

Data Collection Tools



Instruments Used to Evaluate the Interpersonal Communication (IPC) Training Course



Quality Assurance Project

Center for Human Services

in collaboration with

The Academy for Educational Development

and

The Johns Hopkins University

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Introduction

Coding Communication Behaviors

In each of the three case studies, a method of observation was used. In both Trinidad and Honduras, an audiotape was made of the medical visits and analyzed using a well established method of interaction analysis. The system codes each phrase or complete thought in the visit by either the patient or physician into one of 34 mutually exclusive and exhaustive categories. Coding is done directly from audiotapes, with adequate inter-coder reliability. Reliability coefficients for physician categories average .76 (range .58-.90) and for patient categories average .81 (range .71-.99), based on double coding of a random example of 10% of audiotapes.

For simplicity, the large number of individual coding categories are reduced to meaningful composites falling within three the functional groupings of interaction related to the visit's content, affect, and process. Instrument 1, presents the content composites, the individual code categories included within the composites, and category examples of dialogue.

In Egypt, audiotape analysis was not feasible, so an alternative method of observation method was developed through the use of a check list. It was done with the help of a predetermined form ("hands on" observation check list) with coded behavioral habits that we wanted to see happening during an encounter between a health provider and a patient. These coded observed behaviors reflect the interpersonal communication (IPC) skills introduced to the medical doctors when they received the training.

Physician Questionnaire

Self-administered questionnaires for physicians were included in the case studies. They included open and close-ended questions providing a pre-training needs assessment and physicians' ratings of the course methods and content. The questionnaires were given just after the physicians met with their patients.

Patient Exit Interview

Each of the three case studies used similar questionnaires, however each was modified according to local needs. The same questionnaire was used in Trinidad and in Egypt with only a few changes in the order of the questions. In Honduras the questionnaire was similarly structured, however, the selection of items for scales was different, reflecting different response patterns of the subjects. In all settings we included a 1-item global satisfaction measure. The exit interviews were carried out by the same person who observed the clinical encounter or by another trained professional such as a doctor or nurse who had received IPC training.

These differences had implications for subsequent analysis. In Honduras, our satisfaction measures reflected three quite independent aspects of satisfaction and produced three subscales: satisfaction with informative behaviors, positive behaviors and negative behaviors. In Trinidad, however, a similar set of items showed less variation and we were able to derive only one 9-item subscale of general satisfaction.

INSTRUMENT 1
The Roter Interaction Analysis System (RIAS)

Functional Grouping	Communication Behavior	Examples
Content Categories	Question-Asking (re: medical condition, therapeutic regimen, psychosocial topics)	
	(Open-ended)	What can you tell me about the pain? How have you responded to the pills? What's happening with your son?
	(Close-ended)	Does it hurt when you bend? Did the shot help? Are you sleeping any better?
	Biomedical Information (re: medical condition, therapeutic regimen)	The pills may make you drowsy. You'll need to take the antibiotics every day for 10 days.
Affective Categories	Psychosocial Exchange (re: problems of daily living, issues re social relations, and feelings and emotions)	It is important to get out and do something daily. The Senior Center is a great place for company and they'll give you lunch, too.
	Positive Talk (agreements, approvals, laughter/jokes)	You look fantastic. You're doing great!
	Negative Talk (disagreements, disapproval)	I think you're wrong. You weren't being careful.
	Social Talk (nonmedical chitchat)	How about that baseball game last night?
Process Categories	Emotional Talk (concern, reassurance, empathy, support)	I know you're worried about your heart. We'll take care of it—it will be OK.
	Facilitation (asking for patient opinion, patient understanding, paraphrase)	What do you think it is? Do you follow? Let me make sure I've got it right—you said the pain is less than before, but still bad.
	Orientation (directions/instructions)	Get up on the table, take a deep breath.

Tape Summary Form

Interview code _____ Sex of provider _____
Date of coding _____ Sex of patient _____
Coder ID _____

1. Global Affect Ratings (for complete interview)

	Provider	Patient
Anger/Irritation (LO)	1 2 3 4 5 6	1 2 3 4 5 6
Anxiety/Nervousness	1 2 3 4 5 6	1 2 3 4 5 6
Dominance/Assertiveness	1 2 3 4 5 6	1 2 3 4 5 6
Interest/Concern	1 2 3 4 5 6	1 2 3 4 5 6
Friendliness/Concern	1 2 3 4 5 6	1 2 3 4 5 6
Responsiveness	1 2 3 4 5 6	1 2 3 4 5 6
Sympathetic/Empathetic	1 2 3 4 5 6	1 2 3 4 5 6
Depression	1 2 3 4 5 6	1 2 3 4 5 6
Emotional distress	1 2 3 4 5 6	1 2 3 4 5 6

2. Counter #s Beginning _____ End _____

3. Any interruptions?

- Third party interruption
- Telephone
- Dr./Patient leaves room
- Clinic staff participates

4. Overall tape quality

- Good
- Fair (somewhat difficult to understand)
- Contains inaudible sections
- Poor (explain)

5. Treatment regimen discussed on tape (check all that apply):

- Prescriptions
- Diet
- _____ Ongoing
- Exercise
- _____ Changed
- Stress
- _____ New
- Over-the-counter drugs or remedies

	DRUG	DIET	EXERCISE	TEST
I. Assessment-Inquiry				
a. Indirect or rhetorical (e.g., no problems?)	_____	_____	_____	_____
b. Simple direct (e.g., have you been taking your pills following your diet, etc?)	_____	_____	_____	_____
c. Information seeking—intensive—Detailed (e.g., when did you take it last? How many tablets did you take?)	_____	_____	_____	_____
d. No assessment.				

II. Problem identification re compliance (established a compliance problem and understands its dimensions, e.g., cost of medication, side effects, lack of understanding of dosage)

	DRUG	DIET	EXERCISE	TEST
a. No compliance problem identified, all OK	_____	_____	_____	_____
b. Partial compliance problem identification (implies only partial closure)	_____	_____	_____	_____
c. Full problem identification (implies closure of discussion)	_____	_____	_____	_____
d. Problem implied but not made explicit	_____	_____	_____	_____
e. Availability problem	_____	_____	_____	_____

III. Resolution

a. Full or passive acceptance (both types of compliance)	_____	_____	_____	_____
b. Rejected (of either)	_____	_____	_____	_____
c. Implied conflict, suggested noncompliance (personal)	_____	_____	_____	_____
d. Mid-compromise, making deals or negotiation — availability issue	_____	_____	_____	_____
e. No problem resolution discussed (both)	_____	_____	_____	_____

INSTRUMENT 1: The Roter Interaction Analysis (RIAS)

(Honduras and Trinidad)

Interview code _____ Date of coding _____ Coder ID _____

Length of interview _____

PROVIDER	PATIENT
personal	personal
laughs	laughs
approve	approve
comp	comp
agree	agree
BC	
check	check
empathy	empathy
concern	concern
R/O	R/O
legit	legit
partner	
self-dis	
disapprove	disapprove
crit	crit
?reassure	?reassure
trans	trans
orient	orient
?bid	?bid
?understand	?understand
?opinion	
(?)med	?med
(?)thera	?thera
(?)tls	?tls
(?)l/s	?l/s
(?)p/s-f	?p/s-f
(?)other	?other
?med	
?thera	
?tls	
?l/s	gives-med
?p/s-f	
?other	gives-thera
gives-med	
	gives-tls
gives-thera	
gives-tls	gives-ls
gives-ls	gives-p/s-f
gives-other	gives-other
C-med/thera	
C-mt;ls	
C-l/s,p/s	?service
unintell	unintell

INSTRUMENT 2
Health Provider's Observation Check List

QUALITY ASSURANCE PROJECT

Cairo, Egypt

November 1994 - January 1995

The following check list is used to record the observation made during an encounter between a medical doctor (health provider) and a patient.

Date _____

Name of Interviewer/Number _____ # _____

Hospital Name/Number _____ # _____

Health provider ID number _____ # _____

Trained in IPC skills [] yes

[] no

Sex of patient [] female

[] male

The following behaviors are presented in a specific order, and divided within three dimensions. This was the order and the way the training was presented to the participants.

NOTE THAT THE ENCOUNTER MAY FOLLOW A TOTALLY DIFFERENT ORDER, IT'S FINE, WE ARE LOOKING FOR THE BEHAVIORS TO HAPPEN AT ANY MOMENT OF THE ENCOUNTER. THE SEQUENCE DOES NOT MATTER.

Check List for Analysis of Health Provider's Observation

SKILL	YES (frequency)	NO	COMMENT (intensity)
A. Socio— Emotional			
Welcome patient			
Use positive non verbal communication			
Repeat what patient said			
Show empathy			
B. Problem Solving			
Encourage dialogue (open-ended questions)			
Ask what causes problem			
Avoid premature dialogue			
Explore more information			
Listen effectively			
C. Counseling Information Given			
Present info in block			
Use appropriate vocabulary			
Give specific behavioral recommendation			
Check acceptability of treatment			

Overall Comments

Time recorded for the encounter: _____ minutes.

INSTRUMENT 3
Physician Questionnaire

QUALITY ASSURANCE PROJECT

Cairo, Egypt

November 1994 - January 1995

The following questionnaire is addressed to the physicians of the May 15 Hospital in Cairo who participated in the observation check list exercise. This questionnaire goes along with the exit interview addressed to the patient who will be interviewed when leaving the doctor.

Date _____

Hospital Name/Number _____ # _____

Health provider ID number _____ # _____

Trained in IPC skills [] yes [] no

◆ What makes it most difficult to communicate with your patients?

◆ What three things would help you do your job better?

◆ What makes it difficult for patients to comply with the treatment you prescribe?

HERE THE QUESTIONNAIRE STOPS FOR THE MEDICAL DOCTORS WHO DID NOT ATTEND THE IPC COURSE LAST JULY.

Over please (for the IPC trained MDs).

◆ What are the most useful skills of the Interpersonal Communication (IPC) course that you received last July that you apply when having the encounter with patient?

(1) _____

(2) _____

(3) _____

◆ Do you use the "job aid"/pocket guide that you used during the course?

Yes [] No []

If yes, is it useful? Yes [] No []

Why?

◆ Tell us why (or why NOT) you would recommend an IPC course to colleagues?

Additional comments:

THANK YOU.

INSTRUMENT 4
Patient Exit Interview
QUALITY ASSURANCE PROJECT

Name of Interviewer/Number _____ # _____

Hospital Name/Number _____ # _____

1. Health Provider ID Number _____ # _____

2. Date ____ / ____ / ____
day mo year

3. Sex of Patient []¹ Male
[]² Female

We'd like to ask you some questions about your visit with the doctor today. There are no right or wrong answers; we just want your opinion. No one at the hospital will ever know how you answered these questions.

4. What illness brought you to the hospital today?

5. Was today the first time you have been treated by this doctor?

[]¹ Yes
[]² No

6. **Overall, how satisfied** are you with the way the doctor treated you today? Would you say you are very satisfied, somewhat satisfied, slightly satisfied or not at all satisfied?

[]¹ very much
[]² somewhat
[]³ slightly
[]⁴ not at all
[]⁹ don't know

7. How **interested** in your health problem was the doctor who treated you today—very much, somewhat, slightly or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

8. How **respectfully** were you treated today by the doctor—very, somewhat, slightly, not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

9. How **caring** was the doctor today—very, somewhat, slightly, not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

10. How **rushed or hurried** would you say the doctor was today—very, somewhat, slightly, not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

11. How much did the doctor **bouff** you today—very much, somewhat, slightly, or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

12. How **welcoming** was the doctor in greeting you today—very much, somewhat, slightly, or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

13. How much did the doctor **make you feel small** today—would you say very much, somewhat, slightly or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

14. How **attentively** do you think the doctor listened during the consultation—very, somewhat, slightly or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

15. How much were you **interrupted** during your consultation—very much, somewhat, slightly or not at all?

- ¹ very much
- ² somewhat
- ³ slightly
- ⁴ not at all
- ⁹ don't know

16. During your visit, **who do you think spoke more**, you or the doctor?

- ¹ doctor
- ² patient
- ³ about the same
- ⁹ don't know

17. How much do you feel the doctor **cut you short** while you were speaking —very much, somewhat, slightly or not at all?

- ¹ very much
- ² somewhat
- ³ slightly
- ⁴ not at all
- ⁹ don't know

18. How much do you feel the doctor **appreciated what you do** to take care of yourself—very much, somewhat, slightly or not at all?

- ¹ very much
- ² somewhat
- ³ slightly
- ⁴ not at all
- ⁹ don't know

19. What did the doctor **tell you to do**/to care for yourself/?

[DON'T READ ANSWERS, MORE THAN ONE ANSWER OK]

-]¹ medicine
-]² dietary
-]³ exercise/fitness (reduce or increase)
-]⁴ stress reduction
-]⁵ work reduction
-]⁶ other _____ (specify)
-]⁹ don't know

20. How much do you feel the doctor **encouraged you to follow-through** with your treatment plan—very much, somewhat, slightly or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

21. How much would you say you **trust** the doctor who treated you today — very much, somewhat, slightly, or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

22. How important do you think it is that you and the doctor **decide together** on a treatment plan—very much, somewhat, slightly or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

23. How important is it that the doctor **show interest in what you have to say?**

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

24. How important is it to you that the doctor ask about **all** your health problems, complaints, and concerns—very much, somewhat, slightly, not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

25. How important is it to you that the doctor **notice your feelings**, especially any sad or worried feelings you might have had?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

26. How important is it to you that you **understand** all that the doctor tell you—very much, somewhat, slightly, not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

27. How important is it to you that the doctor gives **you as much time as is necessary** to speak about health problem—very much, somewhat, slightly or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

28. How important is it to have **privacy** while you are with your doctor—very, somewhat, slightly, or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

29. How much do you feel the doctor **considered your previous medical problems** when treating you today — very much, somewhat, slightly or not at all?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

30. How many things were you **not able to discuss** with your doctor today, that you would have hoped to address? Would you say many, some, a few, or none at all?

-]¹ many
-]² some
-]³ few
-]⁴ none at all
-]⁹ don't know

31. How easy was it for you to understand the words your doctor used?

- ¹ very much
- ² somewhat
- ³ slightly
- ⁴ not at all
- ⁹ don't know

32. Did the doctor you saw today ask if you had any questions about the recommended treatment?

- ¹ Yes
- ² No
- ⁹ don't know

33. Did the doctor explain to you what you didn't understand?

- ¹ Yes
- ² No
- ⁹ don't know

34. Did the doctor ask if you feel able to complete his/her recommended treatment?

- ¹ Yes
- ² No
- ⁹ don't know

35. Did the doctor go over the steps you need to take to follow his/her recommendations and treatment?

- ¹ Yes
- ² No
- ⁹ don't know

36. How much privacy would you say you had in today's visit?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

37. Did you receive a prescription for any medicine?

-]¹ Yes
-]² No ————— > SKIP TO QUESTION 44

38. People sometimes have difficulty following doctors' orders as prescribed. Do you think you will be able to follow your doctor's suggested treatment?

-]¹ very much
-]² somewhat
-]³ slightly
-]⁴ not at all
-]⁹ don't know

39. Where do you think you will get your medicines?

[DON'T READ ANSWERS]

-]¹ Hospital Pharmacy
-]² Will return to hospital when there is a new supply
-]³ Go to another health center pharmacy
-]⁴ Go to a private pharmacy
-]⁵ Won't get them/can't afford to buy/will "wait"
-]⁶ Other _____
-]⁹ Don't know

40. It is likely or unlikely that you will buy the medicine that the doctor prescribed?

- ¹ Likely
- ² Unlikely
- ⁹ Neither/Don't know

41. Is it likely or unlikely that you would stop your treatment if you were feeling **better**?

- ¹ Likely
- ² Unlikely
- ⁹ Neither/Don't know

Thank you very much for all your time. We appreciate your help.

INSTRUMENT 5

Cuestionario Para Entrevista al Salir de Consulta

Proyecto de Garantía de Calidad

Actividad en Honduras

Version 30 de Noviembre, 1993

ENCUESTADOR: CUANDO HAYAN ESPACIOS PROVISTOS, ESCRIBA LAS RESPUESTAS EN ESOS ESPACIOS. EN TODOS LOS OTROS CASOS DEBEN HABER LISTADOS DE RESPUESTAS ASOCIADAS A CADA PREGUNTA. USE ESOS LISTADOS PARA CODIFICAR LAS RESPUESTAS. ENCIERRE EN UN CIRCULO LA RESPUESTA QUE DEN LOS ENTREVISTADOS.

No. Identificación de la encuesta

Medición

1. Pre test 2. Post test

Grupo

1. Experimental 2. Control

Fecha de encuesta _____
(Día) (Mes) (Año)

Hora de Realización de la Encuesta _____
(Hora) (Minutos)

1. Nombre del Encuestador: _____

1. Dr. Lilian Dominguez 3. Dr. Alicia Rivera
2. Dr. Lisandro Guillen 4. Dr. Josefina Borjas

2. UPS donde se encuesta

- | | | | |
|---------------------|-----------------------|----------------------|--------------------|
| 1. San Felipe | 6. El Chile | 11. Villa Adela | 16. La Cuesta |
| 2. Hospital Escuela | 7. Brisas del Picacho | 12. Flor del Campo | 17. Mateo |
| 3. Alonso Suazo | 8. 3 de Mayo | 13. El Bosque | 18. IHSS/La Granja |
| 4. Monterrey | 9. San Francisco | 14. Pedregal | 19. Monte Redondo |
| 5. El Manchen | 10. Las Crucitas | 15. San Benito Pinos | 20. Alemania |

3. Número de Identificación del Prestatario de Servicio

(E: *ESCRIBIR DIRECTAMENTE EL NUMERO*) _____

Hospital Escuela

005 Gustavo Vallejo
007 Hugo Castro Sierra
010 Raul Marengo
015 Wilfredo Argueta
016 Servio Tulio Mateo

San Felipe

026 Rebeca Soriano
034 Ana Andino
037 Ruben Juarez
039 Dennis Velasquez
044 Selvin Omar Perez
046 Guillermo Perez
053 Suyapa Barcenaa
054 Jose Mancía Herrera
055 Juan Benavides
058 Marco A Rodriguez
059 Fausto Varela
066 Bernanardo Bulnes
062 Blanca Serrano

Las Crucitas

118 Zudora Berlioz
120 Marta Rubi
178 Maylin Chong Pineda

Brisas del Picacho

084 Carlos Mead

Alonso Suazo

069 Jose Mario Rivera
070 Maria A. Oyuela
071 Liberato Aleman
151 Lilian Banegas

El Manchen

073 Alejandro Gonzalez
075 Marta Urquia Banegas

El Chile

080 Ruth Medina
081 Iris Milagro Tejeda

3 de Mayo

094 Alberto Pineda
097 Milton Castellanos

Monte Redondo

156 Mirella Pavon

El Bosque

136 Rosa Cabrera
150 Lorenza Martinez

San Francisco

110 Jovita Ponce

IHSS

183 Reina Yadira Galvez
184 Carlos Pinto
185 Anibal Benitez
186 Ricardo Corrales
187 Anibal Villatoro
188 Franklin Rodriguez
189 Quintin Hernandez
190 Roberto Castillo
191 Hiram Coello
192 Marcio Sarmiento
193 Marco A Sarmiento
194 Mario Valdez
195 Silvia Ondina Bueso
196 Telma Bonilla
197 Maria Felix Ferrera
198 Obdulio Rodezno
199 Nohemi Salguero
200 Mario Erazo
201 Lorena Medina

Monterrey

103 Ruben Dario Rodriguez
104 Sagrario Guevara
102 Nerza Paz
105 Alejandro Oviedo

La Cuesta

163 Edman Maradiaga

9. ¿Cuántos años cumplidos tiene (el paciente)? Años _____ Meses _____

(E: ESCRIBIR DIRECTAMENTE LA EDAD. ESCRIBA MESES SOLO PARA LOS MENORES DE UN AÑO. PARA LOS MAYORES DE UN AÑO, REDONDEE LA EDAD.)

10. ¿Por qué tipo de enfermedad trajo al paciente a consulta? _____

(E: CODIFIQUE TODAS LAS PATOLOGIAS QUE SE MENCIONEN.)

- | | | |
|-------------|------------------|------------------------|
| 1. Diarrea. | 3. Hipertensión. | 5. Otra. Indique cual. |
| 2. IRAs. | 4. Diabetes. | |

11. *(SI ES PACIENTE ADULTO)* ¿Entró a la consulta acompañado o solo?

1. Acompañado.
2. Solo.

12. ¿Qué le pareció la manera en que lo atendió el médico/la enfermera en la consulta? Por ejemplo, se quedó muy satisfecho, satisfecho, un poco satisfecho o insatisfecho?

0. No sabe, no contesta.
1. Muy satisfecho.
2. Satisfecho.
3. Poco satisfecho.
4. Insatisfecho.

13. Por que razón quedó (in)satisfecho? _____

(E: SENALE TODAS LAS RESPUESTAS QUE SE DEN. EL ENTREVISTADO PUEDE HABER SENALADO MAS DE UNA RAZON.)

RAZONES DE SATISFACCION.

1. Buen trato.
2. Me escuchó atentamente.
3. Competencia técnica.
4. Es el médico de siempre.
5. Me atendió rápido.
6. Me dió medicamentos.
7. Vio todos los enfermos que traje
8. Otras razones. Indique cuál.

RAZONES DE INSATISFACCION

1. Mal trato.
2. No ponía atención.
3. Incompetencia técnica.
4. Médico nunca visto antes.
5. Se tardó en atenderme.
6. No me dió medicamentos.
7. Traje 2 enfermos y vio uno.
8. Otras razones. Indique cuál.

14. ¿Cuanta confianza como médico/enfermera le tiene a la persona que lo/la atendió? Por ejemplo, muchísima, mucha, poca o ninguna?

- 0. No sabe, no contesta.
- 1. Muchísima.
- 2. Mucha.
- 3. Poca.
- 4. Ninguna.

15. ¿Porqué (no) le tiene confianza como profesional al doctor/enfermera que lo/la atendió?

RAZONES DE CONFIANZA

- 1. Buen trato.
- 2. Examinó como esperaba.
- 3. Explica indicaciones.
- 4. Es el médico de siempre.
- 5. Me atendió rápido.
- 6. Me dió medicamentos.
- 7. Vió todos los enfermos que traje
- 8. Otras razones. Indique cuál.

RAZONES DE DESCONFIANZA

- 1. Mal trato.
- 2. No examinó como esperaba.
- 3. No explica indicaciones.
- 4. Médico nunca visto antes.
- 5. Se tardó en atenderme.
- 6. No me dió medicamentos.
- 7. Se limitó a ver pocos enfermos.
- 8. Otras razones. Indique cuál.

16. ¿Se interesó en su caso la persona que lo atendió?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

17. ¿Fué orgullosa la persona que la atendió?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

18. ¿Fué amable durante la consulta?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

19. ¿Le pusó atención cuando usted le contaba su enfermedad?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

20. ¿Estaba haciendo otras cosas mientras lo atendía?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

21. ¿Dejó el doctor que estuvieran entrando y saliendo otras personas del consultorio?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

22. ¿Le molestaron esas interrupciones?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

23. ¿Lo dejó hablar con libertad sobre su enfermedad?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

24. ¿Fue comprensiva con usted la persona que lo atendió mientras le explicaba su enfermedad?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

25. ¿La facilitó la persona que lo atendió por tratar de aliviarse/alivar a su niño?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

26. ¿Lo regañó la persona que lo atendió por algo?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Muchas o pocas veces/pocas veces o nunca?

- 0. No se aplica.
- 1. Mucha.
- 2. Pocas/nuncas.

27. ¿Le dió apoyo la persona que lo atendió para que trate de aliviarse/aliviar a su niño?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

28. ¿Se interesó la persona que lo atendió por saber como afecta esta enfermedad su vida diaria?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

29. Le preguntó la persona que lo atendió sobre todos los males que tiene (el niño)?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

30. ¿Se le quedó algo que no pudo decirle a la persona que lo atendió?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Muchas cosas o pocas/pocas o ninguna?

- 0. No se aplica.
- 1. Muchas.
- 2. Pocas/ninguna.

31. ¿Le pudo decir a la persona que lo atendió porque cree usted que cayó enfermo?

- 0. No sabe, no contesta.
- 1. Sí,
- 2. No.

32. ¿Se interesó por saber si usted podía cumplir el tratamiento?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

33. ¿Le quedaron dudas sobre el tratamiento?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No. *(E: PASE A LA PREGUNTA 35.)*

34. ¿Se las aclaró la persona que lo atendió?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

35. ¿Las palabras que usó la persona que lo atendió para explicarle el tratamiento fueron fáciles o difíciles de entender?

- 0. No sabe, no contesta.
- 1. Fáciles.
- 2. Dífíciles.

36. ¿La persona que lo atendió le explicó paso a paso las cosas que tiene que hacer?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

37. ¿Le dió ánimo para que trate de seguir las indicaciones que le dió?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucho o poco/poco o nada?

- 0. No se aplica.
- 1. Mucho.
- 2. Poco/nada.

38. ¿Durante la consulta, le explicó con claridad las cosas que usted no entendía?

- 0. No sabe, no contesta.
- 1. Sí.
- 2. No.

¿Mucha claridad o poca/poco claridad o ninguna?

- 0. No se aplica.
- 1. Mucha.
- 2. Poca/ninguna.

39. ¿Qué le dijo el doctor que tiene (su hijo)?

40. ¿Le recetó alguna medicina?

- 0. No sabe, contesta.
- 1. Sí.
- 2. No.

41. ¿Cómo se lo va a tomar/cómo se lo va a dar?

42. ¿Por cuántos días?

(E: ESCRIBIR DIRECTAMENTE LA CANTIDAD DE DIAS. SI NO SABE, ESCRIBA NO SABE.)

43. ¿Le dieron otras indicaciones?

- 0. No sabe, no contesta.
- 1. Si.
- 2. No.

44. ¿Qué otras indicaciones le dieron?

45. ¿Le dieron aquí las medicinas que le recetaron?

- 0. No le recetaron nada.
- 1. Algunas.
- 2. Todas. *(E: PASE A LA PREGUNTA 47).*

46. ¿Donde piensa conseguir las?

- 0. No se aplica.
- 1. Comprándolas en la farmacia.
- 2. Volviendo aquí cuando haya surtido.
- 3. Ir a otro centro a ver si allí tienen.
- 4. Con un amigo que es visitador/medico.
- 5. No piensa conseguir las.
- 6. Otras formas. Especifique cuales.

47. ¿Qué piensa hacer para mejorarse?

(E: CODIFIQUE TODAS LAS RESPUESTAS QUE SE DEN.)

- 0. No sabe, no contesta.
- 1. Tomar los medicamentos.
- 2. Seguir las indicaciones que le dieron en consulta.
- 3. Seguir tomando/dando lo que se consume actualmente.
- 4. Ir donde otro prestatario.
- 5. Otras maneras. Especifique cuales.

48. ¿Había ya venido donde este doctor/enfermera antes?

- 1. Si.
- 2. No.

¿Volvería usted donde este doctor/enfermera?

- 0. No contesta.
- 1. Si.
- 2. No.

49. ¿A qué horas llegó al hospital/centro? _____

Hora

Minutos

50. ¿Hasta qué grado cursó en la escuela?

(E:ESCRIBIR EL NUMERO DE ANOS DE ESCOLARIZACION.)

51. ¿Por qué nombre lo conocen a usted?

52. ¿Quién es la persona más conocida en su barrio que puede dar razón de donde usted vive?

53. ¿Cual es la dirección exacta donde vive usted actualmente y permanecerá hasta finales de febrero?

Dibuje un croquis si es necesario:
