

Project title: Attitudes toward medical emergencies in urban and peri-urban communities in The Gambia

-) You are being asked to be in a community survey of Gambians.
-) The purpose of the survey is to understand how Gambians care for themselves when they are sick with a medical emergency; as well as their experience using the health system.
-) We will not be collecting or retaining any information about your identity.
-) Participation is voluntary and no sensitive information that can be traced back to you will be collected.
-) You may refuse to take part in the study at any time without affecting your relationship with the investigators of this study.
-) Your signature below indicates that you have decided to volunteer as a participant for this survey, and that you have read and understood the information provided.

) _____

) Signature

Date

RESPONDENT NUMBER: [_____]

1. Constituency	Name of Town or Village:
2. What is your age? (<i>age in years</i>)	[____] (age in years)
3. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Do you smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is your highest level of Education?	<input type="checkbox"/> None <input type="checkbox"/> Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Post-Secondary Diploma (HTC/HND) <input type="checkbox"/> University (Bachelor's degree) <input type="checkbox"/> Post graduate studies (Masters, or PhD) <input type="checkbox"/> Other _____
6. Do you own a mobile phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had your blood glucose checked for diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had your blood pressure checked for high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Never married
10. What is your occupation?	<input type="checkbox"/> Homemaker (House wife) <input type="checkbox"/> Civil Servant <input type="checkbox"/> Student <input type="checkbox"/> Business/Trader(self-employed) <input type="checkbox"/> Farmer <input type="checkbox"/> Health worker <input type="checkbox"/> Teacher <input type="checkbox"/> Lawyer <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: (Please specify): _____

<p>11. What is your estimated household monthly income?</p> <p><i>*** Please clarify that this is an estimate of all the income in the household including local salary, remittances from abroad, and any income from private business/trade. ***</i></p>	<p><input type="checkbox"/> Less than D1000</p> <p><input type="checkbox"/> D1100 - D2000</p> <p><input type="checkbox"/> D2100 - D3000</p> <p><input type="checkbox"/> D3100 - D4000</p> <p><input type="checkbox"/> D4100 – D5000</p> <p><input type="checkbox"/> D5100 – D6000</p> <p><input type="checkbox"/> D6100 – D7000</p> <p><input type="checkbox"/> D7100 – D8000</p> <p><input type="checkbox"/> D8100 – D9000</p> <p><input type="checkbox"/> D9100 -- D10000</p> <p><input type="checkbox"/> More than D10,000</p>
<p>12. In the last year, did you experience a severe medical emergency condition that required urgent treatment in a hospital or health center?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>13. What was the outcome of the medical emergency?</p> <p><i>**Disability here is defined as any impairment to physical or mental well-being that occurred following resolution of the acute medical emergency and includes: paralysis, loss of limb or permanent damage to any part of their body**</i></p>	<p><input type="checkbox"/> I survived with no disability</p> <p><input type="checkbox"/> I survived but with a disability</p> <p><input type="checkbox"/> Other</p>
<p>14. What type of transportation do you usually use for transport to a hospital or health center when you or your loved one is acutely sick with a medical emergency condition?</p>	<p><input type="checkbox"/> Ambulance</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Private car</p> <p><input type="checkbox"/> Gele gele (minivan)</p> <p><input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> Walking</p> <p><input type="checkbox"/> Donkey cart</p> <p><input type="checkbox"/> Bicycle</p> <p><input type="checkbox"/> Other</p>
<p>15. How much money does it cost you for transport to a hospital/health facility when you or your loved one are acutely sick with a medical emergency?</p>	<p>Gambian Dalasi: _____</p> <p><i>(enter amount here)</i></p>
<p>16. How do you access transportation when you or your loved one is acutely sick with a medical emergency?</p>	<p><input type="checkbox"/> I wave a taxi</p> <p><input type="checkbox"/> Used my own car/Family car</p> <p><input type="checkbox"/> Sent someone to find transport</p> <p><input type="checkbox"/> I find transport by myself</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> I call an ambulance service</p>

<p>17. What is the most significant barrier you face in getting access to health care during medical emergencies?</p>	<input type="checkbox"/> Cost <input type="checkbox"/> Distance to health facility <input type="checkbox"/> Poor quality of care <input type="checkbox"/> Other _____
<p>18. On average, how long does it take you to reach a hospital/health center when you or our loved one have a medical emergency?</p>	<input type="checkbox"/> 30minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> More than 3 hours
<p>19. If you saw a person walking by the roadside hit by a car and they needed immediate medical attention, where would you take them?</p>	<input type="checkbox"/> Health Center <input type="checkbox"/> General Hospital (Serekunda/Bundung/Bwiam) <input type="checkbox"/> Edward Francis Small Teaching Hospital (RVTH) <input type="checkbox"/> Private Clinic/Medical Center <input type="checkbox"/> NGO Clinic <input type="checkbox"/> Traditional Healer <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____
<p>20. If you saw a person walking by the roadside hit by a car and they needed to go to a hospital immediately, how would you get them to them there?</p>	<input type="checkbox"/> Ambulance <input type="checkbox"/> Taxi <input type="checkbox"/> Private car <input type="checkbox"/> Gele gele (minivan) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Walking <input type="checkbox"/> Donkey cart <input type="checkbox"/> Bicycle <input type="checkbox"/> Other _____ (enter here)
<p>21. What is the most important barrier you face in accessing care for you and your family during medical emergencies?</p>	<input type="checkbox"/> Transportation to the hospital <input type="checkbox"/> Cost of medications <input type="checkbox"/> Doctors' consultation fees <input type="checkbox"/> Hospital bills
<p style="text-align: center;">***Please explain health insurance to the respondent before asking the next question*** <i>**Health insurance is a type of insurance that pays for the cost of an insured individual's medical treatment**</i></p>	
<p>22. Do you or any member of your household have health insurance?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>23. How desirable is a national health insurance scheme to you?</p>	<input type="checkbox"/> Very undesirable <input type="checkbox"/> Undesirable <input type="checkbox"/> Neutral <input type="checkbox"/> Desirable

	<input type="checkbox"/> Very desirable
24. Would you say that you are very interested in participating in a health insurance scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. How much will you be willing to pay for health insurance premium annually?	Gambian Dalasi: _____ (enter amount here)
26. In the last year, how much did you spend on healthcare for you and/or your family? <i>** This includes medicines, hospital fees, and transportation to and from health facilities**</i>	Gambian Dalasi: _____ (enter amount here)
27. Would you be willing to pay D500 Dalasi annually for health insurance to cover some healthcare costs for you and your family during medical emergencies?	<input type="checkbox"/> Yes (Go to question number: 29) <input type="checkbox"/> No (Go to question number: 28)
28. Would you be willing to pay D250 Dalasi annually for health insurance to cover some healthcare costs for you and your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do you agree with the following statement: "Healthcare should be fully funded by government"	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Do you agree with the following statement: "Health care should be free for all Gambians at the point of care".	<input type="checkbox"/> Yes <input type="checkbox"/> No