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APPENDIX A

Questionnaires for inpatient

QUESTIONNAIRES**(Used for Inpatient)**ID

Code

1. Age (years) -----
2. Sex: Male Female
3. Educational status
- Primary school and lower
- Secondary school
- Vocational school
- Graduate
- Post-graduate
4. Area of residence
- Rural
- Urban
5. Monthly income (dong) -----
6. Insurance enrollment:
- Insured Non-insured

Code

7. What is kind of your illness?

Appendicitis Pneumonia

8. How much do you pay by yourself? -----

9. What do you think about hospital charge?

High

Fair

Low

10. Length of stays (days) -----

11. What do you think about LOS?

Too short

Moderate

Too long

12. Do you think that the nurses and doctors have given you enough information about your treatment?

No

Yes

13. Were the nurses or doctors willing to answer your questions?

No

Yes

Code

14. What do you think about the doctor's performance?

Very poor	Poor	Fair	Good	Very good
(1)	(2)	(3)	(4)	(5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What do you think about the nurse's performance?

Very poor	Poor	Fair	Good	Very good
(1)	(2)	(3)	(4)	(5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. What do you think about the courtesy of doctor?

Very poor	Poor	Fair	Good	Very good
(1)	(2)	(3)	(4)	(5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What do you think about the courtesy of nurse?

Very poor	Poor	Fair	Good	Very good
(1)	(2)	(3)	(4)	(5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Are the admission activities simple and favourable to you?

No
 Yes

Code

19. Were you comfortable at ward?

No

Yes

20. What do you think about the cleanness of hospital?

Not good

Good

21. If you were given medicines to take home,
do you know what it is for and how you
should take it?

No

Yes

22. Has someone explained to you how you can help
yourself to get better when you are at home?

No

Yes

23. Do you think that the treatment you received
in hospital has improved your condition?

No

Yes

24. Do you satisfy with services provided by hospital?

No

Yes

APPENDIX B

Questionnaires for outpatient

QUESTIONNAIRES
(Used for Outpatient)

ID

- | | Code |
|---|----------------------|
| 1. Age (years) ----- | <input type="text"/> |
| 2. Sex: | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> |
| 3. Educational status | <input type="text"/> |
| <input type="checkbox"/> Primary school and lower | |
| <input type="checkbox"/> Secondary school | |
| <input type="checkbox"/> Vocational school | |
| <input type="checkbox"/> Graduate | |
| <input type="checkbox"/> Post-graduate | |
| 4. Area of residence | <input type="text"/> |
| <input type="checkbox"/> Rural | |
| <input type="checkbox"/> Urban | |
| 5. Monthly income (dong) ----- | <input type="text"/> |
| 6. Insurance enrollment: | <input type="text"/> |
| <input type="checkbox"/> Insured <input type="checkbox"/> Non-Insured | |

Code

7. What is kind of your illness?
- Gastric ulcer URI
8. How much do you pay by yourself?: -----
9. What do you think about hospital charge?
- High
 Fair
 Low
10. How long did you wait for consultation?
(minute) -----
11. What do you think about waiting time?
- Short
 Moderate
 Long
12. How long did the doctor spend time
for your consultation? (minute)

13. What do you think about consultation time?
- Too little
 Moderate
 Too much

Code

14. Do you think that the nurses and doctors have given you enough information about your treatment?

No

Yes

15. Were the nurses or doctors willing to answer your questions?

No

Yes

16. If you were given medicines to take home, do you know what it is for and how you should take it?

No

Yes

17. What do you think about the doctor's performance?

Very poor Poor Fair Good Very good

(1) (2) (3) (4) (5)

18. What do you think about the other health staff's performance?

Very poor Poor Fair Good Very good

(1) (2) (3) (4) (5)

Code

19. What do you think about the courtesy of doctor?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very poor | Poor | Fair | Good | Very good |
| (1) | (2) | (3) | (4) | (5) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
20. What do you think about the courtesy of other health staff?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very poor | Poor | Fair | Good | Very good |
| (1) | (2) | (3) | (4) | (5) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
21. Are the registration procedures simple and favourable to you?
- No
- Yes
22. What do you think about the cleanness of hospital?
- Bad
- Good
23. What do you think about the facilities of hospital?
- Bad
- Good
24. Do you satisfy with services provided by hospital?
- No
- Yes

