Palestinian Central Bureau of Statistics
Questionnaire of Access to Health Services Survey-2003

The head of HH: _____	**IDSAM**: Questionnaire serial number:	⬜⬜⬜⬜⬜
ID6: Governorate : ⬜⬜ **Locality**:_____	**ID1**: Locality Code:	⬜⬜⬜⬜⬜
Name of person (respondent): _____	**HR0A**: Line No. of respondent:	⬜⬜

AC01	Are there any of the following facilities in your locality? 1. Yes 2. No 3. Don't Know	A. Physician Clinic B. Health Center C. Hospital D. Pharmacy E. Mobile Clinic F. Other / specify:_____	⬜ ⬜ ⬜ ⬜ ⬜ ⬜
AC02	How far is the closest health facility from your HH?	Distance in Kilometers…….. **Interviewer: Record 00 if the distance is less than 1 kilometer and 99 if unable to estimate the distance.**	⬜⬜
AC03	During the last 6 months did you need to receive a health service?	1. Yes 2. No **(Skip to AC05)**	⬜
AC04	During the last 6 months did any of your family members need to receive a health service? **Note: Ask about the last family's member need to receive a health service.** **Interviewer: Record the person line No**. ⬜⬜	1. Yes 2. No **(Skip to AC24)** 3. Don't Know **(Skip to AC24)**	⬜
AC05	What was the health problem? **Interviewer: In case that the person suffer from more than one problem, ask about the last problem during the last 6 months.**	1. Chronic Disease (specify:_____) 2. Routine Check up 3. Physical Health Problem 4. Urgent Case 5. Psychological Case 6. Injury\ Accident 7. Child Immunization 8. Antenatal Care 9. More than One Problem 10. Other / specify:_____	⬜
AC06	When do you need the health service?	1. At Day 2. At Night 3. Not Sure	⬜
AC07	From your perspective what was the health service you have needed?	1. Care from Physician 2. Care from Specialist 3. Repeated visits to have a special medical care 4. Surgery 5. Diagnostic tests 6. Delivery Care 7. Antenatal care 8. Child care 9. Don't know 10. Other / specify:_____	⬜⬜

AC08	Did you/ the person in need to health services receive the Service?	1. Yes 2. No **(Skip to AC23**) 3. Don't Know **(Skip to AC24)**	☐
AC09a	When you need a service, did you receive it……	1. In the same day **(Skip to AC10)** 2. In the next day 3. 3 days or more	☐
AC09b	What was the reasons for not receiving health services in the same day? 1. Yes 2. No 3. Don't Know	A. Service not Available in the Region B. Service not Available at that time C. High Cost D. Don't know where to go E. Israeli Measures\ Closure F. Difficulty to Reach Service G. Transportation not available H. Staff not Available I. Other / specify:_____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
AC10	Mainly, where did you receive the health service?	1. Physician Clinic 2. Governmental Hospital 3. Private Hospital/ Health Center 4. NGO's Hospital/ Health Center 5. UNRWA Hospital/ Health Center 6. Governmental Health Center 7. Other / specify:_____	☐
AC11	Who have provided the health service?	1. Family Doctor 2. Physician 3. Specialist 4. Nurse 5. Health Worker 6. Other / specify:_____	☐
AC12	Why did you choose this place to receive the health service 1. Yes 2. No	A. Accessibility B. Quality of Service C. Availability of Health Insurance D. Less Cost E. Trust the Staff F. Specialty of the Service G. No other Choice H. Israeli Measures I. Other / specify:_____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

AC13	Have you faced a difficulties, when you sought medical care?
	
	  1. Yes
	  2. No
		A. Take an Appointment	☐

		B. Contact the Doctor	☐
		C. Wait For Long Time	☐
		D. Service Not Available\ Closed	☐
		E. Service Not Available in the Region	☐
		F. Transportation	☐
		G. Israeli Closure	☐
		H. No Staff	☐
		I. Medications Deficiency	☐
		J. Specialist is not available	☐
		K. Equipments Deficiency	☐
		L. Other / specify:_____	☐
AC14	What was the transportation you have used to reach the place?	1. Ambulance 2. Public Transportation 3. Private Care 4. Cart 5. walking 6. More than one mean	☐
AC15	How much time you have needed to reach the service?	1. Time in minutes………… 2. Don't know **(Interviewer: record 999)**	☐☐☐
AC16	How much time you have needed to reach the service in the ordinary time?	1. Time in minutes………… 2. Don't know **(Interviewer: record 999)**	☐☐☐
AC17	How do you describe the distance to the health facility in which you have received the health service last time?	1. Too long 2. Long 3. Medium 4. Short 5. Too short	☐
AC18	How much time did you wait at the health facility before receiving the health service?	1. Time in minutes………… 2. Don't know **(Interviewer: record 999)**	☐☐☐
AC19	How do you describe the time you have waited at the health facility?	1. Very short 2. Short 3. Medium 4. Long 5. Very long	☐
AC20	How much time did the health provider spend while checking you?	1. Time in minutes………… 2. Don't know **(Interviewer: record 999)**	☐☐☐
AC21	How do you describe your Satisfaction degree regarding health service you have received?	1. Totally Satisfied 2. Satisfied to some Extent 3. Unsatisfied to some Extent 4. Totally Unsatisfied	☐

AC22	How do you evaluate your satisfaction about the followings?
	
	  1. Totally Satisfied
	  2. Satisfied to some Extent
	  3. Unsatisfied to some Extent
	  4. Totally Unsatisfied
	  5. not applicable
		A. Treatment of staff	☐

		B. Cleaning	☐
		C. Order in the place	☐
		D. Availability of equipments	☐
		E. Availability of Medicine	☐
		F. Food, if it was hospital	☐
		G. Experience and skills of the staff	☐
		(Interviewer: After completing the question skip to AC24)	

AC23	What was the reasons for not receiving the service? 1. Yes 2. No	A. Service not Available in the Region B. Service not Available at that time C. Waiting too Long at the health clinc / Center D. Busy E. High Cost F. Don't know where to go G. Don't want to receive treatment H. Israeli Measures\ Closure I. Difficulty to Reach Service J. Transportation not available K. Staff not Available L. Other / specify:_____	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
AC24	During the last 6 months did you need any Medical Consultation?	1. Yes **(Skip to AC26)** 2. No	☐
AC25	During the last 6 months did any of member of your family need any Medical Consultation?	1. Yes 2. No **(End the Interview)** 3. Don't Know **(End the Interview)**	☐
AC26	Did you/ s/he receive the consultation?	1. Yes 2. No **(Skip to AC32)** 3. Don't Know **(End the Interview)**	☐
AC27	Who have provided the consultation?	1. Family Doctor 2. Physician 3. Specialist 4. Nurse 5. Pharmacist 6. Health Worker 7. Other / specify:_____	☐
AC28	Where was the main place of consultation?	1. Physician Clinic 2. Governmental Hospital 3. Private Hospital/ Health Center 4. NGO's Hospital/ Health Center 5. UNRWA Hospital/ Health Center 6. Governmental Health Center 7. At Home 8. Pharmacy 9. By Phone 10. Other / specify:_____	☐
AC29	Did you face difficulties in receiving the consultant?	1. Yes 2. No **(Skip to AC31)** 3. Don't Remember **(Skip to AC31)**	☐
AC30	What was these difficulties? 1. Yes 2. No	A. Difficult in Calling Consultant B. Consultant Provider Phone not Available C. Waiting Too Long Time D. Frequent Visits to the Source E. Other / specify:_____	☐ ☐ ☐ ☐ ☐
AC31	Did you receive a good consultation?	1. Yes, a good one **(End the Interview)** 2. Yes, to some Extent **(End the Interview)** 3. No **(End the Interview)**	☐

AC32	When you need a medical consultation, why didn't you receive it? 1. Yes 2. No	A. Service Not Available in the Region	☐
		B. Waiting too Long at Center	☐
		C. Busy	☐
		D. High Cost	☐
		E. Don't know where to go	☐
		F. Don't want to receive treatment	☐
		G. Israeli Measures\ Closure	☐
		H. Transportation not available	☐
		I. Specialist Person not Available	☐
		J. Other / specify:_____	☐