

Additional file 2, Questionnaire: Respondents' characteristics (PCPs' personal characteristics, job and practice characteristics, and the PCPs' perception and experiences with their patients.

*Please fill the questionnaire based on working condition in your PHC facilities which have MoU with Semarang Main Branch Office of BPJS for Health (Semarang Municipality and Demak Regency)*

A. *If you work at 1 PHC facility which have MoU with Semarang Main Branch Office of BPJS for Health, please fill the questionnaire based on your working condition in the PHC facility.*

B. *If you work at 2-3 PHC facilities which have MoU with Semarang Main Branch Office of BPJS for Health, please fill the questionnaire based on the result of "Determining the main place of practice" questionnaire.*

Name of Phsyician : \_\_\_\_\_

Main place of practice : \_\_\_\_\_

*(Based on the result of "Determining the main place of practice ")*

The PHC facilities had started MoU with  
BPJS for Health from (month/year)  
: \_\_\_\_\_/\_\_\_\_\_

Name of Enumerator : \_\_\_\_\_

**A. PCPs' personal characteristics**

Please fill the blank or choose the options by thick ( ✓ ) based on your condition in the following questions

1. Name (with education title) : \_\_\_\_\_
2. Date of Birth (DD/MM/YYYY) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
3. Gender :  1. Male  
 2. Female
4. Length of work as physician in main place : \_\_\_\_\_ years \_\_\_\_\_ months  
of practice

**B. Job and practice characteristics**

Please fill the blank or choose the options by thick ( ✓ ) based on your condition in **your main place practice** in the

5. Type of practice place : 1. Public health centre (Non in-patient care/In-patient care)\*  
(circle the suitable one) 2. PHC Clinic  
3. Solo practice
6. Average of total income for last 3 months :  1. ≤ Rp. 3.000.000,-  
 2. > Rp. 3.000.000,- up ≤ Rp. 10.000.000,-  
 3. > Rp. 10.000.000,- up ≤ Rp. 20.000.000,-  
 4. > Rp. 20.000.000,- up ≤ Rp. 30.000.000,-  
 5. > Rp. 30.000.000,- up ≤ Rp. 40.000.000,-  
 6. > Rp. 40.000.000,- up ≤ Rp. 50.000.000,-  
 7. > Rp. 50.000.000,-
7. Average number of JKN patients : \_\_\_\_\_ patients  
examined per day
8. Average number of private insured and : \_\_\_\_\_ patients  
Fee for Service (FFS) patients (non-JKN)  
examined per day
9. Performing managerial task (include JKN)  1. Yes  
 2. No

\* circle the suitable one

**C. PCPs' perception and experiences with their patients**

Please choose and tick ( ✓ ) the options based on your condition in **your main place of practice** in the following questions.

a. Do you feel the JKN patients and/or patients' family appreciate you?

1. Yes

2. Sometimes

3. No

b. Do you feel the community appreciate you?

1. Yes

2. Sometimes

3. No

c. Do you feel patients and/or patients' family follow your advice?

1. Yes

2. Sometimes

3. No

d. Do you feel JKN patients and/or patients' family have unrealistic expectations?

1. Yes

2. Sometimes

3. No

e. Do you feel JKN patients and/or patients' family has difficulty to understand about JKN procedure for getting health services?

1. Yes

2. Sometimes

3. No

f. Have your JKN patients and/or patients' family ever complained against the service that you provide?

1. Yes

2. No

g. Have your JKN patients and/or patients' family ever been angry to you?

1. Yes

2. No

h. Have your JKN patients and/or patients' family ever been angry with you?

1. Yes

2. No

i. Did you ever get the physical violence of your patients?

1. Yes

2. No