**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 | | |

**Instructions for the Interviewer**

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

My name is --------------------- (interviewer’s name). I am conducting an interview on behalf of Fazeela Mohamed a doctoral research student from University of Canterbury, New Zealand. I am collecting information about how patients report their access to primary health care services which could impact on hospitalisation in the Maldives. The information gathered via this questionnaire will only be used for the stated research purpose. Your honesty in responding the questions is very important to the researcher so that the most accurate information is obtained. Your answers will be kept in a secure place and any information that might identify you will not be linked to your answers or written outputs and publications. 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 agree to participate in this study willingly. However, you can withdraw answering, at any stage. You don’t have to answer all the questions either. You can notify me if you don’t want to answer a particular question.

*Enumerator: Do you have any questions?*

1. *Yes – answer to respondents questions and proceed*
2. *No – Give the consent form to sign*

**Participant’s consent**

**Tick √**

|  |  |
| --- | --- |
| I confirm that I have understood the information card provided about the study. |  |
| I was given the opportunity to ask questions and clarify my doubts |  |
| I understand that my participation is voluntary and I am free to stop at any stage without giving any reason. |  |
| I give permission to use the information given for the research purpose of this particular study |  |

I understand by agreeing to participate I am willing to be interviewed by the interviewer, audio-taped, and can be contacted if further information is required. I allow the researchers to access my personnel hospital records for the purpose of confirming clinical information only.

1. I agree to be interviewed Signature: ---------------------------
2. I do not agree to be interviewed Signature: ---------------------------

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

***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:** Are you male or female?

**Response code:**

1. Male

2. Female

R. Refused

**Question ID:** A112 **Variable name:** Dob **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**

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

**Question ID:** B113 **Variable name:** Health-status **Core:** B

**Question text:** Would you say your health in general is excellent, very good, good, fair, or poor?

**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:** B114 **Variable name:** Knowledge-disease **Core:** B

**Question text:** Have you ever been explained 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) |  |  |  |  |
| Diabetes |  |  |  |  |
| Chronic heart failure |  |  |  |  |
| Chronic obstructive pulmonary disease |  |  |  |  |
| Asthma |  |  |  |  |

***Note to Interviewer:***

*If the respondent is female, please do not include diabetes during pregnancy also called gestational diabetes.*

**Question ID:** B115 **Variable name:** Knowledge-disease-treatment **Core:** B

**Question text:** Have 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:** B116 **Variable name:** Knowledge-disease-management **Core:** B

**Question text:** Have 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:** B117 **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? This means you were admitted to hospital 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 B118*

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

**Question ID:** B118 **Variable name:** Hospitalisation-hospital **Core:** B

**Question text:** If you have been hospitalised in the last 12 months for one or more of the above conditions can you please name the hospital?

**Response code:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | 1. Yes (Name the hospital) | 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 your region*

**Question ID:** C119 **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 C120*

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

**Question ID:** C120 **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 within your region?

**Response code:**

1. Island health centre

2. Atoll hospital

3. Regional hospital

R. Refused

**Question ID:** C121 **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:** C122 **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:** C123 **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:** C124 **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:** C125 **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:** C126 **Variable name:** Health-facility-usual-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:** C127 **Variable name:** Trust-GP **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 at your own island?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C128 **Variable name:** Type-health-facility-usual **Core:** C

**Question text:** What sort of primary health care facility do you have the most trust in to consult a general physician related to your condition?

**Response code:**

1. Island health centre

2. Atoll hospital

3. Regional hospital

4. Public health care facilities in Male’

5. Private health care facilities in Male’

D. Don’t Know / Not sure

R. Refused

**Question ID:** C129 **Variable name:** Access-need **Core:** C

**Question text:** In the past 12 months, has there been a time you needed medical care related to your condition 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:** C130 **Variable name:** Transport-sea-home-hospital **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 could not visit a general physician because you had no public transport by sea (ferry) to get there?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C131 **Variable name:** Transport-land-home-hospital **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 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:** C131 **Variable name:** Transport-cost-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 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:** C132 **Variable name:** Transport-cost-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 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:** C133 **Variable name:** Transport-cost-referral **Core:** C

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

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C134 **Variable name:** Transport-cost-satisfaction **Core:** C

**Question text:** Thinking about your last experience with the general physician at your usual health care facility, how satisfied with the cost of transport you used to reach there? *(This is the healthcare service you usually go to when you are feeling unwell or injured)*

**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:** Transport-mode-satisfaction **Core:** C

**Question text:** Thinking about your last experience with the general physician related to your condition, how satisfied were you with the mode of transport 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:** C136 **Variable name:** Transport-in-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition, what was the mode of transport you used to reach the healthcare provider for in-land travel?

**Response code:**

1. Foot

2. Bicycle

3. Motorbike

4. Car, van, lorry, and pick-up

D. Don’t know / Not sure

R. Refused

**Question ID:** C137 **Variable name:** Transport-within-islands **Core:** C

**Question text:** Thinking about your last visit to with the general physician related to your condition, what was the mode of transport you used to reach the healthcare provider to travel between islands?

**Response code:**

1. Ferry

2. Speed boat

3. Flight

4. Not applicable

D. Don’t know / Not sure

R. Refused

**Question ID:** C138 **Variable name:** Travel-time-in-land **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition, what was the amount of time you took to reach the healthcare provider to travel within the island? *This is the time taken to travel between your home and healthcare facility by land.*

**Response code:**

1. 1 to 15 minutes

2. 16 to 30 minutes

3. 31 to 45 minutes

4. 46 to 60 minutes

5. More than 60 minutes

D. Don’t know / Not sure

R. Refused

**Question ID:** C139 **Variable name:** Travel-time-within-islands **Core:** C

**Question text:** Thinking about the last visit to the general physician related to your condition, what was the amount of time you travelled between islands to reach the healthcare provider? *This is the time taken to travel between the island you are located in and the island where the healthcare facility is located in by sea.*

**Response code:**

1. 1 to 15 minutes

2. 16 to 30 minutes

3. 31 to 45 minutes

4. 46 to 60 minutes

5. More than 60 minutes

6. Not applicable

D. Don’t know / Not sure

R. Refused

**Question ID:** C140 **Variable name:** Travel-time-delayed-islands **Core:** C

**Question text:** Thinking about your last visit to the general physician on another island (related to your condition), how long were you delayed before you could travel between the islands? *This is the time delayed to travel between the island you are located in and the island where the healthcare facility is located in by sea.*

**Response code:**

1. 1 to 15 minutes

2. 16 to 30 minutes

3. 31 to 45 minutes

4. 46 to 60 minutes

5. More than 60 minutes

6. Not applicable

D. Don’t know / Not sure

R. Refused

**Question ID:** C141 **Variable name:** Travel-time-satisfaction **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?

**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:** C142 **Variable name:** Travel-time-cost **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?

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C143 **Variable name:** Payment-method-transport **Core:** C

**Question text:** Thinking about your last visit to the general physician related to your condition, how satisfied were you with the payment method for transport 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:** C144 **Variable name:** Payment method-medication **Core:** C

**Question text:** In the past 12 months, was there a time when you got a prescription related to your condition but did not collect one or more prescription items from the pharmacy or chemist 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)*

**Response code:**

1. Yes

2. No

D. Don’t know / Not sure

R. Refused

**Question ID:** C145 **Variable name:** Access-difficult **Core:** C

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

**Response code:**

1. Extremely difficult

2. Very difficult

3. Somewhat difficult

4. Not too difficult

5. Not at all 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:** A146 **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:** A147 **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:** A148 **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:** A149 **Variable name:** Income **Core:** A

**Question text:** In the last twelve months 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

3. 5001 – 10,000

4. 10,001 - 15,000

5. 15,001 - 20,000

6. 20,001 - 25,000

7. 25,001 – 30,000

8. 30,001 – 40,000

9. 40,001 or 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.*