SECTION 2a: HEALTH cont.

1. ID No.	11. How long did it take (name) to go to the consultation the last time he/she went?		12. What is the distance from your house to health care facility that (name) visited?		13. How long did (name) wait for the services to be rendered?		14. Was (name) satisfied with the service offered? 1. Yes **(>> Section 2b)** 2. No	15. Why was (name) not satisfied?(**multiple response possible**) 1. Too far 2. Too expensive 3. Waiting time too long 4. No privacy 5. Lack of medical supplies 6. No faith in healing power 7. Unfriendly staff 9. Other (specify)
	Hours	Min	Meter	Km	Hours	Min		
	11a	11b	12a	12b	13a	13b	14	15

Area: 1-Urban 2-Rural EA No ___ ___ ___ ___ ___ Hh No ___ ___ Enumerator.....