

III) QUALITY OF CARE ASSESSMENT – PATIENT RECORD STUDY PHCS - MOLDOVA

SURVEY QUESTIONNAIRE
VERSION 7:1 9.06.2017

Survey Information

Data collector and Location	Response
Facility Name	
Facility Type	HC OMF
Raion name	Briceni Cahul Criuleni Edineț Fălești Orhei Ștefan Vodă Taraclia Ungheni Vulcanesti Cantemir Căușeni Cimișlia Florești Glodeni Ialoveni Leova Rezina Strășeni Telenești
Raion ID -- <i>See list</i>	
Locality Name	
Locality ID - <i>See list</i>	
Interviewer ID	
start_time of interview	

SECTION 1		Patient records – with hypertension			
1.	Questions	Response		Skips	Source
2.	Sex	Male Female	1 2		
3.	Age <i>The patient must be between 18 and 69 – Born between 1948 and 1999.</i>	_____			
4.	Insurance coverage	Yes, and it is recorded No, and it is recorded No information in file Unclear/unsure (poor recording)	1 2 3 4		
5.	Health condition (other than hypertension)	Diabetes Ischemic heart disease Other (please specify) _____ No information in file Unclear/unsure (poor recording)	1 2 3 4 5		
6.	Total number of visits for hypertension in the last 12 months	<u>(please specify)</u> No information in file Unclear/unsure (poor recording)	1 2 3		
7.	Date on which diagnosis of hypertension was added to the patient health profile	<u>(please specify)</u> No information in file Unclear/unsure (poor recording)	1 2 3		
8.	Date on which treatment was first prescribed (for hypertension)	<u>please specify)</u>	1		

		No information in file Unclear/unsure (poor recording)	2 3		
9.	Names of hypertension medication taken by the patient (if applicable) ?	1. _____ No information in file Unclear/unsure (poor recording)	1 2 3		
10.	Date on which last hypertension medication was prescribed	1. _____ No information in file Unclear/unsure (poor recording)	1 2 3		
11.	Which medication was prescribed (last prescription)	2. _____ No information in file Unclear/unsure (poor recording)	1 2		
12.	Date on which last consultation occurred (linked to hypertension)	_____			
13.	Systolic blood pressure (linked to last visit)	_____ 7777 if "No information in file" and 8888 if "Unclear/unsure (poor recording)"			
14.	Diastolic blood pressure (linked to last visit)	_____ 7777 if "No information in file" and 8888 if "Unclear/unsure (poor recording)"			
15.	Weight (linked to last visit)	----- 7777 if "No information in file" and 8888 if "Unclear/unsure (poor recording)"			
16.	BMI (linked to last visit)	-----			

		7777 if "No information in file" and 8888 if "Unclear/unsure (poor recording)"			
17.	Waist circumference (linked to last visit)	----- 7777 if "No information in file" and 8888 if "Unclear/unsure (poor recording)"			
18.	Is the patient recorded as pregnant during (linked to last visit)	Yes No Unclear/don't know	1 2 3	This question should only appear if answer was 2, under question 2 (sex).	
19.	Height	_____ (cm) 7777 if "No information in file" and 8888 if "Unclear/unsure (poor recording)"			
20.	In the past 12 months, has the cholesterol been measured by a doctor or other health worker?	Yes, and results are noted Yes, but results are not in file No information in file Unclear/don't know	1 2 3 4		
21.	Is the patient a smoker?	Yes, and it is recorded No, and it is recorded No information in file Unclear/unsure (poor recording)	1 2 3 4	If 2, 3, 4, skip to question 23	
22.	In the last 12 months, has the doctor offered advice on quitting smoking?	Yes, and it is recorded No information in file Unclear/unsure (poor recording)	1 2 3		

23.	Has the patient been diagnosed as having an issue with alcohol abuse?	Yes, and it is recorded No, and it is recorded No information in file Unclear/unsure (poor recording)	1 2 3 4		
24.	In the last 12 months, has the doctor offered advice on alcohol consumption?	Yes, and it is recorded No information in file Unclear/unsure (poor recording)	1 2 3		
25.	In the last 12 months, has the doctor offered advice on nutrition and diet?	Yes, and it is recorded No information in file Unclear/unsure (poor recording)	1 2 3		
26.	In the last 12 months, has the patient participated in a 'school of patients' session on hypertension at the facility?	Yes, and it is fully recorded (both signatures) Yes, and it is partially recorded (only signature of doctor) No (form is empty) Unclear/unsure (poor recording)	1 2 3 4		
27.	In the last 12 months, has the doctor offered advice on physical activity?	Yes, and it is recorded No information in file Unclear/unsure (poor recording)	1 2 3		
28.	Was this medical record stored in an organized manner?	Yes No	1 2		
29.	Is the quality of the record keeping satisfactory in this medical record?	Very satisfactory Satisfactory Unsatisfactory Very unsatisfactory	1 2 3 4		

30.	Is there a mention of the family history of hypertension in the file?	Yes, and it is well recorded Yes, but incomplete No information in file	1 2 3		
31.	Interviewer comments: PLEASE ADD ANY COMMENT YOU THINK WOULD BE USEFUL FOR THE PROGRAMME TO KNOW.	x			