**QUESTIONNAIRE FOR USE IN REFERRAL HOSPITAL**

**About this tool:** This tool is for use when interviewing patients at a health facility to confidentially understand the referral process which they have been through in terms of where they have come from, how they travelled and how long it took. The questionnaire also provides questions for assessing the relative wealth of the patient.

|  |  |
| --- | --- |
| **1. Unique Identification Number** |  |
| **2. Name of Community where you live?** |  |
| **3. How old are you?**  | <16  | 16-24 | 25-34 | 35-44 | 45> |
| **4. Are you?**  | Single   | Married  | Divorced | Widowed |
| **5. How many children do you have that are alive today?** |  |
| **6. How many other live births have you had?** |  |
| **7. How many pregnancies have you had?** |  |
| **8. What complications have you had before when giving birth?** |  |
| **9. Which of these do you have at home?** | Fridge Generator  | Radio Motor Vehicle | Motorbike | Bicycle |
| **10. What plan did you have in place for any complications this time?** | Money saved  | Community fund contributed | Transport organised |
| **11. What caused you to seek medical care on this occasion?** |  |
| **12. Who and where was the first place you sought medical care?** |  |
| **13. How did you arrive at Health Centre?** |  |
| **14. Who helped you travel to the Health Centre?** |  |
| **15. How did you travel to the Referral Hospital?** |  |
| **16. How did you arrive at Referral Hospital?** |  |
| **17. Who travelled with you to the Referral Hospital?** |  |
| **18. If you self-referred, what made you come to this centre?**  |  |