

Confidential: For research purpose only

Consent of the respondent

Code No.:

Date:

Hello! My name is _____ and I am working with the Global Health Institute of North South University, Dhaka, Bangladesh. We are currently conducting a survey on “**A STUDY ON PEOPLE’S PERCEPTION, EXPERIENCE AND USAGE OF HEALTH FACILITIES**”. I cordially invite you to participate in the survey. With your participation, the information you provide will help us understand the current state of your healthcare experiences in Friendship and non-Friendship hospitals. The information will help us to improve the quality of the services in those hospitals in future. Participating in this study will not cause any harm, neither it will provide you any benefit at this moment. Your information will be kept confidential and your identity will remain anonymous. Taking part in this study is voluntary. You may skip any questions that you do not want to answer. If you decide not to take part, or to skip some of the questions, it will not affect your current or future services in these hospitals. During the survey, if you decide not to take part, you are free to withdraw at any time. If anything explained above is unclear or you have any questions or concerns, you may ask now.

Statement of Consent: I read and understood the aforementioned information and I received answers to the questions that I asked. I consent to take part in the study. I acknowledge that I have received a copy of this signed consent form.

Interviewer’s signature and date: _____

Respondent’s signature and date: _____

Witness’s signature and date: _____

Note: Start after having the consent of the respondents.

Respondent's ID:

Module 1: Socio-demographic Information		
1.1	Respondent's Name	
1.2	Respondent's Mobile No	
1.3	Age of the respondent (in years)	
1.4	Sex of the respondent	1. Male 2. Female 3. Other
1.5	Which camp do you currently reside in?	1. Camp 07 2. Camp 08E 3. Camp 20 4. Camp 26 5. Camp Balukhali
1.6	The highest educational status of the respondent	1. No formal education 2. Can sign only 3. Did not complete primary education 4. Completed primary education 5. Completed Secondary or higher
1.7	Religion of the respondent	1. Muslim 2. Hindu 3. Buddhist 4. Christianity 5. Others ...
1.8	Marital status of the respondent	1. Never married 2. Currently married 3. Divorced/separated 4. Widowed
1.9	Occupation of the respondent	1. Employed 2. Unemployed
<p>Is there anyone in your family who has trouble doing certain tasks (such as seeing, hearing, walking or climbing stairs, remembering/paying attention, doing their own work, or communicating using their own language) because of a health problem? The related questions are given below:</p>		
1.10	Do you have difficulty seeing, even if wearing glasses?	1. No-no difficulty 2. Yes-some difficulty 3. Yes-a lot of difficulty 4. Cannot do at all
1.11	Do you have difficulty hearing, even if using a hearing aid?	1. No-no difficulty 2. Yes-some difficulty 3. Yes-a lot of difficulty 4. Cannot do at all

1.12	Do you have difficulty walking or climbing?	1. No-no difficulty 2. Yes-some difficulty 3. Yes-a lot of difficulty 4. Cannot do at all
1.13	Do you have difficulty remembering or concentrating?	1. No-no difficulty 2. Yes-some difficulty 3. Yes-a lot of difficulty 4. Cannot do at all
1.14	Do you have difficulty (with self-care such as) washing all over or dressing?	1. No-no difficulty 2. Yes-some difficulty 3. Yes-a lot of difficulty 4. Cannot do at all
1.15	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	1. No-no difficulty 2. Yes-some difficulty 3. Yes-a lot of difficulty 4. Cannot do at all

Module 2: Experiences and usage of health facilities related Information		
2.1	Have you visited a humanitarian health facility in the past six months?	1. Yes 2. No
2.1a	If yes, which health facility have you visited for health services?	1. Friendship 2. Non-Friendship 3. Both
2.2	How often have you visited a humanitarian health facility in the past six months?	1. Once 2. 2-3 times 3. 4-6 times 4. More than 6 times
2.3	What are the usual reasons for your visit to the health facility? <i>(Choose all that apply)</i>	1. Regular check-up 2. Maternal health care 3. Child health care 4. Family planning service 5. Acute illness (infectious disease) 6. Reproductive health care 7. Others (specify.....)
2.4	What was the reason for your last visit to the health facility?	1. Regular check-up 2. Maternal health care 3. Child health care 4. Family planning service 5. Acute illness (infectious disease) 6. Reproductive health care

		7. Others (specify.....)
Module 2A: Information about Maternal health checkup <i>(Continue the module if the answer to Question 2.4 is 2 Otherwise, skip the module)</i>		
2A.1	For which component of maternal care did you visit the health facility? <i>(Choose all that apply)</i>	1. Antenatal care 2. Postnatal care 3. Delivery service
Module 2A1: Information about ANC <i>(Continue the module if the answer to Question 2A.1 is 1 Otherwise, skip the module)</i>		
2A1.1	How many ANC visits did you (your wife) complete during your last pregnancy?	1. No visit 2. 1 3. 2 4. 3 5. ≥ 4
2A1.2	Timing of your (your wife's) first visit to ANC	1. Less than 12 weeks of pregnancy 2. More than 12 weeks of pregnancy
2A1.3	Where did you (your wife) go for the ANC visit? <i>(If the answer is 4 continue to the next question Otherwise, skip to question 10)</i>	1. Friendship hospital 2. Non-Friendship hospital 3. Both 4. Home
2A1.4	From whom did you (your wife) take the ANC?	1. Skilled birth attendants 2. Unskilled birth attendants 3. Don't know
2A1.5	Were you (your wife) informed about danger signs?	1. Yes 2. No
2A1.6	Have you faced any barriers in accessing ANC at Friendship Hospital?	1. Yes 2. No
2A1.7	If yes, what was it? <i>(Choose all that apply)</i>	1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services 6. Unavailability of the service 7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time

		11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy 15. Poor hygiene at the facility 16. Others (specify)
2A1.8	Are you satisfied with the service that you got during your ANC?	1. Yes 2. No
Module 2A2: Information about PNC <i>(Continue the module if the answer to Question 5 is 2 Otherwise, skip the module)</i>		
2A2.1	How many PNC visits did you (your wife) complete during your last pregnancy?	1. No visit 2. 1 3. 2 4. 3 5. ≥ 4
2A2.2	Timing of your (your wife's) first PNC visit	1. Within the first 2 days 2. 2-7 days 3. After 7 days
2A2.3	Where did you (your wife) go for the PNC visit? <i>(If the answer is 4 continue to the next question Otherwise, skip to question 18)</i>	1. Friendship hospital 2. Non-Friendship hospital 3. Both 4. Home
2A2.4	From whom did you (your wife) take the PNC?	1. Skilled birth attendants 2. Unskilled birth attendants 3. Don't know
2A2.5	Have you been counseled about breastfeeding?	1. Yes 2. No
2A2.6	Have you been counseled about mental health?	1. Yes 2. No
2A2.7	Have you been counseled about birth spacing?	1. Yes 2. No
2A2.8	Have you faced any barriers in accessing PNC at Friendship Hospital?	1. Yes 2. No
2A2.8a	If yes, what was it? <i>(Choose all that apply)</i>	1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services

		6. Unavailability of the service 7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time 11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy 15. Poor hygiene at the facility 16. Others (specify)
2A2.9	Are you satisfied with the service that you got during your PNC?	1. Yes 2. No
Module 2A3: Information about Delivery service <i>(Continue the module if the answer to Question 2A.1 is 3 Otherwise, skip the module)</i>		
2A3.1	What was your mode of delivery?	1. Normal vaginal delivery 2. Cesarean section
2A3.2	Where did you deliver your baby?	1. Friendship hospital 2. Non-friendship hospital 3. Home
2A3.3	Who delivered your baby?	1. Skilled birth attendants 2. Unskilled birth attendants 3. Don't know
2A3.4	What was the weight of your baby?	1. Normal weight 2. Low birth weight 3. Not weighted
2A3.5	Was there any complication during your delivery?	1. Yes 2. No
2A3.6	Have you faced any barriers in accessing delivery service at Friendship Hospital?	1. Yes 2. No
2A3.6a	If yes, what was it? <div style="text-align: center;"><i>(Choose all that apply)</i></div>	1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services 6. Unavailability of the service 7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time

		11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy 15. Poor hygiene at the facility 16. Others (specify)
2A3.7	Are you satisfied with the service that you got during your delivery service?	1. Yes 2. No
Module 2B: Information about Child health checkups <i>(Continue the module if the answer to Question 2.4 is 3 Otherwise, skip the module)</i>		
2B.1	For which component of child health care did you visit the health facility? <i>(Choose all that apply)</i>	1. Postnatal care 2. Immunization 3. Illness
Module 2B1: Information about PNC <i>(Continue the module if the answer to Question 2B.1 is 1 Otherwise, skip the module)</i>		
2B1.1	How many PNC visits did your child get during your last childbirth?	1. No visit 2. 1 3. 2 4. 3 5. ≥ 4
2B1.2	Timing of your child's first PNC visit	1. Within the first 2 days 2. 2-7 days 3. After 7 days
2B1.3	Where did you take your child for the PNC visit? <i>(If the answer is 4 continue to the next question Otherwise, skip to question 2B1.5)</i>	1. Friendship hospital 2. Non-Friendship hospital 3. Both 4. Home
2B1.4	Who visited your child during PNC?	1. Skilled birth attendants 2. Unskilled birth attendants 3. Don't know
2B1.5	When did you breastfeed your child at first?	1. Within 1 st hour of birth 2. From 2 hours to the first day 3. After day 1 4. Within 1-3 days 5. After 3 days
2B1.6	Have you been warned about the danger signs in children?	1. Yes 2. No
2B1.7	Have you faced any barriers in accessing PNC for your child at Friendship Hospital?	1. Yes 2. No

2B1.7a	<p>If yes, what was it?</p> <p style="text-align: center;"><i>(Choose all that apply)</i></p>	<ol style="list-style-type: none"> 1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services 6. Unavailability of the service 7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time 11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy 15. Poor hygiene at the facility 16. Others (specify)
2B1.8	Are you satisfied with the service that you got during your child's PNC?	<ol style="list-style-type: none"> 1. Yes 2. No
<p>Module 2B2: Information about Immunization of children <i>(Continue the module if the answer to Question 2B.1 is 2 Otherwise, skip the module)</i></p>		
2B2.1	<p>Do your children have the immunization card?</p> <p>If yes continue to the next question If no skip to question 44</p>	<ol style="list-style-type: none"> 1. Yes 2. No
2B2.2	Are your children vaccinated up to date?	<ol style="list-style-type: none"> 1. Yes 2. No
2B2.3	Why don't your children have vaccination cards?	<ol style="list-style-type: none"> 1. Didn't get the chance to vaccinate children 2. Didn't have the facility to vaccinate children 3. Do not believe in vaccination
2B2.4	Have you faced any barriers in accessing immunization service at Friendship Hospital?	<ol style="list-style-type: none"> 1. Yes 2. No
2B2.4a	If yes, what was it?	<ol style="list-style-type: none"> 1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services 6. Unavailability of the service

	(Choose all that apply)	7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time 11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy 15. Poor hygiene at the facility 16. Others (specify)
2B2.5	Are you satisfied with the service that you got during your child's immunization?	1. Yes 2. No
Module 2B3: Information about health seeking for acute illness of children (Continue the module if the answer to Question 2B.1 is 3 Otherwise, skip the module)		
2B3.1	Have you been referred to other facilities?	1. Yes 2. No
2B3.1a	If yes, do you know the reason for being referred?	1. Service not available 2. Doctor not available 3. Diagnostic test not available 4. Condition was critical 5. Medicine not available 6. Don't know
2B3.2	Have you faced any barriers in accessing illness service for your children at Friendship Hospital?	1. Yes 2. No
2B3.2a	If yes, what was it? (Choose all that apply)	1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services 6. Unavailability of the service 7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time 11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy

		15. Poor hygiene at the facility 16. Others (specify)
2B3.3	Are you satisfied with the service that you got during your child's illness?	1. Yes 2. No
2.4a	<i>(If the answer to Question 2.4 is 4 then ask Otherwise, skip the question)</i> For which component of family planning service did you visit the health facility? <i>(Choose all that apply)</i>	1. Collection of contraceptives 2. Counselling for pregnancy 3. Counselling for abortion 4. Counselling for birth spacing 5. Abortion
2.4b	<i>(If the answer to Question 2.4 is 6 then ask Otherwise, skip the question)</i> For which component of reproductive health services did you visit the health facility? <i>(Choose all that apply)</i>	1. Intimate partner violence 2. Clinical management
2.5	If you sought healthcare, do you think your condition was condition treated?	1. Yes 2. No 3. Partially
2.6	Have you been referred to other facilities? <i>(If yes continue to next question If no skip to question 59)</i>	1. Yes 2. No
2.6a	Do you know the reason for being referred?	1. Service not available 2. Doctor not available 3. Diagnostic test not available 4. Condition was critical 5. Medicine not available 6. Don't know
2.6b	Was the referral process easy to understand and follow if you were referred to a different facility?	1. Yes 2. No
2.7	Have you ever been turned away from the health facility due to lack of capacity?	1. Yes 2. No
2.7a	If yes, how often does this happen?	1. Rarely 2. Sometimes 3. Often 4. Always
2.8	If you have visited both (friendship & non-friendship) health facilities, did your experiences vary between them?	1. Yes 2. No 3. Not applicable
2.9	Have you felt discriminated against while seeking care?	1. Yes 2. No

2.9a	If yes, can you specify the type of discrimination faced? <i>(Choose all that apply)</i>	1. Based on ethnicity 2. Based on refugee status 3. Based on Religion 4. Based on gender 5. Other (please specify).....
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Module 3: Perceptions of health facilities related Information		
3.1	How would you rate the quality of healthcare services provided at the facility?	1. Very good 2. Good 3. Average 4. Poor 5. Very poor
3.2	How would you rate the attitudes and behaviors of the healthcare workers?	1. Very good 2. Good 3. Average 4. Poor 5. Very poor
3.3	How do you perceive the consultation time given at the health facility?	1. Very good 2. Good 3. Average 4. Poor 5. Very poor
3.4	Are you treated with dignity and respect during your visits?	1. Always 2. Sometimes 3. Rarely 4. Never
3.5	Did you ever experience discomfort receiving treatments from an opposite-gender healthcare provider?	1. Yes 2. No
3.6	Do you believe the healthcare services provided are equally available to all regardless of age, gender, and refugee status?	1. Yes 2. No 3. I'm not sure
3.7	How would you rate your overall experience at the health facility you usually visit?	1. Very good 2. Good 3. Average 4. Poor 5. Very poor

Module 4: Health-seeking behavior related Information		
4.1	Has your experience at the health facility influenced your decision to seek healthcare in the future?	1. Yes, positively 2. Yes, negatively 3. No impact

4.1a	<p>If negatively, why so? (Choose all that apply)</p> <p><i>[Note: Multiple responses possible]</i></p>	<ol style="list-style-type: none"> 1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services 6. Unavailability of the service 7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time 11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy 15. Poor hygiene at the facility 16. Lack of gender-specific or sensitive service 17. Lack of age-specific or sensitive service 18. Other (Please specify).....
4.2	Would you seek help at the same health facility if faced with a health issue in case of extreme emergency?	<ol style="list-style-type: none"> 1. Yes 2. No
4.3	Have there been times when you needed healthcare but did not seek it?	<ol style="list-style-type: none"> 1. Yes 2. No

4.3a	<p>If yes, what were the reasons? (Choose all that apply)</p> <p><i>[Note: Multiple responses possible]</i></p>	<ol style="list-style-type: none"> 1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services 6. Unavailability of the service 7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time 11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy 15. Poor hygiene at the facility 16. Lack of gender-specific or sensitive service 17. Lack of age-specific or sensitive service 18. Did not believe the facility could help or the condition is treatable 19. Other (please specify).....
4.4	<p>Have you faced any barriers in accessing healthcare at Friendship/non-Friendship hospitals?</p>	<ol style="list-style-type: none"> 3. Yes 4. No
4.4a	<p>If yes, what was it? (Choose all that apply)</p> <p><i>[Note: Multiple responses possible]</i></p>	<ol style="list-style-type: none"> 1. Physical barriers 2. Language barriers 3. Fear of discrimination 4. Misbehavior of the hospital staff 5. Could not afford the services 6. Unavailability of the service 7. Unavailability of medicine 8. Unavailability of doctors 9. Poor quality of care 10. Long waiting time 11. Poor doctor-patient confidentiality 12. Long distance to the facility 13. Poor transportation to the facility 14. Lack of privacy 15. Poor hygiene at the facility 16. Lack of gender-specific or sensitive service 17. Lack of age-specific or sensitive service 18. Others (specify)

Module 5: Satisfaction and quality of service-related Information		
5.1	Are you satisfied with the services provided at the health facility you usually visit?	1. Yes 2. No
5.2	How would you rate the waiting time at the health facility?	1. Very good 2. Good 3. Average 4. Poor 5. Very poor
5.3	Do you believe the health services provided are acceptable, affordable, and accessible?	1. Acceptable 2. Affordable 3. Accessible 4. None of the above
5.4	How would you rate the physical accessibility of the health facility?	1. Very good 2. Good 3. Average 4. Poor 5. Very poor
5.5	In your opinion, are the healthcare workers at the health facility adequately trained?	1. Yes 2. No 3. I'm not sure
5.6	How would you rate the privacy and confidentiality provided during your consultations at the humanitarian health facilities?	1. Excellent 2. Good 3. Average 4. Poor 5. Very poor
5.7	Are there availability of medicines at the health facility?	1. Yes, always available 2. Yes, sometimes available 3. Rarely available 4. Never available 5. I'm not sure
5.8	Is there a follow-up mechanism after your visit to the healthcare facility?	1. Yes 2. No 3. I'm not sure
5.9	Do you believe the provided healthcare services are equitable, considering the diverse needs of different individuals (children, the elderly, women, the disabled, etc.)?	1. Yes 2. No 3. I'm not sure

Module 6: Desired changes related Information		
6.1	What changes would you like to see at the health facility to increase your satisfaction and usage? (Choose all that apply)	1. Improved staff attitudes 2. Better quality of care 3. Shorter waiting times

	<i>[Note: Multiple responses possible]</i>	4. Enhanced cleanliness and hygiene 5. More privacy during consultation 6. Increased availability of medicines 7. More accessible location 8. Improved accessibility for people with disability 9. More affordable services 10. None 11. Other (Please specify).....
6.2	Have you seen any changes in the health facility since your previous visits (6 months)?	1. Yes, positive changes 2. Yes, negative changes 3. No changes 4. Don't know
6.3	Would you prefer the health facility to have more specialized services?	1. Yes 2. No 3. I'm not sure
6.4	Would you recommend any changes in the behavior of the healthcare workers?	1. Yes 2. No 3. I'm not sure
6.5	What changes could be made to the health facility to make it more accessible and equitable for all? <i>[Note: Multiple responses possible]</i>	1. Better physical accessibility for disabled 2. Translation services for those who do not speak the local language 3. Gender-sensitive services 4. Age-sensitive services 5. Other (please specify).....