**Appendix: Quantitative Survey**

**Informed consent has been obtained (Please circle one):**

YES NO

**Time and Date of Informed Consent**: \_\_\_\_\_\_ AM / PM (Circle) \_\_\_/\_\_\_/\_\_\_\_\_(DD/MM/YYYY)

**Unique Participant ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographics**:

1. Are you here to receive medical care? YES NO

a. Is a family member here to receive surgery? YES NO

b. What is your relation to the family member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Patient Gender: Male \_\_\_ Female \_\_\_

3. Age of Patient: \_\_\_

[Age for babies:

<3 months = 0

3- <6 months = 0.25

6- <9 months = 0.5

9- <12 months = 0.75

12-24 months = 1 etc.]

4. What is the highest educational level that you and the patient has achieved or are currently

following?

You Patient

\_\_\_ None (includes nursery) \_\_\_ None (includes nursery)

\_\_\_ Primary school \_\_\_ Primary school

\_\_\_ Secondary school (junior / senior) \_\_\_ Secondary school (junior / senior)

\_\_\_ Tertiary (diploma, colleges, bachelors) \_\_\_ Tertiary (diploma, colleges, bachelors)

\_\_\_ Graduate degree (Master degree, PhD) \_\_\_ Graduate degree (Master degree, PhD)

5. Are you and the patient able to read and write in any language?

*[For adults and children who are currently learning how to read and write answer: ‘No’]*

You Patient

\_\_\_ Yes \_\_\_ Yes

\_\_\_ No \_\_\_ No

6. Where are you from? \_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_ Town

7. What is your primary occupation?

\_\_\_ Unemployed *[Currently looking for jobs, retiree’s, students]*

\_\_\_ Home maker *[Housewives]*

\_\_\_ Domestic helpers *[Cleaners, housekeepers, watch guards]*

\_\_\_ Farmer *[Herders, agriculture, pastoralist]*

\_\_\_ Self-employed / small-business *[Small business owners like: shops, kiosks, food traders]*

\_\_\_ Government employee *[Police officer, accountant, teachers, health care workers]*

\_\_\_ Non-government employee *[Cooperation managers, NGO-staff]*

\_\_\_ Private sector employee *[Company manager, employee]*

8. What is the patient’s primary occupation?

\_\_\_ Unemployed *[Currently looking for jobs, retiree’s, students]*

\_\_\_ Home maker *[Housewives]*

\_\_\_ Domestic helpers *[Cleaners, housekeepers, watch guards]*

\_\_\_ Farmer *[Herders, agriculture, pastoralist]*

\_\_\_ Self-employed / small-business *[Small business owners like: shops, kiosks, food traders]*

\_\_\_ Government employee *[Police officer, accountant, teachers, health care workers]*

\_\_\_ Non-government employee *[Cooperation managers, NGO-staff]*

9. What is you and the patient’s ethnic background? *[In case of refusal to answer, ask whether*

*the person was born in Uganda]*

\_\_\_\_\_ Native to the Area

\_\_\_\_\_ Native to another District of Uganda Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Non-Ugandan What country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do you live in an urban/suburban/rural area? (Please Circle One)

Urban Suburban Rural

11. What is the average weekly income in your household? \_\_\_\_\_\_\_\_\_

12. What is the primary source of income for your family? \_\_\_\_\_\_\_\_\_

a. Who is the primary breadwinner of the family? \_\_\_\_\_\_\_\_\_

13. What is the primary language your family speaks?

\_\_ Luganda

\_\_ English

\_\_ Swahili

Other: \_\_\_\_\_\_\_\_

14. What is the primary religion/spiritual faith your family practices?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. In total how many people live in your household? \_\_\_\_\_\_

a. How many dependents do you have? \_\_\_\_\_\_

i. Is the patient one of them? YES NO

b. How many dependents does the patient have? \_\_\_\_\_\_

16. How many times have you visited a clinic or hospital, or nurse / medical doctor in the past year? \_\_\_\_

**Surgery Specific**:

17. On what date did you/your family member get here? \_\_\_/\_\_\_/\_\_\_\_\_ (DD/MM/YYYY)

18. On what date were you/your family member admitted? \_\_\_/\_\_\_/\_\_\_\_\_ (DD/MM/YYYY)

19. On what date is/was your/your family member’s surgery scheduled? \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

20. What type of surgery is/was it? \_\_\_\_\_\_\_\_\_\_\_\_\_

21. Did the problem start after an injury or accident? What kind of accident?

*[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition:*

*there was no motorized vehicle involved. All can be intentional or unintentional.]*

\_\_\_\_ No, it was not due to an injury / accident

\_\_\_\_ Car, truck, bus crash

\_\_\_\_ Motorcycle crash

\_\_\_\_ Pedestrian, bicycle crash

\_\_\_\_ Gunshot

\_\_\_\_ Stab / slash / cut / crush

\_\_\_\_ Bite or animal attack

\_\_\_\_ Fall

\_\_\_\_ Open fire / explosion

\_\_\_\_ Hot liquid / hot object

22. Did the problem start from having a disease?

YES NO What disease? \_\_\_\_\_\_\_\_\_\_\_

23. When did this problem start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ days / weeks / months ago (circle one)

**Transportation Specific**:

24. How far away do you live from this clinic (specify units of measurement)? \_\_\_\_\_ km

25. How did you get to this facility today? Please list all stages of transport.

 Transport Type Cost Distance Traveled Time of Travel Time Waiting

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ UGX \_\_\_\_\_\_\_\_\_\_ km \_\_\_\_\_ hours \_\_\_\_\_ hours

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ UGX \_\_\_\_\_\_\_\_\_\_ km \_\_\_\_\_ hours \_\_\_\_\_ hours

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ UGX \_\_\_\_\_\_\_\_\_\_ km \_\_\_\_\_ hours \_\_\_\_\_ hours

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ UGX \_\_\_\_\_\_\_\_\_\_ km \_\_\_\_\_ hours \_\_\_\_\_ hours

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ UGX \_\_\_\_\_\_\_\_\_\_ km \_\_\_\_\_ hours \_\_\_\_\_ hours

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ UGX \_\_\_\_\_\_\_\_\_\_ km \_\_\_\_\_ hours \_\_\_\_\_ hours

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ UGX \_\_\_\_\_\_\_\_\_\_ km \_\_\_\_\_ hours \_\_\_\_\_ hours

26. Are you always able to provide these means for transport of a sick household member?

 Transport Type

1. YES \_\_\_\_\_ NO \_\_\_\_\_

2. YES \_\_\_\_\_ NO \_\_\_\_\_

3. YES \_\_\_\_\_ NO \_\_\_\_\_

4. YES \_\_\_\_\_ NO \_\_\_\_\_

5. YES \_\_\_\_\_ NO \_\_\_\_\_

6. YES \_\_\_\_\_ NO \_\_\_\_\_

7. YES \_\_\_\_\_ NO \_\_\_\_\_

**SKIP TO QUESTION 30**

27. How long did it take you in total to get here? \_\_\_\_\_(hours)

28. How long did you have to wait for transportation to here, in total? \_\_\_\_\_(hours)

29. How long does it take you in total to get to your primary health facility if you don't have to

wait for transportation? \_\_\_\_\_(hours)

30. What type of transportation would you prefer that you or your household members got for

transport to a primary health facility?

\_\_\_ Public transport (Mutatu)

\_\_\_ Car

\_\_\_ Motorcycle (Boda)

\_\_\_ Bicycle

\_\_\_ Boat

\_\_\_ On foot

\_\_\_ Ambulance

**Healthcare Seeking Specific**:

31. Did you go to a different health facility or see a doctor/nurse for this problem prior to coming

here? YES NO

31a: What was the name of the facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

31b: What kind of treatment did you receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

31c: How much did this treatment cost? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

31d: Were you referred here by this individual or facility? YES NO

32. Did you go to an herbalist, traditional doctor, or bone setter for this problem?

YES NO

32a: What kind of treatment did you receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

32b: What did this service cost (money, property, favors, etc.) \_\_\_\_\_\_\_\_\_\_\_\_

It did not cost anything: \_\_\_\_\_

32bi: If money, how much? \_\_\_\_\_\_\_\_\_\_\_ UGX

**RANKING TEST:**

**Please rank in order from 1-10 the most significant barrier to care that prevented you or**

**your family member from getting surgery before now**

Barrier Ranking

Cost of Surgery \_\_\_\_\_\_\_

Distance to the Hospital \_\_\_\_\_\_\_

Waiting Time \_\_\_\_\_\_\_

Language Barrier \_\_\_\_\_\_\_

Transportation to the Hospital \_\_\_\_\_\_\_

Ability to Take time off of work to travel \_\_\_\_\_\_\_

Quality of Care \_\_\_\_\_\_\_

Lack of Available Hospital \_\_\_\_\_\_\_

No Caretaker Available at Hospital \_\_\_\_\_\_\_

No Control of Decision Making \_\_\_\_\_\_\_

**RATING TEST:**

**For the following variables, please rate each in terms of significance for what prevented this**

**specific surgery for you or your family member (1- least significant, 2 – moderately**

**significant, 3 – neutral, 4 – very significant, 5- most significant)**

Barrier Rating

Cost of Surgery \_\_\_\_\_\_\_

Distance to the Hospital \_\_\_\_\_\_\_

Waiting Time \_\_\_\_\_\_\_

Language Barrier \_\_\_\_\_\_\_

Transportation to the Hospital \_\_\_\_\_\_\_

Ability to Take time off of work to travel \_\_\_\_\_\_\_

Quality of Care \_\_\_\_\_\_\_

Lack of Available Hospital \_\_\_\_\_\_\_

No Caretaker Available at Hospital \_\_\_\_\_\_\_

No Control of Decision Making \_\_\_\_\_\_\_