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No.	Questions	Reponses -Codes	Skip patterns
<b>Please tell me whether you agree or disagree with the following statements CE 110 – 116)</b>			
CE 109	My provider reviewed my lab test results and made sure I understood what my lab results meant for my health.	Strongly agree .....1 Agree .....2 Neutral .....3 Disagree .....4 Strongly disagree .....5 Does not apply .....6	
CE 110	I wanted my providers to spend more time with me.	Strongly agree .....1 Agree .....2 Neutral .....3 Disagree .....4 Strongly disagree .....5 Does not apply .....6	
CE 111	I had questions about my care that I wanted to ask my provider but did not ask.	Strongly agree .....1 Agree .....2 Neutral .....3 Disagree .....4 Strongly disagree .....5 Does not apply .....6	
CE 112	When I asked my providers questions about my health care, it was hard to understand their answers.	Strongly agree .....1 Agree .....2 Neutral .....3 Disagree .....4 Strongly disagree .....5 Does not apply .....6	
CE 113	I felt uncomfortable talking about personal or intimate issues with my provider.	Strongly agree .....1 Agree .....2 Neutral .....3 Disagree .....4 Strongly disagree .....5 Does not apply .....6	
CE 114	My provider ignored my complaints about my health.	Strongly agree .....1 Agree .....2 Neutral .....3 Disagree .....4 Strongly disagree .....5 Does not apply .....6	
CE 115	I did not get the medical care I needed because I could not pay.	Strongly agree .....1 Agree .....2 Neutral .....3 Disagree .....4 Strongly disagree .....5 Does not apply .....6	
CE 116	How useful did you find the information given to you today during this visit?	Very useful .....1 Useful .....2 Slightly useful .....3 Not useful .....4 Don't know .....5	

No.	Questions	Reponses -Codes	Skip patterns
CE 117	Do you feel the information given to you during your visit today was too little, too much, or just about right?	Too little .....1 About right .....2 Too much .....3 Don't know .....4	
CE 118	Did the provider give you any material to take home for reading?	Yes .....1 No .....2	
CE 119	Without revealing the cause of your illness, can you tell us what you remember the providers have told you about how to take care of your illness?	Managing Symptoms .....1 Nutrition .....2 Treatment .....3 Other .....4 Specify _____	
CE 120	Did the providers explain when (under what circumstances) you should return to the clinic?	Yes .....1 No .....2 Does not apply .....3	
CE 121	Do you think that you had adequate privacy during your consultation so that others at the facility could not see or hear you?	Yes .....1 No .....2	
CE 122	Do you think that information you shared about yourself today at the facility will be kept confidential?	Yes .....1 No .....2	
CE 123	During your visit to the clinic, how did the provider treat you?	Very well .....1 Well .....2 Average .....3 Poorly .....4 Very poorly .....5	
CE 124	During your first visit to the clinic, how did staff, other than the one with whom you consulted, treat you?	Very well .....1 Well .....2 Average .....3 Poorly .....4 Very poorly .....5	
CE 125	Were your medical needs met during this visit?	Yes .....1 No .....2	
CE 126	Were you provided with referrals to other services (psychological, health, economic legal, etc)	Yes .....1 No .....2 Does not apply .....3	
<b>C. Access to Services</b>			
CE 127	Did you have an appointment today?	Yes .....1 No .....2	

No.	Questions	Reponses -Codes	Skip patterns
CE 128	How long did you have to wait between the time you first arrived at this clinic and the time you saw a provider?	Less than 10 minutes .....1 11 – 20 minutes .....2 21 – 30 minutes .....3 More than 30 minutes .....4 No time, saw provider right away .....5	
CE 129	Do you feel that this waiting time is reasonable or that it took too long?	Too Long .....1 Reasonable/Short .....2 Don't know .....3	
CE 130	How long did it take to you to get here?	Less than 15 minutes .....1 15 – 30 minutes .....2 30 – 45 minutes .....3 More than 45 minutes .....4	
CE 131	What was the main type of transportation you used to get here?	Car/truck .....1 Bus .....2 Motorcycle .....3 Bicycle .....4 Walking .....5 Other .....6 Specify _____	
CE 132	Is this the closest health facility providing the health services you are seeking today?	Yes .....1 No .....2	→CE 134
CE 133	Why did you choose to visit this facility rather than a closer one?	Operating hours .....1 Location .....2 Reputation .....3 Access to medication .....4 Prefer anonymity .....5 Cost/expense .....6 Other .....7 Specify _____	
CE 134	How much did it cost you to come to this facility today, including transportation and food?	_____ Specify currency	
CE 135	Did you lose wages from work to come here today?	Yes .....1 No .....2 Lost time from non-wage work .....3 Does not apply .....4	
CE 136	Who pays for your health expenses?	Self .....1 Family member .....2 Employer .....3 Social services .....4 Other .....5 Specify _____	

No.	Questions	Reponses -Codes	Skip patterns
CE 137	What difficulties have you encountered in seeking medical care, now and in the past?	Distance to services .....1 Cost .....2 Confidentiality .....3 Waiting time .....4 Hours of operation .....5 Staff attitudes .....6 Other .....7 Specify _____	
CE 138	In the future when you have health problems, would you be comfortable coming back to this health facility?	Yes .....1 No .....2	
CE 139	If you could change one thing about the services you received today, what would that be?	Cost .....1 Treatment .....2 Waiting time .....3 General atmosphere .....4 Other .....5 Specify _____	