

1. Survey Information

1. DISTRICT CODE

2. Patient ID

3. Name of surveyor 1

4. Name of Surveyor 2

5. Health facility

2. Start of the interview

6. Date and Time

Date / Time

MM/DD/YYYY	hh	mm	-
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7. The respondent is

☐

< 20

☐

41 - 50

☐

21 - 30

☐

51 - 60

☐

31 - 40

☐

> 60

8. The respondent is

☐

Female

☐

Male

9. Are you here for your own care or to accompany a dependent?

☐ Own care

☐ Dependent

10. How many times have you visited this health facility during the last 12 months , not counting this visit?
QC016

11. How many times have you visited this health facility during the last 12 months to bring a dependent, not counting this visit? QC017

12. What is the main reason for your visit or your dependent's visit to the health facility? Add

- | | |
|---|--|
| <input type="checkbox"/> General outpatient | <input type="checkbox"/> ANC follow up visit |
| <input type="checkbox"/> TB | <input type="checkbox"/> Chronic illness |
| <input type="checkbox"/> Under 5 clinic | <input type="checkbox"/> Post-natal |
| <input type="checkbox"/> ANC 1st visit | <input type="checkbox"/> Family planning |
| <input type="checkbox"/> HIV/AIDS visit | |
| <input type="checkbox"/> Other | |

13. Were you given medicines or prescription? QC028

- ☐ Medicine
- ☐ Prescription
- ☐ Both
- ☐ Neither

14. Did you think you would need medicine or a prescription?

- ☐ Yes
- ☐ No
- ☐ Don't know

15. Did you have to pay for transport to get to the health facility? Add

- | | |
|---------------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Amount | |

16. Do you have to pay for transport to go back home? Add

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Yes (Amount) | |

17. What did today's consultation cost you? QC018

- ☐ Nothing ☐ Don't know
- ☐ I have to pay the following amount

18. Did you have to pay for any other service in the health facility? Add

- ☐ No ☐ Don't know
- ☐ Yes, I had to pay the following amount for the following services

19. Were you satisfied with the way the nurse handled your case? QC021

- ☐ Dissatisfied ☐ Somewhat satisfied
- ☐ Less satisfied ☐ Very satisfied
- ☐ Neutral or no opinion ☐ I did not see a nurse today

20. (Only in OPDs), not health center: QC022 were you satisfied with the way the doctor handled your case?

- ☐ Dissatisfied ☐ somewhat satisfied
- ☐ Less than satisfied ☐ Very satisfied
- ☐ Neutral or no opinion ☐ I did not see a doctor today

21. Were you satisfied with the treatment or service you got? QC023

- ☐ Dissatisfied ☐ somewhat satisfied
- ☐ Less than satisfied ☐ Very satisfied
- ☐ Neutral or no opinion

22. How long did you have to wait for your consultation today? QC019

☐ I did not need consultation today

☐ I waited for

23. How long did you have to wait for the dispensary today? QC020

☐ I did not need to go to dispensary today

☐ I waited for

24. Do you think that health staff paid proper time and attention to your problem? Add

☐ Yes, absolutely

☐ Yes, but could be better

☐ I don't know. I am not sure. No opinion

☐ Not really

☐ Absolutely not

25. Can you explain what was the problem with the services?

26. Were you satisfied with the waiting area? QC024

☐ Dissatisfied

☐ somewhat satisfied

☐ Less than satisfied

☐ Very satisfied

☐ Neutral or no opinion

27. If less than satisfied or dissatisfied, any particular reason?

28. Were you satisfied with the consultation room? QC025

- ☐ Dissatisfied
 ☐ somewhat satisfied
- ☐ Less than satisfied
 ☐ Very satisfied
- ☐ Neutral or no opinion

29. If less than satisfied or dissatisfied, any particular reason?

30. did you make use of toilets facilities? QC026

- ☐ Yes
- ☐ No

31. Are you satisfied with the toilet facilities QC027

- ☐ Dissatisfied
 ☐ somewhat satisfied
- ☐ Less than satisfied
 ☐ Very satisfied
- ☐ Neutral or no opinion

32. Do you think persons with HIV or suspected to have HIV may feel embarrassed or ashamed or treated differently than other persons (called social stigma)? Add

- ☐ Don't know
- ☐ Maybe or sometimes
- ☐ Not at all
- ☐ Surely

33. Has this fear/shame changed over the past years, in general? add

- ☐ Got worse
- ☐ Improved
- ☐ Remained the same
- ☐ Don't know

34. Do you think some patients may feel ashamed to come to the health facility, due to the health problem they have? Add

- ☐ Don't know
- ☐ Maybe
- ☐ Not at all
- ☐ Surely

35. Describe the shame or fear that some patients may feel. Add

36. Are you aware of any actions at the health facility to reduce fear or feelings of shame associated with HIV status and treatment? Add

- ☐ No
- ☐ Not sure
- ☐ Yes

37. Please describe these actions

38. Has the shame/fear related to HIV/AIDS and going to the health facility changed over the years?

- ☐ Yes
- ☐ No

39. Please explain

40. Did you ever visit this facility before it was renovated in the period 2010-2013?

- ☐ Yes
- ☐ No
- ☐ Don't remember

41. How would you compare the facility before and after renovations? Add

- ☐ It is worse
- ☐ Don't see much difference or don't know
- ☐ It is improved now

42. What has become worse than before? Add

43. What, if anything, could be (further) improved about the facility? Add

44. End if interview

Date / Time

hh	mm	-
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