

**PROJECT:** 

**SURVEY:** 



WILLINGNESS AND ABILITY OF PATIENTS TO PAY





## All notations in red indicate text that should be adjusted per country.

Partner in <country>: < Contact details project representative for the country>

E-mail: M.Pavlova@BEOZ.unimaas.nl; Tel: +31-43-3881705

Project coordinator: Dr. M.Pavlova; Scientific coordinators: Prof.Dr. Wim Groot and Prof.Dr.Frits van Merode Department BEOZ; Faculty HMLS; Maastricht University; PO BOX 616, Maastricht 6200 MD, The Netherlands.

**ASSPRO CEE 2007** 

FOR MEDICAL SERVICES										
QUESTIONNAIRE - ROUND 1 / JUNE-JULY 2010 / COUNTRY										
FIELDWORK CARRIED OUT BY: <company name=""></company>										
FIELDWORK MANAGED BY:	BBSS	Galluı	Inter	rnation	ıal					
THE QUESTIONNAIRE SHOULD BE FILLED IN ONLY FOR RESPONDENTS WHO ARE 18 YEARS OLD OR OLDER.										
FILL IN THE FOLLOWING INFORMATION:										
SAMPLING POINT										
REGION										
RESPONDENT ID NUMBER										
DATE OF THE INTERVIEW (DD/MM/YYYY)			/			/	2	0	1	0
START TIME (USE 24 HOURS CLOCK)			:							
INTERVIEWER ID NUMBER										
© ASSPRO CEE 2007 / project no. 217431 / funded No parts of this questionnaire may be used, translated means(electronic, mechanical, copying, recording an ASSPRO CEE 2007 (project no. 217431). For project	d, stored, d etc.) wi	publishe thout the	ed, copie e written	ed or tran	smitted i	in any fo	orm and		project	

#### INFORMED CONSENT PROCEDURE

#### BEFORE YOU START, READ THE FOLLOWING TO THE RESPONDENT:

- The aim of this survey is to collect data on citizens' opinion about the quality, access and price of medical services they use.
- The survey is not commissioned by the government or a health insurer.
- This survey is part of an international research project funded by the European Commission. The same survey is carried out in several European countries.
- The data collected during the survey will be used for research purposes, namely for statistic analyses and reports.
- Your answers will not be related to your personal details (address, etc.) and will be completely confidential.
- Answers to all questions are highly important to the project, so we hope that you will share your opinions and thoughts by answering all questions in the questionnaire.

Do you agree to participate in this survey?

1 = YES
0 = NO
$0 = \mathbf{NO}$

CONTINUE THE INTERVIEW ONLY IF THE RESPONDENT AGREES TO PARTICIPATE.

ASK THE QUESTIONS FOLLOWING THEIR ORDER IN THE QUESTIONNAIRE.

READ THE EXACT WORDING OF THE QUESTIONS, AND AFTERWARDS, IF NECESSARY, MAKE CLARIFICATIONS.

USE LOCAL CURRENCY FOR ALL RELEVANT QUESTIONS (XXX).

PLEASE TRY TO AVOID "DON'T KNOW" (DK) ANSWERS AND REFUSALS. IF THE RESPONDENT REFUSES TO ANSWER, KEEP THE ANSWER BOX BLANK..

# PART 1: USE AND PAYMENTS FOR PHYSICIAN SERVICES USED BY THE RESPONDENT

The first set of questions concerns medical services that YOU used during the last 12 months (June 2009 – May 2010), and the money that you paid out-of-pocket (or your family members paid on your behalf) for YOU receiving these services.

Out-of-pocket payments include OFFICIAL payments, for which one may usually receive a receipt or other document, INFORMAL cash payments (such as gratitude cash payments or under-the-table cash payments), or gifts in kind for receiving medical services.

Out-of-pocket payments EXCLUDE monthly payments for health insurance (or voluntary health accounts), as well as payments that the patient receives back from the state or a health insurer.

INSTRUCTION: QUESTIONS Q.1A/Q.3A DEFINE NEXT SECTIONS. PLEASE TRY TO AVOID "DON'T KNOW".

Q.1A	During the last 12 months, how many times did YOU PERSONALLY visit a physician or a physician visited you personally at your home, including any physician in both the public and private system? (Homeopaths and traditional healers who are not physicians, and also dentists are excluded.)	TIMES 0=None 99=DK IF NONE, GO TO Q.2C
Q.1B	Considering all types of official and informal cash payments, and gifts in kind, how much IN TOTAL did you spend (out-of-pocket) on these visits EXCLUDING payments for travelling, transportation by ambulance and pharmaceuticals?	XXX 0=None 99=DK IF NONE, GO TO Q.2A
Q.1C	How much of this amount approximately was for INFORMAL cash payments and gifts in kind?	XXX 0=None 99=DK
PART	2: USE AND PAYMENTS FOR HOSPITAL SERVICES USED BY THE RESPOND	ENT
PART Q.3A	2: USE AND PAYMENTS FOR HOSPITAL SERVICES USED BY THE RESPOND  During the last 12 months, how many times were YOU hospitalised (placed in a hospital), including day surgeries or day treatments? (Re-hospitalisation, i.e. repeated hospitalisation for the same health problem, should be counted separately as a different hospitalisation.)	TIMES 0=None 99=DK  IF NONE, GO TO Q.4C
	During the last 12 months, how many times were YOU hospitalised (placed in a hospital), including day surgeries or day treatments? (Re-hospitalisation, i.e. repeated hospitalisation for the same health	TIMES 0=None 99=DK

## **PART 3:** ATTITUDE TOWARDS INFORMAL PATIENT PAYMENTS

The following questions concern your attitude towards INFORMAL cash payments and gifts in kind to physicians, medical staff or other personnel in health care facilities. Your personal opinion is very important, no matter whether you used or not medical services. There are no wrong or right answers.

	Do the following statements apply to YOU PERSONALLY?	
Q.8A	I will feel UNCOMFORTABLE if I leave the physician's office without a gratitude cash payment or gift in kind.	2 = YES 1 = SOMEWHAT 0 = NO 99=DK
Q.8B	I would RECOGNISE the hint of physicians or medical staff for an informal cash payment or a gift in kind.	2 = YES 1 = SOMEWHAT 0 = NO 99=DK
Q.8C	I will REFUSE to pay if a physician or medical staff ask me to pay informally for a medical service.	2 = YES 1 = SOMEWHAT 0 = NO 99=DK
Q.8D	I will PREFER to use private medical services if I have to pay informally for public medical services.	2 = YES 1 = SOMEWHAT 0 = NO 99=DK
Q.8E	If I have SERIOUS PROBLEMS with my health, I will be ready to pay as much as I have in order to get better medical services.	2 = YES 1 = SOMEWHAT 0 = NO 99=DK
	Do you AGREE with the following statements?	
Q.9A	Do you AGREE with the following statements?  Informal CASH payments to physicians and medical staff are similar to corruption.	2 = YES 1 = SOMEWHAT 0 = NO 99=DK
Q.9A Q.9B	Informal CASH payments to physicians and medical staff are	1 = SOMEWHAT $0 = NO$
	Informal CASH payments to physicians and medical staff are similar to corruption.  Gifts IN KIND to physicians and medical staff are similar to	1 = SOMEWHAT 0 = NO 99=DK 2 = YES 1 = SOMEWHAT 0 = NO
Q.9B	Informal CASH payments to physicians and medical staff are similar to corruption.  Gifts IN KIND to physicians and medical staff are similar to corruption.  Informal CASH payments to physicians and medical staff are an	1 = SOMEWHAT 0 = NO 99=DK 2 = YES 1 = SOMEWHAT 0 = NO 99=DK 2 = YES 1 = SOMEWHAT 0 = NO

**Q.9F** Cash or gifts in kind, given informally to physicians and medical staff, should be ERADICATED.

2 = YES 1 = SOMEWHAT
0 = NO 99= <mark>DK</mark>

# **PART 9:** SOCIO-DEMOGRAPHIC CHARACTERISTICS

Next questions concern your social and demographic characteristics. The information that is required will not be related to your identity. The data are only necessary in order to analyse the results of this survey in a statistical way.

Q.17A	In which YEAR were you born?	1 9
Q.17B	FILL IN THE RESPONDENT'S GENDER.	1 = FEMALE 0 = MALE
Q.17C	FILL IN THE TYPE OF RESPONDENT'S RESIDENCE PLACE.	4 = THE CAPITAL 3 = CITY (MORE THAN 500,000 INHABITANTS) 2 = CITY ( 200,000 – 500,000 INHABITANTS) 1 = TOWN (UP TO 200,000 INHABITANTS) 0 = VILLAGE
Q.17D	SHOW CARD 6.  What is the level of your current EDUCATION or current study?	5= TERTIARY EDUCATION (ISCED 5+6) 4 = POST-SECONDARY NON-TERTIARY EDUCATION (ISCED 4) 3 = UPPER SECONDARY EDUCATION (ISCED 3) 2 = LOWER SECONDARY OR SECOND STAGE OF BASIC EDUCATION (ISCED 2) 1 = PRIMARY OR FIRST STAGE OF BASIC EDUCATION (ISCED 1) 0 = NOT COMPLETED PRIMARY EDUCATION (ISCED 0)
Q.17E	SHOW CARD 7.  What is your primary OCCUPATION (activities) at present?	8 = STUDENT (IN EDUCATION) 7 = EMPLOYEE (IN PAID JOB) 6 = OWN/FAMILY PRIVATE BUSINESS (INCLUDING SELF-EMPLOYED) 5 = UNEMPLOYED (JOB-SEEKING) 4 = NOT EMPLOYED (NOT SEEKING FOR A JOB, INCL. HOUSEWIFE) 3 = PENSIONER (BECAUSE OF AGE) 2 = PENSIONER (BECAUSE OF ILLNESS) 1 = FARMER/AGRICULTURER 0 = SOLDIER

Q.17F	SHOW CARD 8.  What is your MARITAL status at present?	5 = NEVER MARRIED AND SINGLE 4 = LIVING WITH A PARTNER WITHOUT MARRIAGE 3 = MARRIED (LIVING TOGETHER) 2 = MARRIED (LIVING SEPARATELY) 1 = DIVORCED AND SINGLE AT PRESENT 0 = WIDOW/ER AND SINGLE AT PRESENT
Q.18A	SHOW CARD 9.  How do you perceive your present HEALTH status?	5 = PERFECT HEALTH 4 = VERY GOOD HEALTH 3 = GOOD HEALTH 2 = FAIR HEALTH 1 = BAD HEALTH 0 = VERY BAD HEALTH

## Part 10: HOUSEHOLD CHARACTERISTICS AND HOUSEHOLD INCOME

The last set of questions concerns your household. Household is one person or a group of persons sharing a flat/house and having a common budget or common expenditure.

FAMILY MEMBERS LIVING TOGETHER ARE ONE HOUSEHOLD ONLY IF THEY ALSO HAVE A COMMON BUDGET OR COMMON EXPENDITURE. FAMILY MEMBERS WHO DO NOT LIVE TOGETHER ARE NOT ONE HOUSEHOLD.

Q.20A	How many PERSONS are there in your household (incl. you)?	PERSONS
Q.20A	Please take a look at this card. Could you tell me which of the following categories corresponds to the NET AVERAGE HOUSEHOLD INCOME per month (i.e. after tax income) – considering all household members and all sources - wages, social welfare, pensions, rents, fees, etc?	17 = R - MORE THAN 3000 EURO 16 = Q - FROM 2001 TO 3000 EURO 15 = P - FROM 1501 TO 2000 EURO 14 = O - FROM 1001 TO 1500 EURO 13 = N - FROM 751 TO 1000 EURO 12 = M - FROM 601 TO 750 EURO 11 = L - FROM 501 TO 600 EURO 10 = K - FROM 451 TO 500 EURO 9 = J - FROM 401 TO 450 EURO 8 = I - FROM 351 TO 400 EURO 7 = H - FROM 301 TO 350 EURO 6 = G - FROM 251 TO 300 EURO 5 = F - FROM 201 TO 250 EURO 4 = E - FROM 151 TO 200 EURO 2 = C - FROM 76 TO 100 EURO 1 = B - FROM 50 TO 75 EURO 99=DK

This is the end of the questionnaire. Thank you for your participation!

(USE 24 HOURS CLOCK)	-	