

Questionnaire for the evaluation of the personal health record for asylum seekers

Your pseudonym:

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Today's date:

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Specifications on the patient	
1	Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
3	Nationality <input type="checkbox"/> Afghanistan <input type="checkbox"/> Gambia <input type="checkbox"/> Cameroon <input type="checkbox"/> Nigeria <input type="checkbox"/> Somalia <input type="checkbox"/> Albania <input type="checkbox"/> Iraq <input type="checkbox"/> Macedonia <input type="checkbox"/> Serbia <input type="checkbox"/> Syria <input type="checkbox"/> Eritrea <input type="checkbox"/> Iran <input type="checkbox"/> Others:
4	Does the patient suffer from one or several severe chronic diseases? (i.e. a disease which may lead to a life-threatening situation, to a reduction of life-expectancy or to a permanent impairment of quality of life if it is not treated continuously) <input type="checkbox"/> Yes, one <input type="checkbox"/> Yes, several <input type="checkbox"/> No, none <input type="checkbox"/> Not known / not asked
5	Please judge the general condition of the patient: <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Bad <input type="checkbox"/> Very bad
6	Does the patient take long-term medication? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Not known / not asked
Specifications on the today's consultation	
7	How did you communicate with the patient during the today's consultation? (Several answers possible) <input type="checkbox"/> Via a common language <input type="checkbox"/> Translation by a professional interpreter <input type="checkbox"/> Translation by an unprofessional interpreter (laypersons) <input type="checkbox"/> Use of technical aids <input type="checkbox"/> Sign language / non-verbal communication
8	Please judge the following statement: „During the consultation the necessary medical information could be gathered“ <input type="checkbox"/> Fully correct <input type="checkbox"/> Correct <input type="checkbox"/> Partly correct <input type="checkbox"/> Not correct <input type="checkbox"/> Not at all correct
Presence of the personal health record	
9	Was a personal health record available during the today's consultation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Presence of written medical information	
10	Was written medical information available during the today's consultation? <input type="checkbox"/> Yes <input type="checkbox"/> No ↳ Go to question 13
11	To which medical aspects did the written information refer? (Several answers possible) <input type="checkbox"/> Previously known diseases/diagnoses <input type="checkbox"/> Treatment <input type="checkbox"/> Diagnostics / examinations <input type="checkbox"/> Medication <input type="checkbox"/> Others:
12	In which form was the written medical information available? (Several answers possible) <input type="checkbox"/> Specifications in the personal health record <input type="checkbox"/> Medical document from the patient's home country <input type="checkbox"/> Specifications in the electronic patient record <input type="checkbox"/> Blood results <input type="checkbox"/> Physician's letter of a practice <input type="checkbox"/> Loose papers <input type="checkbox"/> Physician's letter of an emergency department <input type="checkbox"/> Official vaccination document <input type="checkbox"/> Discharge report of a hospital after hospitalization <input type="checkbox"/> Medication list <input type="checkbox"/> Report of the public health office <input type="checkbox"/> Others:
13	Was relevant written information lacking for the today's consultation <input type="checkbox"/> No <input type="checkbox"/> Yes, namely:
Abschließende Beurteilung	
14	Overall: How do you judge the information situation for the today's consultation? <input type="checkbox"/> Sehr gut <input type="checkbox"/> Gut <input type="checkbox"/> Mittelmäßig <input type="checkbox"/> Schlecht <input type="checkbox"/> Sehr schlecht
15	In case that the personal health record contained information, how helpful was this information? Not at all helpful <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Extremely helpful