**Additional file 3**

 **Questions for Patients, Caregivers and Stakeholders**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variable | Sequence | Region | Province | District |
| CODE 1 - 4 |  |  |  |  |
| **Module 1 Nature of interviewee** | CODE |
| 1. Status | 5 |
| ☐1 self-report  |  ☐2 Answer via unpaid caregiver caregiver/family members  | ☐3 Answer via paid caregiver  | ☐4 Neighbor/other....... |
| 2. Type (Can select more than one) | 6 - 9 |
| * + - 2.1 Elderly
		- 2.2 Diabled
		- 2.3 Patients with NCDs: specifiy………………………………………
		- 2.4 Patients with palliative care
 |
| 3. Gende | * + - 1 male
 |  ☐ 2 female |  | 10 |
| 4. Age | …………………yr | 11 |
| 5. Total family member....................persons | 12 |
| 6. Income of caregivers? | ☐1 No | ☐2 Yes | 13 |
| 7. Health benefits (Can select more than one) |  |
| * 1. UCS
* 2. SSS
* 3. Commercial health insurance from employer
* 4. CSMBS
* 5 Commercial health insurance
* 6. Elderly
* 7. Disabled
* 8. Other......................................
 | 14 - 21 |
| **Module 2: Outcome (patients)** |
| 8. In the last three months, how the patients doing? | 9. what do the patients expect? |  |
| * + - 1 better
		- 2 stable
		- 4 worse
		- 5 not sure/unknown
 | * + - 1 better
		- 2 stable
		- 4 worse
		- 5 not sure/unknown
 | 22 - 29 |
| **10-11 for caregivers only** (if not, go to module 3) |  |
| 10. As a caregiver, what you do think of patient’s life nowadays? (Can select more than one) |  30 - 33 |
| * 1 more hopeful
	+ - 2 more physical tiring
 | * + - 3 less hopefull
		- 4 less freedom/autonomy
 |
| 11. What do the patients need to get a better life? (Can select more than one) |  34 - 43 |
| * 1 more family income
	+ 2 more family wealth
	+ 3 more caregivers
	+ 4 less family expenditures
	+ 5 more closely care by doctors and nurses
	+ 6 more understanding from others
		- 7 more knowledge of caregiver
		- 8 more channel to see a doctor
		- 9 other ...............................................................
 |

|  |  |
| --- | --- |
| **Module 4 Assessment criteria**  |  |
| **4.1 Accessibility** | **NO** | **YES** | **N/A** | **CODE** |
| 1. Can FCT be reached all the time?
 |  |  |  | 77 |
| 1. Does hospital has an extended OPD?
 |  |  |  | 78 |
| 1. Does the patients get the care on the same day of arrival?
 |  |  |  | 79 |
| 1. Is it convenient at the regular care?
 |  |  |  | 80 |
| **Does FCT recommend these issues? (Can select more than one)**  | **NO** | **YES** | **N/A** | **CODE** |
| 1. Healthy food
 |  |  |  | 81 |
| 1. Physical exercise
 |  |  |  | 82 |
| 1. Weight control
 |  |  |  | 83 |
| 1. Smoking
 |  |  |  | 84 |
| 1. Alcohol drinking
 |  |  |  | 85 |
| 1. Handwashing
 |  |  |  | 86 |
| 1. Medication
 |  |  |  | 87 |
| 1. Health concerns
 |  |  |  | 88 |
| 1. Fall prevention
 |  |  |  | 89 |
| 1. Osteoporosis
 |  |  |  | 90 |
| 1. Self-care of menopause
 |  |  |  | 91 |
| 1. Cancer screening
 |  |  |  | 92 |
| 1. Other….
 |  |  |  | 93 –94 |
| **In the past year, did the patient receive these services ?** | **NO** | **YES** | **N/A** | **CODE** |
| 1. Influenzas vaccine
 |  |  |  | 95 |
| 1. Measuring blood sugar
 |  |  |  | 96 |
| 1. Measuring blood pressure
 |  |  |  | 97 |
| 1. Measuring serum lipid
 |  |  |  | 98 |
| 1. Weight measure
 |  |  |  | 99 |
| 1. Other...............................
 |  |  |  | 100-101 |
| **4.2 Disease management**  | **NO** | **YES** | **N/A** | **CODE** |
|  |
| 1. Can patient request to see their medical history record when needed?
 |  |  |  | 102 |
| 1. Can patient obtain a copy of their exam finding?
 |  |  |  | 103 |
| **Patient experiences** | **NO** | **YES** | **N/A** | **CODE** |
| 1. Did patients experience miscommunication among care team that make patients confused?
 |  |  |  | 104 |
| 1. If referred, is there an advanced appointment for their referral visit?

 (If have not been referred, move to 4.3) |  |  |  | 105 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **4.2.3 Questions regarding the consultations to specialists** **(If not been consulted, move to 4.3)** | **NO** | **YES** | **N/A** | **CODE** |
| 1. If referred, does primary care physicians know?
 |  |  |  | 106 |
| 1. Does primary care physicians ask about what happened when referred?
 |  |  |  | 107 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.3 People-centerness** | **NO** | **YES** | **N/A** | **CODE** |
|  **4.3.1 Continuous care** |
| 1. Spend time to relive patient’s anxiety
 |  |  |  | 108 |
| 1. Respect concerns of patients
 |  |  |  | 109 |
| 1. Know patients well
 |  |  |  | 110 |
| 1. Answer and explain patients well
 |  |  |  | 111 |
| 1. Identify and clarify pros and cons of treatment options
 |  |  |  | 112 |
| 1. Give phone number to patients can consult when having problems
 |  |  |  | 113 |
|  | **NO** | **YES** | **N/A** | **CODE** |
| 1. Do hospital staffs ask for permission of treatment from family members?
 |  |  |  | 114 |
| 1. Does physician visit patient’s home?
 |  |  |  | 115 |
| 1. Does patient recommend hospital to family member?
 |  |  |  | 116 |
| **4.4 Support of self-care**  **(if no chronic illness, please skip)** | **NO** | **YES** | **N/A** | **CODE** |
|  **4.4.1 Understanding of clinical management plans** |  |  |  |  |
| 1. Have FCT informed the cause of disease and how to deal with it?
 |  |  |  | 117 |
| 1. Have FCt informed the methods of treatment?
 |  |  |  | 118 |
| 1. Is the patient confident to take care of oneself at home?
 |  |  |  | 119 |
| 1. Have FCT informed how to prevent complications?
 |  |  |  | 120 |
| 1. Have FCT made an appointment for the next visits?
 |  |  |  | 121 |
| 1. Have FCT visited patient’s home?
 |  |  |  | 122 |
| 1. Does FCT advise on healthy diets or physical exercise
 |  |  |  | 123 |

* Thank you, and say good bye!