

**QUESTIONNAIRE**

Questionnaire number: \_\_\_\_\_

Name of the clinic: \_\_\_\_\_

Day of the week: \_\_\_\_\_

Number of the participants: \_\_\_\_\_

**SECTION A:** To be filled by the researcher.**Staffing Level:****on allocation:**

Professional nurses: \_\_\_\_\_

Enrolled nurses: \_\_\_\_\_

Auxillary nurses: \_\_\_\_\_

General assistance: \_\_\_\_\_

Watchman: \_\_\_\_\_

**on specific day:**

Professional nurses: \_\_\_\_\_

Enrolled nurses: \_\_\_\_\_

Auxillary nurses: \_\_\_\_\_

General assistance: \_\_\_\_\_

Watchman: \_\_\_\_\_

**Available of supplies according to EDL (essential drug list)**

Essential drug list	Sufficient	Insufficient	Reason
A. Alimentary tract and metabolism			
B. Blood and blood-forming organs			
C. Cardiovascular system			
D. Dermatologicals			
G. Genitourinary system and sex hormones.			
H. Systemic hormonal preparations, excluding sex hormones			
J. General ant- infectives for systemic use.			
L. Antineoplastic and immunomodulating agents.			
M. Musculoskeletal system			
N. Central nervous system			
P. Antiparasitic products			
R. Respiratory system			
S. Sensory organs			

Essential drug list	Sufficient	Insufficient	Reason
V. Various			

**SECTION B:** To be filled by the respondent.

**BIOGRAPHICAL DATA**

1. GENDER: \_\_\_\_\_
2. AGE: \_\_\_\_\_
3. VILLAGE: \_\_\_\_\_

**GEOGRAPHICAL, FINANCIAL**

**FUNCTIONAL AND CULTURAL ACCESSIBILITY**

**MARK WITH X IN THE APPROPRIATE SPACE**

1. How far is your nearest clinic from the village you stay?

0km-5km	
6km-10km	
11km-15km	
16km-20km	
21km and more	

2. What type of transport are you using to visit the clinic?

Walking	
Taxi	
Bus	
Donkey card	
Own car	
Other (specify)	

3. How much does it cost you to travel to the clinic?

Nothing	
R0-R10	
R11-R20	
R21-R30	
R31-R40	
R40 and above	

4. What are the operational time of the clinic?

07:00-16:00 Daily	
07:00-16:00 Monday to Friday	
07:00-07:00 Daily	
Other (Specify)	

5. How much do you pay for the services provided?

Nothing	
R0-R5	
R6-R10	
R11-R20	
R21-R30	

6. Why are you visiting the clinic today? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. What other services are available in the community?

Care groups	
Home based care	
DOTS supporters	
Traditional healers	
Religious groups	
Traditional midwives	
Other (Specify)	

8. Are you satisfied with the service you receive at the clinic?

YES		NO	
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9. Why are you satisfied?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Why are you not satisfied?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Are the nurses at the clinic enough to serve the community?

YES		NO	
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12. Are the drugs always available at your clinic?

YES		NO	
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13. Is the relationship between the nurses and the community members acceptable?

YES		NO	
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14. Will you always utilize this clinic in your community?

YES		NO	
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15. Give suggestions on how the services can be improved.

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