

**Barriers to uptake of referral services within LV Prasad's ICARE pyramid: A study of Nava Bharat Eye Centre Khammam District, Andhra Pradesh, India**

**Questionnaire for Non-Defaulting Subjects**

Subject ID :  (This will be the Unique ID)

**Information from Hospital Records**

NB M.R.D.No. :   
(ex: N5555 or P5555)      Status: 

1	Paying
2	Non-paying

      Age:  yrs.

Respondent's Name:

Address:      House number   
                 Village   
                 Mandal   
                 District   
Telephone no.

Gender: 

1	Male
2	Female

  
Distance from SC(in kms)

Date of first visit to the hospital(dd/mm/yyyy) :

Date of referral to tertiary center (dd/mm/yyyy) :

Total No. of visits to NB Eye Centre before referral/including referral:

No. of visits after referral:       Name of the referring Doctor:

Diagnosis:      RE (OD)   
                 LE (OS)   
                 Both (OU)

Reason for referral:

Referred as: (Economic status)

1	Paying
2	Non Paying

Referred to: (Clinics)

1	Cornea
2	Glaucoma
3	Retina
4	Childrens eye care
5	Neuro ophthalmology
6	Low vision / CSE
7	Emergency
8	Oculoplasty
9	Other (list) <input type="text"/>

Appointment status:

1	Emergency
2	Priority
3	Regular

Referred to: (tertiary center)

1	LVPEI, Hyderabad
2	LVPEI, Vijayawada
3	Others,specify <input type="text"/>

Referral ref. No:

**Visual acuity details from day of referral :**

(mention the codes as given in the table below)

Visual Acuity	Presenting	BCVA
RE (OD)		
LE (OS)		

Codes for recording Visual acuity

Visual Acuity	Code		
6/6	1	3/60	8
6/9	2	2/60	9
6/12	3	1/60	10
6/18	4	CF	11
6/24	5	PR accurate	12
6/36	6	PR inaccurate	13
6/60	7	NPL	14
		Not Listed	15

(If parts is mentioned in the record, code it to the next number)  
e.g. If 6/6p is mentioned, then code it as 2  
Consider completely read line

Other relevant notes from referral:

**Family/Individual Demographic Information**  
(applicable for both Compliant and Non-Compliant subjects)

*to be collected by Field Investigator*

Investigator's name :

Date of Interview :

Subject ID :

**Individual demographic information**

1. Name of the respondent :

2. Are you interested to participate in the study?

1	Yes
2	No

2.1. If No, please mention the reason(-98, not applicable)

3. Are you the head of the family?

1	Yes
2	No

4. No. of family members living in home :

5. Marital status:

1	Married	3	Widowed
2	Unmarried	4	Separated

6. Type of family:

1	Single/Unimember
2	Nuclear
3	Extended
4	Joint
5	Others

7. Languages spoken:

1	Telugu	
2	Hindi	
3	Urdu	
4	English	
5	Others,specify	<input style="width: 100px;" type="text"/>

8. Type of house:

1	Kutchha (Roof and floor kutchha)
2	Semi pakka (Roof or floor pakka)
3	Pakka (Roof and floor pakka)

9. Education

9.1 Type of schooling:

1	No schooling
2	Formal Schooling
3	Informal Schooling

9.2 If formal schooling, years completed (max 15) :  (0-12)

Professional/Technical degree (if any) :  (1-3)

**10. Present occupation : (on day of interview)**

1	Professional
2	Executive/manager
3	Business person
4	Teacher/educator
5	Sales personelle
6	Clerk/service
7	Skilled labourer
8	Unskilled labourer (Farm)
9	Unskilled labourer (Non-farm)
10	Owner of cultivated land
11	Work on water
12	Home duties
13	Armed service/police
14	Retired
15	Student/trainee
16	Others.Specify
<input type="text"/>	
17	Unemployed
18	Home maker

**12. Income of the total family (monthly) :**

Rs.

**13. Are you the main earning member in family?**

1	Yes
2	No
3	Contribute to family income

**14. Do you have medical insurance?**

1	Yes
2	No

**14.1 If yes, what type of medical insurance?**

1	Private
2	Rajeev Arogyasri
3	ESI
4	Govt insurance
5	Others,specify <input type="text"/>
-98	Not applicable

**11. Employment :**

1	Gov't employee
2	Private employee
3	Self employed
-98	Not applicable

**Information on treatment and clinical services**

*(applicable to both complaint and Non-compliant subjects)*

**1. Do you understand why you have been referred to the tertiary centre?**

1	Yes
2	No

**2. If yes, what was the reason for referral?(-98, not applicable)**

**3. Did the consultant/staff at NB Eye Centre explain the referral process?**

1	Yes - explained well and clearly understood
2	Yes - explained, but I did not clearly understand
3	Yes - explained poorly, and I did not understand
4	No - Not explained to me

**Information on uptake of referral services - non-defaulting subjects**

**1.Where did you go for your referral treatment**

1	LVPEI Tertairy Centre(Specify) <input type="text"/>
2	Others, specify <input type="text"/>

**2. If visited other than the centres referred (refer to Page 1), what was the reason for getting the treatment elsewhere (multiple responses)**

1	Because it is near/accessible to me
2	I am known to doctor and staff
3	Reimbursement facility is there
4	Treatment is equally good as compared to LVPEI centres
5	Less expensive than LVPEI tertiary centre
6	Recommended by someone
7	Adequate infrastructure and quality of services
8	No one to accompany
9	Not happy with the quality of the services offered at LVPEI tertiary centres
10	I missed the date of appointment given in the referral letter
11	Others, specify <input type="text"/>
-98	Not applicable

**3. Why did you feel the need to travel to a tertiary centre for further care? (multiple responses)**

1	Because it was continuity of my treatment (consultant told me I should go)
2	I was concerned about my eye problem
3	I heard about the quality of services at LVPEI tertiary centres
4	I know other patients who went to tertiary centres and received good treatment
5	My family members compelled me to go
6	Others (specify) <input type="text"/>
-98	Not applicable

**4. How soon after your referral did you go to the tertiary centre? (days)**

**5. Who accompanied you to the tertiary centre?**

1	Family member(s)
2	Friend
3	Traveled alone
4	Others, Specify <input type="text"/>

**6. How did you travel to the tertiary centre?**

1	Bus
2	Train
3	Personal vehicle
4	Other (specify) <input type="text"/>

**7. Were you satisfied with the outcome of the treatment?**

1	Very Satisfied	4	Partially dissatisfied
2	Partially Satisfied	5	Very dissatisfied
3	Neither satisfied nor dissatisfied		

**8. Would you recommend to the other referred patients to visit tertiary centres for treatment?**

1	Yes
2	No
3	Can't say

**9. Which were the best parts of your experience at NB Eye Centre?**

**10. Which were the best parts of your experience at the Tertiary Centre?**

**11. Which part of your experience at NB Eye Centre, if any, requires further improvement?**

**12. Which part of your experience at tertiary centre if any, requires further improvement?**