Part One: Socio-demographic characteristics of patients

1. Patient's gender: ☐ Male ☐ Female
2. Age:
3. Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
4. Educational level

   ☐ Does not know how to read and write

   ☐ Basic education (grades 1 to 10)

   ☐ Secondary education (grades 11-12)

   ☐ University/college level
5. Occupation: _____
6. Residence: ☐ City ☐ Village ☐ Camp
7. Health insurance status: ☐ No insurance ☐ Government ☐ Private
8. Have you been hospitalized before? ☐ Yes ☐ No
9. If yes, how many times have you been hospitalized previously? ☐ Once ☐ Twice ☐ Three or more times
10. How many days did you stay in the hospital during this stay? _____
11. Do you feel that you have sufficient knowledge of your rights as a patient? ☐ Yes ☐ No
12. What is the source of your knowledge of patients' rights? ☐ Relatives ☐ Social media ☐ Nurses ☐ Doctors ☐ A placard on the hospital wall
13. Did you know that there is a patient rights charter? ☐ Yes ☐ No

Part Two: How aware are you of patient rights? A: Awareness

A1) The patient's right to receive medical treatment and services without discrimination based on race, age, color, religion or gender	☐ Aware	☐ Somewhat aware	☐ Not aware
A2) The patient's right to learn about his rights and responsibilities in a way that he can understand	☐ Aware	☐ Somewhat aware	☐ Not aware
A3) The patient's right to receive respectful care	☐ Aware	☐ Somewhat aware	☐ Not aware
A4) The patient's right to privacy during the clinical examination	☐ Aware	☐ Somewhat aware	☐ Not aware
A5) The patient's right to have a person of the same sex present when he is examined and treated by a doctor of the opposite sex	☐ Aware	☐ Somewhat aware	☐ Not aware

A6) The patient's right to confidentiality of his medical information? The information a patient discloses is considered private, and there are limits on how it can be disclosed to outside parties	☐ Aware	☐ Somewhat aware	☐ Not aware
A7) The patient's right to receive a full explanation of his condition and any unexpected results of care and treatment in a way that he can understand	☐ Aware	☐ Somewhat aware	☐ Not aware
A8) The patient's right to know the available alternatives to the proposed treatment before agreeing to the treatment	☐ Aware	☐ Somewhat aware	☐ Not aware
A9) The patient's right to request a second medical consultation from another doctor	☐ Aware	☐ Somewhat aware	☐ Not aware
A10) The patient's right to sign a consent form before any medical procedure	☐ Aware	☐ Somewhat aware	☐ Not aware
A11) The patient's right to refuse or terminate treatment after a careful explanation by his doctor of the consequences and/or results of his decision	☐ Aware	☐ Somewhat aware	☐ Not aware
A12) The patient's right to know the names and jobs of all health care workers involved in his care	☐ Aware	☐ Somewhat aware	☐ Not aware
A13) The patient's right to participate in decisions related to his care and to choose a treatment plan	☐ Aware	☐ Somewhat aware	☐ Not aware
A14) The patient's right to appoint someone on his behalf to make decisions regarding appropriate treatment	☐ Aware	☐ Somewhat aware	☐ Not aware
A15) The patient's right to have a towel, toilet, clothes and storage space	☐ Aware	☐ Somewhat aware	☐ Not aware
A16) The patient's right to know the prices of the services provided to him	☐ Aware	☐ Somewhat aware	☐ Not aware
A17) The patient's right to file a complaint about a medical care provider or health facility without fear of retaliation	☐ Aware	☐ Somewhat aware	☐ Not aware

Part Three: The implementation of patient rights from the perspective of patients by health care providers. P: Practice

P1) Were you provided with a summary of patient rights?	☐ Yes	☐ No
P2) Did the medical staff provide health services to you without discrimination based on age, color, religion or gender?	☐ Yes	☐ No
P3) Did the medical staff introduce themselves by name and explain their jobs to you while displaying their ID cards?	☐ Yes	☐ No
P4) Did the medical staff at the hospital treat you with respect?	☐ Yes	☐ No
P5) Was your permission asked for a physical examination?	☐ Yes	☐ No
P6) Did you receive an explanation of the physical examination?	☐ Yes	☐ No
P7) Was adequate privacy provided during the physical examination?	☐ Yes	☐ No
P8) Was the information about your medical condition, recommended treatment, treatment risks, and expected results provided by the medical staff clear and understandable to you?	☐ Yes	☐ No
P9) Were you informed about the available alternatives before determining the treatment plan?	☐ Yes	☐ No
P10) Did you sign a consent form before treatment?	☐ Yes	☐ No
P11) Did you receive information about the recommended procedure, associated risks and any alternative treatment before signing the consent form?	☐ Yes	☐ No
P12) Did you have the option of appointing a health agent to speak on your behalf regarding appropriate treatment and decision-making?	☐ Yes	☐ No
P13) Is there a storage space provided in your room to store your belongings?	☐ Yes	☐ No
P14) Are functional bathroom and necessary personal items provided to you?	☐ Yes	☐ No
P15) Have you been informed about the financial costs of services and procedures?	☐ Yes	☐ No
P16) Did you receive information about the mechanism for filing a complaint in the event of a violation of your rights?	☐ Yes	☐ No