity?	0 No 1 Yes	
	Does your house have a television?	0 No 1 Yes	

	Does your household have a refrigerator?	0 No 1 Yes	
	Does your household have a mobile phone?	0 No 1 Yes	
	Does any member of your household own a watch?	0 No 1 Yes	
	Does any member of your household have a bank account?	0 No 1 Yes	
	What is the main material of the floor?	1 Earth/sand/dung 2 Cement 3 Other	
	What is the main material of the exterior walls?	1 Cane/palm/trunks/dirt 2 Cement 3 Other	
	What is the main material of the roof?	1 Metallic sheets 2 Other	
	What type of fuel does your household mainly use for cooking?	1 Charcoal 2 Wood 3 Other	
	In the last month, approximately what was the total income for this household?	1 Less than Le 150,000 2 150,000 – 299,999 3 300,000 – 449,999 4 450,000 – 599,999 5 600,000 – 749,999 6 750,000 – 999,999 7 1,000,000 – 2,000,000 8 Above 2,000,000	
	How much in total has your household spent on the following items IN THE LAST MONTH?  [Autofill with 0, enter 98 for Don't know]	LD [Integer] response for all  A Food B Energy (Paraffin, charcoal) C Water D Electricity E Rent F Health care G Everything else	

	<p>[Calculate sum of expenditures above]</p> <p>In the last month, your household has spent a total of [TOTAL]. Is this right?</p> <p>[IF INCORRECT GO BACK TO 313 AND REVISE]</p>		
	<p>Are you visiting the clinic because of acute or routine or TB/HIV visits</p>	<p>1. Acutely sick</p> <p>2. Routine visits ( Family Planning, ANC and Post-natal care</p> <p>3. Chronic care services ( HIV and TB services)</p>	

HEALTH CARE UTILIZATION (ACUTE)

	<p>Are you here because you are acutely sick</p>	<p>Yes</p> <p>No</p>	<p>If acutely sick, ask the below questions</p>
	<p>Are you here suffering from any of the following conditions?</p>	<p>1 Diarrhea</p> <p>2 Fever</p> <p>3 Difficulty breathing/coughing</p> <p>4 Serious injury</p> <p>5 Pain</p> <p>6 Skin problem (ulcers/sores/rashes etc)</p> <p>7 Anxiety/depression/difficulty sleeping</p> <p>8 Nausea/dizziness/light-headed</p> <p>9 Appetite problems</p> <p>10 Fatigue</p> <p>96 Other (please specify</p>	
	<p>If other, please specify</p>		
	<p>How much did the illness affect your day-to-day life?</p>	<p>1 Extremely</p> <p>2 A lot</p> <p>3 Moderately</p> <p>4 Slightly</p> <p>5 Not at all</p>	
	<p>How concerned were you about the illness?</p>	<p>1 Extremely</p> <p>2 A lot</p> <p>3 Moderately</p>	

		4 Slightly 5 Not at all	
	What was the nature of the injury?	1 Road traffic accident 2 Fall or other blunt force 3 Poisoning 4 Burn 96 Other (please specify)	
	Who managed you at this clinic during your visit today?	1 Medical doctor 2 Nurse 3 Midwife 4 Clinical officer 5 Dentist 6 Traditional practitioner 96 Other	
	During this illness, Did you seek care somewhere before coming to this hospital ?	Yes No	If yes, answer question below
	Where did you seek care?	Sierra Leone 1 Hospital or clinic 2 Drug store 3 Drug peddler 4 Traditional doctor 5 CHW 6 Church yard 7 At home 96 Other (please specify)	
	Please specify		
	If hospital, Please name the hospital/clinic		
	About how long did it take you to get there?	[Integer] Hours [Integer] Minutes [Autofill 0]	
	How did you get hear? [SELECT ALL THAT APPLY]	1 Private vehicle 2 Public transportation 3 Taxicab 4 Ambulance or emergency vehicle 5 Bicycle	

		6 Motorbike 7 Walked 96 Other	
	During this visits, how long did it take to be managed by the health facility team? [Including waiting times for consultation and treatment]	[Integer] Days [Integer] Hours [Integer] Minutes [Autofill 0]	
	Why did you choose this health facility?	1 Nearness of the facility 2 Service providers are nice/friendly 3 Good services are available 4 Short waiting times 5 Qualified doctors are available 6 Low fees/low treatment cost 7 Good waiting arrangements 8 Confidentiality is maintained 9 Do not know where else to go 10 Medicine is also available 11 Availability of diagnostic service 12 Recommendation from someone 96 Other (please specify)	
	If others, please specify		
	Were there any problems with the service during this visit? [SELECT ALL THAT APPLY]	1 Waited too long 2 Inadequate explanations about the problem or treatment 3 Lack of privacy from having other see or hear the examination or visit 4 Lack of medicines 5 Opening hours are inconvenient 6 Opening days are inconvenient 7 Facility is not clean 8 Poor treatment from staff 9 High cost for services or treatments	
	How do you answer the following questions		
	Health facility staff are compassionate towards my children and myself	1 strongly disagree 2 disagree 3 Neither agree nor disagree	

		4 agree 5 strongly agree	
	Health facility staff are disrespectful towards my children and myself	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	Health facility staff do not have much time to spend with the people they care for	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	I find it easy to talk to health facility staff	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	Health facility staff are knowledgeable about my condition	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	Health facility staff are unkind to patients	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	The health facility is always clean and well maintained	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	The health facility has proper medical equipment	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	

	The health facility often runs out of medication and supplies	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	The health facility is well staffed	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	Waiting line this health facility is too long	1 strongly disagree 2 disagree 3 Neither agree nor disagree 4 agree 5 strongly agree	
	Overall, I am satisfied with the care provided to and my family by health facility staff	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied 4 Dissatisfied 5 Very dissatisfied	
	Health care spending		
	Registration and consultation fees for this illness?	1. [Integer] Leones 2. Free 3. Don't know	
	Diagnostic and laboratory tests, such as x-rays or blood tests?		
	Medications or drugs	1. [Integer] Leones 2. Free 3. Don't know	
	Any other health care products or services that were not included above? Please specify:	1. [Integer] Leones 2. Free 3. Don't know	



Tuberculosis/HIV services

	Are you here for routine HIV/tuberculosis services?	0 No 1 Yes	
	If yes, which services are you receiving here today?	1 tuberculosis services 2 HIV services 3 Both	
	How much did this illness (tuberculosis or HIV) affect your day-to-day life?	1 Extremely 2 A lot 3 Moderately 4 Slightly 5 Not at all	
	How concerned are you about the illness?	1 Extremely 2 A lot 3 Moderately 4 Slightly 5 Not at all	
	Who managed you at this clinic during your visit today?	1 Medical doctor 2 Nurse 3 Midwife 4 Clinical officer 5 Dentist 6 Traditional practitioner 96 Other	
	In the past 3 months ( or since the diagnosis of this disease if it was diagnosed less than 3 months ago), did you seek care somewhere before coming to this hospital ?	Yes No	If yes, answer question below
	Where did you seek care?	Sierra Leone 1 Hospital or clinic 2 Drug store 3 Drug peddler 4 Traditional doctor 5 CHW 6 Church yard 7 At home	

		96 Other (please specify)	
	Please specify		
	If hospital, Please name the hospital/clinic		
	About how long did it take you to get this clinic today?	[Integer] Hours [Integer] Minutes [Autofill 0]	
	How did you get here? [SELECT ALL THAT APPLY]	1 Private vehicle 2 Public transportation 3 Taxicab 4 Ambulance or emergency vehicle 5 Bicycle 6 Motorbike 7 Walked 96 Other	
	During this visits, how long did it take to be managed by the health facility team? [Including waiting times for consultation and treatment]	[Integer] Days [Integer] Hours [Integer] Minutes [Autofill 0]	
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	If others, please specify		
	Were there any problems with the service during this visit? [SELECT ALL THAT APPLY]	1 Waited too long 2 Inadequate explanations about the problem or treatment	

		3 Lack of privacy from having other see or hear the examination or visit 4 Lack of medicines 5 Opening hours are inconvenient 6 Opening days are inconvenient 7 Facility is not clean 8 Poor treatment from staff 9 High cost for services or treatments	
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	Health care spending		

	Registration and consultation fees for this visit?	1. [Integer] Leones 2. Free 3. Don't know	
	Diagnostic and laboratory tests, such as x-rays or blood tests?		
	Medications or drugs	1. [Integer] Leones 2. Free 3. Don't know	
	Any other health care products or services that were not included above? Please specify:	1. [Integer] Leones 2. Free 3. Don't know	

Reproductive, Maternal and child health services

3201	Please indicate which services the patient has received today	1 Family planning 2 Antenatal Care 3 Postnatal care	
	Who managed you at this clinic during your visit today?	1 Medical doctor 2 Nurse 3 Midwife 4 Clinical officer 5 Dentist 6 Traditional practitioner 96 Other	
	About how long did it take you to get there?	[Integer] Hours [Integer] Minutes [Autofill 0]	
	How did you get here? [SELECT ALL THAT APPLY]	1 Private vehicle 2 Public transportation 3 Taxicab 4 Ambulance or emergency vehicle 5 Bicycle 6 Motorbike 7 Walked	

		96 Other	
	During this visit, how long did it take to be managed by the health facility team? [Including waiting times for consultation and treatment]	[Integer] Days [Integer] Hours [Integer] Minutes [Autofill 0]	
	Why did you choose this health facility?	1 Nearness of the facility 2 Service providers are nice/friendly 3 Good services are available 4 Short waiting times 5 Qualified doctors are available 6 Low fees/low treatment cost 7 Good waiting arrangements 8 Confidentiality is maintained 9 Do not know where else to go 10 Medicine is also available 11 Availability of diagnostic service 12 Recommendation from someone 96 Other (please specify)	
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	Health care spending		
	Registration and consultation fees for this illness?	1. [Integer] Leones 2. Free 3. Don't know	
	Diagnostic and laboratory tests, such as x-rays or blood tests?		
	Medications or drugs	1. [Integer] Leones 2. Free 3. Don't know	
	Any other health care products or services that were not included above? Please specify:	1. [Integer] Leones 2. Free 3. Don't know	