

**QUESTIONNAIRE FOR THE QUANTITATIVE STUDY
CAREGIVER PERSPECTIVES ON INPATIENT SERVICE QUALITY AT
HANOI CHILDREN'S HOSPITAL**

Code of form:

Date of interview:

Hospital:

Guidance:

Circle the appropriate number or write in the blank line

Use a pen, not a pencil, and avoid erasing

I. Characteristic of caregivers

1. Socio-economic and demographic characteristics of caregivers

Number	Content		Note
1.1	Gender Male Female	01 02	
	Marriage status Married Divorced/ Separated Single	0 1 2	
1.2	Age	<i>Sun calendar</i>
1.3	Ethnic Kinh Other ethnic group	1	<i>Please indicate</i>
1.4	Education Primary Secondary school High school Undergraduate Post- graduate Other	1 2 3 4 5 99	
1.4	Occupation Farmer/worker Officer Freelancer Others (please indicate)	1 2 3 4	

1.5	Living place	Rural	1	
		Town	2	
		City	3	
		Other (please indicate)	4	
1.6	Distance to hospital (km)	≤ 10	1	
		>10	2	
1.7	Income(per month)		

2. Characteristic of the child

Number	Content		Note	
2.1	Gender	Female	1	
		Male	0	
2.4	Length of stay in hospital (days)	<i>At the time of the interview</i>	
2.5	Number of hospital admissions	<i>Number of hospital admission till the moment of the interview</i>	
2.6	Health status of the child after admission in hospital	Better	1	Health status at the moment of the interview
		Unchanged	2	
		Worsen	3	
		Other (please indicate)	...	

II. The evaluation of caregivers

Totally disagree:1; Disagree: 2; Neutral: 3; Agree: 4; Totally agree: 5

Guidance: Please circle the most appropriate number of each statement that corresponds most closely to your desired response.

Number	Content	Level of agreement				
		Totally disagree	Disagree	Neutral	Agree	Totally agree
A	Tangibles	1	2	3	4	5
3.1	Modern examination equipment	1	2	3	4	5
3.2	Hospital facilities are clean and spacious	1	2	3	4	5
3.3	Infrastructure is appropriate for providing services	1	2	3	4	5
3.4	Staff uniforms are neat and professional	1	2	3	4	5
B	Reliability					
3.5	Services are provided as committed by the staff	1	2	3	4	5
3.6	Staff are willing to share and support	1	2	3	4	5
3.7	Staff create a friendly and trustworthy environment	1	2	3	4	5
3.8	Medical records are fully maintained	1	2	3	4	5
C	Responsiveness					
3.9	Service timing is clearly communicated	1	2	3	4	5
3.10	Patients receive timely services	1	2	3	4	5
3.11	Staff are available to support patients and caregivers	1	2	3	4	5
3.12	Staff do not reject caregiver requests due to being busy					
D	Assurance					
3.13	Staff inspire trust in caregivers					
3.14	Caregivers feel secure when interacting with staff					
3.15	Staff are competent in delivering services					
3.16	Staff are courteous and polite					
E	Empathy					
3.17	Staff show personal attention to each patient					
3.18	Each patient receives individual care from the staff					
3.19	Staff understand patients' legitimate needs					
3.20	Patients' rights are a top priority					
3.21	Staff working hours are appropriate					

INFORMED CONSENT FORM

This informed consent form is for caregivers of children admitted to Hanoi Children's Hospital, who we are inviting to participate in research titled "*Caregiver perspectives on inpatient service quality at Hanoi Children's Hospital*"

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate).

Part 1: Information Sheet

Introduction

I am, as a member of the research team, "*Caregiver perspectives on inpatient service quality at Hanoi Children's Hospital*". I will provide you with information and invite you to participate in this research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information, and I will take time to explain.

Purpose of the research

We would like to know your experiences and your opinion about the health services of Hanoi Children's Hospital when your child is admitted to this hospital. The results of this study might help to improve in health services' performance for children.

Participant selection

You are being invited to take part in this research because you are caregivers of children, and your experiences and your opinions towards the health services of the hospital

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, it will not affect the health services that your child receives at this hospital. You may change your mind later and stop participating even if you agreed earlier.

Procedures

We are inviting you to take part in this research. If you accept, you will complete a semi-structured questionnaire, which will take about 20 minutes. If you do not wish to answer any of the questions

included in the questionnaire, you may skip them and move on to the next question. The answers in the questionnaire are confidential, and your name is not included on the forms.

Risks

You do not have to answer any question of questionnaire if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Benefits

There will be no direct benefit to you, but your participation is likely to help us find out more about how to improve the quality of health care service for children

Confidentiality

The information that we collect from this research will be kept private and not shared with or given to anyone except research members.

Sharing the results:

The knowledge that we get from this research will be announced to Hanoi Children's Hospital, and it is reported in the study's report and manuscripts.

Who to Contact

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact of the following:

Nguyen Thi Binh An

Thang Long University

Email: anntb@thanglong.edu.vn

This proposal has been reviewed and approved by the research commission of Thang Long University. It has also been reviewed by the Ethics Committee of Thang Long University.

Part II: Certificate of Consent

I have read the foregoing information. I have had the opportunity to ask questions about it, and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

Statement by the researcher

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher: _____

Signature of Researcher: _____

Date : _____