Appendix

A STUDY OF GOVERNMENT EXPENDITURE IN PUBLIC HEALTH CARE SERVICES IN MUMBAI

S.N.D.T. Women's University, Mumbai

Questionnaire

Particulars of the Respondent:

Respondent No.______
Name of the Hospital: _______________  Department: _______________
Ward Number: _______________  Bed Number: _______________
Name: __________________________________________________________________________

☐ 1] Patient (Self)  ☐ 2] Person Accompanying (Specify)
  ☐ 1] Parent  ☐ 2] Spouse

A) Demographic Profile of the Patients

1. Gender  :  ☐ Male  ☐ Female

2. Age  :  _______________

3. Religion  :  _______________

4. Caste  :  _______________

5. Marital Status  :  _______________

6. No of family members in the household  :  _______________

7. No. of. Earning member  :  _______________

8. Occupation  :  _______________


10. Level of education  :  _______________

11. Place of Residence  :
  ☐ Mumbai  ☐ Maharashtra  ☐ Outside Maharashtra

12. Do have any of the following  :
  ☐ Bank Account  ☐ Ration Card  ☐ Aadhar Card  ☐ PAN Card  ☐ BPL/APL Card
B) General Information about Usage of Public Healthcare Facilities:

1. Have you come to the hospital for the first time? □ Yes □ No

2. Where do you or members of your household generally go first for treatment?
   (Tick appropriate option)
   □ 1] Govt./Municipal Hospital
   □ 2] Govt. Dispensary
   □ 3] Pvt. Hospital
   □ 4] Pvt. Doctor/Clinic
   □ 5] Chemist shop
   □ 6] Home Treatment

3. If the patient says that he goes to private hospital, then ask this question: Why don’t members of your household generally visit a government facility when sick?
   □ 1] No Nearby Facility
   □ 2] Hospital Timings Not Convenient
   □ 3] Health Personnel Often Absent
   □ 4] Waiting Time Too Long
   □ 5] Poor Quality Of Care
   □ 6] Inadequate Facilities
   □ 7] Lack Of Cleanliness
   □ 8] Language problems
   □ 9] Any Other Reason? (Specify)

4. Have you received any treatment from a public healthcare facility in Mumbai in the last 12 months: □ Yes □ No

5. Do you visit a doctor/hospital as soon as you fall sick? □ Yes □ No

5a. How many days in a month do you stay home due to illness?
   □ 1] 1-3 Working days
   □ 2] 4-7 Working days
   □ 3] 7-10 Working days
   □ 4] More than 10 Working days

6. Do you avoid treatment to prevent loss of livelihood / subsistence? □ Yes □ No

7. On an average, how much does your family as a whole spend on medical bills every month? (Hospitalization charges, consultancy and medicines)
   □ 1] Rs. 100 – 300
   □ 2] Rs. 300 – 500
   □ 3] Rs. 500 and above

8. Do you borrow money to meet medical expenses of your family? □ Yes □ No
8a. If, yes, what is the source of your borrowings for meeting medical expenses:

- □ 1] Bank
- □ 2] Friends and Relatives
- □ 3] Private Moneylenders
- □ 4] Advances from Work Place

9. To what extent have you borrowed for meeting medical expenses of your family during last five years? (Total borrowings during last five years for meeting medical expenses of family)

- □ 1] Upto Rs. 5000
- □ 2] Rs. 5000 – 20000
- □ 3] Rs. 20000 – Rs. 50000
- □ 4] Above Rs. 50000

10. Do you think that high medical expenses, in public as well private hospitals, are responsible for pushing poor population in debt trap? (Those respondents who have never borrowed money for meeting medical expenses, can also answer this question)

- □ Yes □ No

11. Do you have any source of reimbursement of medical treatment: □ Yes □ No

12. If yes, please state the source of reimbursement of medical treatment:

- □ 1] Reimbursement
- □ 2] Mediclaim
- □ 3] Insurance
- □ 4] Not applicable

13. Are you or any usual member of your household covered by a health scheme or health insurance: □ Yes □ No

14. If yes, with which of the following do you have your health insurance:

- □ 1] From your employer
- □ 2] From your spouse’s employer
- □ 3] Insurance you purchased
- □ 4] From Government Insurance Schemes

C) Experience of the Patient while using the Public Healthcare Facilities:

1. Who referred you:

- □ 1] Area Doctor
- □ 2] Another Specialist
- □ 3] Private hospital / clinic
- □ 4] Not a referral

1a. Have you already visited referred specialist: □ Yes □ No
2. Have you been required to do diagnostic tests so for: □ Yes   □ No

2a. If yes, where was the test done ……

□ 1] Wholly done in the hospital
□ 2] Partly done in the hospital
□ 3] Were done outside the hospital

3. Were you charged for your treatment at the hospital? □ Yes   □ No

3a. According to you, the Treatment Cost is:

□ Cheap   □ Reasonable   □ Same as Outside

4. What were the factors for you to choose the hospital?

□ 1] Referral by Treating /Family Doctor
□ 2] Suggested Family / Friends
□ 3] Proximity of this hospital to your residence
□ 4] Knew a doctor who is attached to the hospital
□ 5] The availability of a certain doctor employed at this hospital
□ 6] General Impression of the Hospital
□ 7] Due to the Quality of care in terms of, treatment provided etc.
□ 8] Cost of medical Care
□ 9] On basis of Past Experience
□ 10] Any other (kindly specify) __________

5. Which of the following did you experience in the hospital?

□ 1] You were kept informed about your disease
□ 2] Medicines were given from Hospital
□ 3] Awareness of your medical condition
□ 4] Doctors were available
□ 5] Nurses were Responsive to call
□ 6] You got overall high standard of care

6. How long have you been waiting for the admission procedure:

□ 1] 30 minutes
□ 2] 1 hour
□ 3] More than an hour
□ 4] No wait at all

7. You are satisfied with the seating arrangements provided in the waiting area:

□ Very Satisfied   □ Satisfied   □ Neutral   □ Dissatisfied   □ Very Dissatisfied

8. You provided with the required information at the reception counter:

□ Strongly Agree   □ Agree   □ Uncertain   □ Disagree   □ Strongly Disagree
9. You are satisfied with the information at the reception counter:
   □ Very Satisfied □ Satisfied □ Neutral □ Dissatisfied □ Very Dissatisfied

10. You were provided with the information regarding insurance at the reception:
    □ Strongly Agree □ Agree □ Uncertain □ Disagree □ Strongly Disagree

11. The Doctor gave you the explanation of the illness
    □ Strongly Agree □ Agree □ Uncertain □ Disagree □ Strongly Disagree

12. You are satisfied with the treatment given by the Doctor
    □ Very Satisfied □ Satisfied □ Neutral □ Dissatisfied □ Very Dissatisfied

13. The Doctor recommended Investigative Tests
    □ Strongly Agree □ Agree □ Uncertain □ Disagree □ Strongly Disagree

14. You were provided with the medicines at the hospital
    □ Strongly Agree □ Agree □ Uncertain □ Disagree □ Strongly Disagree

15. You are satisfied with the treatment given by the Nurses and other medical staff
    □ Very Satisfied □ Satisfied □ Neutral □ Dissatisfied □ Very Dissatisfied

16. The Nurses took care of your needs immediately
    □ Strongly Agree □ Agree □ Uncertain □ Disagree □ Strongly Disagree

17. The Nurses provided timely medication
    □ Strongly Agree □ Agree □ Uncertain □ Disagree □ Strongly Disagree

18. You are satisfied with physical facilities and cleanliness of the ICU
    □ Very Satisfied □ Satisfied □ Neutral □ Dissatisfied □ Very Dissatisfied

19. You are satisfied with treatment provided at the ICU
    □ Very Satisfied □ Satisfied □ Neutral □ Dissatisfied □ Very Dissatisfied

20. You were given an explanation about the ICU procedures
    □ Strongly Agree □ Agree □ Uncertain □ Disagree □ Strongly Disagree
D) Perception of the Patients regarding the Public Healthcare Facilities:

1. You feel that the hospital has latest equipment for modern diagnosis and treatment
   - [ ] Strongly Agree  [ ] Agree  [ ] Uncertain  [ ] Disagree  [ ] Strongly Disagree

2. You feel that the timings of the hospital and location are convenient
   - [ ] Strongly Agree  [ ] Agree  [ ] Uncertain  [ ] Disagree  [ ] Strongly Disagree

3. The hospital provides quality food for in-patients
   - [ ] Very Good  [ ] Good  [ ] Neither Good nor Bad  [ ] Bad  [ ] Very Bad

4. Clean drinking water was available
   - [ ] Strongly Agree  [ ] Agree  [ ] Uncertain  [ ] Disagree  [ ] Strongly Disagree

5. You feel that the wards and corridors of the hospital were clean
   - [ ] Strongly Agree  [ ] Agree  [ ] Uncertain  [ ] Disagree  [ ] Strongly Disagree

6. You felt that the toilet facilities were clean
   - [ ] Strongly Agree  [ ] Agree  [ ] Uncertain  [ ] Disagree  [ ] Strongly Disagree

7. Accommodations facilities provided to the relatives/friends were clean and adequate:
   - [ ] Strongly Agree  [ ] Agree  [ ] Uncertain  [ ] Disagree  [ ] Strongly Disagree

8. Which of the following aspects of this hospital are good according to you?
   - [ ] Well-Qualified doctors
   - [ ] Latest medical equipments
   - [ ] Professional staff like Nurses, ayahs and ward boys
   - [ ] No long queue for patients
   - [ ] Good infrastructural facilities like Clean toilets, lifts, proper ventilated buildings

9. What type of difficulties did you experience?
   - [ ] Transportation problems
   - [ ] Long wait at the hospital
   - [ ] Getting an appointment with relevant doctor
   - [ ] Others (Specify)

10. Which of the following suggestions would you want to improve the performance of the Public hospital?
    - [ ] Employ adequate number of Doctors
    - [ ] Employ adequate number of other support Medical staff
    - [ ] Improve the facilities
    - [ ] Reduce waiting time
    - [ ] Increase availability of doctors in casualty
    - [ ] Increase availability of medicines
    - [ ] Others (Specify) e.g. More information counters