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Appendices
Interview schedule
A STUDY ON THE PERCEIVED SERVICE QUALITY OF SINGLE SPECIALITY MATERNITY HOSPITALS WITHIN TIRUCHIRAPPALLI CORPORATION

INTERVIEW SCHEDULE

I. SOCIO ECONOMIC BACKGROUND OF THE RESPONDENT
1. Age
   1) Below 25
   2) 26 – 30
   3) 31 – 35
   4) Above 35

2. No. of persons in the family
   1) 3
   2) 4
   3) 5
   4) More than 5

3. Number of children in your family
   1) 1
   2) 2
   3) 3
   4) more than 3

4. Educational qualification
   1) Illiterates
   2) High school
   3) Higher secondary level
   4) Vocational school
   5) Graduates
   6) Post graduates

5. Occupation of the head of the family
   1) Farmer
   2) Businessman
   3) Professional
   4) Govt. employee
   5) Private employee

6. Employment status of the respondent
   1) Working
   2) House wife

7. Distance to the hospital
   1) Within 15kms
   2) 15 – 30kms
   3) more than 30kms
8. Income level of the respondent’s family
   1) Below Rs.15000
   2) Rs.15001 – Rs.30000
   3) Rs.30001 – Rs.45000
   4) Above Rs.45000

9. Type of room taken
   1) General ward
   2) B class rooms
   3) A class rooms
      (General ward – common room with 2 or more no of beds,  B class rooms – single room without A/C & heaters,  A class rooms – single room with A/C & heaters)

10. How important were each of the factors below in influencing which hospital you choose
    (2-very important; 1-somewhat important; 0- not important)

10:1) Experienced doctor
     2  1  0

10:2) Preference for normal delivery
     2  1  0

10:3) Proximity
     2  1  0

10:4) Personal experience of the hospital
     2  1  0

10:5) Experience of the family members
     2  1  0

10:6) Friends and neighbours suggestion
     2  1  0

10:7) Cleanliness
     2  1  0

10:8) Quality of care
     2  1  0

10:9) Standard of facilities
     2  1  0

10:10) Waiting time in waiting room
       2  1  0

11. Have you undergone any fertility treatment in this hospital?
    1)Yes
    2)No

11.1) If yes, for how many months?
     1) Less than 6 months
     2) Above 6 months

12. Reason for choosing this hospital:
    1) Customary hospital
    2) Word of mouth
    3) Doctor’s reference

13. Have you consulted any other hospital before being admitted here?
    1) Yes
    2) No

13.1. If Yes, where?
    1) Government hospital
    2) Private hospital
14. Are you the first in your family to deliver in this hospital?
   1) Yes
   2) No

15. Where all your deliveries conducted in the same hospital?
   1) Yes
   2) No

15.1. If No, specify the reason
   1) Non availability of the doctor
   2) Settled in another place
   3) Lack of concern
   4) For want of normal delivery

**ANTENATAL CARE – (CARE WHEN YOU WERE PREGNANT)**

1. Roughly how many months pregnant were you when you first saw this doctor about your pregnancy care?
   1) 2 – 4 months
   2) 2) 5 – 7 months
   3) 3) Above 7 months

2. Roughly how many antenatal check-ups did you have in total?
   1) 2 – 4 check ups
   2) 2) 5 – 7 check ups
   3) 3) Above 7 check ups
   (not including appointments for blood tests or visits to the hospital for a scan alone)

3. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?
   1) Yes, definitely
   2) Yes, to some extent
   3) No

4. Roughly how many ultrasound scans did you have in total during this pregnancy?
   1) Below 3 scans
   2) 2) 4 – 6 scans
   3) 3) Above 6 scans

5. Complications associated with pregnancy?
   5.1) Blood pressure
        1) Yes    2) No
   5.2) Albumin level
        1) Yes    2) No
   5.3) Odema
        1) Yes    2) No
   5.4) Sugar
        1) Yes    2) No
   5.5) Thyroid
        1) Yes    2) No

6. Where you given sufficient explanation for the scans taken?
   1) Yes, definitely
   2) Yes, to some extent
   3) No
7. During my antenatal check ups I did not have to wait too long to see the doctor
   1) Strongly agree
   2) Agree
   3) Neutral
   4) Disagree
   5) Strongly disagree

LABOUR AND BIRTH:

1. When was the delivery conducted?
   1) On due date
   2) Before due date
   3) After due date

2. Who conducted the deliver
   1) Consultant physician
   2) Duty doctor
   3) Midwife

3. Thinking about the birth of your baby, what kind of delivery did you have?
   1) Normal delivery
   2) Caesarean delivery
   3) Emergency caesarean

3.1) Reason for Caesarean delivery
   1) Primie caesarean
   2) Low fluid level
   3) Baby not in due position
   4) Breech

POSTNATAL CARE: (CARE GIVEN AFTER DELIVERING THE BABY)

1. Was your baby cared for in a neonatal unit at all?
   1) Yes
   2) No

1.1) If yes, state the reason
   1) Fluid intake
   2) Yellowishness
   3) Under weight
   4) Suffocation

1.2) How long was your baby in neonatal care unit?
   1) Less than 2 days
   2) 3 – 5 days
   3) More than 5 days
1.3) Were you and/or your partner given enough information about why your baby was admitted for neonatal care?
   1) Yes, definitely
   2) Yes, to some extent

2. How long did you stay in the hospital after the baby was born?
   1) 1-2 days
   2) 3-4 days
   3) 5-9 days
   4) 10 days or more

3. Overall, how would you rate the care received during your pregnancy?
   1) Excellent - 5
   2) Very good - 4
   3) Good - 3
   4) Fair - 2
   5) Poor - 1

**State your opinion on the following aspects of hospital service during your stay.**

<table>
<thead>
<tr>
<th>Tangibility</th>
<th>- physical facilities, equipment and appearance of personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability</td>
<td>- ability to perform the expected service dependably and accurately</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>- willingness to help customers and provide prompt services</td>
</tr>
<tr>
<td>Assurance</td>
<td>- courtesy and knowledge of staff and their ability to inspire trust and confidence</td>
</tr>
<tr>
<td>Empathy</td>
<td>- caring, individualized attention provided to customers</td>
</tr>
</tbody>
</table>

5 – Strongly agree, 4 – Agree, 3 – Neutral, 2 – Disagree, 1 – Strongly disagree

**I. PHYSICAL ENVIRONMENT**

1) Diagnostic facilities like lab and scan are available

2) The hospital has an updated neonatal care unit

3) Hospital inpatient rooms and beds were hygienic and clean

4) Hospital employees appear neat

5) Hospital has amenities like continuous electricity, water supply, housekeeping and canteen facilities

6) Hospital has adequate wards, beds, operative care units and resident rooms

7) Adequate nursing staff are available.
II. RELIABILITY
1) The doctor allowed me to ask many questions, enough to clarify everything.

2) The doctor adequately explained my condition, examination results, and treatment process.

3) Nursing staffs explained the medication process in a way the patients could understand

4) Hospital charges are not expensive

5) Length of the stay was appropriate

6) Patients are educated about diet and nutrition

7) Patients feel safe in getting treated by the doctors in this hospital

III. RESPONSIVENESS
1) The employees are always willing to help the patients

2) Laboratory results are available within a defined time frame

3) The hospital employees answer the patients’ questions appropriately about any procedure.

4) The lab tests’ were done in a prompt way.

5) Nurses show sincere interest in solving patients problems

6) The hospital was flexible with the visiting time as required by the patients

IV. ASSURANCE
1) Nurses are not rude in conveying the rules of the hospital

2) The hospital keeps the patients record accurately.
3) Nursing staff instilled trust & confidence during labour and birth

4) The employees are polite during housekeeping process.

5) The doctor gives follow up advice, medication and other instructions on Discharge

V. EMPATHY
1) Nursing staff know what the needs of their patients are

2) Nurses give individual care to the patients.

3) When patients have problems, hospital employees are sympathetic

4) The hospital has the patient’s best interest at heart

5) Doctors/midwives respected your description of your pain, level of discomfort and nearness of delivery

1) Overall, how would you rate the care received during your stay in this hospital?
5-Highly satisfied, 4-Satisfied, 3-Neither satisfied nor dissatisfied, 2-Dissatisfied, 1-Highly dissatisfied
List of Hospitals
<table>
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<tr>
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<th>LOCATION</th>
<th>PLACE</th>
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<td>AMUTHAM CLINIC</td>
<td>SRI NIVASA NAGAR</td>
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<td>5</td>
<td>ANNAI MEDICAL CENTRE</td>
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<td>ARABINTHU CLINIC</td>
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<td>7</td>
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## PONMALAI ZONE

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