**Patient Exit Interview (PEI)**

Starting time:………hour……..minute

|  |  |  |
| --- | --- | --- |
|  | **A – Identification** |  |
| **No** | **Question** | **Code** | **Skip** |
| 1. A0
 | Date of interview |  |  |
| 1. 1
 | District  | ……………………………………………………… |  |
| 1. 3.
 | Commune | ……………………………………………………… |  |
|  | Village | ……………………………………………………… |  |
|  | Name and code of respondent | ……………………………………………………… |  |
| 1. 3
 | Name and code of interviewer | ……………………………………………………… |  |
| 1. 4
 | Name and code of supervisor | ……………………………………………………… |  |
| **B – Demographic Characteristics** |
|  | How old are you? |  |  |
|  | Gender (observe and write down the sex of interviewee) | Male 1Female …….2 |  |
|  | What is the highest level of education you have achieved?  | Not complete primary school 1Primary school 2Secondary school 3High school 4Vocational training/ College 5University 6Graduate 7 |  |
|  | How long have you lived in commune? |  Year Month |  |
|  | How would you describe your ethnicity? | Kinh 1Other 2 |  |
|  | What is your marital status? | Single/Never married ………………… 1Married 2Divorced 3Separated 4Widowed 5Other 6 |  |
|  | What is your current **main** job? | Farmer (farming, livestock, cultivation)/Fishermen .1 Officers and employees (state, locality) 2 Working for non-state agencies (including workers) 3 Small businessmen/Craft/Trading/Services (tailor, hairdresser, mason)/Freelance 4Homemaker/Non-worker/Student/Pupil 5 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 8 |  |
|  | What was your total household income during the past 12 months? (total income of every family member calculated in VND) | <2,000,000 12,000,000 - <10,000,000 210,000,000 - <50,000,000 350,000,000 - <100,000,000 4100,000,000 - 300,000,000 5More than 300,000,000 6Do not know 8 |  |
| **C – Main content** |
|  | Reason for visit (Check All That Apply) | Examination for a new problem…………………. 1Follow-up…………………………...……………. 2Getting referral to a higher level of care …...……. 3Routine checkup ………..………………………… 4Other (specify)………………………….……..….. 6 |  |
|  | **Which main** health care provider did you see today?) | Doctor ………………………………………………1Physician assistant…………………………………..2Nurse………………………...………………………3Midwife …………………………..............................4Pharmacist…………………………………………...5Other (specify)…………………………………..….6 |  |
| 3a. | Do you smoke cigarettes some days, every day or not at all?  | Some days 1Every day 2Not at all 3  | If 3 skip to 4.a |
| 3.b | On the days that you smoke cigarettes how many do you smoker per day? | # cigarettes |  |
| 3.c | How soon after you awake do you smoke your first cigarette? | \_5 min or less 16–30 min 231–60 min 361 min or more 4  |  |
| 4.a | Do you smoke a waterpipe somedays every day or not at all? | Some days 1Every day 2Not at all 3 ***Note for interviewer: If not using cigarettes or waterpipe not eligible for interview*** | **If 3 go to C5**  |
| 4.b  | On the days that you smoke, how many times a day do you smoke a waterpipe? |  |  |
| 4.c | How soon after you awake do you smoke your first time of waterpipe? | \_\_\_\_\_ minutes \_\_\_\_ hours  |  |
|  | **The following questions ask about your visit today** |  |
| 5. | Did your health care provider ask you if you smoked cigarettes or water pipes? | Yes….……………………………………………….1No………………………………………...…………2 |  |
| 6. | Did your health care provider advise you to quit smoking cigarettes or waterpipe? | Yes….……………………………………………….1No………………………………………...…………2 |  |
| 7. | Did your health care provider **ask you if you were ready to quit** smoking cigarettes or waterpipe? |  |  |
| 8a. | Did you tell your health provider that you were ready to quit smoking or reduce the use of cigarettes/waterpipe? | Yes….……………………………………………….1No………………………………………...…………2 |  |
| 8b. | Did your health care provider **provide counseling** to help you to quit smoking cigarettes or waterpipe? | Yes….……………………………………………….1No………………………………………...…………2 |  |
| 9 | Did your health provider give you any written information about how to quit smoking cigaerttes or waterpipe? | Yes….……………………………………………….1No………………………………………...…………2 |  |
| 10 | Did your health provider talk to you about the use of medication to help you quit smoking cigarettes or or waterpipe? | Yes….……………………………………………….1No………………………………………...…………2 |  |
| 11 | Did your health provider ask you if you wanted him/her to refer you to a Village Health worker for additional help to quit smoking cigarettes or waterpipe? | Yes….……………………………………………….1No………………………………………...…………2 | **2⮷C13** |
| 12 | Did you agree to be referred? | Yes….……………………………………………….1No………………………………………...…………2 |  |
| 13 | Did your health provider give you a referral or the phone number to another smoking cessation program to help you quit smoking cigarettes or waterpipe | Yes….……………………………………………….1No………………………………………...…………2 |  |
| 14 | During the past year have you tried to stop smoking cigarettes or waterpipe?  | Yes, Cigarettes 1Yes, Waterpipe 2Yes, Both cigarettes and waterpipe 3No ……………………………………………..4  |  |
|  | **Strongly Disagree**  | **Disagree** | **Agree** | **Strongly Agree** |  |
| 15. | How much do you agree or disagree with this statement? There is no right or wrong answer. Choose only one answer per question. **(Use Show card, read the statement, and ask for interviewee to chose on the point scale)**People who are important to you believe that you should not smoke | 1 | 2 | 3 | 4 |  |
| **D- INFORMATION FOR FOLLOW UP SURVEYS** |
| 16. | First and last name: | …………………………………………….. |  |
| 17. | Address: | a. Household Number and street: …………………..b. Village ……………………………..……………..c. Commune: ……………………………………….. |  |
| 18. | Phone numbers (please provide three different contact numbers) | 1a. Cell (1): ………………………………………….1b. Cell (2): …………………………………………. 2. Home: ……………..……………………………… 3. Work: …………………..…………………………  |  |
| 19. | E-mail address: | …………………………………………………… |  |

Ending time: ………hour………minute

**Thank you for taking the time to complete this survey!**