Hungarian health care in transition; studies on the improvement of the effectiveness of health care in Hungary by implementing quality assurance

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Appendix 2

Hungarian PROSPER Programme - Questionnaire

X-Rays

1. In the past twelve months, have you had one or more x-rays, not including mammograms or dental x-rays?
   no   1 Please go to Question No. 3
   yes - Please indicate how many times: 2

2. We now ask you questions about one set of x-rays. If you have had more than one, please choose the one x-ray of most concern to you. What were you told following your x-ray? Please check all the responses that apply. I was told...
   to get additional x-rays or tests 1
   to get no further treatment or tests 2
   to see the same doctor again or another doctor 3
   about medicine or other therapy I should use 4
   about self-care, such as exercise, rest, diet, etc. 5
   other - please specify 6
   I was told nothing 7

Referrals

3. In the past twelve months, have you been referred to a specialist doctor?
   no 1 Please go to Question No. 10
   yes - Please indicate how many times: 2

4. What kind of referrals have you had in the past twelve months? If you have referred to more than one specialist, please list them all.

5. We now ask you questions about one referral. If you have been referred to more than one specialist, please choose the referral of most concern to you. What kind of specialist was it?

Have you seen the specialist?
   no 1 Please go to Question No. 10
   yes 2
   can't say 8
6. Had your GP discussed with you why your referral is necessary to the specialist?
   no 1
   yes 2
   can’t say 8

7. Is the person who ordered your special test aware of the results?
   I think he or she was aware 1
   I think he or she was not aware 2
   I don’t know if he or she was aware 3

8. Who is responsible for the medical care of the problem for which you were referred?
   no one - my problem is resolved 1
   the doctor who originally referred me 2
   the specialist whom I was referred 3
   I don’t know which doctor is now responsible 4
   other - please specify: 5
   can’t say 8

9. Are you to be seen again for the problem?
   no 1
   it depends on whether my problems gets worse or recurs 2
   I don’t know what should I do 3
   yes 4

Blood Tests

10. In the past twelve months, have you had any blood tests ordered for you?
    no 1 Please go to the Question No 14
    yes - Please indicate how many times: 2
    can’t say 8

We now ask you questions about one blood test. If you had more than one blood test in the past twelve months, please choose the one of most concern to you. For what health problem was the test ordered?

11. Please tell us the name of the test if you know it. Your best guess will do
12. What were you told following your blood test? Please check all the responses that apply.
   - to get a repeat blood test or other tests
   - to get no further treatment or tests
   - to see the same doctor again or another doctor
   - about medicine or other therapy I should use
   - about self-care such as exercise, diet, etc.
   - other - please specify:

   I was told nothing 7
   can’t say 8

**Oral medicines**

13. In the past twelve months, have one or more different oral medicines been prescribed to you?
   - no 1 Please go to Question No. 18
   - yes

14. Please list below the name of each oral medicine you obtained, what it was for, and whether or not you are still taking the medicine.

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>What Medicine is For?</th>
<th>Still taking it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

15. Have you ever tried to get help for problems or bad reactions associated with any of the medicines?
   - no 1
   - yes 2
If this occurred for more than one medicine, please choose the one of most concern to you.

<table>
<thead>
<tr>
<th>The medicine I am talking about is</th>
<th>The problem:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

16. We now ask you questions about one special medicine. Think again about the medicines you listed in Question 15 and choose the one of most concern to you.

The medicine I am talking about is:

When were you told to take the medicine?
- only when needed 1
- all the time regardless of my symptoms 2
- I was told nothing about when to take it 3
- I don’t remember 4

Chronic Health Conditions

17. Some people have conditions that affect them for a long time. Do you know have any of the health conditions listed below? Please check all the responses that apply.
  - asthma 1
  - arthritis 2
  - coronary heart disease or angina or previous heart attack 3
  - diabetes (high blood sugar) 4
  - hypertension (high blood pressure) 5
  - chronic lung disease or emphysema 6  
  I have none of these chronic conditions 7 Please go to Question 20.

18. We now ask you about the information you were given about one condition. If you have more than one chronic illness, please choose the one of most concern to you. I will talk about:

  name of the chronic condition

Who is responsible for co-ordinating care of your condition?
- my primary care doctor 1
- another doctor in my local out-patient clinic or hospital 2
- another doctor 3
- no one is responsible for co-ordinating care for my condition 4
Prevention and detection of disease

19. Are you:
   male 1 Please go to Question
   female 2 Please continue

20. In physical examination of your breasts, the nurse or doctor uses the hand and fingertips to check both breasts for lumps or anything unusual. When was the last time you had a physical exam of your breasts?
   in the past twelve months 1
   between one and two years ago 2
   between two and three years ago 3
   more than three years ago 4
   it was never suggested 5
   it was suggested but I didn’t agree to it 6
   I don’t remember 7

21. A mammogram is an x-ray taken only of the breasts by a machine that presses against the breast. When was the last time you had a mammogram?
   in the past twelve months 1
   between one and two years ago 2
   between two and three years ago 3
   more than three years ago 4
   it was never suggested 5 Please go to Question No. 27
   It was suggested but I didn’t agree to it 6 Please go to Question No. 27
   I don’t remember 7 Please go to Question No. 27

22. My most recent mammogram was ...
   for a routine checkup with no particular problem 1
   to check on a previously identified breast problem 2
   to check on a newly discovered breast problem 3

23. Sometimes when you have a mammogram you are asked to come back for more mammogram pictures to complete the test. Did your most recent mammogram require more pictures?
   no 1
   yes 2

24. From the time you heard that a mammogram was needed, how long did it take to be done? (If your mammogram required more pictures, include the time from when you heard the mammogram was needed to the time that all the pictures were done.)
25. What were you told following your most recent mammogram? Please check all the responses that apply. I was told ...

- to get a repeat mammogram or ultrasound
- to get a biopsy
- to get another mammogram in less than twelve months
- to get another mammogram in one or more years
- to see the doctor who ordered the mammogram, or another doctor
- everything seemed normal
- other - please specify:

I was told nothing

26. In a Pap test, the doctor or nurse takes a sample of cells from the outer end of the womb (the cervix) during an internal exam. You are usually lying on your back with your feet on metal supports or stirrups. The sample is sent to a laboratory for examination by microscope. When was the last time you had a Pap test?

- to get a different test or biopsy
- to get a repeat Pap test in less than twelve months
- to get another Pap test in one or more years
- to see the doctor who ordered the Pap test, or another doctor
- about actions I should take to improve my health
- about medicine or therapy I should use
- everything seemed normal
- other - please specify:

I was told nothing

27. What were you told following your most recent pap test? Please check all the responses that apply. I was told ...

- to get a different test or a biopsy
- to get repeat Pap test in less than twelve months
- to get another Pap test in one or more years
- to see the doctor who ordered the pap test, or another doctor
- about actions I should take to improve my health
- about medicine or therapy I should use
- everything seemed normal
- other - please specify:

I was told nothing
28. When was the last time your blood pressure was taken by your doctor or nurse?
   in the past twelve months  1
   between one and two years ago  2
   between two and three years ago  3
   more than three years ago  4
   never  5
   I don’t remember  6

29. In a rectal examination, the doctor performs an internal examination by hand to
    detect any abnormalities, such as cancer, in the lower part of your bowel. The doctor
    may have you curl up on your side on the examining table or lean over the exami-
    ning table. When was the last time you had a rectal examination?
   in the past twelve months  1
   between one and two years ago  2
   between two and three years ago  3
   more than three years ago  4
   it was never suggested  5
   it was suggested, but didn’t agree to it  6
   I don’t remember  7

General Information

30. Thinking about your own medical care, please indicate how much you satisfied with
    the general medical care you received.
    very satisfied  1
    fairly satisfied  2
    neither satisfied nor dissatisfied  3
    not very satisfied  4
    not at all satisfied  5

31. How satisfied are you with your GP?
    very satisfied  1
    fairly satisfied  2
    neither satisfied nor dissatisfied  3
    not very satisfied  4
    not at all satisfied  5

32. How satisfied are you with your district nurse?
    very satisfied  1
    fairly satisfied  2
    neither satisfied nor dissatisfied  3
    not very satisfied  4
    not at all satisfied  5
33. How long have you been registered on the list of your GP?
   less than one year 1
   between one or two years 2
   between two and four years 3
   more than four years 4

34. How many GPs are working in your surrounding? Please indicate the number you could choose:
   1
   2
   3
   4

35. Is your GP’s surgery easily accessible?
   yes 1
   no 2

36. Is the primary care service easily accessible in case of emergency?
   yes 1
   no 2

37. Is the working schedule/time of your GP appropriate for you?
   yes 1
   no 2

38. How long is the usual waiting time in your GP’s surgery?
   ten - fifteen minutes 1
   fifteen - thirty minutes 2
   thirty minutes - one hour 3
   one hour - one and a half hour 4
   one and a half hour - two hours 5
   more than two hours 6

39. How satisfied are your with the waiting time?
   very satisfied 1
   fairly satisfied 2
   neither satisfied nor dissatisfied 3
   not very satisfied 4
   not at all satisfied 5

40. In the past twelve months, about how many times have you visited your family doctor?
   no visit 1
   one to two times 2
   three to five times 3
   six or more times 4

41. Have you ever written to complain to someone about your medical care?
   no 1
   yes 2
42. About how long ago did you make the complaint?
   no complaint
   in the past three months
   between three and twelve months
   more than twelve month ago

43. Hen did you received and explanation or response to your complaint?
   I never received and explanation or response
   I received a response within a month
   I received a response more than a month later

44. In general, would you say your health is:
   excellent
   very good
   good
   fair
   poor

45. Compared to your health status one year ago, what is your opinion about your health?
   my current health is far better than one year ago
   my current health is a bit better than one year ago
   my current health is exactly the same than one year ago
   my current health is a bit worse than one year ago
   my current health is far worse than one year ago

46. Buying medicines is difficult for you due to your limited income?
   yes
   no
   I do not take medicines

47. How many years of schooling have you had?
   less than 4 elementary
   at least 4 years but less than 8 years
   trade school
   secondary school
   highschool/university

48. Are you employed?
   yes
   no
   temporarily unemployed
   on leave without pay
49. If not employed, why are you not employed?
   retired 1
   disabled 2
   children at home 3
   laid off or dismissed 4
   never had or needed to work 5
   can't find a job 6

50. If not employed, how long have you been unemployed?
   less than 1 months 1
   at least 1 months but less than 3 months 2
   at least 3 months but less than 6 months 3
   at least 6 months but less than 12 months 4
   more than 12 months 5

51. How many do you spend on oral medicines?
   less than 500 HUF 1
   between 500-1000 HUF 2
   between 1000- 2000 HUF 3
   more than 2000 HUF 4
   oral medication is free for me 5

52. Are you living alone in your household?
   yes 1
   no 2

53. With whom do you live?
   family 1
   non family 2

54. Which of the following describes your current marital status?
   never married 1
   married/living with partner 2
   divorced 3
   widowed 4

55. Your age: