

Access to loans for orthopaedic treatment in Uganda

Interviewer Details

1. Name of Interviewer:

2. Date of Interview:

(month) (day) (year)

Patient Details

1. Study Number (4-digit number assigned by interviewer):

____ _

2. Gender

- Male Female

3. Date of Birth

(month) (day) (year)

4. Home Village

Injury Details

1. Location of Fracture (check all that apply)

- Upper Extremity Lower Extremity Pelvis/Acetabulum

2. Mechanism of Injury

- Road Traffic Collision
- Fall
- Assault
- Other _____ (specify)

3. Date of Injury

(month) (day) (year)

4. Date of Arrival at Mulago Hospital

(month) (day) (year)

Treatment Information

1. Has the patient received operative/surgical treatment for their injury?

- Yes
- No

2. If the patient received operative treatment, what type of implant was used? (check all that apply)

- Intramedullary Nail
- Plates/Screw
- External Fixation

3. If applicable, date of surgical treatment?

(month) (day) (year)

4. Did the patient have to pay for any costs associated with their treatment (x-rays, implants, etc.)

- Yes
- No

5. Total costs paid to date:

_____ in Ugandan Shillings

6. Total cost paid specifically for surgical implants:

_____ in Ugandan Shillings

Household Information

1. What is the patient’s marital status?

- Married
- Single
- Widowed
- Divorced

2. Does the patient have any dependents?

- Yes
- No

3. If yes, how many dependents does the patient have?

_____ (write number)

4. Who is the main breadwinner for the household?

- Patient
- Spouse
- Other _____ (specify)

5. What is the highest level of education completed by the patient?

- Primary School
- Secondary School
- University

Income Information

1. What kind of work does the patient usually do in their main job/business that the patient had in the week prior to their injury?

2. When did the patient start to work for this employer or start running the business?

_____ (year)

3. Is the patient entitled to medical benefits from this employer?

- Yes
- No

4. During the 12 months prior to the injury, for how many months did the patient work in this job?

_____ (number of months, up to 12)

5. How much was the patient's last payment for their main job prior to their injury?

_____ (in Ugandan Shillings)

6. What time period did the payment cover? (check one)

- Hour
- Day
- Week
- Month
- Other_____ (specify)

7. How much did the patient earn at their main job in the month prior to their injury?

_____ (in Ugandan Shillings)

8. How much did the patient earn at their main job in the 12-months prior to their injury?

_____ (in Ugandan Shillings)

9. Does the patient have a bank account?

- Yes
- No

Loan Information

1. Has the patient taken a loan since their injury?

- Yes
- No

2. How much was the loan for?

_____ (in Ugandan Shillings)

3. Do they have to pay interest on the loan?

- Yes
- No

4. If yes, what is the interest rate?

_____ % (percent)

5. How long do they have to pay back the loans? (enter a number)

_____ (months) or _____ (years)

6. If they have not taken loan, are they interested in doing so?

- Yes
- No

7. If yes, how much money as a loan would they want to receive?

_____ (in Ugandan Shillings)

8. If yes, how long would they require to pay back the loan? (enter a number)

_____ (months) or _____ (years)

9. If yes, what is the maximum amount of interest (per year) that they would be willing to pay in addition to repaying the loan?

_____ % (percent)

10. In addition to medical expenses, what additional expenses would you use additional funds for?

_____ (please list)