*[****Insert location here****]* BASELINE SURVEY ON MATERNAL HEALTH & TRANSPORT

***MATERNAL HEALTH QUESTIONNAIRE***

INDIVIDUAL INTERVIEW SCHEDULE FOR WOMEN AGED **13-49** YEARS

**(CURRENTLY PREGNANT OR DELIVERED LAST 12 MONTHS)**

CLUSTER CODE Q. ID

01 ***[insert State or Province****]* 02 *[****insert Lower Administrative Unit****]* 03 LOCALITY

004 LOCATION (URBAN=1 OR RURAL=2) 005 HOUSEHOLD NUMBER

**Introduction:** My name is ***[insert******name]*** and I am working for ***[Insert organisation here]***. We are interviewing people here in [**NAME OF CITY, TOWN OR SITE**] in order to find out about certain behaviours that affect people’s health in this environment.

**Confidentiality and consent:** I am going to ask you some questions, some of which may be very personal. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You may need to know that this exercise is taking place in ***[Insert location(s) here]*.** Your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviours. The information collected from you and people like you will help the government to find solution to some health problems affecting people in this environment. We would greatly appreciate your help in responding to this survey. My supervisor may come back later to verify this information.

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

Interviewer’s visit

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Visit 1** | **Visit 2** | **Visit 3** |
| Date |  |  |  |
| Result |  |  |  |
| Interviewer |  |  |  |

**Result codes: 1…Completed; 2…Respondent not available; 3…Refused; 4…Partially completed; 5… Others (Specify).**

**006 INTERVIEWERS: Code [\_\_\_\_|\_\_\_\_] Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_**

**007 DATE OF INTERVIEW: \_\_\_\ \_\_\_\_ \ \_\_\_\_\_ TIME INTERVIEW STARTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DD MM YYYY**

**CHECKED BY SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CODE [\_\_] \_\_] Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Coder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_|\_\_\_| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1. Background information**

| **No.** | **Questions and filters** | **Coding categories** | | | **Skip** |
| --- | --- | --- | --- | --- | --- |
| B101 | In what month and year were you born? | Month [\_\_\_|\_\_\_]  Don’t know month ………..88  Year [\_\_\_|\_\_\_ [\_\_\_|\_\_\_]  Don’t know year ………..…8888 | | |  |
| B102 | How old were you as at your **last** birthday?  **[COMPARE WITH B101 IF NEEDED AND CORRECT B102]** | Age in completed years [\_\_\_|\_\_\_] | | |  |
| B103 | Have you ever attended school? | Yes………………….. ….. 1  No…………………. ……. 2 | | | **NO, Skip to B105** |
| B104 | What is the highest level of school you completed: Qur’anic, primary, secondary or tertiary education? | Qur’anic education only ----------------1  Did not complete primary school ------2  Primary school completed -------------- 3  Secondary -------------------------------- 4  Tertiary school/University degree----- 5 | | |  |
| B105 | What is your marital status? | Married ------------------------------ 1  Single -------------------------------- 2  Widowed/Separated/Divorced---- 3 | | |  |
| B106 | What is your religion? | Christianity ------------------------1  Islam --------------------------------2  Traditional religion---------------3  Others (specify) ------------------6 | | |  |
| B107 | What languages do you speak?  **[DO NOT READ OUT OPTIONS; PROBE FULLY]** |  | Yes | No |  |
| English | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
| *[****insert main language****]* | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
|  | 1 | 2 |
| Others (Specify) --------------------------------- | | |

**Section 2. Maternal Health Characteristics**

**All women in the household aged 13-49 years**

**Interviewer:** When you get to the identified woman for interview you must first complete the consent procedure (above) before proceeding with the interview. **IF TWO ELEGIBLES COMES FROM THE SAME HOUSEHOLD, CODE THE FIRST ONE “0001A” WHILE THE SECOND WILL BE “0002B”**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and filters** | **Coding categories** | **Skip** |
| M101 | Have you ever given birth?  **[‘Baby cried or showed signs of life after delivery’]** | Yes ---------------------------------- 1  No ----------------------------------- 2 | **If NO Skip to M105** |
| M102 | How old were you when you gave birth to your first child? | Age in completed  years |  |
| M103 | When did you last give birth?  **[IF LESS THAN ONE MONTH CODE 000] CONVERT TO MONTHS IF GIVEN IN YEAR** | Months  Can’t Remember ----------------- 888 |  |
| M104 | **[CHECK M103]: Was last delivery 12 months or below?** | Yes ---------------1  No----------------2 |  |
| M105 | Are you currently pregnant?  **[IF M105 IS NO AND M101 IS NO/NOT SURE, TERMINATE INTERVIEW. IF M101 IS NO & M105 IS NO/NOT SURE, TERMINATE INTERVIEW]**  **[CONTINUE INTERVIEW ONLY IF WOMAN HAS GIVEN BIRTH WITHIN 12 MONTHS OR IS CURRENTLY PREGNANT]** | Yes ---------------------------------- 1  No ----------------------------------- 2  Not Sure ---------------------------- 3 |  |
| M106 | How old is your pregnancy?  **[IF GIVEN IN WEEKS, CONVERT TO MONTHS]** | **Months** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Questions and filters** | **Coding categories** | | | | **Skip** |
| M107 | In this pregnancy/In your last pregnancy, how many times did you visit a health facility during your antenatal period? | Number of time | | | |  |
| M108 | During (any of) your antenatal care visit(s), were you told about the danger signs in pregnancy (pregnancy complications)? | Yes- --------------------------------1  No ----------------------------------2 | | | |  |
|  | During this/last pregnancy, did you experience any of the following problem(s)?  **[READ OUT OPTIONS]** |  | | Yes | No | **If no to all questions, skip to D101** |
| M109 | Fever | 1 | 2 |
| M110 | Swollen legs | 1 | 2 |
| M111 | Vaginal bleeding | 1 | 2 |
| M112 | Anaemia (Lack of blood) due to bleeding | 1 | 2 |
| M113 | Anaemia due to malnutrition | 1 | 2 |
| M114 | **[IF YES TO ANY OF QUESTIONS ABOVE, ASK]**  Did you recognise the signs first at home or during an antenatal visit? | Home ------------------------------- 1  Antenatal visit --------------------- 2 | | | |  |
|  | **[IF YES TO ANY OF THE PROBLEMS, ASK:]**  **MULTIPLE RESPONSE POSSIBLE**  When you experienced these signs, what was done? |  | | Yes | No |  |
| M115 | I was treated in Hospital where I do my antenatal care | 1 | 2 |
| M116 | Attended to by Traditional Birth Attendant | 1 | 2 |
| M117 | Taken to Hospital/Clinic | 1 | 2 |
| M118 | Given native herbs to drink | 1 | 2 |
| M119 | Applied nature herbs or balm | 1 | 2 |
| M120 | Others [Specify] | 1 | 2 |

**Section 3: Delivery/New-born Care (Ask only mothers who have given birth in the past 12 months**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | **Questions and filters** | **Coding categories** | | | | | | | | | **Skip** |
| D101 | **[CHECK M101. HAS THE RESPONDENT EVER GIVEN BIRTH WITHIN THE LAST 12 MONTHS?]** | Yes ---------------------------------------------1  No ----------------------------------------------2 | | | | | | | | | **If NO skip to Section 4** |
| D102A | Your last baby who was born less than 12 months ago, is the baby still living? | Yes………1  No………2 | | | | | | | | | **If YES, go to D103** |
| D102B | At what age did the baby die?  [**IF AGE GIVEN IN MONTHS OR WEEKS, CONVERT TO DAYS AND RECORD]** | Days | | | | | | | | |  |
| D103 | When your baby (NAME) was born, was he/she very big, bigger than average, smaller than average or very small? | Very Big --------------------------------------1  Bigger than Average -------------------------2  Average ---------------------------------------3  Smaller than Average ------------------------4  Very Small-------------------------------------5  Don’t Know ---------------------------------- 8 | | | | | | | | |  |
| D104 | Where did you give birth to your baby (Name)?  **DO NOT READ OUT OPTIONS** | At home/relative’s home-------------------------1  House of the TBA -----------------------------2  Government Hospital ------------------------3  Primary Health Care Centre----------------------4  On the mean of transport that was taking me to the health facility --------------------------5  Others (Specify)---------------------------------6 | | | | | | | | |  |
| D105A | **(FOR HOSPITAL DELIVERIES ONLY)**  Did you have a Caesarean section?  **[EXPLAIN WHAT A CAESARIAN SECTION IS TO THE RESPONDENT]** | Yes……………..1  No……………….2 | | | | | | | | |  |
|  | Who assisted with the delivery of your baby (Name)?  **[MULTIPLE CODES POSSIBLE]** |  | | | | | Yes | | | No |  |
| D106 | Doctor | | | | 1 | | | 2 |
| D107 | Nurse/Midwife | | | | 1 | | | 2 |
| D108 | Traditional Birth Attendant | | | | 1 | | | 2 |
| D109 | Com./Village H. Worker | | | | 1 | | | 2 |
| D110 | Community Health Extension Worker | | | | 1 | | | 2 |
| D111 | Alone/Self assisted | | | | 1 | | | 2 |
| D112 | Driver | | | | 1 | | | 2 |
| D113 Other (please specify) | | | | | | | | |
|  | If Respondent’s response is “At Home” to D104, ask:  Why didn’t you deliver in a health facility?  **Any other reason?**  **[DO NOT READ OUT OPTIONS; PROBE FULLY]**  **CIRCLE ALL MENTIONED** |  | | | | | Yes | | | No |  |
| D114 | | Cost too much | | | 1 | | | 2 |
| D115 | | Facility too far from home | | | 1 | | | 2 |
| D116 | | No money for transport | | | 1 | | | 2 |
| D117 | | Poor quality service | | | 1 | | | 2 |
| D118 | | Health workers are harsh | | | 1 | | | 2 |
| D119 | | Husband refused | | | 1 | | | 2 |
| D120 | | Mother-in-law refused | | | 1 | | | 2 |
| D121 | | Not Necessary | | | 1 | | | 2 |
| D122 | | Prefer home delivery | | | 1 | | | 2 |
| D123 | | Shy/Embarrassed to go the facility/Providers are male | | | 1 | | | 2 |
| D124 Others [Specify] | | | | | | | | |
|  | Immediately after delivery, did the baby experience any of the following........:  **[READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY, PROBE FULLY FOR OTHERS]** |  | | | Yes | | | | No | | **IF NO TO ALL, SKIP TO D138** |
| D125 | Breathing faster than usual | | 1 | | | | 2 | |
| D126 | Short rapid breaths | | 1 | | | | 2 | |
| D127 | Difficulty in breathing | | 1 | | | | 2 | |
| D128 | Not breathing at all | | 1 | | | | 2 | |
| D129 | Vomiting | | 1 | | | | 2 | |
| D130 Others (specify) | | | | | | | | |
|  | **[If Yes to any of the above, ASK]**  What was done for the baby? |  | | | | Yes | | No | | |  |
| D131 | Taken to Hospital/Clinic | | | 1 | | 2 | | |
| D132 | Given native herbs to drink | | | 1 | | 2 | | |
| D133 | Blow the mouth/nose | | | 1 | | 2 | | |
| D134 | Used bulb syringe/mouth to suck out mucus | | | 1 | | 2 | | |
| D135 | Did nothing | | | 1 | | 2 | | |
| D136 | Turned the baby upside down and slapped the baby | | | 1 | | 2 | | |
| D137 | **[Ask all who went to the hospital/clinic in D131]**  Who told you to take the child to the hospital? | Self................1  Husband......2  Neighbour.......3  Traditional Birth Attendant....4  Community Health Extension Worker...5  Other relative.......6  Others Specify .......7 | | | | | | | | |  |
|  | During your last delivery, did you experience any of the following:  **READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY** |  | | | | Yes | | No | | | **IF NO TO ALL, GO TO D150** |
| D138 | | Bleeding **before** the baby was born | | 1 | | 2 | | |
| D139 | | Excessive bleeding **after** the baby was born | | 1 | | 2 | | |
| D140 | | Prolapsed of the umbilical cord | | 1 | | 2 | | |
| D141 | | Prolonged labour lasting more than 12 hours | | 1 | | 2 | | |
| D142 | | Abnormal presentation **(EXPLAIN TO RESPONDENT)** | | 1 | | 2 | | |
| D143 | | Retained placenta **[PLACENTA NOT COMING OUT WITHIN 20 MINUTES AFTER BIRTH]** | | 1 | | 2 | | |
|  | **[IF YES TO ANY OF THE PROBLEMS, ASK:]**  When you experienced these signs, what was done? |  | | | | Yes | | No | | |  |
| D144 | I was treated in Hospital where I delivered | | | 1 | | 2 | | |
| D145 | Attended to by Traditional Birth Attendant | | | 1 | | 2 | | |
| D146 | Taken to any other Hospital/Clinic | | | 1 | | 2 | | |
| D147 | Given native herbs to drink | | | 1 | | 2 | | |
| D148 | Applied nature herbs or balm | | | 1 | | 2 | | |
| D149 | Others Specify [Specify] | | | 1 | | 2 | | |
|  | Did you experience any of these problems after the birth of your baby?  **[READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY]** |  | | | | Yes | | No | | |  |
| D150 | Fever | | | 1 | | 2 | | |
| D151 | Offensive Vaginal Discharge | | | 1 | | 2 | | |
| D152 | Severe abdominal pain | | | 1 | | 2 | | |
| D153 | Vaginal Bleeding | | | 1 | | 2 | | |
| D154 | Breast Engorgement (swollen painful breast) | | | 1 | | 2 | | |
| D155 | Others (specify) | | | 1 | | 2 | | |
|  | **[IF YES TO ANY OF THE SIGNS IN QUESTION ABOVE, ASK:**] What did you do subsequently? |  | | | | Yes | | No | | |  |
| D156 | I went to the Hospital/clinic | | | 1 | | 2 | | |
| D157 | I called the Traditional Birth Attendant for advice & treatment | | | 1 | | 2 | | |
| D158 | Visited a chemist/PPMV for treatment | | | 1 | | 2 | | |
| D159 | Took some medicine I had at home | | | 1 | | 2 | | |
| D160 | Applied native herbs/balm | | | 1 | | 2 | | |
| D161 | Did nothing | | | 1 | | 2 | | |
|  |  | D162 | Others Specify | | | 1 | | 2 | | |  |

**Section 4. Transport**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| T101 | Do you have a mobile phone? | Yes -------------------------------------------1  No ----------------------------------------------2 | | | | | | | | | **If YES go to T103** |
| T102 | Do you have access to a mobile phone within the community you can use in cases of emergencies? | Yes -------------------------------------------1  No ----------------------------------------------2 | | | | | | | | |  |
|  | What type of vehicle do you access in case of emergency?  **[READ OUT THE OPTIONS ONE BY ONE, CIRCLE APPROPRIATELY]** |  | | | | | Yes | | No | |  |
| T103 | | ETS Driver ***(Insert association or organisation)***  **(explain with little detail if not known)** | | | 1 | | 2 | |
| T104 | | Car (Private) | | | 1 | | 2 | |
| T105 | | Car (Public) | | | 1 | | 2 | |
| T106 | | Bicycle | | | 1 | | 2 | |
| T107 | | Motor Cycle | | | 1 | | 2 | |
| T108 | | Tri-Cycle/Keke NAPEP | | | 1 | | 2 | |
| T109 | | Cow/Donkey | | | 1 | | 2 | |
| T110 | | Cart | | | 1 | | 2 | |
| T111 | | Truck | | | 1 | | 2 | |
| T112 | | None (I walk) | | | 1 | | 2 | |
| T113 | | Others (Specify) | | | 1 | | 2 | |
| T114 | Are you aware of emergency transport scheme (called ETS) offered by [***insert association or organisation***] for pregnant women who need to be taken to a facility urgently? | Yes ------------------------------------------ 1  No ------------------------------------------- 2 | | | | | | | | | **If NO go to T138** |
|  | **[IF YES IN T114]** How did you come to know about ETS?  **[DO NOT READ OUT OPTIONS; PROBE FULLY]**  **CIRCLE ALL MENTIONED** |  | | | | Yes | | | | No |  |
| T115 | Family member | | | 1 | | | | 2 |
| T116 | A neighbour or friend | | | 1 | | | | 2 |
| T117 | A public meeting | | | 1 | | | | 2 |
| T118 | A driver | | | 1 | | | | 2 |
| T119 | At a motorpark | | | 1 | | | | 2 |
| T120 | Health facility | | | 1 | | | | 2 |
| T121 | Market | | | 1 | | | | 2 |
| T122 | Church / Mosque | | | 1 | | | | 2 |
| T123 | Radio | | | 1 | | | | 2 |
| T124 | Other (Specify) | | | 1 | | | | 2 |
|  | **[IF YES IN T114]** What is the purpose of ETS?  **[DO NOT READ OUT OPTIONS; PROBE FULLY]**  **CIRCLE ALL MENTIONED** |  | | | | | Yes | | No | |  |
| T125 | | for pregnant women to get to a health facility | | | 1 | | 2 | |
| T126 | | affordable mode of transport | | | 1 | | 2 | |
| T127 | | timely mode of transport | | | 1 | | 2 | |
| T128 | | safe mode of transport | | | 1 | | 2 | |
| T129 | | available mode of transport | | | 1 | | 2 | |
| T130 | | Other (Specify) | | | 1 | | 2 | |
| T131 | | Cannot answer question | | | 1 | | 2 | |
|  | **[IF YES IN T114]** How do you contact an ETS driver?  **[DO NOT READ OUT OPTIONS; PROBE FULLY]**  **CIRCLE ALL MENTIONED** |  | | | | | Yes | | No | |  |
| T132 | | by mobile phone to driver directly | | | 1 | | 2 | |
| T133 | | by mobile phone to focal person *[****insert association* representative***]* | | | 1 | | 2 | |
| T134 | | at the motorpark | | | 1 | | 2 | |
| T135 | | in person (call to the driver’s house) | | | 1 | | 2 | |
| T136 | | Other (Specify) | | | 1 | | 2 | |
| T137 | | Don't know | | | 1 | | 2 | |
| T138 | In this community, do you have emergency transport (called ETS) offered by ***[insert organisation or association]*** for pregnant women who need to be taken to a facility urgently? | Yes ------------------------------------------ 1  No ------------------------------------------- 2 | | | | | | | | |  |
| T139 | Does the community have dedicated funds for emergency transport of pregnant women who need to be taken urgently to a facility? | Yes ------------------------------------------ 1  No ------------------------------------------- 2 | | | | | | | | |  |
|  | **[IF YES IN T138]** have you, a family member or someone else from the community whom you know, ever used this emergency transport? |  | | | | | | Yes | | No |  |
| T140 | | | Self | | | 1 | | 2 |
| T141 | | | Family member | | | 1 | | 2 |
| T142 | | | Community member | | | 1 | | 2 |
|  | What preparations did you make during your last birth **(EVER GIVEN BIRTH)/**Have you made in this pregnancy (respondent currently pregnant) in readiness for delivery?  [**DO NOT READ OUT OPTIONS**] |  | | | | | Yes | | No | |  |
| T143 | | Saved money for contingencies | | | 1 | | 2 | |
| T144 | | Identified the transporter | | | 1 | | 2 | |
| T145 | | Decides where to deliver | | | 1 | | 2 | |
| T146 | | Bought Clean Delivery Kit | | | 1 | | 2 | |
| T147 | | Recognition of danger signs | | | 1 | | 2 | |
| T148 | | Identified a skilled provider/facility for birth | | | 1 | | 2 | |
| T149 | | Know how to contact or reach the provider/facility | | | 1 | | 2 | |
| T150 | | Identified the TBA in the community to contact | | | 1 | | 2 | |
| T151 | | Agree who take decision in emergency if husband is away | | | 1 | | 2 | |
| T152 | | Others (Specify) | | | 1 | | 2 | |
| T153 | **[If saved money for contingencies in T143, ASK]:**  How much did/do you save for contingencies in this pregnancy or your last pregnancy?  **(enter amount in Local currency)** | Total Amount Saved    Can’t remember --------------------------- 2 | | | | | | | | |  |
| **Questions T154-T158 are ONLY for those who HAVE used ETS**  **For all other modes of transport used, other than ETS, use T159-T163** | | | | | | | | | | | |
| T154 | How much did/does it **cost** you to transport yourself to nearest health facility in this community using **ETS**? | Total Amount paid    Walk to the facility -------------------------- 1 | | | | | | | | |  |
| T155 | How would you pay for **ETS**?  (Cash, micro credit, community loan) to visit hospital? | Cash------------------------------------------1  Micro Credit --------------------------------2  Community Loan --------------------------3  Not Applicable ----------------------------- 4 | | | | | | | | |  |
| T156 | If you have ever had to pay for **ETS** during a maternal emergency, did you pay immediately or after the referral? | Immediately -------------------------------- 1  After the Referral -------------------------- 2  Did not pay --------------------------------- 3 | | | | | | | | |  |
| T157 | If you have ever required **ETS** during an emergency how long did it take to arrange transport? | Less than 30 minutes ---------------------- 1  30 minutes – 1 hour ------------------------ 2  1 hour – 2 hours ---------------------------- 3  More than 2 hours -------------------------- 4  Longer (please specify) ---------------------5 | | | | | | | | |  |
| T158 | If you have ever required **ETS** during an emergency how long did it take to reach the appropriate facility?  **IF NEVER REQUIRED, ASK: How long would it take to reach the facility** | Less than 30 minutes ---------------------- 1  30 minutes – 1 hour ------------------------ 2  1 hour – 2 hours ---------------------------- 3  2 hours – 3 hours -------------------------- 4  Above 3 hours ------------------------------ 5  Longer (please specify) -------------------6 | | | | | | | | |  |
| **The following questions are ONLY for modes of transport other than ETS** | | | | | | | | | | | |
| T159 | How much did/does it **cost** you to transport yourself to nearest health facility in this community? | Total Amount paid    Walk to the facility -------------------------- 1 | | | | | | | | |  |
| T160 | How would you pay for transport (cash, micro credit, community loan) to visit hospital? | Cash------------------------------------------1  Micro Credit --------------------------------2  Community Loan --------------------------3  Not Applicable ----------------------------- 4 | | | | | | | | |  |
| T161 | If you have ever had to pay for transport during a maternal emergency, did you pay immediately or after the referral? | Immediately -------------------------------- 1  After the Referral -------------------------- 2  Did not pay --------------------------------- 3 | | | | | | | | |  |
| T162 | If you have ever required transport during an emergency how long did it take to arrange transport? | Less than 30 minutes ---------------------- 1  30 minutes – 1 hour ------------------------ 2  1 hour – 2 hours ---------------------------- 3  More than 2 hours -------------------------- 4  Longer (please specify) ---------------------5 | | | | | | | | |  |
| T163 | If you have ever required transport during an emergency how long did it take to reach the appropriate facility?  **IF NEVER REQUIRED, ASK: How long will it take to reach the facility** | Less than 30 minutes ---------------------- 1  30 minutes – 1 hour ------------------------ 2  1 hour – 2 hours ---------------------------- 3  2 hours – 3 hours -------------------------- 4  Above 3 hours ------------------------------ 5  Longer (please specify) -------------------6 | | | | | | | | |  |

INTERVIEWER: THANK THE RESPONDENT AND CLOSE THE INTERVIEW