



Mahidol University, Thailand



Ho Chi Minh city-Hospital of tropical disease,  
Vietnam

## SCIENTIFIC RESEARCH 2015-2016

### ESTIMATING THE ECONOMIC BURDEN OF SEASONAL INFLUENZA IN HO CHI MINH CITY, HOSPITAL OF TROPICAL DISEASE

#### General information of participant patient

Patient full name .....

Date of birth ..... Gender  1. Male  2. Female

Patient ID No. from hospital records..... Patient study ID: |\_|\_|\_|\_|/NCKH-BV

INPATIENTS

OUTPATIENTS

CODE	SURVAY FORM	INTERVIEWE	METHODOLOGY	COMPLETE	NOTE
CDT-PL01-ENG	LETTER TO HEALTHCARE PROVIDER FOR PARTICIPATION - CONSENT TO PARTICIPATE IN RESEARCH	Doctor	Interview	...../17	
CDT-PL02-ENG	LETTER OF PATIENTS/CAREGIVERS INVITATION	Patient/ caregiver	Interview	...../11	
CDT-PL03-ENG	PATIENT'S GENERAL INFORMATION	Patient/ caregiver	Interview	...../20	
CDT-PL04-ENG	TREATMENT BEFORE ADMISSION	Patient/ caregiver	Interview	..../13(...)	
CDT-PL05-ENG	TREATMENT DURING ADMISSION	Patient/ caregiver	Interview	...../15	
CDT-PL06-ENG	CAREGIVER'S GENERAL INFORMATION (IF AVAILABLE)	Patient/ caregiver	Interview and hospital data	...../18	
CDT-PL07-ENG	COST AFTER DISCHARGE	Patient/ caregiver	Interview after 7 day	...../18	



Mahidol University, Thailand



Ho Chi Minh city-Hospital of tropical disease, Vietnam

LETTER TO HEALTHCARE PROVIDER FOR PARTICIPATION IN STUDY ON DIRECT MEDICAL COSTS OF IN-/OUT-PATIENT CARE OF SEASONAL INFLUENZA

Date: \_\_ \_\_/ \_\_ \_\_/20\_\_ \_\_

Dear Dr. ....

Faculty of Pharmacy, Mahidol University, Thailand, and Ho Chi Minh city-Hospital of tropical disease, Vietnam are undertaking a study to determine the treatment costs of patients with seasonal influenza. You have been treating patients with this illness recently. One of the components of the costs of treating these patients is the cost of in-patient and out-patient care. Kindly answer the questions in the attached two-page questionnaire. If your records are complete, we would also like to be allowed to abstract the records of patients with seasonal influenza.

Thank you for your cooperation.

Respectfully yours,

VO QUANG TRUNG

Principal Investigator

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PhD Candidate of PROGRAM of Social, Economic and Administrative Pharmacy
Division of Social, Economic and Administrative Pharmacy
Department of Pharmacy, Faculty of Pharmacy, Mahidol University.
Address: 447 Sri-Ayuthaya Road, Rajathevi, Bangkok10400, Thailand.
Tel: +84 (0) 988.422.654 Email: voquangtrungdk@gmail.com



Mahidol University, Thailand



Ho Chi Minh city-Hospital of tropical disease, Vietnam

## CONSENT TO PARTICIPATE IN RESEARCH

### Research Project Title

ESTIMATING THE ECONOMIC BURDEN OF SEASONAL INFLUENZA IN HO CHI MINH CITY,  
HOSPITAL OF TROPICAL DISEASE

### Investigators

1. Assoc. Prof. Arthorn Riewpaiboon, Ph.D. (Pharmacy)  
Faculty of Pharmacy, Mahidol University, Thailand.
2. Mr. Trung Quang Vo, B.Pharm  
Faculty of Pharmacy, Mahidol University, Thailand.  
Faculty of Pharmacy, University of Medicine and Pharmacy, Ho Chi Minh city, Vietnam.

### Sponsor

Faculty of Pharmacy, Mahidol University, Thailand.

### Purpose of the Study

The aim of the present study is to estimate the economic burden of seasonal influenza in Vietnam. Nevertheless, we hope to provide researchers and policy-makers with better understanding of worthiness of the vaccines, and also to make decisions as to whether to include selected vaccines in the Expanded Program of Immunization.

### Procedures

If you volunteer to participate in this research project, all we ask is that you sign this consent form. After you have read and signed this informed consent form, the academic and non-academic information from your admissions application will be used to assess the validity and reliability of the admissions process to the Doctor of Philosophy in Social, Economic and Administrative Pharmacy Program at the Faculty of Pharmacy, Mahidol University, Thailand. Your consent to participate will also allow the investigators to contact you again, in future, if further information from you is required to complete this study.

### Potential Risks and Discomforts

Participation in this research project will not pose any risk to your application if you are accepted. There are no greater risks to participation in this study than those experienced in daily life.

### Payment for Participation

There is no payment for participating.

### Confidentiality

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study. You will be assigned an Identification Code. Results will be presented in an aggregated format that will not identify any one person. All research records obtained will be kept locked in a secure office in the Faculty of Pharmacy, Mahidol University, Thailand. All paper and electronic records will be destroyed five years after completion of this research project. Those making the admission decisions will not have access to any data from this study, nor will they be aware of whether or not you chose to participate.

### Rights of Research Participants

Your participation in this study is voluntary. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the Faculty of Pharmacy, Mahidol University Ethics Board or Hospital of tropical disease, Ho Chi Minh city Ethics Board. If you have questions regarding your rights as a research participant, contact: 447 Sri-Ayuthaya Road, Rajathevi, Bangkok10400, Thailand. Tel. (662) 644-8677-91 Fax. (662) 644 8694.

### Questions

If you have any questions regarding this research project or this consent form, please contact Mr. Trung Quang Vo at +84 (0) 988.422.654 or by email at: voquangtrungdk@gmail.com

### Signature of Research Participant

I have read the information provided for the study "ESTIMATING THE ECONOMIC BURDEN OF SEASONAL INFLUENZA IN HO CHI MINH CITY, HOSPITAL OF TROPICAL DISEASE" as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Thank you for your consideration.

Name of Research Participant:.....

Date

Signature of Research Participant.....

\_\_/\_\_/20\_\_

Name of Witness:.....

Date

Signature of Witness.....

\_\_/\_\_/20\_\_



Mahidol University, Thailand



Ho Chi Minh city-Hospital of tropical disease, Vietnam

Date: \_\_/\_\_/20\_\_

## LETTER OF PATIENTS/CAREGIVERS INVITATION TO JOIN THE RESEARCH

*Dear Participants of Research,*

Faculty of Pharmacy, Mahidol University, Thailand and Ho Chi Minh city-Hospital of tropical disease, Vietnam are undertaking a study to determine the treatment costs of patients with seasonal influenza. You have been treating patients with this illness recently. One of the components of the costs of treating these patients is the cost of in-patient and out-patient care. Kindly answer the questions in the attached questionnaire. We would also like to invite you to join this project.

Thank you for your cooperation.

*Respectfully yours,*

**VO QUANG TRUNG**

Principal Investigator

-----

PhD Candidate of PROGRAM of Social, Economic and Administrative Pharmacy

Division of Social, Economic and Administrative Pharmacy

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Mahidol University, Thailand



Ho Chi Minh city-Hospital of tropical disease, Vietnam

## CONSENT PATIENTS/CAREGIVERS TO PARTICIPATE IN RESEARCH

### Research Project Title

ESTIMATING THE ECONOMIC BURDEN OF SEASONAL INFLUENZA IN HO CHI MINH CITY, HOSPITAL OF TROPICAL DISEASE

### Investigators

1. Assoc. Prof. Arthorn Riewpaiboon, Ph.D. (Pharmacy)  
Faculty of Pharmacy, Mahidol University, Thailand.
2. Mr. Trung Quang Vo, B.Pharm  
Faculty of Pharmacy, Mahidol University, Thailand.  
Faculty of Pharmacy, University of Medicine and Pharmacy, Ho Chi Minh city, Vietnam.

### Sponsor

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### Purpose of the Study

The aim of the present study is to estimate the economic burden of seasonal influenza in Vietnam. Nevertheless, we hope to provide researchers and policy-makers with better understanding of worthiness of the vaccines, and also to make decisions as to whether to include selected vaccines in the Expanded Program of Immunization.

### Procedures

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### Potential Risks and Discomforts

Participation in this research project will not pose any risk to your application if you are accepted. There are no greater risks to participation in this study than those experienced in daily life.

### Payment for Participation

There is no payment for participating.

**Confidentiality**

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study. You will be assigned an Identification Code. Results will be presented in an aggregated format that will not identify any one person. All research records obtained will be kept locked in a secure office in the Faculty of Pharmacy, Mahidol University, Thailand. All paper and electronic records will be destroyed five years after completion of this research project. Those making the admission decisions will not have access to any data from this study, nor will they be aware of whether or not you chose to participate.

**Rights of Research Participants**

Your participation in this study is voluntary. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the Faculty of Pharmacy, Mahidol University Ethics Board or Hospital of tropical disease, Ho Chi Minh City Ethics Board. If you have questions regarding your rights as a research participant, contact: 447 Sri-Ayuthaya Road, Rajathevi, Bangkok10400, Thailand. Tel. (662) 644-8677-91 Fax. (662) 644 8694.

**Questions**

If you have any questions regarding this research project or this consent form, please contact Mr. Trung Quang Vo at +84 (0) 988.422.654 or by email at: voquangtrungdk@gmail.com

**Signature of Research Participant**

I have read the information provided for the study "ESTIMATING THE ECONOMIC BURDEN OF SEASONAL INFLUENZA IN HO CHI MINH CITY, HOSPITAL OF TROPICAL DISEASE" as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Thank you for your consideration.

Name of Research Participant	1	.....	__/__/20__
Signature of Research Participant		.....	
Name of Research Participant	2	.....	__/__/20__
Signature of Research Participant		.....	
Name of Research Participant	3	.....	__/__/20__
Signature of Research Participant		.....	
Name of Research Participant	4	.....	__/__/20__
Signature of Research Participant		.....	
Name of Witness		.....	__/__/20__
Signature of Witness		.....	

## PART 1. PATIENT'S GENERAL INFORMATION FORM

NO.	QUESTIONAIRES	INTERVIEW CONTENT
1	Patient full name	.....
2	Date of interview	_ _ / _ _ / _ _  (Month/Day/Year)
3	Date of birth	_ _ / _ _ / _ _  (Month/Day/Year)
4	Patient ID No. from hospital recors	.....
5	Gender of patient	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
6	Day of admission	_ _ / _ _ / _ _  (Month/Day/Year)
7	Day of discharge/death	_ _ / _ _ / _ _  (Month/Day/Year)
8	Area patient is from	<input type="checkbox"/> 1. Urban <input type="checkbox"/> 2. Rural
9	Height	_ _ _  cm.
10	Weight	_ _ _  Kg.
11	Insurance of this admission	<input type="checkbox"/> 1. Health insurance card <input type="checkbox"/> 2. Free healthcare card <input type="checkbox"/> 3. No health insurance <input type="checkbox"/> 4. Other(specify).....
12	When did the first symptom appear (before admission possible)	_ _ / _ _ / _ _  (Month/Day/Year)
13	Patient's education	<input type="checkbox"/> 1. Illiterate <input type="checkbox"/> 4. High school <input type="checkbox"/> 2. Primary school <input type="checkbox"/> 5. Primary,Secondary/College <input type="checkbox"/> 3. Secondary school <input type="checkbox"/> 6. Bachelor degree/ above
14	Patient's occupation	<input type="checkbox"/> 1. Student <input type="checkbox"/> 5. Private employee <input type="checkbox"/> 2. Agriculturist <input type="checkbox"/> 6. Housewife <input type="checkbox"/> 3. Labor/employee <input type="checkbox"/> 7. Unemployed <input type="checkbox"/> 4. Public employee/State enterprise <input type="checkbox"/> 8. Other (specify).....
15	Monthly income	.....VND



NO.	QUESTIONAIRES	INTERVIEW CONTENT
16	Could your current income/outcome ensure living quality of you or your family?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
17	Did patient have influenza before?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If <b>yes</b> , the last times was  _ _  month(s) from today.
18	When the second interview could be done? (7days after discharge)	<input type="checkbox"/> 1. Morning <input type="checkbox"/> 2. Afternoon <input type="checkbox"/> 3. Evening Time: .....
19	Phone number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
20	How many children in your family? (Applied for patient as <15 ages only)	_ _  persons

Researcher's fullname:.....

Date: |\_|\_|/|\_|\_|/|\_|\_|

Signature: \_\_\_\_\_

Researcher ID: |\_|\_|\_|

PART 2. TREATMENT BEFORE ADMISSION

NO.	QUESTIONAIRES	INTERVIEW CONTENT	
1	Interviewee	<input type="checkbox"/> 1. Patient	<input type="checkbox"/> 2. Caregiver: Father/Mother/Grandparents
2	Have patient been vaccinated against influenza yet?	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes	
3	Before admission, did patient receive treatment for this illness somewhere else or did self-medication?	<input type="checkbox"/> 1. No (MOVE TO PART 3.) <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Refer from other hospital <input type="checkbox"/> 4. Missing/Unknown	
4	What kind of symptoms did you have at that time of illness? (You can choose more than one option)	<input type="checkbox"/> 1. Fever >38°C <input type="checkbox"/> 3. Cough <input type="checkbox"/> 5. Others, specify: .....	<input type="checkbox"/> 2. Fever (but do not know °C) <input type="checkbox"/> 4. Sore throat
5	Is patient having any other disease, except influenza?	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes (specify): .....	

**Patient treatment history**

Treatment history (Multiple responses allowed)	Total numbers of visit	Total diagnostic cost (VND)	Total medical cost (VND)	Total cost (VND)
<input type="checkbox"/> 1. Drug store	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
<input type="checkbox"/> 2. Private clinic/Private hospital	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
<input type="checkbox"/> 3. Public hospital	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
	○ Out-patient clinic	○ Emergency	○ Length of treatment  _ _  days	
<input type="checkbox"/> 4. Community hospital	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
<input type="checkbox"/> 5. Others:.....	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
		<b>TOTAL</b>		.....,000

7	Insurance of treatment before admission	<input type="checkbox"/> 1. Health insurance card - Paying capacity  _ _  % <input type="checkbox"/> 2. Free healthcare card <input type="checkbox"/> 3. No health insurance <input type="checkbox"/> 4. Other(specify).....	
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NO.	QUESTIONAIRES	INTERVIEW CONTENT
-----	---------------	-------------------

How much did your family pay for transportation to bring the patient to those facilities? (Total cost; include your own vehicle and public vehicle; multiple answer possible)

		Transportation	Times	Distance (Km)	Total cost (VND)
8	<input type="checkbox"/> 1. Own vehicle	<input type="checkbox"/> On foot	_ _	_ _ _	
		<input type="checkbox"/> Bicycle	_ _	_ _ _	
		<input type="checkbox"/> Motorbike	_ _	_ _ _	
		<input type="checkbox"/> Bus/Train	_ _	_ _ _	_ _ , _ _ _ , _ _ ,000
	<input type="checkbox"/> 2. Public vehicle	<input type="checkbox"/> Motorbike taxi	_ _		_ _ , _ _ _ , _ _ ,000
		<input type="checkbox"/> Taxi	_ _		_ _ , _ _ _ , _ _ ,000
		Other, specify:.....	_ _		_ _ , _ _ _ , _ _ ,000
	<input type="checkbox"/> 3. Unknown				

9	During visiting that facility; how much additional cost did you and your family member pay for buying meal?	<input type="checkbox"/> 1. Not paid <input type="checkbox"/> 2. Paid,  _ _ _ , _ _ _ , _ _ ,000 VNĐ <input type="checkbox"/> 3. Paid, but unknown
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10	Do you and family members have to pay for accommodation?	<input type="checkbox"/> 1. Not paid <input type="checkbox"/> 2. Paid  _ _ _ , _ _ _ , _ _ ,000 VNĐ <input type="checkbox"/> 3. Paid, but unknown
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11	Quantity of caregivers	<input type="checkbox"/> 1. None <input type="checkbox"/> 2. Yes, quantity: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other:.....
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If someone took leave from work, please give detail (multiple answer possible; 0.5 day for not full day)

		Relationship between of Caregiver & patient	Number of loss days from work or taking care patient (days) Ex:  0 7  ,  5  = 7,5	Revenue/month (VNĐ)
12	Patient	Patient	_ _  ,  _	_ _ , _ _ _ , _ _ ,000
	Caregiver 1	.....	_ _  ,  _	_ _ , _ _ _ , _ _ ,000
	Caregiver 2	.....	_ _  ,  _	_ _ , _ _ _ , _ _ ,000
	Caregiver 3	.....	_ _  ,  _	_ _ , _ _ _ , _ _ ,000
	Caregiver 4	.....	_ _  ,  _	_ _ , _ _ _ , _ _ ,000

Researcher's fullname:.....

Date: |\_|\_|/|\_|\_|/|\_|\_|

Signature:\_\_\_\_\_

Researcher ID: |\_|\_|\_|

### PART 3. TREATMENT DURING ADMISSION

(PATIENT)

NO.	QUESTIONAIRES	INTERVIEW CONTENT	
1	Interviewee	<input type="checkbox"/> 1. Patient	<input type="checkbox"/> 2. Caregiver: Father/Mother/Grandparents
2	What kind of symptoms did you have at that time of illness? (You can choose more than one option)	<input type="checkbox"/> 1. Fever >38°C <input type="checkbox"/> 3. Cough <input type="checkbox"/> 5. Others, specify: .....	<input type="checkbox"/> 2. Fever (but do not know °C) <input type="checkbox"/> 4. Sore throat
3	Is patient having any other disease, except influenza?	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes (specify): .....	
4	How much did you pay for this treatment? <input type="checkbox"/> Total fee paid to facility  _ _ _ ,  _ _ _ ,000 VNĐ <div style="border: 1px solid black; padding: 5px; text-align: center;">                         Please attach hospital's fee record at hospital to CDT-PL05                     </div>		
5	Insurance of treatment during admission	<input type="checkbox"/> 1. Health insurance card - Paying capacity  _ _  % <input type="checkbox"/> 2. Free healthcare card <input type="checkbox"/> 3. No health insurance <input type="checkbox"/> 4. Other(specify).....	
6	Did the illness affected your family's finance?	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes	
7	Where did the money come from to pay for these expenses?	<input type="checkbox"/> 1. Cutting down on other expenses <input type="checkbox"/> 2. Saving money <input type="checkbox"/> 3. Borrowing <input type="checkbox"/> 4. Selling assets <input type="checkbox"/> 5. Asking for donations from friends and relatives <input type="checkbox"/> 6. Other, specify:.....	

NO.	QUESTIONAIRES	INTERVIEW CONTENT																																								
How much did <b>your family</b> pay for transportation <b>during admission</b> ? (Total cost; include your own vehicle and public vehicle; multiple answer possible)																																										
8	<table border="0"> <thead> <tr> <th></th> <th>Transportation</th> <th>Times</th> <th>Distance (Km)</th> <th>Total cost (VND)</th> </tr> </thead> <tbody> <tr> <td rowspan="3"> <input type="checkbox"/> 1. Own vehicle                             </td> <td><input type="checkbox"/> On foot</td> <td> _ _ </td> <td> _ _ _ </td> <td></td> </tr> <tr> <td><input type="checkbox"/> Bicycle</td> <td> _ _ </td> <td> _ _ _ </td> <td></td> </tr> <tr> <td><input type="checkbox"/> Motorbike</td> <td> _ _ </td> <td> _ _ _ </td> <td></td> </tr> <tr> <td rowspan="4"> <input type="checkbox"/> 2. Public vehicle                             </td> <td><input type="checkbox"/> Bus/Train</td> <td> _ _ </td> <td> _ _ _ </td> <td> _ _ _ , _ _ _ _ ,000</td> </tr> <tr> <td><input type="checkbox"/> Motorbike taxi</td> <td> _ _ </td> <td></td> <td> _ _ _ , _ _ _ _ ,000</td> </tr> <tr> <td><input type="checkbox"/> Taxi</td> <td> _ _ </td> <td></td> <td> _ _ _ , _ _ _ _ ,000</td> </tr> <tr> <td>Other, specify:.....</td> <td> _ _ </td> <td></td> <td> _ _ _ , _ _ _ _ ,000</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> 3. Unknown                 </td> </tr> </tbody> </table>		Transportation	Times	Distance (Km)	Total cost (VND)	<input type="checkbox"/> 1. Own vehicle	<input type="checkbox"/> On foot	_ _	_ _ _		<input type="checkbox"/> Bicycle	_ _	_ _ _		<input type="checkbox"/> Motorbike	_ _	_ _ _		<input type="checkbox"/> 2. Public vehicle	<input type="checkbox"/> Bus/Train	_ _	_ _ _	_ _ _ , _ _ _ _ ,000	<input type="checkbox"/> Motorbike taxi	_ _		_ _ _ , _ _ _ _ ,000	<input type="checkbox"/> Taxi	_ _		_ _ _ , _ _ _ _ ,000	Other, specify:.....	_ _		_ _ _ , _ _ _ _ ,000	<input type="checkbox"/> 3. Unknown					
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11	Number of loss days from work because of illness	Ex:  0 7  ,  5  = 7,5 (0.5 day for not full day)  _ _ _  ,  _ _  day																																								
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13	Income is enough or not?	<input type="checkbox"/> 1. Yes <span style="margin-left: 200px;"><input type="checkbox"/> 2. Not</span>																																								
14	Quantity of caregivers	<input type="checkbox"/> 1. None <input type="checkbox"/> 2. Yes, Quantity: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other:.....																																								

Researcher's fullname:.....

Date: |\_|\_|/|\_|\_|/|\_|\_|

Signature:\_\_\_\_\_

Researcher ID: |\_|\_|\_|

**PART 4. CAREGIVER'S GENERAL INFORMATION FORM (IF AVAILABLE)**

How many caregiver: |\_|\_| person(s)

**CAREGIVER 1**

No.	QUESTIONAIRES	INTERVIEW CONTENT
	Care giver's fullname	.....
1	Date of birth	_ _ / _ _ / _ _  (Month/Day/Year)
2	Gender	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
3	Relationship to the patient	<input type="checkbox"/> 1. Father <input type="checkbox"/> 4. Anh <input type="checkbox"/> 7. Friend <input type="checkbox"/> 2. Mother <input type="checkbox"/> 5. Chi <input type="checkbox"/> 8. Employee <input type="checkbox"/> 3. Grandparents <input type="checkbox"/> 6. Relatives <input type="checkbox"/> 9. Other (specify):.....
4	Education of carer	<input type="checkbox"/> 1. Illiterate <input type="checkbox"/> 4. High school <input type="checkbox"/> 2. Primary school <input type="checkbox"/> 5. Primary,Secondary/College <input type="checkbox"/> 3. Secondary school <input type="checkbox"/> 6. Bachelor degree/ above
5	Occupation of carer	<input type="checkbox"/> 1. Student <input type="checkbox"/> 5. Private employee <input type="checkbox"/> 2. Agriculturist <input type="checkbox"/> 6. Housewife <input type="checkbox"/> 3. Labor/employee <input type="checkbox"/> 7. Unemployed <input type="checkbox"/> 4. Public employee/State enterprise <input type="checkbox"/> 8. Other (specify).....
	Number of take care days because of illness	Ex:  0 7  ,  5  = 7,5 (0.5 day for not full day)  _ _  ,  _  day
6	Please give information about your revenue or expenses by month	_ _ _ _ , _ _ _ _ ,000 VNĐ/month
7	Income is enough or not?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Reseacher's fullname:.....

Date: |\_|\_|/|\_|\_|/|\_|\_|

Signature:\_\_\_\_\_

Reseacher ID: |\_|\_|\_|

CAREGIVER 2

O.N	QUESTIONAIRES	INTERVIEW CONTENT
	Caregiver's fullname	.....
1	Date of birth	_ _ / _ _ / _ _  (Month/Day/Year)
2	Gender	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
3	Relationship to the patient	<input type="checkbox"/> 1. Father <input type="checkbox"/> 4. Anh <input type="checkbox"/> 7. Friend <input type="checkbox"/> 2. Mother <input type="checkbox"/> 5. Chi <input type="checkbox"/> 8. Employee <input type="checkbox"/> 3. Grandparents <input type="checkbox"/> 6. Relatives <input type="checkbox"/> 9. Other (specify):.....
4	Education of carer	<input type="checkbox"/> 1. Illiterate <input type="checkbox"/> 4. High school <input type="checkbox"/> 2. Primary school <input type="checkbox"/> 5. Primary,Secondary/College <input type="checkbox"/> 3. Secondary school <input type="checkbox"/> 6. Bachelor degree/ above
5	Occupation of carer	<input type="checkbox"/> 1. Student <input type="checkbox"/> 5. Private employee <input type="checkbox"/> 2. Agriculturist <input type="checkbox"/> 6. Housewife <input type="checkbox"/> 3. Labor/employee <input type="checkbox"/> 7. Unemployed <input type="checkbox"/> 4. Public employee/State enterprise <input type="checkbox"/> 8. Other (specify).....
	Number of take care days because of illness	<b>Ex:  0 7  ,  5  = 7,5 (0.5 day for not full day)</b>  _ _  ,  _  day
6	Please give information about your revenue or expenses by month	_ _ _ _ , _ _ _ _ ,000 VNĐ/month
7	Income is enough or not?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Researcher's fullname:.....

Date: |\_|\_|/|\_|\_|/|\_|\_|

Signature:\_\_\_\_\_

Researcher ID: |\_|\_|\_|

CAREGIVER 3

O.N	QUESTIONAIRES	INTERVIEW CONTENT
	Caregiver's fullname	.....
1	Date of birth	_ _ / _ _ / _ _  (Month/Day/Year)
2	Gender	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
3	Relationship to the patient	<input type="checkbox"/> 1. Father <input type="checkbox"/> 4. Anh <input type="checkbox"/> 7. Friend <input type="checkbox"/> 2. Mother <input type="checkbox"/> 5. Chi <input type="checkbox"/> 8. Employee <input type="checkbox"/> 3. Grandparents <input type="checkbox"/> 6. Relatives <input type="checkbox"/> 9. Other (specify):.....
4	Education of carer	<input type="checkbox"/> 1. Illiterate <input type="checkbox"/> 4. High school <input type="checkbox"/> 2. Primary school <input type="checkbox"/> 5. Primary,Secondary/College <input type="checkbox"/> 3. Secondary school <input type="checkbox"/> 6. Bachelor degree/ above
5	Occupation of carer	<input type="checkbox"/> 1. Student <input type="checkbox"/> 5. Private employee <input type="checkbox"/> 2. Agriculturist <input type="checkbox"/> 6. Housewife <input type="checkbox"/> 3. Labor/employee <input type="checkbox"/> 7. Unemployed <input type="checkbox"/> 4. Public employee/State enterprise <input type="checkbox"/> 8. Other (specify).....
	Number of take care days because of illness	<b>Ex:  0 7  ,  5  = 7,5 (0.5 day for not full day)</b>  _ _  ,  _  day
6	Please give information about your revenue or expenses by month	_ _ _ _ , _ _ _ _ ,000 VNĐ/month
7	Income is enough or not?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Researcher's fullname:.....

Date: |\_|\_|/|\_|\_|/|\_|\_|

Signature:\_\_\_\_\_

Researcher ID: |\_|\_|\_|



CAREGIVER 4

O.N	QUESTIONAIRES	INTERVIEW CONTENT
	Caregiver's fullname	.....
1	Date of birth	_ _ / _ _ / _ _  (Month/Day/Year)
2	Gender	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
3	Relationship to the patient	<input type="checkbox"/> 1. Father <input type="checkbox"/> 4. Anh <input type="checkbox"/> 7. Friend <input type="checkbox"/> 2. Mother <input type="checkbox"/> 5. Chi <input type="checkbox"/> 8. Employee <input type="checkbox"/> 3. Grandparents <input type="checkbox"/> 6. Relatives <input type="checkbox"/> 9. Other (specify):.....
4	Education of carer	<input type="checkbox"/> 1. Illiterate <input type="checkbox"/> 4. High school <input type="checkbox"/> 2. Primary school <input type="checkbox"/> 5. Primary,Secondary/College <input type="checkbox"/> 3. Secondary school <input type="checkbox"/> 6. Bachelor degree/ above
5	Occupation of carer	<input type="checkbox"/> 1. Student <input type="checkbox"/> 5. Private employee <input type="checkbox"/> 2. Agriculturist <input type="checkbox"/> 6. Housewife <input type="checkbox"/> 3. Labor/employee <input type="checkbox"/> 7. Unemployed <input type="checkbox"/> 4. Public employee/State enterprise <input type="checkbox"/> 8. Other (specify).....
	Number of take care days because of illness	<b>Ex:  0 7  ,  5  = 7,5 (0.5 day for not full day)</b>  _ _  ,  _  day
6	Please give information about your revenue or expenses by month	_ _ _ _ , _ _ _ _ ,000 VNĐ/month
7	Income is enough or not?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Researcher's fullname:.....

Date: |\_|\_|/|\_|\_|/|\_|\_|

Signature:\_\_\_\_\_

Researcher ID: |\_|\_|\_|

### PART 5. COST AFTER DISCHARGE

No.	QUESTIONAIRES	INTERVIEW CONTENT	
1	Interviewee	<input type="checkbox"/> 1. Patient	<input type="checkbox"/> 2. Caregiver: Father/Mother/Grandparents
2	After treatment, had patients to return to hospital or treated more?	<input type="checkbox"/> 1. No (End of interview) <input type="checkbox"/> 2. Yes. Have sypmtoms: <input type="radio"/> Fever >38°C <input type="radio"/> Fever (but do not know °C) <input type="radio"/> Cough <input type="radio"/> Sore throat <input type="radio"/> Others, specify: .....	
3	When did patient completely recover from illness? (first date no symptom)	<input type="checkbox"/> 1. No symptom <input type="checkbox"/> 2. 01 day <input type="checkbox"/> 3. 02 days <input type="checkbox"/> 4. 03 days	<input type="checkbox"/> 5. 04 days <input type="checkbox"/> 6. 05 days <input type="checkbox"/> 7. 06 days <input type="checkbox"/> 8. 07 days

**Patient treatment history AFTER DISCHARGE**

Treatment history (Multiple responses allowed)	Total numbers of visit	Total diagnostic cost (VND)	Total medical cost (VND)	Total cost (VND)
<input type="checkbox"/> 1. Drug store	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
<input type="checkbox"/> 2. Private clinic/Private hospital	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
<input type="checkbox"/> 3. Public hospital	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
	<input type="radio"/> Out-patient clinic <input type="radio"/> Emergency		<input type="radio"/> Length of treatment  _ _  days	
<input type="checkbox"/> 4. Community hospital	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
<input type="checkbox"/> 5. Others:.....	_ _	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000	_ _ , _ _ _ ,000
		<b>TOTAL</b>		.....,000

5	Insurance of treatment during admission	<input type="checkbox"/> 1. Health insurance card - Paying capacity  _ _  % <input type="checkbox"/> 2. Free healthcare card <input type="checkbox"/> 3. No health insurance <input type="checkbox"/> 4. Other(specify).....
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No.	QUESTIONAIRES	INTERVIEW CONTENT
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How much did **your family** pay for transportation **AFTER DISCHARGE?** (Total cost; include your own vehicle and public vehicle; multiple answer possible)

		Transportation	Times	Distance (Km)	Total cost (VND)
8	<input type="checkbox"/> 1. Own vehicle	<input type="checkbox"/> On foot	_ _	_ _ _	
		<input type="checkbox"/> Bicycle	_ _	_ _ _	
		<input type="checkbox"/> Motorbike	_ _	_ _ _	
		<input type="checkbox"/> Bus/Train	_ _	_ _ _	_ _ , _ _ _ ,000
	<input type="checkbox"/> 2. Public vehicle	<input type="checkbox"/> Motorbike taxi	_ _		_ _ , _ _ _ ,000
		<input type="checkbox"/> Taxi	_ _		_ _ , _ _ _ ,000
		Other, specify:.....	_ _		_ _ , _ _ _ ,000
	<input type="checkbox"/> 3. Unknown				

10	During visiting that facility; how much additional cost did you and your family member pay for buying meal?	<input type="checkbox"/> 1. Not paid <input type="checkbox"/> 2. Paid,  _ _ , _ _ _ ,000 VNĐ <input type="checkbox"/> 3. Paid, but unknown
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11	Do you and family members have to pay for accommodation?	<input type="checkbox"/> 1. Not paid <input type="checkbox"/> 2. Paid  _ _ , _ _ _ ,000 VNĐ <input type="checkbox"/> 3. Paid, but unknown
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12	Number caregivers	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes. Number: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other:.....
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If someone took leave from work, please give detail (**multiple answer possible; 0.5 day for not full day**)

		Relationship between of Caregiver & patient	Number of loss days from work or taking care patient (days) Ex:  0 7  ,  5  = 7,5	Revenue/month (VNĐ)
13	Patient	Patient	_ _  ,  _	_ _ , _ _ _ ,000
	Caregiver 1	.....	_ _  ,  _	_ _ , _ _ _ ,000
	Caregiver 2	.....	_ _  ,  _	_ _ , _ _ _ ,000
	Caregiver 3	.....	_ _  ,  _	_ _ , _ _ _ ,000
	Caregiver 4	.....	_ _  ,  _	_ _ , _ _ _ ,000

Researcher's fullname:.....

Date: |\_|\_|/|\_|\_|/|\_|\_|

Signature:\_\_\_\_\_

Researcher ID: |\_|\_|\_|