

## Appendix A – Facility Assessment

**Date of assessment:**

**Persons involved in completing assessment:**

**Eligibility assessment**

Criteria	Number	Yes	No
Facility is located in Greater Beirut or Beqaa	NA		
Facility delivers NCD services (as reported by the head of the facility – consultations for diabetes and hypertension)	NA		
Facility offers services to both Lebanese and Syrian refugees: at minimum 50 consultations for Lebanese and 20 consultations for Syrians per month			
Facility has a minimum patient load for diabetes of 20 outpatient consultations per week and 20 hypertension outpatient consultations per week			
Consent to participate	NA		
<b>Eligibility</b>		<b>Eligible</b>	<b>Ineligible</b>

**Affiliation of the PHC:**

- Government
- Non-governmental

**Location (Greater Beirut or Beqaa):**

**ID number:**

**A. Service availability****What type of services is available?**

	1.Yes	0.No	Comment on why resources are/are not available
1. Reproductive, Maternal, Newborn, and Child Health (RMNCH)			
2. Communicable disease services			
3. Non-communicable diseases			
4. Minor and major injury services			
5. Ear, Nose, and Throat (ENT) services			
6. Ophthalmology			
7. Other			

**B. Health information systems****What is available at clinic level?**

	1.Yes	0.No	Comment on why resources are/are not available
1. Health information technology resources and systems			
2.Does the facility have electronic stock card or log books for medicine?			
3.Does the facility have electronic stock card or log books for consumables (e.g. syringes, bandages)?			
4.Does the facility keep a record of all the patient visits?			
5.Are the records kept in a registry system?			
6.Are patient files retrieved and consulted each time they visit the facility?			
7.Are medical records of diabetic/hypertensive patients computerized?			

8. Is the Internet used for communication and information exchange regarding diabetic/hypertensive patients?

9. Are there magnetic cards developed for diabetic/hypertensive patients/user identification?

10. Is there an electronic scheduling system for diabetic/hypertensive patients' appointments?

11. Is there an electronic scheduling system for diabetic/hypertensive patients' examinations?

12. Is there an electronic scheduling system for diabetic/hypertensive patients' admissions?

13. Are there any computerized protocols for diagnosis and treatment support of diabetic/hypertensive patients?

### **C. Human resources**

**What type of human resources are available? How many?**

1. Yes   0. No   How many?

1. Physicians

2. Psychologists

3. Registered nurses

4. Registered midwives

5. Social workers

6. Occupational therapists

7. Pharmacists

8. Dietitians/nutritionists

9. Community health worker/health educator

10. Human Resources (available upon referral)

### **D. Facility infrastructure**

**Please tell us more about the facility infrastructure**

	(1) Strongly Agree, (2) Agree, (3) Undecided, (4) Disagree, (5) Strongly Disagree	Comments
1.The building is in a good state of repair (e.g. windows are not broken, paint is not peeling from the walls)		
2.The building is accessible for persons with physical disabilities		
3.The building's lighting (artificial and natural), heating and ventilation provide a comfortable living environment		
4.The physical equipment and supplies are sufficient and in good condition		
5.Measures are in place to protect people against injury through fire		
6.The toilet facilities are clean and working properly		
7.The toilet facilities allow privacy, and there are separate facilities for men and women		
8.The toileting needs of service users who have impaired mobility or other physical disabilities are accommodated		
9.There are ample furnishings, and they are comfortable and in good condition		
10.The layout of the facility is conducive to interaction between and among service users, staff and visitors		

### **E. Equipment for NCDs**

#### **1. How often are blood pressure measuring devices (BPMDs) calibrated and checked for accuracy?**

1. Once a year or more
2. Less than once a year
3. Never
4. Don't know

#### **2. How often are weight scales calibrated and checked for accuracy?**

1. Once a year or more
2. Less than once a year
3. Never
4. Don't know

**3. How often are glucometers calibrated and checked for accuracy?**

1. Once a year or more
2. Less than once a year
3. Never
4. Don't know

**4. Are there any consumables that you need?**

\_\_\_\_\_

**5. Are they accessible?**

\_\_\_\_\_

**6. How is the equipment usually repaired and maintained?**

1. Repaired at the facility
2. Sent back to manufacturer for repair
3. Other, specify \_\_\_\_\_

**7. What, if any, are the difficulties in getting repairs to equipment done?**

.....  
 .....

**F. Infrastructure/services**

**1. Are the following procedures being conducted at the facility when needed?**

	<b>1.Yes</b>	<b>0. No, why not? .....</b>
1.Administration of oxygen (via mask or tube)		
2.Administration of intravenous (IV) fluids/drip		
3.IV injection		
4.Intramuscular (IM) injection		
5.Subcutaneous injection		
6.Electrocardiography (ECG)		
7.Cardiopulmonary resuscitation		
8.Manual ventilation with a bag valve mask resuscitator (ambu-bag)		

9. Visual acuity examination

10. Examination for neuropathy with knee hammer/tuning fork, etc.

11. Peak flow test

12. Ophthalmoscopy

**2. Do you have a bed where you can stabilize a very ill patient before transfer to a referral institution?**

1. Yes
0. No

**3. If injections are provided at the facility, what type of needle is used?**

1. Disposable needles
2. Reusable, sterilized needles.
3. How are needles sterilized? .....
4. Injections not provided at the facility
5. Don't know

**4. Is there a safe disposal for used needles available?**

1. Yes
0. No

**G. Utilization of services**

**1. What is the total number of visits to the health facility for outpatient services last month?**

1. Total number of visits last month: \_\_\_\_\_
2. On average how many consultations were for diabetes? \_\_\_\_\_

This figure is based on:

- a. Register/record
- b. Estimation

3. On average how many consultations were for hypertension? \_\_\_\_\_

This figure is based on:

- a. Register/record
- b. Estimation

**2. What is the total number of visits to the health facility for outpatient services yesterday?**

1. Total number of visits yesterday: \_\_\_\_\_
2. On average how many consultations were for diabetes? \_\_\_\_\_

This figure is based on:

- a. Register/record
- b. Estimation

3. On average how many consultations were for hypertension? \_\_\_\_\_  
This figure is based on:

- a. Register/record
- b. Estimation

**3. How many of the patient visits made yesterday were for:**

1. Number of visits made for hypertension: \_\_\_\_\_

This figure is based on:

- a. Register/record
- b. Estimation

2. Number of visits made for diabetes: \_\_\_\_\_

This figure is based on:

- a. Register/record
- b. Estimation

**4. How do patients access the facility?**

- 1. Walk-in only
- 2. By appointment only
- 3. Combination of appointments and walk-ins

**H. Financing and administration**

**1. Do patients pay the facility for medicines?**

- 1. Yes, full payment
- 2. Yes, partial payment
- 0. No, medicines are provided for free
- 3. Other:....

**2. If medicines are provided for free or for partial payment, who subsidizes it?**

- |                   |                                    |
|-------------------|------------------------------------|
| 1. Specify: ..... | Proportion paid by patient: .....% |
| Specify: .....    | Proportion paid by patient: .....% |
| Specify: .....    | Proportion paid by patient: .....% |
| Specify: .....    | Proportion paid by patient: .....% |
| Specify: .....    | Proportion paid by patient: .....% |
| Specify: .....    | Proportion paid by patient: .....% |
| Specify: .....    | Proportion paid by patient: .....% |
| 8. Don't know     |                                    |

**3. Do patients pay the facility for consultations?**

1. Yes, full payment
2. Yes, partial payment
0. No, consultations are provided for free
3. Other: \_\_\_\_\_

**4. If consultations are provided for free or for partial payment, who subsidizes it?**

- |                |                                   |
|----------------|-----------------------------------|
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |

8. Don't know

**5. Do patients pay the facility for diagnostic tests?**

1. Yes, full payment
2. Yes, partial payment
0. No, diagnostic tests are provided for free
3. Other: \_\_\_\_\_

**6. If diagnostic tests are provided for free or for partial payment, who subsidizes it?**

- |                |                                   |
|----------------|-----------------------------------|
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |
| Specify: ..... | Proportion paid by patient: ..... |

8. Don't know

**I. Diabetes services - Financing****1. For how long have the diabetes services been provided at the clinic?**

\_\_\_\_\_

**2. Do patients pay the facility for diabetes medicines?**



1. Yes, full payment
2. Yes, partial payment
0. No, medicines are provided for free
3. Other:....

**3. If diabetes medicines are provided for free or for partial payment, who subsidizes it?**

- |                  |                                   |
|------------------|-----------------------------------|
| 1.Specify: ..... | Proportion paid by patient: ..... |
| 2.Specify: ..... | Proportion paid by patient: ..... |
| 3.Specify: ..... | Proportion paid by patient: ..... |
| 4.Specify: ..... | Proportion paid by patient: ..... |
| 5.Specify: ..... | Proportion paid by patient: ..... |
| 6.Specify: ..... | Proportion paid by patient: ..... |
| 7.Specify: ..... | Proportion paid by patient: ..... |
| 8.Don't know     |                                   |

**4. Do patients pay the facility for diabetes consultations?**

1. Yes, full payment
2. Yes, partial payment
0. No, consultations are provided for free
3. Other: \_\_\_\_\_

**5. If diabetes consultations are provided for free or for partial payment, who subsidizes it?**

- |                  |                                   |
|------------------|-----------------------------------|
| 1.Specify: ..... | Proportion paid by patient: ..... |
| 2.Specify: ..... | Proportion paid by patient: ..... |
| 3.Specify: ..... | Proportion paid by patient: ..... |
| 4.Specify: ..... | Proportion paid by patient: ..... |
| 5.Specify: ..... | Proportion paid by patient: ..... |
| 6.Specify: ..... | Proportion paid by patient: ..... |
| 7.Specify: ..... | Proportion paid by patient: ..... |
| 8.Don't know     |                                   |

**6. Do patients pay the facility for diabetes diagnostic tests?**

1. Yes, full payment
2. Yes, partial payment

0. No, diagnostic tests are provided for free

3. Other: \_\_\_\_\_

**7. If diabetes diagnostic tests are provided for free or for partial payment, who subsidizes it?**

1.Specify: ..... Proportion paid by patient: .....%

2.Specify: ..... Proportion paid by patient: .....%

3.Specify: ..... Proportion paid by patient: .....%

4.Specify: ..... Proportion paid by patient: .....%

5.Specify: ..... Proportion paid by patient: .....%

6.Specify: ..... Proportion paid by patient: .....%

7.Specify: ..... Proportion paid by patient: .....%

8. Don't know

**J. Hypertension services - Financing**

**1. For how long have the hypertension services been provided at the clinic?**

\_\_\_\_\_

**2. Do patients pay the facility for hypertension medicines?**

1. Yes, full payment

2. Yes, partial payment

0. No, medicines are provided for free

3. Other: \_\_\_\_\_

**3. If hypertension medicines are provided for free or for partial payment, who subsidizes it?**

1.Specify: ..... Proportion paid by patient: .....%

2.Specify: ..... Proportion paid by patient: .....%

3.Specify: ..... Proportion paid by patient: .....%

4.Specify: ..... Proportion paid by patient: .....%

5.Specify: ..... Proportion paid by patient: .....%

6.Specify: ..... Proportion paid by patient: .....%

7.Specify: ..... Proportion paid by patient: .....%

8. Don't know

**4. Do patients pay the facility for hypertension consultations?**

1. Yes, full payment
2. Yes, partial payment
0. No, consultations are provided for free
3. Other: \_\_\_\_\_

**5. If hypertension consultations are provided for free or for partial payment, who subsidizes it?**

- |                  |                                   |
|------------------|-----------------------------------|
| 1.Specify: ..... | Proportion paid by patient: ..... |
| 2.Specify: ..... | Proportion paid by patient: ..... |
| 3.Specify: ..... | Proportion paid by patient: ..... |
| 4.Specify: ..... | Proportion paid by patient: ..... |
| 5.Specify: ..... | Proportion paid by patient: ..... |
| 6.Specify: ..... | Proportion paid by patient: ..... |
| 7.Specify: ..... | Proportion paid by patient: ..... |
| 8.Don't know     |                                   |

**6. Do patients pay the facility for hypertension diagnostic tests?**

1. Yes, full payment
2. Yes, partial payment
0. No, diagnostic tests are provided for free
- 3.Other: \_\_\_\_\_

**7. If hypertension diagnostic tests are provided for free or for partial payment, who subsidizes it?**

- |                  |                                   |
|------------------|-----------------------------------|
| 1.Specify: ..... | Proportion paid by patient: ..... |
| 2.Specify: ..... | Proportion paid by patient: ..... |
| 3.Specify: ..... | Proportion paid by patient: ..... |
| 4.Specify: ..... | Proportion paid by patient: ..... |
| 5.Specify: ..... | Proportion paid by patient: ..... |
| 6.Specify: ..... | Proportion paid by patient: ..... |
| 7.Specify: ..... | Proportion paid by patient: ..... |
| 8.Don't know     |                                   |

## Appendix B - Beneficiary Survey

“Please do not refer to the names of the people and facilities or provide any identifiable information”

### **A- Respondent’s socio-demographic characteristics**

I would like to start by asking you some background questions before asking you questions on your health. This information is confidential and will only be used for research purposes.

#### **1. What is your nationality:**

1. Lebanese
2. Syrian
3. If Syrian, when did you come to Lebanon?  
Year:

#### **2. Have you ever been diagnosed with Diabetes Mellitus?**

1. Yes
0. No

#### **3. Have you ever been diagnosed with Hypertension?**

1. Yes
0. No

#### **4. Gender**

- Female
- Male

#### **5. How old are you?**

(Years) \_\_\_\_\_

#### **6. What is your weight?**

(Kilos) \_\_\_\_\_

#### **7. What is your height?**

(Centimeters) \_\_\_\_\_

#### **8. What is your current marital status?**

1. Never Married
2. Currently Married
3. Separated
4. Divorced
5. Widowed

#### **9. What is the highest level of education that you have completed?**

1. No formal schooling
2. Primary school completed
3. Secondary school completed
4. High school (or equivalent) completed
5. University completed

6. Post graduate degree completed

**10. What is your current employment status?**

1. Working
2. Not working
3. Unable to work

**11. What is the number of rooms within the household you live in? (The kitchen and the toilets are excluded)**

.....

**12. How many residents are there in the household? (Including the housekeepers?)**

.....

**B. Risk Factors**

I will now ask you questions about your daily life.

**Tobacco consumption**

**13. Do you currently smoke any tobacco products such as cigarettes, cigars, or pipes?**

1. Daily
2. Yes, but not daily
3. No, not at all

**14. For how many years have you been smoking daily? \_\_\_\_\_**

**15. On average, how many of the following products do you smoke each day?**

1. Cigarette
2. Narguileh
3. Other:

**Alcohol consumption (I understand this may be a sensitive topic, and I would like to stress again the confidentiality and privacy of the information. If the participant feels uncomfortable he/she can skip answering any of the addressed question(s))**

**16. Have you ever consumed a drink that contains alcohol (such as beer, wine, etc.)?**

1. Yes
0. No

**17. During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day?**

1. Monday \_\_\_\_\_
2. Tuesday \_\_\_\_\_
3. Wednesday \_\_\_\_\_
4. Thursday \_\_\_\_\_
5. Friday \_\_\_\_\_
6. Saturday \_\_\_\_\_
7. Sunday \_\_\_\_\_

**Nutrition** (*cards that illustrate what a serving means will be prepared*)

Now I am going to ask you about the fruit and vegetables you usually eat.

**18. How many servings of fruit do you eat on a typical day?** \_\_\_\_\_

**19. How many servings of vegetables do you eat on a typical day?** \_\_\_\_\_

### **Physical Activity**

Now I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from places to place, and in your spare time for recreation, exercise or sport.

**20. During the last 7 days, on how many days did you do vigorous physical activities?** Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at least 10 minutes at a time.

Days:

**21. How much time did you usually spend doing vigorous physical activities on one of those days?**

Minutes per day \_\_\_\_\_

### **Moderate Activity**

Now think about activities which take moderate physical effort that you did in the last 7 days.

**22. During the last 7 days, on how many days did you do moderate physical activities?** Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking.

Again, think about only those physical activities that you did for at least 10 minutes at a time.

Days:

**23. How much time did you usually spend doing moderate physical activities on one of those days?**

Minutes per day \_\_\_\_\_

### **Walking**

Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

**24. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?**

\_\_\_\_\_

**25. How much time did you usually spend walking on one of those days?**

Minutes per day \_\_\_\_\_

### **C-History of Disease**

Now I would like to read to you questions about some health problems or health care needs that you and the young children in this house may have experienced, and the treatment or medical care that you may have received.

**26. Have you ever been diagnosed with diabetes or hypertension?**

Yes (diabetes) – continue

Yes (hypertension) – skip to question 29

Yes (both) – continue

**27. When were you diagnosed with diabetes? Even an approximate answer is helpful.**

1. Year: \_\_\_\_\_

2. Month: \_\_\_\_\_

3. N/A

**28. Where were you diagnosed with diabetes?**

1. \_\_\_\_\_

2. N/A

**29. When were you diagnosed with hypertension? Even an approximate answer is helpful.**

1. Year: \_\_\_\_\_

2. Month: \_\_\_\_\_

3. N/A

**30. Where were you diagnosed with hypertension?**

1. \_\_\_\_\_

2. N/A

**31. Do you suffer from any other disease?**

1. Yes (please specify)

0. No

2. Don't know

**D-Health services**

I will now ask you questions about the health care services you receive.

**Diabetes Mellitus Benefit Package:** *(if patient says yes to diabetes diagnosis)*

**32. During the past year, how many times did you see your GP/family doctor?**

\_\_\_\_\_

**33. How many of these visits directly related to your diabetes?**

\_\_\_\_\_

**34. Were you referred to – and then attended appointments with – other specialists?**

Specialist	Referred (1.Yes/0.No)	Reason for referral (routine / other: please specify)	Attended
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- 1.Endocrinologist
- 2.Ophtalmologist
- 3.Other specialties  
(Cardio/Nephro/Vascular)
- 4.Dentist
- 5.Clinical dietician

**35. Now let me ask you about the immunizations and diagnostic tests you receive.**

Test	Received (1.Yes/0.No)	Any other information (e.g. do they receive it here? Do they-co pay?)
1.Hepatitis B vaccine		
2.Flu Vaccine		
3.Fasting Blood Sugar		
4.Hba1c		
5.Lipid profile		
6.Other blood tests (CBC)		
7.Platelets		
8.Creatinine – (for kidney function)		
9.SGPT (for liver function)		
10.SGOT (for liver function)		
11.Urine test (Urinalysis)		
12.Urine test (spot urine microalbumin)		
13.EKG		

**36. Now I would like to ask you what usually happens during your examinations. Does the physician or the nurse check:**

Consultation element	Frequency (1.every visit, 2.almost every visit, 3.some visits, 4.almost never, 5.never)
1.Height	
2.Weight	
3.Blood pressure	
4.Foot examination ( <i>for ulcers etc</i> )	

**36. Does your health care provider offer you any advice on: (I would like to stress again the confidentiality and privacy of the information)**



Consultation element	Frequency (1.every visit, 2.almost every visit, 3.some visits, 4.almost never, 5.never)	Do you find this advice relevant? (1.very relevant, 2.relevant, 3.moderately relevant, 4.slightly relevant, 5.not relevant)
1.Smoking		
2.Healthy nutrition (sugar)		
3.Exercise		
4.Alcohol consumption		
5.Managing your diabetes		

### Hypertension Benefit Package:

**Hypertention Benefit Package:** *(if patient says yes to hypertension diagnosis)*

**37. During the past year, how many times did you see your GP/family doctor?**

\_\_\_\_\_

**38. How many of these visits directly related to your hypertension?**

\_\_\_\_\_

**39. Were you referred to – and then attended appointments with – other specialists?**

Specialist	Referred (1.Yes/0.No)	Reason for referral (routine / other: please specify)	Attended
1.Cardiologist			
2.Ophthalmologist			
3.Other specialties (Nephro/Vascular)			
4.Dentist			
5.Clinical dietician			

**40.Now let me ask you about the immunizations and diagnostic tests you receive.**

Test	Received (1.Yes/0.No)	Any other information (e.g. do they receive it here? Do they-co pay?)
1.Hepatitis B vaccine		
2.Flu Vaccine		
3.Fasting Blood Sugar		
4.Hba1c		
5.Lipid profile		
6.Other blood tests (CBC)		
7.Platelets		
8.Na		

- 9.K
- 10.Ca
- 11.Uric acid
- 12.Creatinine – (for kidney function)
- 13.SGPT (for liver function)
- 14.Urine test (Urinalysis)
- 15.Urine test (spot urine microalbumin)
- 16.EKG

**41. Now I would like to ask you what usually happens during your examinations. Does the physician or the nurse check:**

Consultation element	Frequency (1.every visit, 2.almost every visit, 3.some visits, 4.almost never, 5.never)
1.Height	
2.Weight	
3.Blood pressure	

**42. Does your health care provider offer you any advice on: (I would like to stress again the confidentiality and privacy of the information)**

Consultation element	Frequency (1.every visit, 2.almost every visit, 3.some visits, 4.almost never, 5.never)	Do you find this advice relevant? (1.very relevant, 2.relevant, 3.moderately relevant, 4.slightly relevant, 5.not relevant)
1.Smoking		
2.Healthy nutrition (salt)		
3.Exercise		
4.Alcohol consumption		
5.Managing your hypertension		

### **E. Patient self-management**

**43. Do you feel you have enough knowledge to manage your diabetes at home?**

- 1-disagree
- 2-partially disagree
- 3-neutral
- 4-partially agree
- 5-agree
- 6-N/A

**44. Do you feel you have enough knowledge to manage your hypertension at home?**

- 1-disagree
- 2-partially disagree
- 3-neutral
- 4-partially agree
- 5-agree

6-N/A

**45. What challenges do you face?**

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**INVENTORY OF MEDICINES AND DRUGS**

**We are interested in knowing about the availability and use of certain medicines and drugs. Remember that whatever information you give me is confidential and will only be used for research purposes.**

**46. During the past year, the last time you sought care for diabetes or hypertension did the health care provider prescribe any medicine for you?**

**a. Diabetes:**

1. Yes
0. No
2. N/A

**b. Hypertension:**

1. Yes
0. No
2. N/A

47. If yes: which medicines were they?

---

**48. Of the medicines that were prescribed for you, how many of them were you able to get?**

1. All of them
2. Most
3. Some
4. Very few
5. None of them

**49. Were these medications provided to you from the PHCC or did you have to get them yourself?**

---

**50. Which reason best explains why you did not get all the medicines you were prescribed?**

1. Could not afford
2. Could not find all medicines
3. Did not believe all the medications were needed
4. Started to feel better
5. Already had some of the medicines at home
6. Other

**F- Outcome (hospitalizations, glycemc episodes...)**

**51. When was the last time that you checked the HbA1C in the past year?**

1. Date:
2. Never
3. Don't know

**52. What was the HbA1C reading?**

1. Value:

2. Don't know
3. N/A

**53. How many times were you hospitalized for conditions related to diabetes in the past year?**

1. Number of times:
2. Don't know
3. N/A

**54. During the past four weeks, did you experience any symptoms of hypoglycemia?** (shakiness, dizziness, sweating, hunger, irritability or moodiness, anxiety or nervousness)

---

**55. When was the last time that you checked your blood pressure in the past year?**

1. Date
2. Never
3. Don't know

**56. What was the blood pressure value?**

1. Values

a- Systolic BP:

b- Diastolic BP:

2. Don't know

3. N/A

**57. How many times were you hospitalized for conditions related to hypertension in the past year?**

1. Number of times:
2. Don't know
3. N/A

**58. Were you exposed to any of the following complications? (Tick all that apply)**

1. Heart disease
  - a- Myocardial infarction or heart attack
  - b- CABG – surgery
  - c- Percutaneous Coronary Intervention
2. Stroke
3. Peripheral Artery disease
  - a- Ulcers of the lower limbs (or toes)
  - b- Amputation of the lower limbs (or toes)
4. Diseases of the eye (retina)
5. Kidney disease
6. Thyroid problems

7. Other (specify):

**59. Were you diagnosed with DM and/or HTN during these complications?**

\_\_\_\_\_

**60. Did these complications happen in the past year?**

\_\_\_\_\_

**G-Patient satisfaction and other factors affecting utilization**

**61. During the past year, when you needed health care for diabetes or hypertension did you get health care?**

1. Always
2. Very Often
3. Sometimes
4. Rarely
5. Never

**62. During the past year, did you visit this particular PHCC for the health care for diabetes or hypertension?**

1. Always
2. Very Often
3. Sometimes
4. Rarely
5. Never

**63. If you did not receive the health care, which reasons explain why you did not get health care? (tick all that apply)**

- |  |  |
|--|--|
| 1. Cost  | - A. Could not afford the cost of the visit                        |
|  | - B. Could not afford the cost of transport                        |
| 2. Knowing where to go                                   | - A. You did not know where to go                                  |
| 3. Physical access                                       | - A. No transport  |
|  | - B. No PHCC nearby?   |
|  | - C. Traffic   |
| 4. Previous experience of receiving care                 | - A. The health care provider's drugs or equipment were inadequate |
|  | - B. The health care provider's skills were inadequate             |
|  | - C. You were previously badly treated                             |
| 5. Could not take time off work or had other commitments |  |
| 6. You thought you were not sick enough                  |  |
| 7. You tried but were denied health care                 |  |
| 8. Other   |  |

**Now I would like to ask you about how important some notions are to you****Would you say it is:**

not important (1), slightly important (2), important (3), moderately important (4), very important (5) Skip (9)

**64. How important is "respectful treatment" to you.** (meaning: being shown respect when greeted by and when talking to health care providers and having physical examinations conducted in a way that respects your cultural norms)

**65. How important is "confidentiality of personal information" to you.** (meaning: having information about your health and other personal information kept confidential and having conversations with health care providers without other people overhearing)

**66. How important is "convenient travel and short waiting times" to you.** (meaning: having short travel times and convenient access to health care facilities and having short waiting times for consultations and hospital admissions)

**67. How important is "choice of health care providers" to you.** (meaning: being able to choose your health care provider (place or person) and being able to consult for a second opinion or with a specialist if so desired)

**68. How important is "involvement in decision making" to you.** (meaning: being involved as much as you want in deciding about your health care and freedom to discuss other treatment options or care regimes if you want)

**69. How important are "good quality surroundings" to you?** (meaning: having enough space, seating and fresh air in the waiting rooms, examination rooms and hospital wards and having a clean facility (including clean toilets))

**70. How important is "contact with the outside world" to you?** (meaning: having family and friends visit you as much as you want when you are a patient in hospital and being able to keep in contact with family and friends and to have information about what is happening outside the hospital)

**71. How important is "clarity of communication" to you.** (meaning: having the health care providers explain things in a way you can understand and having enough time to ask questions if you don't understand something)

**Now I would like to ask you about the care you received****72. During the last year, which type of health provider have you seen most frequently?**

1. Medical doctor
2. Nurse
7. Other

**73. How would you rate your satisfaction regarding:****Topic****During consultation**

1. Provider skills

**Rating (1 lowest to 5 highest)**

2. Being spoken to respectfully
3. Privacy during consultation
4. Explanations about treatment options and alternatives
5. Time availability for questions and clarifications
6. Clarity of explanations during consultation
7. Involvement in decision making your health and treatment (e.g. plan)
8. Confidentiality of your personal information
9. Availability of equipment
10. Condition of the equipment (e.g. cleanliness, functionality)
11. Availability of medicines
12. Examination room space
13. Examination room cleanliness
- Facility**
14. Waiting time for appointment scheduling
15. Waiting time in facility (for receiving services)
16. Waiting space (availability, crowdedness)
17. Facility cleanliness (including toilets)
18. Staff greetings
19. Provider choice (within the centre)
20. Provider choice (between clinics/facilities)

**74. On average, per visit, how much did you or your household pay for (local currency):** [Interviewer: only write 0 if the service was free. If a person did not have tests or drugs, circle "Not applicable, not have"]

- |                                  | Amount | Don't know | Not applicable, not have |
|----------------------------------|--------|------------|--------------------------|
| 1. [Health care provider's] fees |        |            |                          |
| 2. Medicines                     |        |            |                          |
| 3. Tests                         |        |            |                          |
| 4. Transport                     |        |            |                          |
| 5. Other                         |        |            |                          |

**75. Do you have any health coverage?** (please tick what applies)

1. National Social Security Fund (NSSF)
2. Civil Servants Cooperative (CSC)
3. Military schemes
4. Private insurance
5. No health coverage

**76. In the past year did you feel that you were treated worse by health care providers for any of the following reasons. Because of your:**

- |                    | Yes | No |
|--------------------|-----|----|
| 1. Sex             |     |    |
| 2. Age             |     |    |
| 3. Lack of money   |     |    |
| 4. Social class    |     |    |
| 5. Type of illness |     |    |
| 6. Nationality     |     |    |

