



**Palestinian National Authority  
Palestinian Central Bureau of Statistics  
Health care Providers and Beneficiaries Survey 2005**

**Institution Questionnaire**

All the data collected in this questionnaire are entirely intended for statistical purposes, and are considered confidential by the General Statistics Law of the year 2000.

<b>IDH00-</b> Institution Number <input type="text"/>	<b>IDH01-</b> Questionnaire serial number: <input type="text"/>			
<b>IDH02-</b> Governorate <input type="text"/>	<b>IDH03-</b> Institution Name: <input type="text"/>			
<b>IDH04-</b> Locality: <input type="text"/>	<b>IDH05-</b> Enumeration Area No.: <input type="text"/>			
<b>IDH06-</b> Building <input type="text"/>				
<b>IDH07</b> Building name/ building owner name: <input type="text"/>	<b>IDH08-</b> Institution owner/manager name: <input type="text"/>			
<b>IDH09-</b> Institution telephone number: <input type="text"/>				
<b>Interview Record</b>				
<b>IR01-</b> Visits Schedule	<b>Day</b>	<b>Month</b>		
	<input type="text"/>	<input type="text"/>	First visit	
	<input type="text"/>	<input type="text"/>	Second Visit	
	<input type="text"/>	<input type="text"/>	Third Visit	
<b>IR02-</b> Total Number of Visits	<input type="text"/>			
<b>IR03-</b> Interview Result	1	Completed		<input type="text"/>
	2	Partially completed		
	3	Nobody available/nobody eligible		
	4	Permanently closed		
	5	Temporarily closed		
	6	Refused to respond		
	7	Others (Specify): <input type="text"/>		
<b>IR04-</b> Interview Schedule	<b>D</b>	<b>M</b>	<b>H</b>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of first visit
				End of first visit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of second visit
				End of second visit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of third visit
				End of third visit
<b>IR05-</b> Interviewer's Name <input type="text"/>		<b>IR06-</b> Interviewer's code <input type="text"/>		Date: <input type="text"/>
<b>IR07-</b> Supervisor's Name <input type="text"/>		<b>IR08-</b> Supervisor's code <input type="text"/>		Date: <input type="text"/>
<b>IR09-</b> Editor's Name <input type="text"/>		<b>IR10-</b> Editor's code <input type="text"/>		Date: <input type="text"/>
<b>IR11-</b> Coding Person's Name <input type="text"/>		<b>IR12-</b> Coding Person's code <input type="text"/>		Date: <input type="text"/>
<b>IR13-</b> Data Entry Person's Name <input type="text"/>		<b>IR14-</b> Data Entry Person's code <input type="text"/>		Date: <input type="text"/>



**Palestinian National Authority  
Palestinian Central Bureau of Statistics  
Health care Providers and Beneficiaries Survey 2005**

**Patients Questionnaire**

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<b>IDH00-</b> Institution Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>IDH01-</b> Questionnaire serial number: <input type="text"/> <input type="text"/> <input type="text"/>																												
<b>IDH02-</b> Governorate <input type="text"/> <input type="text"/>	<b>IDH03-</b> Institution Name:																												
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<b>Interview Record</b>																													
<b>IR01-</b> Visits Schedule	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Day</th> <th style="width: 10%;">Month</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td>First visit</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td>Second Visit</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td>Third Visit</td> </tr> </tbody> </table>	Day	Month		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	First visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Second Visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Third Visit																
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<b>IR02-</b> Total Number of Visits	<input type="text"/>																												
<b>IR03-</b> Interview Result	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 85%;">Completed</td> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> </tr> <tr> <td>2</td> <td>Partially completed</td> </tr> </table>	1	Completed	<input type="checkbox"/>	2	Partially completed																							
1	Completed	<input type="checkbox"/>																											
2	Partially completed																												
<b>IR04-</b> Interview Schedule	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">D</th> <th style="width: 10%;">M</th> <th style="width: 10%;">H</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Start of first visit</td> </tr> <tr> <td colspan="3" style="background-color: #cccccc;"></td> <td>End of first visit</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Start of second visit</td> </tr> <tr> <td colspan="3" style="background-color: #cccccc;"></td> <td>End of second visit</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Start of third visit</td> </tr> <tr> <td colspan="3" style="background-color: #cccccc;"></td> <td>End of third visit</td> </tr> </tbody> </table>	D	M	H		<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of first visit				End of first visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of second visit				End of second visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of third visit				End of third visit
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**Section One: Socioeconomic and demographic characteristics:**

			1 <sup>st</sup> patient	2 <sup>nd</sup> patient	3 <sup>rd</sup> patient
PT00	<b>To the interviewer: find out the health sector to which belong (name of the institution)?</b>  <b>1. Governmental</b> <b>2. Private</b> <b>3. NGOs (UPMRC, UPRC, Zakat, etc.)</b> <b>4. UNRWA</b> <b>5. International organization (MSF, etc.)</b> <b>6. Mor than one</b> <b>7. Others, specify:.....</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT01	<b>Patient's name:</b> <b>Patient's No.:</b>		----- <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/>
PT02	What is your usual residing place?	<b>Locality:</b> <b>Locality code:</b>	----- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PT03	Governorate?	<b>Governorate:</b> <b>Governorate code:</b>	----- <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/>
PT04	Patient's sex?	<b>1. Male</b> <b>2. Female</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT05	How old are you (in years)?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>To the fieldworker: questions from PT06 to PT07 are asked to patients 10 years old and above.</b>					
PT06	Education status?	1. Illiterate 2. Alphabetic 3. Elementary 4. Preparatory 5. Secondary 6. Diploma 7. Bachelor 8. High diploma 9. Masters 10. Ph.D. 11. Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PT07	Relationship with the workforce during the last week?	01 Working from 1-14 hours 02 Working 15 hours and more 03 Absent from work and will return back 04 Unemployed but used to work 05 Unemployed, never worked 06 Full-time student 07 Full-time housewife 08 Incapacitated, cannot work 09 Do not work and do not seek to work 10 Do not work and do not seek to work due to feeling hopeless from finding a work 11 Others	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
To the fieldworker: the marital status question is asked to patients 12 years old and above.					
PT08	Marital status?	1. Single 2. Fiancé/e 3. Married 4. Divorced 5. Widowed 6. Separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT09	Number of household members?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
PT10	What is your household's mean monthly income during the last year? 1. less than 1000 NIS 2. 1000 - 1999 NIS 3. 2000 - 2999 NIS 4. 3000 - 3999 NIS 5. 4000 and above 6. Do not Know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>AC03</b>	<b>What is the total amount of money that you or your family paid to benefit from each of the received services?</b>			
	<b>A. Generalist service</b> <b>B. Specilist service</b> <b>C. Dental service</b> <b>D. A follow up visit (2<sup>nd</sup> visit within 2 weeks)</b> <b>E. Regular health care visit (e.g., chronic diseases)</b> <b>F. Ultrasound</b> <b>G. X-ray</b> <b>H. CT-scan / MRI</b> <b>I. Hospital stay</b> <b>J. Surgery</b> <b>K. Laboratoy tests</b> <b>L. Medications</b> <b>M. Emergency services</b> <b>N. Delivery services</b> <b>O. Mother and Child health / Family planning services</b> <b>P. Others, Specify: ...</b> <b>Q. Total amount of money paid:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>AC04</b>	<b>What are the other amount of money that you paid out-of-pocket to access the health care service (e.g., transportations, communications, hotal stay, etc.) ?</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>AC05</b>	<b>Did any of the following assisted in covering the total cost of received health care (or part of the total cost), regardless the type of receive services?</b>  <b>1. Yes    2. No</b>			
	<b>A. Ministry of Health / Ministry of Finance</b> <b>B. Insurance companies</b> <b>C. NGOs</b> <b>D. UNRWA</b> <b>E. Friends / relatives</b> <b>F. Others, specify: .....</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

AC06	<b>Did you visit another health institution (before this one) to receive medical care for the same health problem?</b>  1. Yes      2. No (Go to AC08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC07	<b>Where did you receive the previous care?</b>			
	1. Governmental clinic/health center 2. Governmental hospital 3. Private clinic/center 4. Private hospital 5. NGO clinic/health center 6. NGO hospital 7. UNRWA clinic/health center/hospital 8. Private pharmacy 9. Traditional healer 10. Others, specify:.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
AC08	<b>If you face the same health problem in the future, would you seek care at the same place?</b>  1. Yes      2. No      3. Do not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section Three: Health Insurance.**

IS1	<b>Do you have a health insurance?</b> <b>To the fieldworker: register all types of health insurance. If none, go to question IS8.</b>  1. Yes      2. No			
	A. Governmental insurance B. Military insurance C. Private insurance D. Israeli insurance E. UNRWA insurance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IS2	<b>Which of the following types of health insurance did you use for the purpose of the present visit?</b>			
	1. Governmental 2. Military 3. Private 4. Israeli 5. UNRWA 6. Did not use any insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To the fieldworker: questions IS3, IS4 and IS5 are only asked to the patients who possess one type of health insurance (see question IS1).**

<b>IS3</b>	<b>How much do you pay for your health insurance (monthly premiums)?</b> <b>To the fieldworker: register 000 if free of charge, and 999 for do not know.</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>IS4</b>	<b>Are you satisfied with your current health insurance?</b> <b>1. Yes (go to IS6) 2. No</b>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<b>IS5</b>	<b>Which of the following reasons make you unsatisfied with your current insurance coverage?</b> <b>1. Yes 2. No</b>			
	<b>A. High cost</b> <b>B. Low quality of care</b> <b>C. Uncomprehensiveness of certain services by the insurance coverage</b> <b>D. Unavailability of certain services</b> <b>E. Limited freedom in selecting the health care provider</b> <b>F. Others, specify:.....</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>IS6</b>	<b>Would you like to change you health insurance?</b> <b>1. Yes 2. No (go to IS8)</b>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<b>IS7</b>	<b>Which type of health insurance would you like to be affiliated to, instead of your current health insurance?</b> <b>1. Governmental</b> <b>2. Private</b> <b>3. UNRWA</b> <b>4. Another health insurance that would fulfill all my needs</b>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<b>IS8</b>	<b>What is the highest monthly insurance premium that you would be willing to pay to benefit form an insurance coverage that would fulfill your, and your family's, needs?</b> <b>Monthly premium in NIS</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

**Section Four: Quality of Provided care and Patients' satisfaction**

**How do you evaluate the following issues that are related to health care service(s) provided to you at (name of the place):**

**1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very Dissatisfied 5. Not applicable**

<b>ST01</b>	<b>A. Working hours</b>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
	<b>B. Discipline</b>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>



	<b>C. Cleanliness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D. Waiting room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E. Availability of Medications</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F. Availability of Specialists</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>G. Availability of Equipment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>H. Availability of Laboratories and Medical Analyses</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN01</b>	<b>To the field worker: is the patient:</b> <b>1. Admitted to the hospital (in-patient)?</b> <b>2. No (End of the Interview)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN02</b>	<b>What is the source of your referral to the hospital?</b> <b>1. Private clinic/hospital</b> <b>2. Governmental clinic/hospital</b> <b>3. NGO clinic/hospital</b> <b>4. Others, specify:.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN03</b>	<b>To which hospital ward have you been referred?</b> <b>1. Surgery</b> <b>2. Internal medicine</b> <b>3. Gynecology/obstetrics</b> <b>4. Others. Specify:.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN04</b>	<b>Did you admission to (hospital name) have been reported?</b> <b>1. Yes</b> <b>2. No (Go to IN07)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN05</b>	<b>Why did you admission to (hospital name) have been reported?</b> <b>1. No bed was available</b> <b>2. Do not know</b> <b>3. Others, specify:.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN06</b>	<b>How long did you wait after you have arrive to (hospital name) to have your bed ready?</b> <b>(waiting time in No. of hours; register zero if less than an hour)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN07</b>	<b>Have you been admitted before to (hospital name) for the same health problem?</b> <b>1. Yes</b> <b>2. No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ST02</b>	<b>Now I would like from you to tell me about your evaluation of the admission process and your hospital stay in (hospital name), whether this was (a lot, medium, acceptable, very little, or not applicable).</b> <b>1. A lot    2. Medium    3. Acceptable    4. Very little    5. Not applicable</b>			
<b>A.</b>	<b>Cleanliness of the hospital room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>B.</b>	<b>No. of patients in the same hospital room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b>	<b>Privacy in discussing your health problem and treatment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b>	<b>Annoyance from (other patients/staff/visitors)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fieldwork team's comments:**

**1. Interviewer's comments:**

**Comments on the interviewee:**

**Comments on certain questions:**

**Other comments:**

**Interviewer's name:** \_\_\_\_\_ **Date:** / / 2005 **Interviewer's No.:**

**2. Supervisor's comments:**

**Supervisor's name:** \_\_\_\_\_ **Date:** / / 2005 **Supervisor's No.:**

**3. Auditor's comments:**

**Auditor's name:** \_\_\_\_\_ **Date:** / / 2005 **Auditor's No.:**



**Palestinian National Authority  
Palestinian Central Bureau of Statistics  
Health care Providers and Beneficiaries Survey 2005**

**Patients Questionnaire**

All the data collected in this questionnaire are entirely intended for statistical purposes, and are considered confidential by the General Statistics Law of the year 2000.

<b>IDH00- Institution Number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>IDH01- Questionnaire serial number:</b> <input type="text"/> <input type="text"/> <input type="text"/>																												
<b>IDH02- Governorate</b> <input type="text"/> <input type="text"/>	<b>IDH03- Institution Name:</b>																												
<b>IDH04- Locality:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>IDH05- Enumeration Area No.:</b>																												
<b>IDH06- Building</b>																													
<b>IDH07 Building name/ building owner name:</b> <input type="text"/>	<b>IDH08- Institution owner/manager name:</b>																												
<b>IDH09- Institution telephone number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																													
<b>Interview Record</b>																													
<b>IR01- Visits Schedule</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Day</th> <th style="width: 10%;">Month</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td>First visit</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td>Second Visit</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td>Third Visit</td> </tr> </tbody> </table>	Day	Month		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	First visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Second Visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Third Visit																
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<b>IR03- Interview Result</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 85%;">Completed</td> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> </tr> <tr> <td>2</td> <td>Partially completed</td> </tr> </table>	1	Completed	<input type="checkbox"/>	2	Partially completed																							
1	Completed	<input type="checkbox"/>																											
2	Partially completed																												
<b>IR04- Interview Schedule</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">D</th> <th style="width: 10%;">M</th> <th style="width: 10%;">H</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Start of first visit</td> </tr> <tr> <td colspan="3" style="background-color: #cccccc;"></td> <td>End of first visit</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Start of second visit</td> </tr> <tr> <td colspan="3" style="background-color: #cccccc;"></td> <td>End of second visit</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Start of third visit</td> </tr> <tr> <td colspan="3" style="background-color: #cccccc;"></td> <td>End of third visit</td> </tr> </tbody> </table>	D	M	H		<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of first visit				End of first visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of second visit				End of second visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start of third visit				End of third visit
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			End of third visit																										
<b>IR05- Interviewer's Name:</b> <input type="text"/>	<b>IR06- Interviewer's code</b> <input type="text"/> <b>Date:</b>																												
<b>IR07- Supervisor's Name :</b> <input type="text"/>	<b>IR08- Supervisor's code</b> <input type="text"/> <b>Date:</b>																												
<b>IR09- Editor's Name:</b> <input type="text"/>	<b>IR10- Editor's code</b> <input type="text"/> <b>Date:</b>																												
<b>IR11- Coding Person's Name:</b> <input type="text"/>	<b>IR12- Coding Person's code</b> <input type="text"/> <b>Date:</b>																												
<b>IR13- Data Entry Person's Name:</b> <input type="text"/>	<b>IR14- Data Entry Person's code</b> <input type="text"/> <b>Date:</b>																												

**Section One: Socioeconomic and demographic characteristics:**

			1 <sup>st</sup> patient	2 <sup>nd</sup> patient	3 <sup>rd</sup> patient
PT00	<b>To the interviewer: find out the health sector to which belong (name of the institution)?</b>  <b>1. Governmental</b> <b>2. Private</b> <b>3. NGOs (UPMRC, UPRC, Zakat, etc.)</b> <b>4. UNRWA</b> <b>5. International organization (MSF, etc.)</b> <b>6. Mor than one</b> <b>7. Others, specify:.....</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT01	<b>Patient's name:</b> <b>Patient's No.:</b>		----- <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/>
PT02	<b>What is your usual residing place?</b>	<b>Locality:</b> <b>Locality code:</b>	----- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PT03	<b>Governorate?</b>	<b>Governorate:</b> <b>Governorate code:</b>	----- <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/>	----- <input type="checkbox"/> <input type="checkbox"/>
PT04	<b>Patient's sex?</b>	<b>1. Male</b> <b>2. Female</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT05	<b>How old are you (in years)?</b>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>To the fieldworker: questions from PT06 to PT07 are asked to patients 10 years old and above.</b>					
PT06	<b>Education status?</b>	1. Illiterate 2. Alphabetic 3. Elementary 4. Preparatory 5. Secondary 6. Diploma 7. Bachelor 8. High diploma 9. Masters 10. Ph.D. 11. Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PT07	Relationship with the workforce during the last week?	01 Working from 1-14 hours 02 Working 15 hours and more 03 Absent from work and will return back 04 Unemployed but used to work 05 Unemployed, never worked 06 Full-time student 07 Full-time housewife 08 Incapacitated, cannot work 09 Do not work and do not seek to work 10 Do not work and do not seek to work due to feeling hopeless from finding a work 11 Others	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
To the fieldworker: the marital status question is asked to patients 12 years old and above.					
PT08	Marital status?	1. Single 2. Fiancé/e 3. Married 4. Divorced 5. Widowed 6. Separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PT09	Number of household members?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
PT10	What is your household's mean monthly income during the last year? 1. less than 1000 NIS 2. 1000 - 1999 NIS 3. 2000 - 2999 NIS 4. 3000 - 3999 NIS 5. 4000 and above 6. Do not Know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>AC03</b>	<b>What is the total amount of money that you or your family paid to benefit from each of the received services?</b>						
	<b>A. Generalist service</b> <b>B. Specilist service</b> <b>C. Dental service</b> <b>D. A follow up visit (2<sup>nd</sup> visit within 2 weeks)</b> <b>E. Regular health care visit (e.g., chronic diseases)</b> <b>F. Ultrasound</b> <b>G. X-ray</b> <b>H. CT-scan / MRI</b> <b>I. Hospital stay</b> <b>J. Surgery</b> <b>K. Laboratoy tests</b> <b>L. Medications</b> <b>M. Emergency services</b> <b>N. Delivery services</b> <b>O. Mother and Child health / Family planning services</b> <b>P. Others, Specify: ...</b> <b>Q. Total amount of money paid:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>AC04</b>	<b>What are the other amount of money that you paid out-of-pocket to access the health care service (e.g., transportations, communications, hotal stay, etc.) ?</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>			
<b>AC05</b>	<b>Did any of the following assisted in covering the total cost of received health care (or part of the total cost), regardless the type of receive services?</b>  <b>1. Yes     2. No</b>						
	<b>A. Ministry of Health / Ministry of Finance</b> <b>B. Insurance companies</b> <b>C. NGOs</b> <b>D. UNRWA</b> <b>E. Friends / relatives</b> <b>F. Others, specify: .....</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			



AC06	<b>Did you visit another health institution (before this one) to receive medical care for the same health problem?</b>  <b>1. Yes      2. No (Go to AC08)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC07	<b>Where did you receive the previous care?</b>			
	<b>1. Governmental clinic/health center</b> <b>2. Governmental hospital</b> <b>3. Private clinic/center</b> <b>4. Private hospital</b> <b>5. NGO clinic/health center</b> <b>6. NGO hospital</b> <b>7. UNRWA clinic/health center/hospital</b> <b>8. Private pharmacy</b> <b>9. Traditional healer</b> <b>10. Others, specify:.....</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
AC08	<b>If you face the same health problem in the future, would you seek care at the same place?</b>  <b>1. Yes      2. No      3. Do not know</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section Three: Health Insurance.**

IS1	<b>Do you have a health insurance?</b> <b>To the fieldworker: register all types of health insurance. If none, go to question IS8.</b>  <b>1. Yes      2. No</b>			
	<b>A. Governmental insurance</b> <b>B. Military insurance</b> <b>C. Private insurance</b> <b>D. Israeli insurance</b> <b>E. UNRWA insurance</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IS2	<b>Which of the following types of health insurance did you use for the purpose of the present visit?</b>			
	<b>1. Governmental</b> <b>2. Military</b> <b>3. Private</b> <b>4. Israeli</b> <b>5. UNRWA</b> <b>6. Did not use any insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To the fieldworker: questions IS3, IS4 and IS5 are only asked to the patients who possess one type of health insurance (see question IS1).**

<b>IS3</b>	<b>How much do you pay for your health insurance (monthly premiums)?</b> <b>To the fieldworker: register 000 if free of charge, and 999 for do not know.</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>IS4</b>	<b>Are you satisfied with your current health insurance?</b> <b>1. Yes (go to IS6) 2. No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IS5</b>	<b>Which of the following reasons make you unsatisfied with your current insurance coverage?</b> <b>1. Yes 2. No</b>			
	<b>A. High cost</b> <b>B. Low quality of care</b> <b>C. Uncomprehensiveness of certain services by the insurance coverage</b> <b>D. Unavailability of certain services</b> <b>E. Limited freedom in selecting the health care provider</b> <b>F. Others, specify:.....</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>IS6</b>	<b>Would you like to change you health insurance?</b> <b>1. Yes 2. No (go to IS8)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IS7</b>	<b>Which type of health insurance would you like to be affiliated to, instead of your current health insurance?</b> <b>1. Governmental</b> <b>2. Private</b> <b>3. UNRWA</b> <b>4. Another health insurance that would fulfill all my needs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IS8</b>	<b>What is the highest monthly insurance premium that you would be willing to pay to benefit form an insurance coverage that would fulfill your, and your family's, needs?</b>  <b>Monthly premium in NIS</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**Section Four: Quality of Provided care and Patients' satisfaction**

**How do you evaluate the following issues that are related to health care service(s) provided to you at (name of the place):**

**1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very Dissatisfied 5. Not applicable**

<b>ST01</b>	<b>A. Working hours</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B. Discipline</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>C. Cleanliness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D. Waiting room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E. Availability of Medications</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F. Availability of Specialists</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>G. Availability of Equipment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>H. Availability of Laboratories and Medical Analyses</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN01</b>	<b>To the field worker: is the patient:</b> <b>1. Admitted to the hospital (in-patient)?</b> <b>2. No (End of the Interview)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN02</b>	<b>What is the source of your referral to the hospital?</b> <b>1. Private clinic/hospital</b> <b>2. Governmental clinic/hospital</b> <b>3. NGO clinic/hospital</b> <b>4. Others, specify:.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN03</b>	<b>To which hospital ward have you been referred?</b> <b>1. Surgery</b> <b>2. Internal medicine</b> <b>3. Gynecology/obstetrics</b> <b>4. Others. Specify:.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN04</b>	<b>Did you admission to (hospital name) have been reported?</b> <b>1. Yes</b> <b>2. No (Go to IN07)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN05</b>	<b>Why did you admission to (hospital name) have been reported?</b> <b>1. No bed was available</b> <b>2. Do not know</b> <b>3. Others, specify:.....</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN06</b>	<b>How long did you wait after you have arrive to (hospital name) to have your bed ready?</b> <b>(waiting time in No. of hours; register zero if less than an hour)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN07</b>	<b>Have you been admitted before to (hospital name) for the same health problem?</b> <b>1. Yes</b> <b>2. No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ST02</b>	<b>Now I would like from you to tell me about your evaluation of the admission process and your hospital stay in (hospital name), whether this was (a lot, medium, acceptable, very little, or not applicable).</b> <b>1. A lot    2. Medium    3. Acceptable    4. Very little    5. Not applicable</b>			
<b>A.</b>	<b>Cleanliness of the hospital room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>B.</b>	<b>No. of patients in the same hospital room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b>	<b>Privacy in discussing your health problem and treatment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b>	<b>Annoyance from (other patients/staff/visitors)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fieldwork team's comments:**

**1. Interviewer's comments:**

**Comments on the interviewee:**

**Comments on certain questions:**

**Other comments:**

**Interviewer's name:** \_\_\_\_\_ **Date:** / / 2005 **Interviewer's No.:**

**2. Supervisor's comments:**

**Supervisor's name:** \_\_\_\_\_ **Date:** / / 2005 **Supervisor's No.:**

**3. Auditor's comments:**

**Auditor's name:** \_\_\_\_\_ **Date:** / / 2005 **Auditor's No.:**

**Part One: Selected Characteristics of Health care Provider:**

<b>Pr01</b>	<b>Interviewee name:</b>	.....	<input type="checkbox"/>
<b>Pr02</b>	<b>Interviewee age:</b>	Age in years	<input type="checkbox"/> <input type="checkbox"/>
<b>Pr03</b>	<b>Interviewee sex:</b>	1. Male          2. Female	<input type="checkbox"/>
<b>Pr04</b>	<b>What is your position in (institution name)?</b>	1. Administrative manager 2. Medical manager 3. Financial manager 4. Matron 5. Physician and owner of the institution 6. Manager and physician at institution 7. Physician at institution 8. Others, specify: _____	<input type="checkbox"/>
<b>Pr05</b>	<b>What is your specialty?</b>	1. General practitioner 2. Specialist physician 3. Dentist 4. Nurse 5. Radiology technician 6. Laboratory technician 7. Physiotherapy technician 8. Health management 9. Others, specify: _____	<input type="checkbox"/>
<b>Pr06</b>	<b>Do you work in other health institution(s) beside this institution?</b>	1. Yes 2. No, go to <b>Pr08</b>	<input type="checkbox"/>
<b>Pr07</b>	<b>What is the type of the other health institution where you work?</b>	1. Private 2. Governmental 3. Non governmental organization 4. International organization 5. UNRWA organization 6. Private property 7. More than one from the above 8. Others, specify: _____	<input type="checkbox"/>
<b>Pr08</b>	<b>Do you consider any of the following items an obstacle facing you in your work at this health institution?</b>  1. Yes 2. No 3. Cannot decide	1. Training of health professionals 2. Shortage in some medical equipments 3. Unavailability of computerized registration system 4. Existence of more than one health institution in the same locality or area 5. High cost of medical instruments and materials 6. Closure and checkpoints 7. Others, specify....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Part two: General information about the Health Institution and its volume.**

<b>VO1</b>	<b>Is the (name of the institution):</b>	1. a Generalist clinic 2. a Specialist clinic (cardiologist,...) 3. a Dentist clinic 4. a Health center 5. a Rehabilitation center 6. a Radiology center 7. a Physiotherapy center 8. a Medical Laboratory 9. a General Hospital 10. a Specialized Hospital 11. a Rehabilitation Hospital 12. a Maternity Hospital 13. Others, specify:...(go to Part 4)	<input type="checkbox"/>
<b>VO2</b>	<b>Is there in (institution name) any administrative or financial records?</b>	1. Yes (ONLY administrative records: No. of patients, tests, etc.) 2. Yes (ONLY financial records) 3. Yes, both 4. No	<input type="checkbox"/>
<b>VO3</b>	<b>Is the health institution:</b>	1. a for-profit institution (Go to VO5) 2. a not-for-profit institution	<input type="checkbox"/>
<b>VO4</b>	<b>Does the institution implement economically solvable prices (charges cover all costs and more)?</b>	1. Yes 2. No 3. Do not know	<input type="checkbox"/>
<b>To the interviewer: the following question is only asked to (clinics/health centers). See question VO1 (answers: 1,2 or 4).</b>			
<b>VO5</b>	<b>Does the health institution offer/have any of the following services/medical equipments?</b>	1. Laboratory test/Medical Laboratory 2. Medications/pharmacy 3. Vaccination services 4. Pregnancy services 5. Family planning services 6. Circumcision services 7. Ambulance 8. Ultrasound machine 9. Autoclave 10. ECG 11. Others, specify:.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>To the interviewer: the following question is only asked to (Dental Clinics). See question VO1 (answers: 3 or 4).</b>			

<b>VO5a</b>	<b>Does the health institution have any of the following equipments?</b>  1. Yes 2. No	1. Dental Unit	<input type="checkbox"/>
		2. Autoclave	<input type="checkbox"/>
		3. X-ray machine	<input type="checkbox"/>
		4. a Wad mixer	<input type="checkbox"/>
		5. a Wad drier	<input type="checkbox"/>
		6. Other, specify:.....	<input type="checkbox"/>
<b>To the interviewer: the following question is only asked to (radiology centers). See question VO1 (answers: 4 or 6).</b>			
<b>VO5b</b>	<b>Does the health institution have any of the following equipments?</b>  1. Yes 2. No	1. an X-ray machine	<input type="checkbox"/>
		2. an Ultrasound	<input type="checkbox"/>
		3. a CT-scan	<input type="checkbox"/>
		4. an MRI	<input type="checkbox"/>
		5. an Extracorporeal Shock wave Lithotripsy (ESWL)	<input type="checkbox"/>
		6. Nuclear Isomer	<input type="checkbox"/>
		7. C-Arm Radiology Imaging	<input type="checkbox"/>
		11. Others, specify: .....	<input type="checkbox"/>
<b>To the interviewer: the following question is only asked to (Physiotherapy/Rehabilitation centers). See question VO1 (answers: 5, 7 or 4).</b>			
<b>VO5c</b>	<b>Does the health institution have any of the following equipments?</b>  1. Yes 2. No	1. Hot Bags	<input type="checkbox"/>
		2. Cold Bags	<input type="checkbox"/>
		3. Transit Neurocutaneous Stimulator	<input type="checkbox"/>
		4. Short wave machine	<input type="checkbox"/>
		5. Medical Bicycle	<input type="checkbox"/>
		6. Electrical Stimulator	<input type="checkbox"/>
		7. Ultrasound machine	<input type="checkbox"/>
		8. Infrared machine	<input type="checkbox"/>
		9. Paraffin Path	<input type="checkbox"/>
		10. Traction Unit	<input type="checkbox"/>
		11. Audiometer	<input type="checkbox"/>
		12. Timpanometer	<input type="checkbox"/>
		13. Audio static emitter	<input type="checkbox"/>
		14. Others, specify:.....	<input type="checkbox"/>
<b>To the interviewer: the following question is only asked to (medical laboratory). See question VO1 (answers: 8 or 4).</b>			



<b>VO5d</b>	<b>Does the health institution have any of the following equipments?</b>  <b>1. Yes</b> <b>2. No</b>	1. a CBC or Cell Counter	<input type="checkbox"/>
		2. a Chemical analyzer	<input type="checkbox"/>
		3. an Incubator	<input type="checkbox"/>
		4. a Blood gas machine	<input type="checkbox"/>
		5. an Electrolyze analyzer	<input type="checkbox"/>
		6. a Coagulator	<input type="checkbox"/>
		7. a Centrifuge	<input type="checkbox"/>
		8. a Hormone analyzer	<input type="checkbox"/>
		9. Others, specify: .....	<input type="checkbox"/>

**To the interviewer: the following two questions are only applied to hospitals. See question VO1 (answers: from 9 to 12).**

				<b>HS02: No. of Units</b>	
<b>HS01</b>	<b>Is any of the following wards available at the (hospital name)?</b>  <b>1. Available</b> <b>2. Not available (go to the next item)</b>	A. Surgery	<input type="checkbox"/>	No. of Beds	<input type="checkbox"/> <input type="checkbox"/>
		B. Internal medicine	<input type="checkbox"/>	No. of Beds	<input type="checkbox"/> <input type="checkbox"/>
		C. Gynecology/Obstetrics	<input type="checkbox"/>	No. of Beds	<input type="checkbox"/> <input type="checkbox"/>
				No. of rooms	<input type="checkbox"/> <input type="checkbox"/>
		D. ICU	<input type="checkbox"/>	No. of Beds	<input type="checkbox"/> <input type="checkbox"/>
		E. CCU	<input type="checkbox"/>	No. of Beds	<input type="checkbox"/> <input type="checkbox"/>
		F. Emergency	<input type="checkbox"/>	No. of Beds	<input type="checkbox"/> <input type="checkbox"/>
				No. of Ambulances	<input type="checkbox"/> <input type="checkbox"/>
		G. Day Care units	<input type="checkbox"/>	No. of Units	<input type="checkbox"/> <input type="checkbox"/>
		H. Out-patient clinics	<input type="checkbox"/>	No. of clinics	<input type="checkbox"/> <input type="checkbox"/>
		I. Operation theaters	<input type="checkbox"/>	No. of theaters	<input type="checkbox"/> <input type="checkbox"/>
		J. Medical laboratory	<input type="checkbox"/>		
		K. Radiology	<input type="checkbox"/>		
		L. Pharmacy	<input type="checkbox"/>		
		<b>M. Total No. of beds</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>VO6</b>	<b>Human Resources: No. of employees by sex and specialty</b>	<b>Employees category</b>	<b>Employees No.</b>		<b>VO7: Average No. of working hours per weeks for each</b>
			<b>Males</b>	<b>Females</b>	
		A. Generalists	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		B. Gyno-obstetricians	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		C. Dentists	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		D. Anesthesiologists	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		E. Ophthalmologists	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		F. Pediatricians	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		G. General surgeons	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		H. Physiotherapists	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		I. Functional therapists	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		J. Other specialists	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		K. Nurses	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		L. Midwives	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		M. Pharmacists	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		N. Pharmacist-assistants	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		O. Radiology technicians	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		P. Laboratory technicians	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		Q. Neurologist technicians	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		R. Anesthetists technicians	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		S. Administrators	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		T. Support services	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		U. Others: specify: .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		<b>V. Total</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	

**Part three: Institution Activity:**

<b>AV00</b>	<b>To the interviewer: is the health institution a hospital or not?</b>	1. Hospital (go to AV4) 2. Other health institution	<input type="text"/>
<b>AV1</b>	<b>No. of institution's working effective month during 2004:</b>	No. of months: ...	<input type="text"/> <input type="text"/>
<b>AV2</b>	<b>No. of institution's working days a week during 2004:</b>	No. of weekly working days: ...	<input type="text"/>
<b>AV3</b>	<b>Average number of institution's working hours a day during 2004:</b>	Average no. of daily working hours: ...	<input type="text"/> <input type="text"/>
<b>AV4</b>	<b>Average number of monthly visits during 2004:</b>	Average no. of total monthly visits: ...	<input type="text"/> <input type="text"/> <input type="text"/>
<b>To the interviewer: the following question (AV4A) is only asked to hospitals.</b>			
<b>AV4A</b>	<b>What is the average number of monthly visits to the (name of institution) during 2004 based on the following classification?</b>	1. Average number of monthly admissions. 2. Average number of monthly out-patient visits. 3. Average number of monthly Day Care services.	1. <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/>
<b>AV5</b>	<b>What is the average number of monthly visits for the year 2004 that were: ...</b>	<b>A. Entirely paid by the insurance</b> 1. Entirely paid by the governmental health insurance (MoH and other forms) 2. Entirely paid by other health insurance <b>B. Partially paid by the insurance</b> 1. Partially paid by the governmental health insurance (MoH and other forms)	A. <input type="text"/> <input type="text"/> <input type="text"/> 1. <input type="text"/> <input type="text"/> <input type="text"/>  2. <input type="text"/> <input type="text"/> <input type="text"/> B. <input type="text"/> <input type="text"/> <input type="text"/> 1. <input type="text"/> <input type="text"/> <input type="text"/>

		2. Partially paid by other health insurance <i>C. Entirely paid by the patient.</i> <i>D. Offered against a symbolic payment.</i> <i>E. Offered free of charge.</i> <i>F. Other, specify: ...</i> <i>G. Total</i>	2. <input type="text"/> <input type="text"/> <input type="text"/> C. <input type="text"/> <input type="text"/> <input type="text"/> D. <input type="text"/> <input type="text"/> <input type="text"/> E. <input type="text"/> <input type="text"/> <input type="text"/> F. <input type="text"/> <input type="text"/> <input type="text"/> G. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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The following two questions (AV6 and AV7) are asked to (clinics/health centers). See question VO1 (answers: 1, 2 or 4).

AV6	In average, and during the year 2004, how many of the visits were:	Average No. of monthly visits by type of visit. (Note that the same visits could be for more than one service)	AV7C: Usually and regardless the method of payment, what is the charge paid for this type of service
	A. Generalists visits	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	B. Specialists visits	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	C. Follow-up visits (within 2 weeks)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	D. Family planning visits	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	E. Mother and Child Health visits	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	F. Regular visits for chronic diseases	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	G. Home visits	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	H. Diagnostic visits	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	I. Emergency visits	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	J. Others, specify: .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	K. Others, specify: .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	L. Total	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

To the interviewer: the next two questions (AV6A and AV7A) are asked to dental clinics. See question VO1 (answers: 3 or 4).

AV6A	In average, and during the year 2004, how many of the visits were:	Average No. of monthly visits by type of visit. (Note that the same visits could be for more than one service)	AV7A: Usually and regardless the method of payment, what is the charge paid for this type of service
	A. Extraction	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	B. Filling	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	C. Fitting	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	D. Orthopedics	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	E. Scaling	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	F. Surgery	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	G. Others, specify: .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	H. Total	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>To the interviewer: the next two questions (AV6B and AV7B) are asked to radiology centers. See question VO1 (answers: 4 or 6).</b>			
<b>AV6B</b>	<b>In average, and during the year 2004, how many of the visits were:</b>	Average No. of monthly visits by type of visit. (Note that the same visits could be for more than one service)	AV7B: Usually and regardless the method of payment, what is the charge paid for this type of service
	<b>A. X-ray</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>B. X-ray with contrast</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>C. Ultrasound</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>D. CT-scan</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>E. ESWL</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>F. Others, specify: .....</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>G. Total</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>To the interviewer: the next two questions (AV6C and AV7C) are asked to physiotherapy/rehabilitation center. See question VO1 (answers: 4, 5 or 7).</b>			
<b>AV6C</b>	<b>In average, and during the year 2004, how many of the visits were:</b>	Average No. of monthly visits by type of visit. (Note that the same visits could be for more than one service)	AV7C: Usually and regardless the method of payment, what is the charge paid for this type of service
	<b>H. Services provided outside the center</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>I. Services provided inside the center</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>J. Others, specify:.....</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>K. Others, specify:.....</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>L. Total</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>To the interviewer: the next two questions (AV6D and AV7D) are asked to physiotherapy/rehabilitation center. See question VO1 (answers: 4 or 8).</b>			
<b>AV6D</b>	<b>In average, and during the year 2004, how many of the visits were:</b>	Average No. of monthly visits by type of visit. (Note that the same visits could be for more than one service)	AV7D: Usually and regardless the method of payment, what is the charge paid for this type of service
	<b>A. Routine Examination</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>B. Serum and Antibodies Tests</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>C. Culture Tests</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>D. Biochemistry Tests</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>E. Hormone Tests</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>F. Special Tests</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>G. Others, specify:.....</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>H. Total</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>AV08</b>	<b>What was the number of visits to the</b>	No. of visits:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	<b>institution during the last month?</b>	.....	
<b>AV09</b>	<b>To the interviewer: in general, and as noted during the interview until now, register the source of data used by the interviewee:</b>	1. Records only 2. Estimations only. 3. Records and estimations.	<input type="checkbox"/>

**Part four: Annual expenditures and revenues:**

<b>EC00</b>	And now I would like to ask you about some financial information (expenditures and revenues), for the year 2004, for (name of the institution). Whether these were from your records or as you estimate them.	1. There are records. 2. There is no records because the health institution is part of a mother organization (End of the Interview)	<input type="checkbox"/>
	Main category/category items	Values in New Israeli Shekels	S01: Source of information
		Expenditures for the year 2004	1. Records 2. Estimations 3. Both
<b>EC01</b>	<b>Total employees' salaries and workers' wages</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
1.	Wages and salaries	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
2.	Tangible advantages	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
3.	Other advantages	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<b>EC02</b>	<b>Expenditures on goods</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
1.	Drugs	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
2.	Vaccination	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
3.	Medical and laboratories supplies	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
4.	Spare-parts	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
5.	Stationary	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
6.	Washing materials	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
7.	Inflammables	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
8.	Water	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
9.	Electricity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
10.	Other expenditures on goods, specify: ....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<b>EC03</b>	<b>Expenditures on services</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
1.	Rent on buildings	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
2.	Rent on equipments	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
3.	Mailing and telephone services	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
4.	Equipment maintenance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
5.	Buildings maintenance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

6.	Hotel services (excluding transportation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	Auditing and tribunal services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	Engineering and consultancy services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	Internal missions (excluding transportation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	External missions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	Transportation of goods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.	Commissioning costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	Cleansing services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	Training services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16.	Registration fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17.	Other expenditures on services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>EC04</b>	<b>Indirect fees and taxes</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.	Customary fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	VAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Licensure fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Other indirect taxes (on buildings, vehicles, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>EC05</b>	<b>Expenditure on services provided by others</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>EC06</b>	<b>Other expenditures</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TE01</b>	<b>Total expenditures for the year 2004</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Revenues for the year 2004</b>									
<b>RC01</b>	<b>Doctors' remunerations</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC02</b>	<b>Registration fees</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC03</b>	<b>Laboratory services</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC04</b>	<b>X-ray/ultrasound/CT-scan</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC05</b>	<b>Medications</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC06</b>	<b>Hospital stay</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC07</b>	<b>Surgery</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC08</b>	<b>Emergency</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC09</b>	<b>Revenues form investments</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RC10</b>	<b>Revenues for insurance companies</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>RC11</b>	<b>Other revenues (aids and donations)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<b>TR01</b>	<b>Total revenues</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>TE1</b>	<b>What are the total expenditures of the health institution during the year 2004?</b>	Total expenditures	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TR1</b>	<b>What are the total revenues of the health institution during the year 2004?</b>	Total revenues	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Part five: Capital costs for the year 2004.**

**To the interviewer: and now I would like to ask you about some financial data related to the capital investments during the year 2004.**

Types of fixed assets	Auxiliary code	ISIC code	Book value at the beginning of the year	Value of purchased assets during the year	Fixed assets produced at the establishment	Capital additions and improvements	Written - off and losses	Assets sold during the year	Depreciation During the year	Book value at the end of the year
	1	2	3	4	5	6	7	8	9	10
<b>Lands</b>	10	1028								
Residential buildings	11	4520								
Non residential buildings	12	4520								
Machines, equipment & devices	13	4521								
Goods vehicles	14	3410								
Passengers vehicles	15	3410								
<b>Ambulances</b>	19	3410								
Furniture and furnishings	16	3610								
<b>Computer programs</b>	17	7220								
<b>Others, specify: ...</b>										
	200	8888								
	21	9999								
<b>Total fixed assets</b>	88	8888								
<b>No. of transportation vehicles owned by the institution</b>						<b>No.</b>	<input type="text"/>			
<b>No. of ambulances owned by the institution</b>						<b>No.</b>	<input type="text"/>			

**Book value at the end of the year = (book value at the beginning of the year + Value of purchased assets during the year+ Fixed assets produced at the establishment +Capital additions and improvements) – (Written-off and losses+ Assets sold during the year+ depreciation during the year)    10 = (3+4+5+6)-(7+8+9)**



**Fieldwork team's comments:**

**1. Interviewer's comments:**

**Comments on the interviewee:**

**Comments on certain questions:**

**Other comments:**

**Interviewer's name:** \_\_\_\_\_ **Date:** / / 2005 **Interviewer's No.:**

**2. Supervisor's comments:**

**Supervisor's name:** \_\_\_\_\_ **Date:** / / 2005 **Supervisor's No.:**

**3. Auditor's comments:**

**Auditor's name:** \_\_\_\_\_ **Date:** / / 2005 **Auditor's No.:**