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Mobile clinic users' opinions on health care service provision in the Muldersdrift area,Gauteng province

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APPENDIX B

INTERVIEW SCHEDULE **NO**

MOBILE CLINIC USERS' OPINION ON HEALTH CARE SERVICE PROVISION IN THE MULDERSDRIFT AREA, GAUTENG

SECTION A: DEMOGRAPHIC DATA

1. Name of a mobile clinic point ----------

2. Age ----------

3. Gender (tick a relevant answer)

Female	1
Male	2

4 Employment status (tick a relevant answer)

Employed	1
Unemployed	2

5 Type of employment (tick a relevant answer)

Farm worker	1
Domestic worker	2
Self employed	3
Factory Worker	4
Road Works	5
Catering	6
Other	

6 Level of education (tick a relevant answer)

Has never attended school?	1
Sub A - STD 11 (Grade 1-4)	2
STD 111 - V1 (Grade 5 - 8)	3
STD V11 - X (Grade 9 - 12)	4
Tertiary education: Diploma / Certificate	5
Degree	6

SECTION B: UTILIZATION OF THE MOBILE SERVICE

7 How often have you used the mobile health care service within the last six months? (tick a relevant answer)

Twice	1
Three times	2
More than 3 times	3

8 Was there a time during the last six months that you or your family member got ill and could not come to the mobile clinic? (tick a relevant answer)

Yes	1
No	2

If (N) move to Question 12

9 What was the reason for not coming to the mobile clinic? (tick all relevant answers)

Too sick to come to the mobile	1
Services needed not available	2
Times service offered not suitable	3
Waiting time to long	4
Not satisfied with care given	5
Bad attitude of staff	6
Service not needed	7
Any other reason Specify:	

10 How did you manage your health problem (tick all relevant answers)

Self treatment at home	1
Used medication available at home	2
Bought medication from the shops / pharmacy	3
Muldersdrift Health Care Clinic	4
Traditional healer	5
Community health worker advice	6
General Practitioner (Doctor)	7
Private Nurse Practitioner (PHC)	8
Other: Specify	9

11 Explain why you chose that treatment option

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12. On the day (s) when the mobile clinic is not scheduled to come to your area, and you were in need of health care, how did you deal with your problem / need? (tick all relevant answers)

Never been sick within the last 6 months	1
Self treatment at home	2
Used medication available at home	3
Bought medication from the shops / pharmacy	4
Muldersdrift Health Care Clinic	5
Traditional healer	6
Community health worker advice	7
General Practitioner	8
Private Nurse Practitioner (PHC)	9
Other: Specify	10

SECTION C: <u>MOBILE CLINIC USERS' KNOWLEDGE OF THE AVAILABLE SERVICES</u>

13 Do you know which services are offered at the mobile clinic?
(tick a relevant answers)

Yes	1
No	2

14 If (Y), which services? (tick all relevant answers)

		Y	N
Well baby clinic	A	1	2
Family Planning	B	1	2
Treatment of common ailments	C	1	2
TB Treatment	D	1	2
Antenatal Clinic	E	1	2
Chronic Care	F	1	2
HIV & Aids Counselling and testing	G	1	2

15 Do you think all these services are needed by this community

Yes	1
No	2

16 If (N), which service(s) do you think are not needed in this community?
(tick all relevant answers)

Well baby clinic	A
Family Planning	B
Treatment of common ailments	C
TB Treatment	D
Antenatal Clinic	E
Chronic Care	F
HIV & Aids Counselling	G

17 Are there any other services that are needed by this community but are not offered at the mobile clinic?

Yes	1
No	2

18 If (Y), which other services are needed?

SECTION D: MOBILE CLINIC USERS' SATISFACTION WITH THE SERVICES

19 Are you satisfied with the range of services offered at this mobile clinic?

Yes	1
No	2
Some of the services	3

20 If yes which services are you most satisfied with? (Tick all relevant answers)

Well baby clinic	A
Family Planning	B
Treatment of common ailments	C
TB Treatment	D
Antenatal Clinic	E
Chronic Care	F
HIV & Aids Counselling	G
All	H
None	I

State the reason(s) ----------

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21 Which services are you least satisfied with? (Tick all relevant answers)

Well baby clinic	A
Family Planning	B
Treatment of common ailments	C
TB Treatment	D
Antenatal Clinic	E
Chronic Care	F
HIV & Aids Counselling	G
All	H
None	I

State the reason (s) ----------

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22 Do you find the day of the week chosen for offering the mobile service convenient?

Yes	1
No	2

23 If (N), explain ----------

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24 Do you find the times of offering the mobile health service convenient to you?

Yes	1
No	2

25 If (N), explain why

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26 Are you satisfied with the mobile service being offered once a month?

Yes	1
No	2

27 If (N), what do you prefer?

At least twice a month	1
At least thrice a month	2
At least once a week	3
If none of the above, please specify	4

28 Do you think that all patients are treated equally at the mobile clinic?

Yes	1
No	2

29 If (N), state the reason ---

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30 What is your opinion on the attitude of the qualified staff towards the community?

Bad	1
Good	2
Excellent	3

31 Think of the last time you utilised the mobile service, were you satisfied with how your health problem was managed?

Yes	1
No	2

32 If (N), explain ----------

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33 Do you have any other problem with the mobile service?

Yes	1
No	2

If (Y), explain ----------

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34 What is your overall opinion of the mobile clinic service

Bad	
Good	
Excellent	

Explain the reason(s) ----------

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35 Is there anything else that you would like me to know about the mobile health clinic

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Thank you very much for participating in the study.