**Appendix 1 QUESTIONNAIRE**

***Access to primary healthcare and ambulatory care sensitive hospitalisations in the Maldives***

|  |  |  |
| --- | --- | --- |
| 1. **Identification:** | | **Coding category** |
| Cluster region |  | Coding category 100 - 105 |
| Island name |  |
| Island population category |  |
| Hospital name |  |
| Participant ID |  |
| Participant type |  |
| Island population category codes:   1. High population 2. Average population 3. Low population   Participant type codes:   1. Hypertension 2. Diabetes 3. Chronic heart failure 4. Chronic obstructive pulmonary disease 5. Asthma | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Interviewer visits (coding category 106 – 109)** | | | | |
|  | Visit 1 | Visit 2 | Visit 3 | Final visit |
| Date (Day/month/year) |  |  |  |  |
| Visit time |  |  |  |  |
| Interviewer name |  |  |  |  |
| Outcome |  |  |  |  |
| Outcome codes:   1. Completed 2. Potential respondent not at home 3. Potential respondent not located due to change in address 4. Postponed 5. Refused | | | | |

|  |  |  |
| --- | --- | --- |
| 1. **Language of questionnaire** | | **Coding category** |
| English |  | Coding category 110 |
| Dhivehi |  |
| Language codes:   1. Dhivehi 2. English | | |

**Questionnaire overview**

***Interviewer:*** *please read slowly and distinctly.*

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (interviewer’s name). I am collecting information about how patients access primary health care services. The information gathered via this questionnaire will only be used for the stated research purpose. It is very important to the researcher that the most accurate information is obtained. Your answers will be kept securely. Any information that could identify you will not be linked to your answers in any way. If you need further information you may contact the primary researcher and supervisors listed on this card. *‘Give the card with contact details’.* You can find additional information at the back of this card. Please read carefully. You may ask any question relevant to this information card.

By signing the consent form you willingly agree to participate in this study. However, you can withdraw your participation at this stage. Please note that as your information will remain anonymous, once this data are entered in the system, we will be unable to locate your specific information and therefore cannot delete it. Please let me know if you do not wish to answer a particular question.

***Enumerator:*** *Are you happy for me to proceed?*

1. ***No*** *– answer the respondent’s questions and depending on their responses,* ***provide them the consent form to sign or withdraw the respondent from the study.***
2. ***Yes*** *– Give the consent form to sign*

***Interviewer to fill***

I have read the overview of the questionnaire and encouraged the participant to ask questions and provided adequate time to clarify the participant’s doubts.

Name: ------------------------------------

Signature: --------------------------------

Date: --------------------------------------

1. ***Respondent agrees to be interviewed – continue –*** *Record time ------------------------*
2. ***Respondent does not agree to be interviewed – end –*** *Record time ---------------------*

**SECTION A – INITIAL-DEMOGRAPHICS**

**Interviewer:** *Before we begin, I need to enter some general information.*

**Question ID:** A111 **Variable name:** Sex **Core:** A

**Question text:** Please state your sex

**Response code:**

1. Male

2. Female

R. Refused

**Question ID:** A12 **Variable name:** Dob **Core:** A

**Question text:** Which year you were born? *Note: This is the year you were born in accordance with your national identity card otherwise called ‘Dhivehi Rayyithey Kan Angadhey Card’*

**Response code:**

Year of birth --------------- *(enter the year)*

R. Refused

***Note to Interviewer:***

*If refused, go to question A113*

*If year of birth is given, calculate the age and enter to question A113*

**Question ID:** A113 **Variable name:** Age **Core:** A

**Question text:** How old were you at your last birthday?

**Response code:**

Age in completed years --------------- *(enter number for age)*

R. Refused

**SECTION B – HEALTH INFORMATION AND HOSPITALISATION**

**Interviewer:** *Now I am going to ask you certain questions related to health and hospitalisation*

**Question ID:** B114 **Variable name:** Screening-question **Core:** B

**Question text:** Has it ever been explained to you by a doctor or other health professional that you have had any one or more of the following conditions?

**Response code:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | 1. Yes | 2. No | D. Don’t know / Not sure | R. Refused |
| **Hypertension (high blood pressure)** |  |  |  |  |
| **Hypertension (high blood pressure) ONLY during pregnancy**  ***Note 1:*** *This is also called gestational hypertension and referred to as Pregnancy-Induced Hypertension. This is hypertension that develops after week 20 in pregnancy and goes away after delivery.*  ***Note 2:*** *This applies ONLY if you are currently pregnant and or was pregnant and have or had hypertension during pregnancy.* |  |  |  |  |
| **Diabetes** |  |  |  |  |
| **Diabetes ONLY during pregnancy**  ***Note:*** *This is also called gestational diabetes. This is diabetes that happens in pregnancy and goes away soon after delivery.*  ***Note 2:*** *This applies ONLY if you are currently pregnant and or was pregnant and have or had diabetes during pregnancy.* |  |  |  |  |
| **Chronic heart failure** |  |  |  |  |
| **Chronic obstructive pulmonary disease** |  |  |  |  |
| **Asthma** |  |  |  |  |
| **Asthma ONLY during childhood**  *Note: This is asthma that starts in childhood and goes away later in life.* |  |  |  |  |

***Note to Interviewer:***

If **YES** to **1)** hypertension only during pregnancy; **2)** diabetes only during pregnancy; and **3)** asthma only during childhood - **Appreciate the participation and discontinue the survey.**

If **NO / DON’T KNOW / REFUSED** to all conditions – **Appreciate the participation and discontinue the survey.**

**Question ID:** B115 **Variable name:** Final-screening-question **Core:** B

**Question text:** Has it ever been explained to you by a doctor or other health professional that you currently have any one or more of the following conditions?

**Response code:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | 1. Yes | 2. No | D. Don’t know / Not sure | R. Refused |
| **Hypertension (high blood pressure)**  ***Note 1:*** *This excludes hypertension only during pregnancy* |  |  |  |  |
| **Diabetes**  ***Note 1:*** *This excludes diabetes only during pregnancy* |  |  |  |  |
| **Chronic heart failure** |  |  |  |  |
| **Chronic obstructive pulmonary disease** |  |  |  |  |
| **Asthma**  ***Note 1:*** *This excludes asthma only during childhood* |  |  |  |  |

***Note to Interviewer:***

*If “Yes” to one or more conditions, go to B116*

*If “No / Don’t Know / Refused” to all conditions – Appreciate the participation and discontinue the survey*

**Question ID:** B116 **Variable name:** Health-status **Core:** B

**Question text:** Would you say your health in general is very good, good, neither good nor fair, fair, or poor?

**Response code:**

1. Very good

2. Good

3. Neither good nor fair

4. Fair

5. Poor

D. Don’t know / Not sure

R. Refused

**Question ID:** B117 **Variable name:** Knowledge-treatment **Core:** B

**Question text:** Has it ever been explained to you by a doctor or other health professional what medical treatments you need for your condition / conditions?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** B118 **Variable name:** Knowledge-management **Core:** B

**Question text:** Has it ever been explained to you by a doctor or other health professional what lifestyle changes you need to manage your condition / conditions? For example: healthy diet and exercise.

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** B119 **Variable name:** Hospitalisation **Core:** B

**Question text:** Have you ever been hospitalised in a public hospital overnight for one or more of the following conditions? *Note:* *This means you were admitted to a public hospital overnight because of one or more of the conditions.*

**Response code:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | 1. Yes | 2. No | D. Don’t Know / Not sure | R. Refused |
| Hypertension (high blood pressure) |  |  |  |  |
| Diabetes |  |  |  |  |
| Chronic heart failure |  |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |  |
| Asthma |  |  |  |  |

***Note to Interviewer:***

*If “Yes” to one or more conditions, go to B120*

*If “No / Don’t Know / Refused” to all conditions, go to next section – Section C*

**Question ID:** B120 **Variable name:** Hospitalisation-hospital **Core:** B

**Question text:** If you have ever been hospitalised in a public hospital overnight for one or more of the above conditions can you please state the number of times you have been hospitalised? *Note: Order according to year of hospitalisation.*

**Response code:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | 1. Yes (Number of times) | 2. No | R. Refused/Don’t know |
| Hypertension (high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Chronic heart failure |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |
| Asthma |  |  |  |

**Question ID:** B121 **Variable name:** Hospitalisation-hospital **Core:** B

**Question text:** If you have ever been hospitalised in a public hospital overnight for one or more of the above conditions can you please name the hospital or hospitals? *Note: Order according to date of hospitalisation.*

**Response code:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | 1. Yes (Name the hospital or hospitals) | 2. No | R. Refused/Don’t know |
| Hypertension (high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Chronic heart failure |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |
| Asthma |  |  |  |

**Question ID:** B122 **Variable name:** Hospitalisation-hospital **Core:** B

**Question text:** If you have ever been hospitalised in a public hospital overnight for one or more of the above conditions what was the reason / or were the reasons for your hospitalisation? *Note 1: Verify from patient discharge sheet / or on spot call to hospital by the respondent prior to entry. Note 2: Order according to date of hospitalisation.*

**Response code:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | 1. Yes (Reason or reasons) | 2. No | R. Refused/Don’t know |
| Hypertension (high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Chronic heart failure |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |
| Asthma |  |  |  |

**Question ID:** B123 **Variable name:** Hospitalisation **Core:** B

**Question text:** In the last 12 months, have you been hospitalised in a public hospital overnight for one or more of the following conditions? *Note: This means you were admitted to a public hospital overnight because of one or more of the conditions in the past 12 months.*

**Response code:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | 1. Yes | 2. No | D. Don’t Know / Not sure | R. Refused |
| Hypertension (high blood pressure) |  |  |  |  |
| Diabetes |  |  |  |  |
| Chronic heart failure |  |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |  |
| Asthma |  |  |  |  |

***Note to Interviewer:***

*If “Yes” to one or more conditions, go to B124*

*If “No / Don’t Know / Refused” to all conditions, go to next section – Section C*

**Question ID:** B124 **Variable name:** Hospitalisation-hospital **Core:** B

**Question text:** In the last 12 months, if you have been hospitalised in a public hospital overnight for one or more of the above conditions can you please state the number of times you have been hospitalised? *Note: Order according to date of hospitalisation.*

**Response code:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | 1. Yes (Number of times) | 2. No | R. Refused/Don’t know |
| Hypertension (high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Chronic heart failure |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |
| Asthma |  |  |  |

**Question ID:** B125 **Variable name:** Hospitalisation-hospital **Core:** B

**Question text:** In the last 12 months, if you have been hospitalised in a public hospital overnight for one or more of the above conditions can you please name the hospital or hospitals? *Note: Order according to date of hospitalisation.*

**Response code:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | 1. Yes (Name the hospital or hospitals) | 2. No | R. Refused/Don’t know |
| Hypertension (high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Chronic heart failure |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |
| Asthma |  |  |  |

**Question ID:** B126 **Variable name:** Hospitalisation-hospital **Core:** B

**Question text:** In the last 12 months, if you have been hospitalised in a public hospital overnight for one or more of the above conditions what was the reason / or were the reasons for your hospitalisation? *Note: Verify from patient discharge sheet / or on spot call to hospital by the respondent prior to entry. Note 2: Order according to date of hospitalisation.*

**Response code:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | 1. Yes (Reason or reasons) | 2. No | R. Refused/Don’t know |
| Hypertension (high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Chronic heart failure |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |
| Asthma |  |  |  |

**SECTION C – HEALTH SERVICE UTILISATION AND PATIENT EXPERIENCE**

**Interviewer:** *Now I am going to ask you certain questions about your use of primary health care services within last 12 months in your region.*

***Note to interviewer: Please refer to the guide and explain what region the respondent belongs to. For example: Gan is in Laamu Atoll. Laamu Atoll is in South Region.***

**Question ID:** C127 **Variable name:** General-physician-visit **Core:** C

**Question text:** In the past 12 months, have you needed to visit a general physician about your own health related to your condition / conditions within your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

***Note to Interviewer:***

*If “Yes” go to C128*

*If “No / Don’t Know / Refused” go to next section – Section D*

**Question ID:** C128 **Variable name:** General-physician-visit **Core:** C

**Question text:** In the past 12 months, how many times have you visited a general physician about your own health related to your condition / conditions within your region?

**Response code:**

1. State the number of times -----------------------

D. Don’t know / Not sure

R. Refused

**Question ID:** C129 **Variable name:** Type-health-facility-usual **Core:** C

**Question text:** What sort of healthcare service do you usually visit to consult a general physician related to your condition / or conditions within your region?

**Response code:**

1. Island health centre

2. Atoll hospital

3. Regional hospital

R. Refused

**Question ID:** C130 **Variable name:** Usual-experience-communication **Core:** C

**Question text:** Thinking about your last visit to the general physician *(at your usual health care facility in your region)*, how well do you think the doctor explained your health conditions and treatments in a way that you could understand?

**Response code:**

1. Poor

2. Fair

3. Neither good nor fair

4. Good

5. Very good

D. Don’t know / Not sure

R. Refused

**Question ID:** C131 **Variable name:** Usual-experience-treatment-decisions **Core:** C

**Question text:** How well do you feel the general physician *(at your usual health care facility in your region)* involved you in the decisions about your care, such as discussing all the treatment options?

**Response code:**

1. Poor

2. Fair

3. Neither good nor fair

4. Good

5. Very good

D. Don’t know / Not sure

R. Refused

**Question ID:** C132 **Variable name:** Usual-experience-patient-management **Core:** C

**Question text:** Over the last 12 months, has someone at your usual health centre or hospital in your region either carried out or arranged for you to have one or more of the following tests?

**Response code:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | 1. Yes | 2. No | D. Don’t Know / Not sure | R. Refused |
| Weight measurement |  |  |  |  |
| Height measurement |  |  |  |  |
| Diabetes test |  |  |  |  |
| Blood pressure test |  |  |  |  |
| Chest X-Ray |  |  |  |  |

**Question ID:** C133 **Variable name:** Usual-experience-risk-management **Core:** C

**Question text:** Over the last 12 months, has someone at your usual health centre or hospital in your region talked with you or arranged for someone else to talk with you, about the following life style changes?

**Response code:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** | 1. Yes | 2. No | D. Don’t Know / Not sure | R. Refused |
| Smoking |  |  |  |  |
| Healthy food or nutrition |  |  |  |  |
| Weight |  |  |  |  |
| Exercise or physical activity |  |  |  |  |
| Alcohol or drugs |  |  |  |  |

**Question ID:** C134 **Variable name:** Usual-experience-treatment -satisfaction **Core:** C

**Question text:** Thinking about your last experience with the general physician *(at your usual health care facility in your region)*, how satisfied were you with the treatment you received from the general physician?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C135 **Variable name:** Usual-waiting-time **Core:** C

**Question text:** Thinking about your last experience with the general physician *(at your usual health care facility in your region)*, what was the amount of time you had to wait to see a general physician in the queue?

**Response code:**

1. 1 to 30 minutes

2. 31 to 60 minutes

3. 61 to 90 minutes

4. 91 to 120 minutes

5. More than 120 minutes

D. Don’t know / Not sure

R. Refused

**Question ID:** C136 **Variable name:** Usual-waiting-time-satisfaction **Core:** C

**Question text:** Thinking about your experience with the general physician *(at your usual health care facility in your region)*, how satisfied were you with the amount of time you had to wait to see the doctor?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C137 **Variable name:** Health-GP-trust **Core:** C

**Question text:** Do you have confidence and trust in the general physician you saw from your usual health care facility in your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C138 **Variable name:** Health-facility-trust **Core:** C

**Question text:** Do you have confidence and trust in the medical treatment you received from your usual health care facility in your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C139 **Variable name:** Trust-GP-usual-facility **Core:** C

**Question text:** In the past 12 months, was there a time when you felt you needed to visit a general physician related to your condition / or conditions but you did not visit a general physician because you do not trust the general physicians at your usual health care facility in your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C140 **Variable name:** Trust-health-facility-usual **Core:** C

**Question text:** In the past 12 months, was there a time when you felt you needed medical treatment related to your condition / or conditions but you did not visit your usual healthcare facility in your region because you do not trust the medical treatment that you may receive from your usual health care facility in your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C141 **Variable name:** Health-GP-trust-current **Core:** C

**Question text:** Do you currently have confidence and trust in the general physician in your usual health care facility in your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C142 **Variable name:** Health-facility-trust-current **Core:** C

**Question text:** Do you currently have confidence and trust in the medical treatment you may receive from your usual health care facility in your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C143 **Variable name:** Health-facility-island **Core:** C

**Question text:** Is your usual health care facility located in your own island?

**Response code:**

1. Yes - it is in my own island

2. No - it is in a different island

R. Refused

***Note to Interviewer:***

*If “Yes / refused” go to question C147*

*If “No” go to next question – C144*

**Question ID:** C144 **Variable name:** Health-facility-island-trust **Core:** C

**Question text:** Do you have confidence and trust in the health care services in your own island? *Note: This includes general physicians and medical treatment.*

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C145 **Variable name:** Trust-GP-island **Core:** C

**Question text:** In the past 12 months, was there a time when you felt you needed to visit a general physician related to your condition but you did not visit a general physician because you do not trust the general physicians in your own island?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C146 **Variable name:** Trust-medical-treatment--island **Core:** C

**Question text:** In the past 12 months, was there a time when you felt you needed medical treatment related to your condition but you did not visit the healthcare facility in your own island because you do not trust the medical treatment that you may receive from the healthcare facility in your own island?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C147 **Variable name:** Type-rate-GP-trust **Core:** C

**Question text:** How would you rate your degree of trust to consult general physicians related to your condition / or conditions from the following health care facilities?

**Response code:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Healthcare facility* | *Strongly trustful - 5* | *Trustful - 4* | *Neutral - 3* | *Untrustful - 2* | *Strongly untrustful-1* | *Refused* |
| 1. Island health centre |  |  |  |  |  |  |
| 2. Atoll hospital |  |  |  |  |  |  |
| 3. Regional hospital |  |  |  |  |  |  |
| 4. Public health care facilities in Male’ |  |  |  |  |  |  |
| 5. Private health care facilities in Male’ |  |  |  |  |  |  |
| 6. Healthcare facilities abroad |  |  |  |  |  |  |

**Question ID:** C148 **Variable name:** Type-rate-treatment-trust **Core:** C

**Question text:** How would you rate your degree of trust in the medical treatment you have received and / or may receive related to your condition / or conditions from the following health care facilities?

**Response code:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Healthcare facility* | *Strongly trustful - 5* | *Trustful - 4* | *Neutral - 3* | *Untrustful - 2* | *Strongly untrustful-1* | *Refused* |
| 1. Island health centre |  |  |  |  |  |  |
| 2. Atoll hospital |  |  |  |  |  |  |
| 3. Regional hospital |  |  |  |  |  |  |
| 4. Public health care facilities in Male’ |  |  |  |  |  |  |
| 5. Private health care facilities in Male’ |  |  |  |  |  |  |
| 6. Healthcare facilities abroad |  |  |  |  |  |  |

**Question ID:** C149 **Variable name:** Type-rate-facility-confidence **Core:** C

**Question text:** How would you rate your degree of confidence in the healthcare services you have received and / or may receive related to your condition / or conditions from the following health care facilities?

**Response code:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Healthcare facility* | *Very confident - 5* | *Fairly confident - 4* | *Neutral - 3* | *Not very confident - 2* | *Not at all confident-1* | *Refused* |
| 1. Island health centre |  |  |  |  |  |  |
| 2. Atoll hospital |  |  |  |  |  |  |
| 3. Regional hospital |  |  |  |  |  |  |
| 4. Public health care facilities in Male’ |  |  |  |  |  |  |
| 5. Private health care facilities in Male’ |  |  |  |  |  |  |
| 6. Healthcare facilities abroad |  |  |  |  |  |  |

**Question ID:** C150 **Variable name:** Access-need-island **Core:** C

**Question text:** In the past 12 months, has there been a time you needed medical care related to your condition / or conditions but could not get it from your own island?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C151 **Variable name:** Access-need-island-available **Core:** C

**Question text:** How strongly do you agree that the medical care you need for your condition / or conditions are available in your own island?

**Response code:**

1. Strongly agree

2. Agree

3. Neutral

4. Disagree

5. Strongly disagree

R. Refused

**Question ID:** C152 **Variable name:** Access-medication-island **Core:** C

**Question text:** In the past 12 months, has there been a time you needed medicine related to your condition / or conditions but could not get it from your own island?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C153 **Variable name:** Access-medication-island-available **Core:** C

**Question text:** How strongly do you agree that the medication you need for your condition / or conditions are available in your own island?

**Response code:**

1. Strongly agree

2. Agree

3. Neutral

4. Disagree

5. Strongly disagree

R. Refused

**Question ID:** C154 **Variable name:** Payment method-medication-island **Core:** C

**Question text:** In the past 12 months, was there a time when you got a prescription related to your condition /or conditions but did not collect one or more prescription items from the pharmacy or chemist in your own island because of the payment method? *(You had to purchase on your own since it was not either covered by Asandha or not available by Asandha covered pharmacy in your own island)*

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C155 **Variable name:** Access-need-region **Core:** C

**Question text:** In the past 12 months, has there been a time you needed medical care related to your condition / or conditions but could not get it from any hospital in your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C156 **Variable name:** Access-need-region-available **Core:** C

**Question text:** How strongly do you agree that the medical care you need for your condition / or conditions are available in your own region?

**Response code:**

1. Strongly agree

2. Agree

3. Neutral

4. Disagree

5. Strongly disagree

R. Refused

**Question ID:** C157 **Variable name:** Access-medication-region **Core:** C

**Question text:** In the past 12 months, has there been a time you needed medicine related to your condition / or conditions but could not get it from any Asandha covered pharmacy in your region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C158 **Variable name:** Access-medication-region-available **Core:** C

**Question text:** How strongly do you agree that the medication you need for your condition / or conditions are available in your own region?

**Response code:**

1. Strongly agree

2. Agree

3. Neutral

4. Disagree

5. Strongly disagree

R. Refused

**Question ID:** C159 **Variable name:** Payment method-medication-region **Core:** C

**Question text:** In the past 12 months, was there a time when you got a prescription related to your condition /or conditions but did not collect one or more prescription items from the pharmacy or chemist because you had to purchase on your own since it was not available in any Asandha covered pharmacy in your own region?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

***Note to interviewer: questions related to TRANSPORT BY SEA – questions C160 to C175 should ONLY be asked to respondents who say NO to question C143. These respondents agree that their usual healthcare facility is located in a different island.***

**Question ID:** C160 **Variable name:** Transport-public-sea **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition / or conditions and you used public transport by sea to get there? ***Note: this is public transport by sea from the island you are resided in, to the island where your usual healthcare facility in your region is located in****. Note: ferry, boat and speed launch are some forms of public transport by sea. These are transport that are available to public. It is either publically funded or with a charge set fee.*

**Response code:**

1. Yes

2. No

R. Refused

***Note to Interviewer:***

*If “Yes” go to question C161*

*If “No / Refused” go to question C176*

**Question ID:** C161 **Variable name:** Transport-mode-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, what was the mode of public transport you used to reach the healthcare provider by sea?

**Response code:**

1. Atoll ferry

2. Boat - Dhoani

3. Speed launch

D. Don’t know / Not sure

R. Refused

**Question ID:** C162 **Variable name:** Transport-mode-satisfaction-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how satisfied were you with the mode of transport you used to reach there by sea?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C163 **Variable name:** Transport-payment-method-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, what was the method of payment you used to pay for public transport by sea to reach the healthcare provider?

**Response code:**

1. Publically funded

2. Out-of-pocket

3. Others - paid by family, relatives or friends and / or money lent by family, relatives, or friends

D. Don’t know / Not sure

R. Refused

**Question ID:** C164 **Variable name:** Transport-payment-satisfaction-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how satisfied were you with the payment method you used to pay for transport by sea to reach the healthcare facility?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C165 **Variable name:** Transport-cost-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how much did you pay for public transport by sea to reach the healthcare provider?

**Response code:**

1. 1 to 100 MVR

2. 101 to 200 MVR

3. 201 to 300 MVR

4. 301 to 400 MVR

5. 401 to 500 MVR

6. 501 and above

D. Don’t know / Not sure

R. Refused

**Question ID:** C166 **Variable name:** Transport-cost-satisfaction-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how satisfied were you with the amount of money you had to pay for transportation to reach the healthcare provider by sea?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C167 **Variable name:** Transport-cost-visit-sea **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition / or conditions, but could not visit a general physician because of the transport cost by sea?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C168 **Variable name:** Transport-cost-referral-sea **Core:** C

**Question text:** In the past 12 months, was there a time when you were referred to another hospital related to your condition / or conditions, but could not visit the hospital because of the transport cost by sea to get there? *(This includes referrals to atoll hospitals, regional hospitals, and Indira Gandhi Memorial Hospital)*

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C169 **Variable name:** Transport-availability-sea **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition / or conditions, but could not visit a general physician because you had no public transport by sea to get there?

**Response code:**

1. Yes

2. No

3. Not applicable

D. Don’t know / Not sure

R. Refused

**Question ID:** C170 **Variable name:** Transport-availability-satisfaction-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how satisfied were you with the availability of public transport by sea you used to reach there?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C171 **Variable name:** Transport-availability-sea-usual **Core:** C

**Question text:** In general, how satisfied are you with the availability of public transport by sea you use to reach your usual healthcare provider?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C172 **Variable name:** Transport-delay-sea **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition at your usual healthcare facility and public transport by sea was delayed? ***Note: This is travel between the island you are resided in and the island where your usual healthcare facility in your region is located in by sea.***

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

***Note to Interviewer:***

*If “Yes” go to question C185*

*If “No / Refused” go to question C186*

**Question ID:** C173 **Variable name:** Transport-delay-time-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition at your usual healthcare facility, what was the amount of time public transport by sea was delayed? *This was the amount of time public transport was delayed before you could travel between the island you are resided in and the island where the healthcare facility is located in by sea.*

**Response code:**

1. 1 to 60 minutes

2. 61 to 120 minutes

3. 121 to 180 minutes

4. More than 180 minutes

D. Don’t know / Not sure

R. Refused

**Question ID:** C174 **Variable name:** Travel-transport-discourage-sea **Core:** C

**Question text:** If in the past 12 months, there was a time when you had to see a general physician related to your condition at your usual healthcare facility and public transport by sea was delayed, did this event discourage you to visit a general physician at your usual healthcare facility?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C175 **Variable name:** Transport-delay-times-sea **Core:** C

**Question text:** If in the past 12 months, there was a time / or were times when you had to see a general physician related to your condition at your usual healthcare facility and public transport by sea was delayed, how many times did this event occur?

**Response code:**

1. Number of times public transport by sea was delayed ----------------

D. Don’t know / Not sure

R. Refused

**Question ID:** C176 **Variable name:** Transport-public-land **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition / or conditions and you used public transport by land to get there? ***Note: this is public transport by land from home to your usual healthcare facility in your region.*** *Note: car, van, and bus are some forms of public transport by land. These are transport that are available to public. It is either publically funded or with a charge set fee. Walk, bicycle and motor cycle are not modes of public transport by land.*

**Response code:**

1. Yes

2. No

R. Refused

***Note to Interviewer:***

*If “Yes” go to question C177*

*If “No / Refused” go to question 192*

**Question ID:** C177 **Variable name:** Transport-mode-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, what was the mode of public transport you used to reach the healthcare provider by land?

**Response code:**

1. Car

2. Van

3. Lorry and pick-up

4. Bus

D. Don’t know / Not sure

R. Refused

**Question ID:** C178 **Variable name:** Transport-mode-satisfaction-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how satisfied were you with the mode of transport you used to reach there by land?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C179 **Variable name:** Transport-payment-method-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, what was the method of payment you used to pay for public transport by land to reach the healthcare provider?

**Response code:**

1. Publically funded

2. Out-of-pocket

3. Others - paid by family, relatives or friends and / or money lend by family, relatives, or friends

D. Don’t know / Not sure

R. Refused

**Question ID:** C180 **Variable name:** Transport-payment-satisfaction-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how satisfied were you with the payment method you used to pay for transport by land to reach the healthcare facility?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C181 **Variable name:** Transport-cost-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how much did you pay for public transport by land to reach the healthcare provider?

**Response code:**

1. 1 to 50 MVR

2. 51 to 100 MVR

3. 101 to 150 MVR

4. 151 to 200 MVR

5. 201 to 250 MVR

6. 251 and above

D. Don’t know / Not sure

R. Refused

**Question ID:** C182 **Variable name:** Transport-cost-satisfaction-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how satisfied were you with the amount of money you had to pay for transportation to reach the healthcare provider by land?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C183 **Variable name:** Transport-cost-visit-land **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition / or conditions, but could not visit a general physician because of the transport cost by land?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C184 **Variable name:** Transport-cost-referral-land **Core:** C

**Question text:** In the past 12 months, was there a time when you were referred to another hospital related to your condition / or conditions, but could not visit the hospital because of the transport cost by land to get there? *(This includes referrals to other atoll hospitals, regional hospitals, and Indira Gandhi Memorial Hospital. For example: referral from Laamu Fonadhoo Hospital to Gan Regional Hospital / or Referral from Gan Regional Hospital to Indira Gandhi Memorial Hospital – this is transport cost from home – Gan or Fonadhoo to Khadhdhoo airport or to jetty)*

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C185 **Variable name:** Transport-availability-land **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition / or conditions, but could not visit a general physician because you had no public transport by land to get there?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C186 **Variable name:** Transport-availability-satisfaction-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition / or conditions, how satisfied were you with the availability of public transport by land you used to reach there?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C187 **Variable name:** Transport-availability-land-usual **Core:** C

**Question text:** In general, how satisfied are you with the availability of public transport by land you use to reach your usual healthcare provider?

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C188 **Variable name:** Transport-delay-land **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition at your usual healthcare facility and public transport by land was delayed? ***Note: This is travel between your home to your usual healthcare facility by land.***

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

***Note to Interviewer:***

*If “Yes” go to question C185*

*If “No / Refused” go to question C186*

**Question ID:** C189 **Variable name:** Transport-delay-time-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition at your usual healthcare facility, what was the amount of time public transport by land was delayed? *This was the amount of time public transport was delayed before you could travel from your home to your usual healthcare facility by land.*

**Response code:**

1. 1 to 60 minutes

2. 61 to 120 minutes

3. 121 to 180 minutes

4. More than 180 minutes

D. Don’t know / Not sure

R. Refused

**Question ID:** C190 **Variable name:** Travel-transport-discourage-land **Core:** C

**Question text:** If in the past 12 months, there was a time when you had to see a general physician related to your condition at your usual healthcare facility and public transport by land was delayed, did this event discourage you to visit a general physician at your usual healthcare facility?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C191 **Variable name:** Transport-delay-times-land **Core:** C

**Question text:** If in the past 12 months, there was a time / or were times when you had to see a general physician related to your condition at your usual healthcare facility and public transport by land was delayed, how many times did this event occur?

**Response code:**

1. Number of times public transport by sea was delayed ----------------

D. Don’t know / Not sure

R. Refused

***Note to interviewer: questions related to TRAVEL TIME BY SEA – questions C192 to C193 should ONLY be asked to respondents who say NO to question C143. These respondents agree that their usual healthcare facility is located in a different island.***

**Question ID:** C192 **Variable name:** Travel-time-sea **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition but you did not visit a general physician because of the expected travel time you may take to reach your usual healthcare provider by sea? *Note: This is the time taken to travel between the island you are located in and the island where your usual healthcare facility in your region is located in by sea.*

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C193 **Variable name:** Travel-time-satisfaction-sea **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition how satisfied were you with the total amount of time it took you to get there by sea? *Note: This is the time taken to travel between the island you are located in and the island where your usual healthcare facility in your region is located in by sea.*

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C194 **Variable name:** Travel-time-land **Core:** C

**Question text:** In the past 12 months, was there a time when you had to see a general physician related to your condition but you did not visit a general physician because of the expected travel time you may take to reach the healthcare provider by land? *This is the time taken to travel between your home and your usual healthcare facility by land.*

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C195 **Variable name:** Travel-time-satisfaction-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition how satisfied were you with the total amount of time it took you to get there by land? *This is the time taken to travel between your home and your usual healthcare facility by land.*

**Response code:**

1. Not at all satisfied

2. Somewhat dissatisfied

3. Neither satisfied nor dissatisfied

4. Somewhat satisfied

5. Completely satisfied

D. Don’t know / Not sure

R. Refused

**Question ID:** C196 **Variable name:** Access-difficult **Core:** C

**Question text:** Overall in the past 12 months, how easy has it been for you to access care for your condition / conditions when you need it?

**Response code:**

1. Very easy

2. Easy

3. Neither easy nor difficult

4. Difficult

5. Very difficult

D. Don’t know / Not sure

R. Refused

**SECTION D – SOCIO-DEMOGRAPHICS**

**Interviewer:** *Now I am going to ask some general questions about you.*

**Question ID:** A197 **Variable name:** Marital **Core:** A

**Question text:** What is your marital status?

**Response code:**

1. Single

2. Married

3. Divorced

4. Widowed

R. Refused

**Question ID:** A198 **Variable name:** Education **Core:** A

**Question text:** What is the highest level of schooling you have completed?

**Response code:**

1. No formal education

2. Primary

3. Secondary

4. Higher secondary

5. Diploma

6. Degree and above

R. Refused

**Question ID:** A199 **Variable name:** Employment **Core:** A

**Question text:** What best describes the general nature of your employment status?

**Response code:**

1. Self-employed

2. Government employment

3. Private employment

4. Not employed

D. Don’t know / Not sure

R. Refused

**Question ID:** A200 **Variable name:** Income **Core:** A

**Question text:** In the last one month what was your personal gross income (in total) from all sources? *Please indicate that it is in Maldivian Rufiyaa.*

**Response code:**

1. Zero income

2. 1 – 5000 MVR3. 5001 – 10,000 MVR

4. 10,001 - 15,000 MVR

5. 15,001 - 20,000 MVR

6. 20,001 - 25,000 MVR

7. 25,001 and more

D. Don’t know / Not sure

R. Refused

***END OF QUESTIONNAIRE***

***Interviewer:*** *That’s all.**On behalf of Fazeela Mohamed and her supervisory team, I thank you for talking with me about your health. I would like to reassure you again that your answers will remain confidential.*