

Health services utilization and responsiveness

Demographics:

Gender: Male Female

Family dimension:.....

Health insurance: Social security Public Health insurance Rural insurance Military other insurances

Having a child under 5-years: Yes NO , **If yes, the number of child under 5:....**

Did you have any person with following sicknesses?

Hypertension: Yes NO , **If yes, the number of people:....**

Diabetes: Yes NO , **If yes, the number of people:....**

Depression: Yes NO , **If yes, the number of people:....**

Injuries: Yes NO , **If yes, the number of people:....**

Did you have any person hospitalized in the last year? Yes NO , **If yes, the number of people:....**

- 1- When was your or one of your family members last visit to a health care facility or from a health care provider?
 - a. In the last 30 days
 - b. In the last 3 months
 - c. Between 3 months and 12 months ago
 - d. Don't remember
2. In the last time, which of your family member have used health services?
 - a. me
 - b. my child
 - c. my husband/wife
 - d. other people
3. Which of the following health care services, you or your family member have need in the last referral to health system?

Dentistry		Asthma		Outpatient surgery	
Vaccination		Diabetes		Hospitalization	
Prenatal care		Thyroid Disease		Laboratory services	
Child care		Women diseases		Rehabilitation Services	
Workplace health control		Stroke		Emergency services	
Injuries		Heart failure or hypertension		Imaging services	
Mental health		Febrile and infectious diseases		General outpatient care	
Arthritis		Cancer care		Kidney disease	
Allergy care		medicine Digestive		Ophthalmology services	
Internal medicine		Dermatology services		Otorhinolaryngology-ENT	

4. In the last time, you have need health services, could you able to receive the care?
- Yes
 - No
5. If no, which of the following were the main reasons? (You can select two main reasons)

N	Barrier	Yes	No
1	I could not cover the services costs.		
2	The health facility was far from my home.		
3	Medical equipment/ drugs were not enough in the health facility I have referred.		
4	I was unsure about health providers' skill.		
5	I have a pervious bad/imperfect treatment experience.		
6	I don't know where to go.		
7	My problem was resolved.		

6. In the last time, you or your family member, referred to each of following health facilities to receive health services?

- Hospital
- Outpatient ward
- Homecare
- Public clinic
- Community health center
- Health home (Primary Health Center)
- Maternity facilities
- Private clinic
- Traditional Medicine
- Pharmacy

7. In the last time, did you get drug prescription?

- Yes
- No

8. How much did you get the prescribed drugs?

- All of them
- Some of them
- None

9. Why you were not able to get all of the prescribed drugs?

- High cost of them
- I could not find the drugs
- I did not agree that all of them were useful
- I was forward to be well
- I have some of them in home stock

10. Overly, how was you or your family member, satisfied with the health services, in the last time?

- Completely satisfied
- Rarely satisfied
- Dissatisfied
- Completely dissatisfied

11. How much did you paid for the health services, in the last time? (Complete the table, please)

N	Services	Total cost	Out of pocket
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1	Visit a doctor		
2	Drug		
3	Paramedical services		
4	Transportation		
5	Others		

12. How you rank services quality that you have received in the last time?

- a. Very good
- b. Good
- c. Average
- d. Bad
- e. Very bad

13. What was the result of the last health services, you or your family member, have used?

- a. I got well, completely
- b. I got well, rather
- c. I experienced no change
- d. I got worsen
- e. I got worse off

14. How do you assess the feasibility of receiving following health services at home?

N		Completely feasible	Rare feasibility	Difficult	It is not feasible	Don't know
1	Visit by a doctor					
2	Nursing services					
3	Blood sampling					
4	Injection					
5	Rehabilitation					

15. If it is not possible, what is the reason?

- a. Home care are not provided in my residency region
- b. It is very costly
- c. Home care services are not confident
- d. Others (Please specify)

16. Please rank the following items about your last health service utilization.

N	Items	Very good	Good	Average	Bad	Very bad
1	Health services were delivered promptly					
2	Health services were delivered with dignity					
3	Giving information on your health and also services by the health providers					
4	Your Active Participation In Decision Making					
5	Your Information Confidentiality					
6	Your Autonomy In Selecting Health Provider					
7	Cleanliness and adornment of health facility amenities					
8	Appropriate physical space and access to the health facility					

