# Palestinian Central Bureau of Statistics
## Questionnaire of Access to Health Services Survey-2003

<table>
<thead>
<tr>
<th>The head of HH: __________________</th>
<th>IDSAM: Questionnaire serial number: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID6: Governorate: [ ] Locality: __________</td>
<td>ID1: Locality Code: [ ]</td>
</tr>
<tr>
<td>Name of person (respondent): _______________</td>
<td>HR0A: Line No. of respondent: [ ]</td>
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</tbody>
</table>

### AC01 Are there any of the following facilities in your locality?
- 1. Yes
- 2. No
- 3. Don’t Know

<table>
<thead>
<tr>
<th>Facility</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Physician Clinic</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B. Health Center</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C. Hospital</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>D. Pharmacy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>E. Mobile Clinic</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>F. Other / specify:_________</td>
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### AC02 How far is the closest health facility from your HH?

**Distance in Kilometers:**

**Interviewer:** Record 00 if the distance is less than 1 kilometer and 99 if unable to estimate the distance.

### AC03 During the last 6 months did you need to receive a health service?
- 1. Yes
- 2. No (Skip to AC05)

### AC04 During the last 6 months did any of your family members need to receive a health service?
- 1. Yes
- 2. No (Skip to AC24)
- 3. Don’t Know (Skip to AC24)

### AC05 What was the health problem?
**Interviewer:** In case that the person suffer from more than one problem, ask about the last problem during the last 6 months.
- 1. Chronic Disease (specify:_________)
- 2. Routine Check up
- 3. Physical Health Problem
- 4. Urgent Case
- 5. Psychological Case
- 6. Injury/ Accident
- 7. Child Immunization
- 8. Antenatal Care
- 9. More than One Problem
- 10. Other / specify:_________

### AC06 When do you need the health service?
- 1. At Day
- 2. At Night
- 3. Not Sure

### AC07 From your perspective what was the health service you have needed?
- 1. Care from Physician
- 2. Care from Specialist
- 3. Repeated visits to have a special medical care
- 4. Surgery
- 5. Diagnostic tests
- 6. Delivery Care
- 7. Antenatal care
- 8. Child care
- 9. Don’t know
- 10. Other / specify:_________
| AC08 | Did you/ the person in need to health services receive the Service? | 1. Yes  
2. No (Skip to AC23)  
3. Don’t Know (Skip to AC24) |
| --- | --- | --- |
| **AC09a** | When you need a service, did you receive it…… | 1. In the same day (Skip to AC10)  
2. In the next day  
3. 3 days or more |
| **AC09b** | What was the reasons for not receiving health services in the same day? | A. Service not Available in the Region  
B. Service not Available at that time  
C. High Cost  
D. Don’t know where to go  
E. Israeli Measures/ Closure  
F. Difficulty to Reach Service  
G. Transportation not available  
H. Staff not Available  
I. Other / specify:_________ |
| **AC10** | Mainly, where did you receive the health service? | 1. Physician Clinic  
2. Governmental Hospital  
3. Private Hospital/ Health Center  
4. NGO's Hospital/ Health Center  
5. UNRWA Hospital/ Health Center  
6. Governmental Health Center  
7. Other / specify:_________ |
| **AC11** | Who have provided the health service? | 1. Family Doctor  
2. Physician  
3. Specialist  
4. Nurse  
5. Health Worker  
6. Other / specify:_________ |
| **AC12** | Why did you choose this place to receive the health service | 1. Yes  
2. No  
A. Accessibility  
B. Quality of Service  
C. Availability of Health Insurance  
D. Less Cost  
E. Trust the Staff  
F. Specialty of the Service  
G. No other Choice  
H. Israeli Measures  
I. Other / specify:_________ |
| AC13 | Have you faced a difficulties, when you sought medical care? | A. Take an Appointment |  |
|      | 1. Yes                                                      | B. Contact the Doctor |  |
|      | 2. No                                                      | C. Wait For Long Time |  |
|      |                                                            | D. Service Not Available\ Closed |  |
|      |                                                            | E. Service Not Available in the Region |  |
|      |                                                            | F. Transportation |  |
|      |                                                            | G. Israeli Closure |  |
|      |                                                            | H. No Staff |  |
|      |                                                            | I. Medications Deficiency |  |
|      |                                                            | J. Specialist is not available |  |
|      |                                                            | K. Equipments Deficiency |  |
|      |                                                            | L. Other / specify:_________ |  |
| AC14 | What was the transportation you have used to reach the place? | 1. Ambulance |  |
|      |                                                            | 2. Public Transportation |  |
|      |                                                            | 3. Private Care |  |
|      |                                                            | 4. Cart |  |
|      |                                                            | 5. walking |  |
|      |                                                            | 6. More than one mean |  |
| AC15 | How much time you have needed to reach the service? | 1. Time in minutes…………… |  |
|      |                                                            | 2. Don’t know (Interviewer: record 999) |  |
| AC16 | How much time you have needed to reach the service in the ordinary time? | 1. Time in minutes…………… |  |
|      |                                                            | 2. Don’t know (Interviewer: record 999) |  |
| AC17 | How do you describe the distance to the health facility in which you have received the health service last time? | 1. Too long |  |
|      |                                                            | 2. Long |  |
|      |                                                            | 3. Medium |  |
|      |                                                            | 4. Short |  |
|      |                                                            | 5. Too short |  |
| AC18 | How much time did you wait at the health facility before receiving the health service? | 1. Time in minutes…………… |  |
|      |                                                            | 2. Don’t know (Interviewer: record 999) |  |
| AC19 | How do you describe the time you have waited at the health facility? | 1. Very short |  |
|      |                                                            | 2. Short |  |
|      |                                                            | 3. Medium |  |
|      |                                                            | 4. Long |  |
|      |                                                            | 5. Very long |  |
| AC20 | How much time did the health provider spend while checking you? | 1. Time in minutes…………… |  |
|      |                                                            | 2. Don’t know (Interviewer: record 999) |  |
| AC21 | How do you describe your Satisfaction degree regarding health service you have received? | 1. Totally Satisfied |  |
|      |                                                            | 2. Satisfied to some Extent |  |
|      |                                                            | 3. Unsatisfied to some Extent |  |
|      |                                                            | 4. Totally Unsatisfied |  |
| AC22 | How do you evaluate your satisfaction about the followings? | A. Treatment of staff |  |
|      | 1. Totally Satisfied                                     | B. Cleaning |  |
|      | 2. Satisfied to some Extent                              | C. Order in the place |  |
|      | 3. Unsatisfied to some Extent                            | D. Availability of equipments |  |
|      | 4. Totally Unsatisfied                                  | E. Availability of Medicine |  |
|      | 5. not applicable                                        | F. Food, if it was hospital |  |
|      |                                                            | G. Experience and skills of the staff |  |

(Interviewer: After completing the question skip to AC24)
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</table>
| AC23 What was the reasons for not receiving the service? | A. Service not Available in the Region  
B. Service not Available at that time  
C. Waiting too Long at the health clinic / Center  
D. Busy  
E. High Cost  
F. Don’t know where to go  
G. Don’t want to receive treatment  
H. Israeli Measures / Closure  
I. Difficulty to Reach Service  
J. Transportation not available  
K. Staff not Available  
L. Other / specify:_________ |
| AC24 During the last 6 months did you need any Medical Consultation? | 1. Yes  
2. No |
| AC25 During the last 6 months did any of member of your family need any Medical Consultation? | 1. Yes  
2. No  
3. Don’t Know |
| AC26 Did you / s/he receive the consultation? | 1. Yes  
2. No  
3. Don’t Know |
| AC27 Who have provided the consultation? | 1. Family Doctor  
2. Physician  
3. Specialist  
4. Nurse  
5. Pharmacist  
6. Health Worker  
7. Other / specify:_________ |
| AC28 Where was the main place of consultation? | 1. Physician Clinic  
2. Governmental Hospital  
3. Private Hospital / Health Center  
4. NGO’s Hospital / Health Center  
5. UNRWA Hospital / Health Center  
6. Governmental Health Center  
7. At Home  
8. Pharmacy  
9. By Phone  
10. Other / specify:_________ |
| AC29 Did you face difficulties in receiving the consultant? | 1. Yes  
2. No  
3. Don’t Remember |
| AC30 What was these difficulties? | A. Difficult in Calling Consultant  
B. Consultant Provider Phone not Available  
C. Waiting Too Long Time  
D. Frequent Visits to the Source  
E. Other / specify:_________ |
| AC31 Did you receive a good consultation? | 1. Yes, a good one  
2. Yes, to some Extent  
3. No |

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**Table Note:**

- AC23: Select one or more reasons for not receiving the service.
- AC24: Select Yes or No.
- AC25: Select Yes, No, or Don’t Know.
- AC26: Select Yes, No, or Don’t Know.
- AC27: Select one or more options.
- AC28: Select one or more options.
- AC29: Select Yes, No, or Don’t Remember.
- AC30: Select one or more options.
- AC31: Select one of the options.
When you need a medical consultation, why didn’t you receive it?

1. Yes
2. No

A. Service Not Available in the Region
B. Waiting too Long at Center
C. Busy
D. High Cost
E. Don’t know where to go
F. Don’t want to receive treatment
G. Israeli Measures\ Closure
H. Transportation not available
I. Specialist Person not Available
J. Other / specify: __________