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PART 1. GENERAL HEALTH STATUS- - cont'd

ID CODE	8. How would you consider <u>evaluate</u> your health status?	9. Compared with your health one year ago, would you say that your health now is	10. Have you ever smoked cigarettes on a <u>regular basis</u> ?	11. What <u>At</u> what age did you start smoking? (age at the last birthday)	12. Do you still smoke?
	1- very good 2 - good 3- satisfactory 4- poor 5 - very poor	1 -much better 2 -somewhat better 3- about same 4 - somewhat worse 5 - much worse	YES - 1→11 NO - 2→ NEXT PART		YES -1→NEXT PART NO -2→NEXT PART
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>> PART B

PART 2. GENERAL UTILIZATION OF HEALTH CARE SERVICES

ID CODE	1. In the past 30 days did you seek medical assistance for any reason?	2. To whom did you apply for care? 1 - state doctor 2 - private doctor ⁺ nurse midwife <u>4 - 3 - midwife</u> nurse 4 - feldsher 6 - pharmacist 7 - dentist 8 - healer 9 - other <u>specialist</u>	3. For what condition or reason did you seek medical assistance? 1 - physical illness or trauma 2 - mental disorder 3 - injury 4 - contraception 5 - maternity 6 - child vaccination 7 - other preventative services 8 - sick leave, certification services	4. Where did you receive this assistance? 1 - at home 2 - ambulance hospital 3 - polyclinic 4 - maternity home 5 - hospital for patriotic war invalids 6 - specialized hospital 7 - clinics of <u>higher medical educational institutions and academy or research institutes</u> 8 - psychiatric or psycho-neurological hospital 9 - neurological <u>addiction hospital</u> 10 - FAP 11 - other health facility	5. How far is the health facility you used from the house? 1 - up to 1 km 2 - 1 to 2 km 3 - 2 to 4 km 4 - more than 4 km	6. What type <u>mode</u> of transport did you use to reach <u>travel to</u> the health facility? 1 - walk + 2 - ambulance 3 - public transport 4 - own private car 5 - other	7. How long did it take <u>you</u> to travel reach to the health facility each way?? 1 - LESS THAN ½ HOUR 2 - <u>½ or LESS THAN 1</u> HOUR 3 - 1-4 <u>HOURS</u> 4 - <u>more MORE THAN than 4 HOURS</u>
1	YES - 1→2 NO - 2→16	IF MORE THAN ONE CONSULTATION IN LAST 30 DAYS, REFER TO MOST RECENT					
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PART 2 UTILISATION OF HEALTH CARE SERVICES, cont

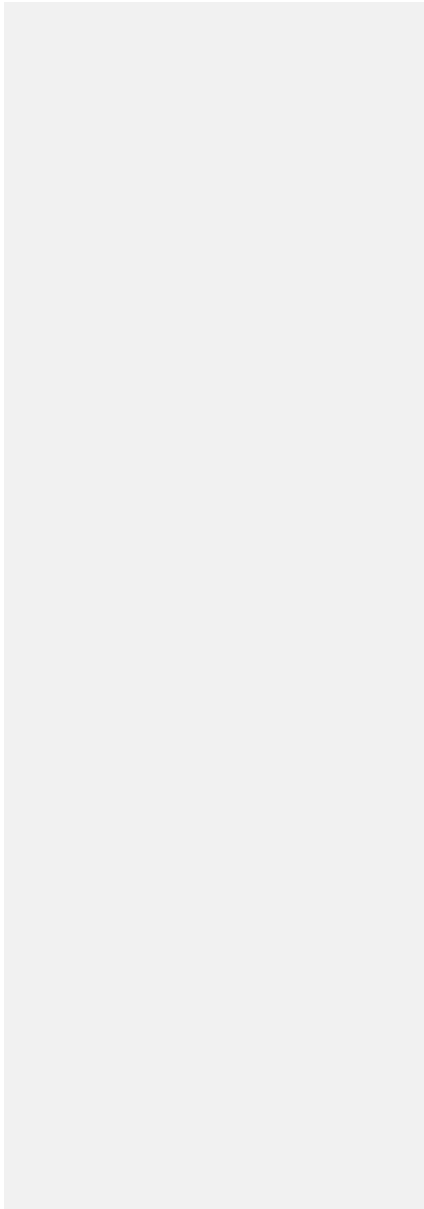
I D C O D E	8. How long did you u -have to wait to consult the doctor at the health facility?	9. Did you have to pay <u>for the medical service rendered?</u> the person who they consulted?	10. Were you given a receipt for <u>your payment</u> these charges?	11 - Did you <u>give</u> make any <u>present/gifts</u> (money, food, jewellery etc) or provide any services to the <u>is specialist person, in addition to (instead of) besides your payment any payment?</u>	12 - Did you give it as a <u>present gift</u> or was it requested by the specialist <u>person</u> ?	13. <u>Were you as</u> apprescribed any medicine <u>prescribed to you at</u> at the health facility?
	SHOW THE ENTER TIME IN MINUTES, HOURS	YES - 1→10 NO - 2→11	1 – yes, for total amount 2 – yes, but only for part of this <u>the</u> amount 3 – no 4 - don't know	YES - 1→12 NO - 2→13	1 - it was a <u>gift/present</u> 2 - the person asked for it 3 - the person hinted for it 4 - don't know	YES - 1→14 NO - 2→16
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PART 2 UTILISATION OF HEALTH CARE SERVICES, cont

I D C O D E	14. Did you obtain all the medicine items prescribed?	15. If none or not all items were obtained, why didn't you not buy the s medic ine ? ation	16. In the last 30 days has it been necessary, for any reason, for you to seek medical treatment but you did not?	17. Why didn't you not seek treatment?
	1- YES, ALL ITEMS →16 2 - YES, BUT ONLY SOME ITEMS→15 3 - NO -NONE - AT ALL →15	1 -COULD N <input type="checkbox"/> T FIND 2 -TOO EXPENSIVE 3 - DIDN <input type="checkbox"/> T WANT 4 -USED HOME REMEDIES 5 - PHARMACY TOO FAR 6 - OTHER	YES ... 1→17 NO ... 2 →NEXT PART	1 -- prefer self SELF-MEDICATED medication using -USING medicinalMEDICINAL herbsHERBS folk remedy 2 -- started SEL self-treatment usingF-MEDICATED-USING pharmaceuticalPHARMACEUTICALS 3 -- believed problems BELIEVED PROBLEMS would WOULD GO AWAY go away without treatment WITHOUT TREATMENT 4 -- too expensive TOO EXPENSIVE 5 -- too far TOO FAR 6 -- poor service POOR SERVICE 7 -- had no time HAD NO TIME 8 -- other OTHER
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NEXT SECTION



PART 3 HOSPITAL UTILIZATION

I D C O D E	1. Have you been hospitalised in the last 12 months? YES - 1→2 NO - 2→NEXT PART	2. How many times have you been hospitalised in the last 12 months? <u>SHOW ENTER</u> <u>NUMBER QUANTITY R</u>	3. What type of hospital were you last treated in? 1 – Central republican hospital 2 – City hospital 3 – maternity home 4 – <u>oblast hospital day inpatient care at the polyclinic or FGP</u> 5 – <u>oblast hospital medical higher educational institutions academy or research institute</u> 6 – <u>Republican hospital or scientific research center</u> 7 – <u>private hospital</u> 8 – <u>Other</u>	4. What medical entity were you referred to the hospital? 1 – ambulance hospital 2 – polyclinic 3 – maternity home 4 – hospital for patriotic war invalids 5 – specialized hospital 6 – clinics of medical higher educational institutions academy or research institute 7 – psychiatric or psycho-neurological hospital 8 – <u>addiction clinic narcological hospital</u> 9 – FAP 10- other health facility 11- self-referred	5. How did you get to the hospital? 1 - AMBULANCE 2 - PRIVATE CAR 3 - TAXI 4 - PUBLIC TRANSPORT 5 - WALK 6 - OTHER	6. How far did you have to reach travel to the hospital? 1 – up to 2 km 2 – less than 4 km 3 – 4-6 km 4 – 6-10 km 5 – 10-30 km 6 – more than 30 km	7. How long did it take you to reach travel to the hospital? <u>One way time each way?</u> 1 - LESS THAN ½ HOUR 2 - <u>LESS THAN 1</u> HOUR 3 - 1-4 HOURS 4 - 4 –8 HOURS 5 - MORE THAN 8 HOURS	8. What type of medical services were provided: 1 – general checkup 2 – pharmacotherapy 3 – surgical operation 4 – reanimation 5 – rehabilitation (physiotherapy, massage) 6 – obstetric assistance 7 – other
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PART 3 HOSPITAL UTILIZATION cont.

ID CODE	10. During your stay(s) in hospital in the last 12 months, were any of the following services provided by family members? YES - .1 NO - 2→NEXT PART							
	1. Bathing	2. Feeding	3. Providing food	4. Providing linen	5. Providing medicine, drugs, other supplies (bandages and syringes)	6. Injecting	7. Night nursing	8. Other medical services
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PART 4. ATTITUDE TO THE HEALTH CARE SPHERE

1. Did you search for funds to pay for health care services in regards to your family members during the last year?:

- 1. Very difficult
- 2. Difficult
- 3. Not difficult
- 4. No-one has needed any health care →3

2. Over the last year has it been necessary to do any of the following in order to raise money to pay for health care for members of your family?

- 1. Borrow money
- 2. Sell farm animals
- 3. Sell immovable property
- 4. Sell valuables
- 5. Other

3. Has anyone in your household ever been refused health services?

- 1. YES→4
- 2. NO→5

4. What was the reason for refusal?

- 1. Could not afford to pay
- 2. Services were rendered only to the residents of certain districts
- 3. Failed to obtain referral to a specialized health facility
- 4. Other (specify)

5. Are any members of your family entitled to purchase medicines with discounts?

- 1. YES→6
- 2. NO→end of the interview

6. Do they always use the benefits when they need to purchase a medicine? If not, why?

- 1. Yes, always
- 2. No, because they can't get necessary documents for obtaining this benefit
- 3. No, due to the lack of the needed medicines
- 4. No, because doctors are reluctant to prescribe the medicines to which the benefits are applied
- 5. No, because even with the benefits they still can't afford them
- 6. Other

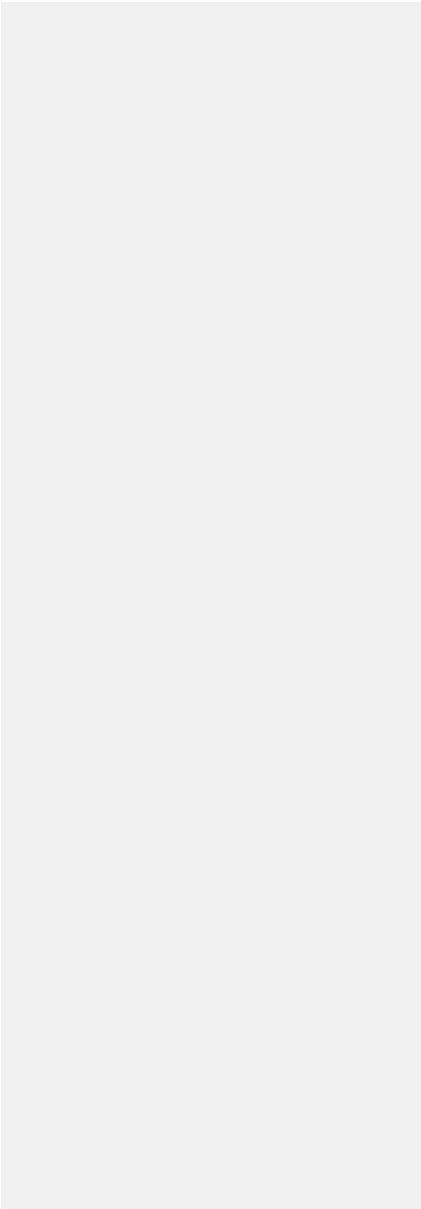
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I D C Q D E	10-What treatment was provided: 1—OBSERVATION/CONSULTATION ONLY 2—MEDICATION 3—SURGICAL INTERVENTION 4—INTENSIVE CARE 5—REHABILITATION (PHYSIOTHERAPY, MASSAGE, LFK) 6—CHILDBIRTH 7—OTHER	
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PART 3 HOSPITAL UTILIZATION cont.

1	11. During your stay(s) in hospital in the last 12 months, were any of the following services provided by family members?							
2	YES --1							
3	NO --2 --NEXT PART							
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	1. Bathing	2. Feeding	3. Providing food	4. Providing linen	5. Providing medicine, drugs, other supplies (bandages and syringes)	6. Injecting	7. Staying at night near the patient	8. Other medical services
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PART 4 KNOWLEDGE AND ATTITUDES REGARDING HEALTH REFORM

1. Over the last year has finding the money to pay for health care for the members of your family been:

1. Very difficult
2. Difficult
3. Not difficult
4. No one has needed any health care → 3

2. Over the last year has it been necessary to do any of the following in order to raise money to pay for health care for members of your family?

1. Borrow money
2. Sell farm animals
3. Sell immovable property
4. Sell valuables
5. Other

3. Has anyone in your household ever been refused health services?

1. YES → 4
2. NO → 5

4. What was the reason for refusal?

1. Could not afford to pay
2. Unable to get to where services were available
3. Services only provided to residents of particular raions
4. Unable to get referral for speciality services
5. Other (specify)

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~~5.Has anyone in your household ever been referred to hospital but not gone?~~

~~1. YES →6~~

~~2. NO →7~~

~~6.What was the reason for this?~~

~~1. Thought that things would get better~~

~~2. Unable to afford treatment~~

~~3. Unable to get to the hospital~~

~~4. Seeking for treatment in another hospital~~

~~5. Distrust to the health personnel~~

~~6.Other —(specify)~~

~~7.Are any members of your family entitled to purchase medicines with discounts?~~

~~1. YES →8~~

~~2. NO~~

~~8.Have they always been able to exercise this right when medicines are needed? If not, why not?~~

~~1. Yes, always able to exercise this right~~

~~2. No, because they cannot get the documents needed to exercise this right~~

~~3. No, because of a shortage of these medicines~~

~~4. No, because doctors are reluctant to prescribe these medicines~~

~~5. No, because even with discount it is still difficult to afford them~~

~~6. Other~~

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