

## The Hong Kong Council of Social Service

### PRAISE HKiD Index

Thank you very much for joining us in this HKiD Index Audit Diary Collection. Feel free to ask the interviewers anything about this diary or PRAISE. For more information about this research, please contact Tiffany Chan at 28762414 / [tiffany.chan@hkcss.org.hk](mailto:tiffany.chan@hkcss.org.hk).

#### Part 1: Information about the visit

1. Name:	2. Date of visit:
3. Name & Location of the hospital/clinic:	
4. Time of Arrival:	5. Time of Departure:
<p>6. Did you use interpreter or interpretation service?</p> <p><input type="checkbox"/> 1. Yes (please answer 6a &amp; 6b)   <input type="checkbox"/> 2. No (please go to Question 7)</p> <p><input type="checkbox"/> 3. I asked but not offered (please go to Question 7)</p> <p><input type="checkbox"/> 4. I didn't know about these services (please go to Question 7)</p> <p>6a. Who arranged the interpreter or interpretation service for you <u>this time</u>?</p> <p><input type="checkbox"/> 1. Myself   <input type="checkbox"/> 2. NGO   <input type="checkbox"/> 3. Friend or Family   <input type="checkbox"/> 4. Hospital staff</p> <p><input type="checkbox"/> 5. Other – please specify: _____</p> <p>6b. Who was the interpreter or provided the interpretation service for you this time?</p> <p><input type="checkbox"/> 1. Neighbour   <input type="checkbox"/> 2. Relative or Friend   <input type="checkbox"/> 3. Friend or Family</p> <p><input type="checkbox"/> 4. Interpreter arranged by NGOs – please specify which NGO: _____</p>	

#### Part 2: Personal Particular

7. Gender: <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male <input type="checkbox"/> 3. Others	8. Age: _____
<p>9. How long have you been residing in Hong Kong?</p> <p><input type="checkbox"/> 1. Less than 1 year   <input type="checkbox"/> 2. 1-6 years   <input type="checkbox"/> 3. 7-10 years   <input type="checkbox"/> 4. More than 10 years</p>	
<p>10. What is your level of education?</p> <p><input type="checkbox"/> 1. No education/Pre-primary   <input type="checkbox"/> 2. Primary   <input type="checkbox"/> 3. Lower Secondary   <input type="checkbox"/> 4. Upper Secondary</p> <p><input type="checkbox"/> 5. Post-secondary: Diploma/Certificate   <input type="checkbox"/> 6. Post-secondary: Sub-degree/Degree course</p> <p><input type="checkbox"/> 7. Post-graduate</p>	
<p>11. Please specify your economic activity status</p> <p><input type="checkbox"/> 1. Self-employed   <input type="checkbox"/> 2. Employer   <input type="checkbox"/> 3. Employee   <input type="checkbox"/> 4. Unpaid Family Worker*</p> <p><input type="checkbox"/> 5. Student   <input type="checkbox"/> 6. Retired   <input type="checkbox"/> 7. Homemaker   <input type="checkbox"/> 8. Unemployed   <input type="checkbox"/> 9. Daily Wage</p> <p><input type="checkbox"/> 10. Others – please specify: _____</p>	
<p>12. Which language(s) do you speak? (Can choose more than 1 answer)</p> <p><input type="checkbox"/> 1. Bahasa Indonesian   <input type="checkbox"/> 2. Bengali   <input type="checkbox"/> 3. Cantonese   <input type="checkbox"/> 4. English   <input type="checkbox"/> 5. Hindi</p> <p><input type="checkbox"/> 6. Mandarin   <input type="checkbox"/> 7. Nepali   <input type="checkbox"/> 8. Punjabi   <input type="checkbox"/> 9. Tagalog   <input type="checkbox"/> 10. Thai   <input type="checkbox"/> 11. Urdu</p> <p><input type="checkbox"/> 12. Vietnamese   <input type="checkbox"/> 13. Others – please specify: _____</p>	
<p>13. Which of these languages are you able to read in? (Can choose more than 1 answer)</p> <p><input type="checkbox"/> 1. Bahasa Indonesian   <input type="checkbox"/> 2. Bengali   <input type="checkbox"/> 3. Chinese   <input type="checkbox"/> 4. English   <input type="checkbox"/> 5. Hindi</p> <p><input type="checkbox"/> 6. Nepali   <input type="checkbox"/> 7. Punjabi   <input type="checkbox"/> 8. Tagalog   <input type="checkbox"/> 9. Thai   <input type="checkbox"/> 10. Urdu</p> <p><input type="checkbox"/> 11. Vietnamese   <input type="checkbox"/> 12. Others – please specify: _____</p>	

**Part 3: Service Use & Environment Check** Please tick the box(es).

14. Was it the first time you attend medical appointment in this hospital or clinic?  
 1. Yes (please answer 14a & 14b)  2. No (please go to Question 15)  
 14a. Did you have any difficulty finding the route to this hospital or clinic?  1. Yes  2. No  
 14b. Did you have any difficulty finding directions inside this hospital or clinic?  1. Yes  2. No

15. Did you see the interpretation service poster?  1. Yes  2. No  
 15a. Was this important to you?  1. Yes  2. No

16. Did you meet any hospital/clinic staff that can communicate in your spoken languages?  1. Yes  2. No  
 16a. Was this important to you?  1. Yes  2. No

17. Did you see any directive signs inside the premises in your reading languages?  1. Yes  2. No  
 17a. Was this important to you?  1. Yes  2. No

**Medical Consultation**

18. Did the interpreter help with your communication with these medical professionals? (Can choose more than one)  1. Nurse  2. Doctor  3. Pharmacist  4. Other – please specify: \_\_\_\_\_  
 18a. Did you meet nurse that can communicate in your spoken languages?  1. Yes  2. No  
 18a1. To what extent did you understand what the nurse said? \_\_\_\_\_  
(1 = Not understand at all, 4 = Understand fully)  
 18b. Did you meet doctor that can communicate in your spoken languages?  1. Yes  2. No  
 18b1. To what extent did you understand what the doctor said? \_\_\_\_\_  
(1 = Not understand at all, 4 = Understand fully)  
 18c. To what extent did you understand what the interpreter said? \_\_\_\_\_  
(1 = Not understand at all, 4 = Understand fully)

19a. Did any medical professional explain to you how to take the medications?  1. Yes  2. No  
 19b. Did a medical professional provide health instruction (i.e. avoid driving/ coffee)?  1. Yes  2. No  
 19c. To what extent did you understand the medication/ health instruction? \_\_\_\_\_  
(1 = Not understand at all, 4 = Understand fully)

20a. How comfortable did you feel being inside this hospital/clinic? \_\_\_\_\_  
(1 = Not comfortable at all, 4 = Fully comfortable)  
 20b. How comfortable did you feel speaking out about your symptoms/queries? \_\_\_\_\_  
(1 = Not comfortable at all, 4 = Fully comfortable)  
 20c. How confident did you have in the medical professionals examining and treating you? \_\_\_\_\_  
(1 = Not confident at all, 4 = Fully confident)

**Documentation**

21a. Did you see publications (pamphlet, leaflet, poster) in your reading languages?  1. Yes  2. No  
 21b. Did you receive appointment sheet for next visit in your reading languages?  1. Yes  2. No  
 21c. Was this important to you?  1. Yes  2. No

22. Was there anything you want to compliment or complain about your appointment?  
 1. Yes – please specify: \_\_\_\_\_  2. No

**Part 4: Story** Please describe ONE episode from the above visit of using medical service (the exchange with medical practitioners, the reaction of other patients, the setting of the medical service).