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## APPENDIX

1. Questionnaire for patients in Monaragala District. – English

Survey question form the health seeking behavior and cost for health care in Monaragala District, Uva Province, Sri Lanka, 2009

- The purpose of this survey is to investigate the impact of people's socioeconomic factors, perception and cost for health care to utilization of health services.
- This survey is entitled to fulfillment to M.Sc Health Economics program in Chulalongkorn University, Bangkok, Thailand.
- This questionnaire contains questions related to your family information, income and cost for health care.
- The data will be analyzed by the limited number of researchers, and the analyzed information will be published as aggregated data. We do not disclose your name, nor individual data in anyway that will make other people know your response to this questionnaire.
- Your response is totally voluntary and please do not feel obliged to tell your answers if you feel uneasy. However, your maximum corporation will help us greatly.
- Please provide honest answers, as we would like to know the real impacts of people's socioeconomic factors, perception and cost for health care to utilization of health services. There is no right or wrong answers.
- If you have any questions, please do not hesitate to ask an interviewer at any point during the interview.
- Please feel free to contact me if you have any difficulties regarding this questionnaire. Dr.Hasintha Vedamulla. My telephone number - 077 1305223,E-mail address – vhasintha@yahoo.com
- Finally, thank you for your collaboration for this survey.

If you are suffering from any single disease listed below and resides within Monaragala District area, please continue the questionnaire, otherwise stop.

Disease

1. Bronchial asthma
2. Ischemic heart disease
3. Viral fever

PART-A: - SOCIOECONOMIC FACTORS.

Questionnaire no:-

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1. Sex:- Male  Female
2. Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_
3. Age:- \_\_\_\_\_
4. Address:- \_\_\_\_\_

5. Ethnicity:-Sinhala  Tamil  Muslim   
Others (specify) \_\_\_\_\_

6. Religion:-Buddhist  Hindu  Islam  Catholic   
Others (specify) \_\_\_\_\_

7. Household Information:-

Family member	Age	Occupation	Average monthly income
Head of the family			
01			
02			
03			
05			
06			
07			
08			
09			
10			

**PART B: - INFORMATION ABOUT EPISODES OF ILLNESSES DURING LAST THREE MONTHS.**

1. Details about episodes of illness during last three months.

Episodes of illness during last three months	Type of disease	How you got treatment	If modern hospital treatment, distance from home to health facility(K.M.)	Is it nearest public health provider
1 <sup>st</sup>		<input type="checkbox"/> I. No treatment <input type="checkbox"/> II. Taken drug from drug store <input type="checkbox"/> III. Ritual treatment <input type="checkbox"/> IV. Modern hospital treatment <input type="checkbox"/> V. Private clinic <input type="checkbox"/> VI. Traditional treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No
2 <sup>nd</sup>		<input type="checkbox"/> VII. No treatment <input type="checkbox"/> VIII. Taken drug from drug store <input type="checkbox"/> IX. Ritual treatment <input type="checkbox"/> X. Modern hospital treatment <input type="checkbox"/> XI. Private clinic <input type="checkbox"/> XII. Traditional treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No
3 <sup>rd</sup>		<input type="checkbox"/> I. No treatment <input type="checkbox"/> II. Taken drug from drug store <input type="checkbox"/> III. Ritual treatment <input type="checkbox"/> IV. Modern hospital treatment  <input type="checkbox"/> V. Private clinic <input type="checkbox"/> VI. Traditional treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No
4 <sup>th</sup>		<input type="checkbox"/> I. No treatment <input type="checkbox"/> II. Taken drug from drug store <input type="checkbox"/> III. Ritual treatment <input type="checkbox"/> IV. Modern hospital treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> V. Private clinic <input type="checkbox"/> VI. Traditional treatment		
5 <sup>th</sup>		<input type="checkbox"/> I. No treatment <input type="checkbox"/> II. Taken drug from drug store <input type="checkbox"/> III. Ritual treatment <input type="checkbox"/> IV. Modern hospital treatment  <input type="checkbox"/> V. Private clinic <input type="checkbox"/> VI. Traditional treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you got treatment from modern hospital, please insert respective letter according to facility listed below.

A-District general Hospital Monaragala

B-Base Hospital Siyambalanduwa

C-District Hospital Dambagalla

## 2. Details about patients health care expenditure during last three months

Item	Cost(Sri Lankan Rupees)
Travel cost .From home to hospital and from hospital to home. (Per visit)	
Total drugs purchased from outside for specific disease	
Total drugs purchased from outside for other disease	
Total investigation done outside for specific disease	
Total investigation done outside for other disease	
Any other expenses related to treatment for specific disease	
Any other expenses related to treatment for other disease	
Nutritional/other foods prescribed by the doctor	

## 3. Information about source of finance for your health care expenditure for last three visits.

Source of finance	1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit
Household saving			
Borrow money			
Sell asset			
Monthly income			
Others-1 _____			
Others-2 _____			
Others-3 _____			

## PART C: - INFORMATION ABOUT CURRENT VISIT

## I. Assessment of patient's perception.

## I.1. Please rank following items as your satisfaction from 1 to 6

Rank 5 = fully satisfied

Rank 4 = Satisfied

Rank 3 = fairly satisfied

Rank 2 = Not satisfied

Rank 1 = extremely dissatisfied

Item	Rank				
	1	2	3	4	5
1. Are you satisfied with the attention you received before meeting the medical doctor.					
2. Are you satisfied examination done by doctor					
3. Are you satisfied with the attention done during the services by staff other than medical doctor					
4.1. Environment around the hospital					
4.2. Sanitary status of the hospital					
4.3. Condition of hospital buildings					
5.1. Time spend to see the doctor					
5.2. Time spend to get drugs					
6.1. Availability of drugs at the Pharmacy section					
6.2. Services of the pharmacy section					

## I.2. Please weight the following items as your satisfaction from 0 to 100, as a total become 100

Item	Weight
1. Are you satisfied with the attention you received before meeting the medical doctor.	
2. Are you satisfied examination done by doctor	
3. Are you satisfied with the attention done during the services by staff other than medical doctor	
4. Environment of the hospital	

5. Time spend to get treatment	
6. Pharmacy section	

1.3. Why you choose this hospital for this visit and what are the main factors you consider in this hospital?

\_\_\_\_\_

2. Expenditure for current illness before seeking health care in this public hospital.

Item	Cost (Sri Lankan Rupee)
2.1. Amount spend to take drug from drug store	
2.2. Amount spend for ritual treatment	
2.3. Amount spend for traditional treatment	
2.4. Private medical practitioner	
2.5. Others (specify)	

3. Rank main sources of finance for current visit.

Source of finance	Rank
1. Household saving	
2. Borrow money	
3. Sell asset	
4. Monthly income	
5. Others-1	
6. Others-2	
7. Others-3	

Date:-\_\_\_\_\_ Time:-\_\_\_\_\_

Name of the interviewer :-\_\_\_\_\_

Signature of the interviewer:-\_\_\_\_\_



## BIOGRAPHY

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