No.	:	

## Version 1.0/20130813

# Questionnaire (to be answered by **patients**)

## In order to improve our quality of service, please kindly fill out the following questions.

1)	What's your major problem today?						
2)	Have you ever been ☐ a. Yes	n treated for this problem ☐ b. No	before seeing this mission?				
3)	What kind of health	n information was provide	ed to you today? *Multiple choices				
	☐ a. none	☐ b. medical care	□ c. personal hygiene				
	□ d. drug	$\square$ e. others, please spec	cify				
4)	How well did you u	understand what the doctor	r(s) told you?				
	☐ a. very much	□ b. so so	□ c. poorly				
5)	Do you understand	how to care for your heal	th problem(s) in the future?				
	□ a. Yes	□ b. No	□ c. not sure				
6)	<del>-</del>	about this mission? *Mul th □ b. sign/flier	tiple choices  ☐ c. radio  ☐ d. health provider				
7)	How long does it take you to get here from home?						
	About by	hour(s), _ *Multiple choices					
	a. on foot	ele (ex: car, motorcycle)	☐ b. public transportation (ex: bus) ☐ d. others: (ex: animal)				
8)	=	erall experience with this   b. average	mission. □ c. poor				
9)	☐ a. every 2 mont		being provided by this mission?  ☐ c. every 6 months				
10)	Will there be medical providers to follow up your problem?						
	□ a. Yes	□ b. No					
11)	How long does it tal	ke you to go to the <b>neare</b> s	t health provider (including clinic, health center,				
or	hospital) from your h						
	About by						
	☐ a. on foot	icle (ex: car, motorcycle)	☐ b. public transportation (ex: bus) ☐ d. others: (ex: animal)				

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## Personal information

12)	Sex □ a. female □ b. male
13)	Age years old
14)	Current Marital status  ☐ a. single ☐ b. married ☐ c. divorced
15)	How many years of education do you have?  □ a. never □ b. primary school □ c. secondary school □ d. high school □ e. college □ f. master or above
16)	Ethnicity  □ a. Swazis □ b. others
•	interviewer's signature:

Thank you very much for your time and cooperation!!