

English Version: Supplementary Questionnaire

**Title:** Respect for Informed Consent in Surgery in the DRC: Assessment of Practices, Cultural and Systemic Barriers, and Pathways for Ethical Improvement

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**A. Sociodemographic Information**

1. **Age:** \_\_\_\_\_ (years)
2. **Gender:**
  - ☐ Male
  - ☐ Female
3. **Education Level:**
  - ☐ None
  - ☐ Primary
  - ☐ Secondary
  - ☐ Higher education
4. **Place of Residence:**
  - ☐ Urban
  - ☐ Rural
5. **Province of Residence:** *(Select one)*

<input type="radio"/> Équateur	<input type="radio"/> Mai-Ndombe	<input type="radio"/> Lomami
<input type="radio"/> Sud-Ubangi	<input type="radio"/> Kwilu	<input type="radio"/> Nord-Kivu
<input type="radio"/> Nord-Ubangi	<input type="radio"/> Kwango	<input type="radio"/> Sud-Kivu
<input type="radio"/> Mongala	<input type="radio"/> Tshuapa	<input type="radio"/> Maniema
<input type="radio"/> Bas-Uele	<input type="radio"/> Tshopo	<input type="radio"/> Tanganyika
<input type="radio"/> Haut-Uele	<input type="radio"/> Sankuru	<input type="radio"/> Haut-Katanga
<input type="radio"/> Ituri	<input type="radio"/> Kasai	<input type="radio"/> Lualaba
<input type="radio"/> Kongo-Central	<input type="radio"/> Kasai-Oriental	<input type="radio"/> Haut-Lomami
<input type="radio"/> Kinshasa	<input type="radio"/> Kasai-Central	

## **B. Consent Experience**

*Before surgery, did a doctor or nurse explain:*

### **6. The nature of the surgical procedure?**

- ☐ Yes
- ☐ No
- ☐ Don't know

### **7. Possible risks?**

- ☐ Yes
- ☐ No
- ☐ Don't know

### **8. Alternative treatments to surgery?**

- ☐ Yes
- ☐ No
- ☐ Don't know

### **9. Did you receive a consent form to sign or mark (e.g., fingerprint)?**

- ☐ Yes
- ☐ No
- ☐ Don't know

### **10. (If yes) Was the form in a language you understand?**

- ☐ Yes
- ☐ No
- ☐ Partially

### **11. Did you have time to ask questions before deciding?**

- ☐ Yes
- ☐ No
- ☐ A little

### **12. Who made the final decision for your surgery?**

- ☐ Yourself alone
- ☐ Your family
- ☐ The doctor

### **13. Did you feel pressured to accept the surgery?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

### **C. Understanding and Satisfaction**

**14. Did you believe you had the right to refuse surgery?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**15. Do you feel you were adequately informed?**

- ☐ Yes
- ☐ No
- ☐ Partially

**16. Would you recommend this hospital to a relative?**

- ☐ Yes
- ☐ No
- ☐ Maybe

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### **D. Open-Ended Question (Optional)**

**17. What improvements would you suggest in how surgical procedures are explained to patients?**

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