

PHYSICIAN INTERVIEW QUESTIONNAIRE

1 **Date of Interview**

m	m		d	d	y	y	y y

2 **Time Started**

		:			AM PM
--	--	---	--	--	----------

3 **Time Finished**

		:			AM PM
--	--	---	--	--	----------

4 **Interviewer's Name, Signature** _____

5 **Supervisor Name, Signature** _____

6 **Supervisor's Review Date**

m	m		d	d	y	y	y y	y y	y y

SURVEY TOOL REVIEW

- 1 This is a survey for the research study called Impact of Incentives and Information on Quality and Utilization in Primary Care (I3QUIP). I3QUIP aims to determine whether interventions introduced by PhilHealth to the PCB1 package help in the improvement of utilization and quality of PCB services. The study is a collaboration of PhilHealth, the World Bank, and Korean Development Institute. This particular survey is funded and commissioned by the World Bank to the Center for Economic Policy Research (CEPR).

- 2 Your Local Chief Executive/Mayor agreed to participate in the study, and your LGU is one of the 240 LGUs with PCB1 providers that have been selected to participate. This study will be conducted over 36 months from 2013 to 2016. Once the study is completed, dissemination workshops will be conducted, including presenting findings to LGUs. All primary data collected through the impact evaluation study, including those collected in this survey, is the property of the World Bank. The use of the primary data without the consent of the World Bank is strictly prohibited, until data embargo is lifted and the dataset made public.

- 3 As part of the study, surveys will be conducted with key informants in the LGU, health facility surveys, and selected patients. This particular interview is for the rural health/health center physicians. This survey will inquire about services rendered to patients in your facility and about engagement with PhilHealth. We will also need to access some patient charts.

- 4 Please be assured that the information you provide will be treated with the utmost confidentiality and will not be shared with anyone, including your staff and your local chief executive. This information will be used for research purposes only. Your name and other personal information will eventually be removed from the information collected and only a code number will connect your name with your answers and with the patient charts. Specifically we want to say that this information will not be used for disciplinary action or regulation.

- 5 We hope that the information will indirectly benefit you by informing the Department of Health and the Philippine Health Insurance Corporation (DOH and PhilHealth) of ways to implement PCB1 that will encourage more people to seek primary health care, help PCB1 providers render quality services, and produce good health outcomes for the population. The only cost to you in terms of participation is your time in responding to the survey.

- 6 We shall proceed with the interview. If there is a question you do not want to answer, just tell me and we will skip to the next one. If you have any questions, you can ask me, or you can contact our survey supervisor _____ through _____ at _____(tel).). You can also contact Ms. Corinne Bernaldez at the World Bank at Tel. No. (02) 4652633, or Dr. Leizel Lagrada in PhilHealth at Tel. No. (02) 637-6239.

- 7 The UP Manila Research Ethics Board (UPMREB) Panel 2 has approved the study, and may be reached through the following contact for information regarding rights of study participants, including grievances and complaints:

Dr. Virginia R. de Jesus
 Address: Room 205, Paz Mendoza Building, College of Medicine, UP Manila
 Number: +63 2 5222684
 Mobile: +63 927 3264910
 Email: upmreb@post.upm.edu.ph

- 8 May I proceed?

Data Source: Main Physician of the health facility.

Complete all entries and encircle the appropriate code/s.

If refuses to answer any item, put -66.

I IDENTIFICATION

- A.1 Region _____
- A.2 Province _____
- A.3 City/Municipality _____
- A.4 Name of Health Facility _____
- A.5 Physician's Name _____
- A.6 Physician's Contact Number/s _____
- A.7 Physician's Age years (as of last birthday)
- A.8 Physician's Sex 1 - Male 2 - Female
- A.9 Year started practice as a Physician
y y y y
- A.10 No. of years working in this LGU years
- A.11 No. of years in your current position years
- A.12 No. of years working in this facility years
- A.13 May I know your salary grade
-33 - Don't Know
- A.14 Related post graduate course/s taken after medical school _____

II PCB1 AWARENESS AND UNDERSTANDING

PCB1 In General

B.1 Have you ever heard of PCB1 before? 1 - Yes 3 - No **(Skip to Part III)**

B.2 What does PCB stand for? _____ -33 - Don't Know

B.3 Have you been oriented on PCB1 guidelines?

1 - Yes

3 - No **(Skip to B.5)**

B.4 If yes, when were you oriented on PCB1 guidelines?

--	--

m m

--	--	--	--

y y y y

-33 - Don't Know

B.5 Based on your understanding are the following entitled to PCB1? (Read out each question and wait for response)

B.5.1 National Government Sponsored members/NHTS/4Ps

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.2 LGU enrolled sponsored program members

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.3 Other sponsored program members e.g. enrolled by congressman/woman

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.4 OFW PhilHealth members

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.5 Organized groups (e.g. association of tricycle drivers)

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.6 Individually-Paying/Voluntary members (other than in organized groups)

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.7 Department of Education (DepEd) personnel

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.8 Employed PhilHealth members, other than DepEd employees

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.9 Lifetime members

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.10 Non-PhilHealth members

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.5.11 Others, specify _____

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

Enlisting and Profiling

B.6 Has your RHU conducted the PCB1 client enlistment (signaled by the members signing the masterlist)?

1 - Yes

3 - No **(Skip to B.8)**

-33 Don't Know **(Skip to B.8)**

B.7 If yes, which of the following groups have been enlisted? (Read out each question and wait for response)

B.7.1 National Government Sponsored members/NHTS/4Ps

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.7.2 LGU enrolled sponsored (indigent) members

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.7.3 Other sponsored program members e.g. enrolled by congressman/woman

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.7.4 OFW PhilHealth members

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.7.5 Organized groups

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.7.6 Department of Education (DepEd) personnel

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.7.7 Others, specify _____

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.8 Has your RHU conducted the PCB1 client profiling? Refer to Annex E of the Manual for a sample of the Health Profile form)

1 - Yes

3 - No **(Skip to B.10)**

-33 Don't Know **(Skip to B.10)**

B.9 (If yes), which of the following groups have been enlisted? (Read out each question and wait for response)

B.9.1 National Government Sponsored members/NHTS/4Ps

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.9.2 LGU enrolled sponsored members

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.9.3 Other sponsored program members e.g. enrolled by congressman/woman

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.9.4 OFW PhilHealth members

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.9.5 Organized groups

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.9.6 Department of Education (DepEd) personnel

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.9.7 Others, specify _____

1 - Yes	3 - No	-33	-	Don't Know
---------	--------	-----	---	------------

B.10 Do you have Community Health Teams (CHT) in the LGU?

1 - Yes

3 - No **(Skip to B.12)**

-33 Don't Know **(Skip to B.12)**

**B.11 What was the CHT's role in the PCB enlisting of Sponsored Program members?
(Allow multiple responses, do not read out the response options)**

A - They were not involved

B - They are not functional

C - Identify the Sponsored Families

D - Bring in Sponsored Families for enlisting

E - Assist in filling up the forms

F - Others, specify _____

-33 Don't Know

PCBI Services

B.12 Based on your understanding, what are the diseases/services covered by PCB 1? (Wait for the spontaneous responses first, then probe)

		ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
		Yes	Yes	No, not covered	Don't Know
B.12.1	Asthma	1	2	3	-33
B.12.2	Acute gastroenteritis	1	2	3	-33
B.12.3	Upper respiratory tract infection/pneumonia	1	2	3	-33
B.12.4	Urinary tract infection	1	2	3	-33
B.12.5	Hypertension screening	1	2	3	-33
B.12.6	Diabetes screening	1	2	3	-33
B.12.7	Cervical cancer screening	1	2	3	-33
B.12.8	Breast cancer screening	1	2	3	-33
B.12.9	Prostate cancer screening	1	2	3	-33
B.12.10	Tuberculosis screening	1	2	3	-33
B.12.11	Pre-natal check-ups	1	2	3	-33
B.12.12	Others, specify _____	1	2	3	-33

B.13 Based on your understanding, what are the PCB1 obligated services that should be provided in your facility?
 (Wait for the spontaneous responses first, then probe)

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No, not obligated	Don't Know
B.13.1 Blood pressure (BP) measurement	1	2	3	-33
B.13.2 Periodic clinical breast examination	1	2	3	-33
B.13.3 Visual inspection of cervix with acetic acid	1	2	3	-33
B.13.4 Fasting sugar (FBS) measurement	1	2	3	-33
B.13.5 Chest x-ray	1	2	3	-33
B.13.6 Pap smear	1	2	3	-33
B.13.7 Others, specify _____	1	2	3	-33

B.14 Do you provide the following services at your health facility? (ask each question and wait for response)

B.14.1 Blood pressure (BP) measurement?	1 - Yes	3 - No
B.14.2 Periodic clinical breast examination?	1 - Yes	3 - No
B.14.3 Cervical visual inspection with acetic acid?	1 - Yes	3 - No
B.14.4 Fasting/random blood sugar (FBS) testing?	1 - Yes	3 - No
B.14.5 Urine ketone testing?	1 - Yes	3 - No
B.14.6 Urine protein testing?	1 - Yes	3 - No
B.14.7 Total blood cholesterol testing?	1 - Yes	3 - No

B.15 How many of the following services were provided in the facility last quarter (Jan to Mar 2014)

	Number	Don't Know
B.15.1 Blood pressure (BP) measurements?	_____	-33
B.15.2 Periodic clinical breast examination?	_____	-33
B.15.3 Cervical visual inspections with acetic acid?	_____	-33
B.15.4 Fasting/random blood sugar (FBS) testing?	_____	-33

Per Family Payment

B.16 Have you ever heard of Per Family Payment (PFP) or of Per Family Payment Rate (PFPR)?

- 1 - Yes
- 3 - No (Skip to B.25)

B.17 Are you aware of the amount of the PFPR?

- 1 - Yes
- 3 - No (Skip to B.19)

B.18 If yes, how much is it per family? PhP _____

-33 Don't Know

B.19 How much was the total of the last Per Family Payment (PFP) received by the LGU? PhP _____

-33 Don't Know

B.20 When was the last PFP received by the LGU?

m	m	y	y	y	y

-33 Don't Know

B.21 Has the LGU receive PFP for the following quarters ? (Read each item)

B21.1 - Apr to June 2012 (2nd quarter 2012)	1 - Yes 3 - No	-33	-	Don't Know
B21.2 - July to Sept 2012 (3rd quarter 2012)	1 - Yes 3 - No	-33	-	Don't Know
B21.3 - Oct to Dec 2012 (4th quarter 2012)	1 - Yes 3 - No	-33	-	Don't Know
B21.4 - Jan to Mar 2013 (1st quarter 2013)	1 - Yes 3 - No	-33	-	Don't Know
B21.5 - Apr to June 2013 (2nd quarter 2013)	1 - Yes 3 - No	-33	-	Don't Know
B21.6 - July to Sep 2013 (3rd quarter 2013)	1 - Yes 3 - No	-33	-	Don't Know
B21.7 - Oct to Dec 2013 (4th quarter 2013)	1 - Yes 3 - No	-33	-	Don't Know
B21.8 - Jan to March 2014 (1st quarter 2014)	1 - Yes 3 - No	-33	-	Don't Know

B.22 Based on your understanding, what portion of the Per Family Payment is for Professional Fee?

- 1 - 20% of the Per Family Payment (PFP)
 - 2 - 10% of the Per Family Payment (PFP)
 - 3 - No professional fee (0% of the PFP)
 - 4 - Determined by the LGU
 - 5 - Others, specify _____
- 33 - Don't Know

B.23 Is the PFP placed in an LGU Trust Fund?

- 1 - Yes
- 3 - No **(Skip to B.26)**
- 33 Don't Know **(Skip to B.26)**

B.24 Does the LGU have a separate trust fund created for the PCB1 Per Family Payment (PFP)?

1 - Yes

3 - No

-33 Don't Know

B.25 Does the LGU have a separate trust fund created for the 20% PCB1 administrative/professional fee?

1 - Yes

3 - No

-33 Don't Know

B.26 Is there a sharing scheme for the 20% PCB1 professional fee implemented in the LGU?

1 - Yes

2 - Scheme has not yet been settled **(Skip to B.29)**

3 - No **(Skip to B.29)**

-33 Don't Know **(Skip to B.29)**

B.27 (If yes), what is the sharing scheme for the 20% PCB1 professional fee? (Note: Total should be 100%)

B.27.1 Share of physician

-33 - Don't Know

B.27.2 Share of other health staff

-77 - No Data Available

B.27.3 Share of non-health staff

B.27.4 Others, specify

TOTAL 1 0 0 %

B.28 **How was this sharing scheme decided on? (Allow Multiple Responses. Do not read out responses)**

A- Based on PHIC guidelines

B- Local ordinance

C- Local health board resolution

D- AMHOP consensus

E- Others, specify _____

-33 Don't Know

B.29 **How often does the RHU staff receive its share of the 20% PCB1 professional fee?**

1 - Annually

2 - Twice a year

3 - Quarterly

4 - Monthly

5 - Not yet/never

6 - Others, specify _____

-33 Don't Know

III. PATIENT MANAGEMENT

DIAGNOSIS OF HYPERTENSION. Complete the checklist, ENCIRCLE to indicate whether criterion was mentioned or not.

C.1 In a new case, what will be your basis for diagnosing hypertension? (Wait for the spontaneous responses first, then probe)

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No	Don't Know
C.1.1 Medical history	1	2	3	-33
C.1.2 Occupation	1	2	3	-33
C.1.3 Height	1	2	3	-33
C.1.4 Weight	1	2	3	-33
C.1.5 Family history	1	2	3	-33
C.1.6 Vital signs	1	2	3	-33
C.1.7 Clinical experience/observation	1	2	3	-33
C.1.8 Others, specify _____	1	2	3	-33

C.2 For diagnosing hypertension, what lab test and procedures would you order if affordability is not an issue? (Wait for the spontaneous responses first, then probe)

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No	Don't Know
C.2.1 Creatinine	1	2	3	-33
C.2.2 Urinalysis	1	2	3	-33
C.2.3 CBC	1	2	3	-33
C.2.4 ECG	1	2	3	-33
C.2.5 Lipid profile, total cholesterol	1	2	3	-33
C.2.6 SGOT	1	2	3	-33
C.2.7 Others, specify _____	1	2	3	-33

TREATMENT OF HYPERTENSION. Complete the checklist, ENCIRCLE to indicate whether criterion was mentioned or not.

**C3 For newly diagnosed hypertensive patients, what's the drug that you would likely prescribe if affordability is not an issue?
(Wait for the spontaneous responses first, then probe)**

- C.3.1 Hydrochlorothiazide diuretic
- C.3.2 Beta blocker e.g. metoprolol, atenolol
- C.3.3 ACE inhibitor e.g. enalapril, captopril
- C.3.4 Calcium channel blocker e.g. amlodipine, nifedipine
- C.3.5 Angiotensin receptor blocker (ARB) e.g. losartan, irbesartan
- C.3.6 Hydralazine
- C.3.7 A combination of the above
- C.3.8 Others, specify _____

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33

**C4 For hypertension, what lifestyle modifications do you typically advise your patients?
(Wait for the spontaneous responses first, then probe)**

- C.4.1 Weight reduction
- C.4.2 Diet modification e.g. avoid salty food
- C.4.3 Regular BP check-ups
- C.4.4 Physical activity/exercise
- C.4.5 Moderation of alcohol consumption
- C.4.6 Smoking cessation
- C.4.7 Regular intake of herbal supplements
- C.4.8 Others, specify _____

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33

DIAGNOSIS OF DIABETES. Complete the checklist, ENCIRCLE to indicate whether criterion was mentioned or not.

C.5 In a new case, what will be your basis for diagnosing type 2 diabetes? (Wait for the spontaneous responses first, then probe)

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No	Don't Know
C.5.1 Medical history	1	2	3	-33
C.5.2 Occupation	1	2	3	-33
C.5.3 Height	1	2	3	-33
C.5.4 Weight	1	2	3	-33
C.5.5 Family history	1	2	3	-33
C.5.6 Vital signs	1	2	3	-33
C.5.7 Clinical experience/observation	1	2	3	-33
C.5.8 Others, specify _____	1	2	3	-33

C.6 For diagnosing type2 diabetes, what lab tests and procedures would you order if affordability is not an issue? (Wait for the spontaneous responses first, then probe)

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No	Don't Know
C.6.1 Fasting blood glucose	1	2	3	-33
C.6.2 Random blood glucose	1	2	3	-33
C.6.3 HbA1C	1	2	3	-33
C.6.4 Lipid profile, total cholesterol	1	2	3	-33
C.6.5 Urine ketones	1	2	3	-33
C.6.6 Urine protein	1	2	3	-33
C.6.7 SGOT	1	2	3	-33
C.6.8 Others, specify _____	1	2	3	-33

TREATMENT OF DIABETES. Complete the checklist, ENCIRCLE to indicate whether criterion was mentioned or not.

C.7 For newly diagnosed type 2 diabetes patients, what's the drug that you would likely prescribe if affordability is not an issue?
(Wait for the spontaneous responses first, then probe)

- C.7.1 Metformin
- C.7.2 Glibenclamide
- C.7.3 Gliclazide
- C.7.4 Others, specify _____

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33

C8 For type 2 diabetes, what lifestyle modifications do you typically advise your patients?
(Wait for the spontaneous responses first, then probe)

- C.8.1 Weight reduction
- C.8.2 Diet modification e.g. avoid salty food
- C.8.3 Regular blood glucose level checks
- C.8.4 Diabetes foot care
- C.8.5 Annual eye check-ups
- C.8.6 What to do if blood glucose goes too low
- C.8.7 Regular intake of herbal supplements
- C.8.8 Others, specify _____

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33

IV. ACCESS TO SERVICES

Complete the checklist, **ENCIRCLE** to indicate whether criterion was mentioned or not

D.1 In your opinion, what hinders PATIENT access to diagnostic services? (Wait for the spontaneous responses first, then probe)

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No	Don't Know
D.1.1 Financial constraints	1	2	3	-33
D.1.2 Distance to health center	1	2	3	-33
D.1.3 Lack of information	1	2	3	-33
D.1.4 Lack of lab services at facility	1	2	3	-33
D.1.5 Patient's refusal to comply	1	2	3	-33
D.1.6 Nothing	1	2	3	-33
D.1.7 Others, specify _____	1	2	3	-33

Complete the checklist, **ENCIRCLE** to indicate whether criterion was mentioned or not

D.2 In your opinion, what hinders PATIENT access to needed medicines? (Wait for the spontaneous responses first, then probe)

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No	Don't Know
D.2.1 Financial constraints	1	2	3	-33
D.2.2 Distance to health center	1	2	3	-33
D.2.3 Lack of information	1	2	3	-33
D.2.4 Lack of medicines at facility	1	2	3	-33
D.2.5 Nothing	1	2	3	-33
D.2.6 Others, specify _____	1	2	3	-33

D.3 In your opinion, what hinders proper referral of PATIENTS with complicated cases?

(Wait for the spontaneous responses first, then probe)

- D.3.1 Financial constraints
- D.3.2 Distance of referral center from the health center
- D.3.3 Lack of information
- D.3.4 Patient's refusal to comply
- D.3.5 Nothing
- D.3.6 Others, specify _____

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33

D.4 What could hinder YOU from providing patients full diagnostic services? (Wait for the spontaneous responses first, then probe)

- D.4.1 No laboratory
- D.4.2 Financial constraints
- D.4.3 poorly equipped/stocked laboratory
- D.4.4 Procurement problems in supplies & reagents
- D.4.5 Nothing
- D.4.6 Others, specify _____

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33

D.5 What could hinder YOU from providing patients with medicines? (Wait for the spontaneous responses first, then probe)

- D.5.1 Financial constraints
- D.5.2 Inadequate supply
- D.5.3 Procurement problems for medicines
- D.5.4 Nothing
- D.5.5 Others, specify _____

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33

D.6 What could hinder YOUR proper referral of complicated cases? (Wait for the spontaneous responses first, then probe)

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
D.6.1 Financial constraints	2	3	-33
D.6.2 Distance to referral center	2	3	-33
D.6.3 Unavailability of referral vehicle/ambulance	2	3	-33
D.6.4 Patient's refusal	2	3	-33
D.6.5 Nothing	2	3	-33
D.6.6 Others, specify _____	2	3	-33

- D.6.1 Financial constraints
- D.6.2 Distance to referral center
- D.6.3 Unavailability of referral vehicle/ambulance
- D.6.4 Patient's refusal
- D.6.5 Nothing
- D.6.6 Others, specify _____

PART V. TRAINING

E.1 Have you attended BEmONC (Basic Emergency Obstetric and Newborn Care) training?

- 1 Yes
- 3 No (Skip to E.3)

E.2 If yes, on what date?

m	m		y	y	y	y

-33 Don't Know

E.3 Has a nurse in your RHU attended BEmONC training?

- 1 Yes
- 3 No (Skip to E.5)

-33 Don't Know (Skip to E.5)

E.4 (If yes), on what date?

m	m		y	y	y	y

-33 Don't Know

E.5 Has a midwife in your RHU attended BEmONC training?

1 Yes

3 No **(Skip to E.7)**

-33 Don't Know **(Skip to E.7)**

E.6 (If yes), on what date?

--	--

m m

--	--	--	--

y y y y

-33 Don't Know

E.7 Have you attended a training on visual acetic acid?

1 Yes

3 No **(Skip to E.9)**

-33 Don't Know **(Skip to E.9)**

E.8 (If yes), on what date?

--	--

m m

--	--	--	--

y y y y

-33 Don't Know

E.9 Has a staff member of the facility attended a training on sputum microscopy?

1 Yes

3 No **(Skip to E.11)**

-33 Don't Know **(Skip to E.11)**

E.10 (If yes), on what date?

--	--

m m

--	--	--	--

y y y y

-33 Don't Know

PART VI. PhilPEN TRAINING, KNOWLEDGE

F.1 Have you ever heard of PhilPEN before?

- 1 Yes
- 3 No **(Skip to Part VII)**

F.2 What does PhilPEN stand for? _____

-33 Don't Know

F.3 Have you received any training on PhilPEN guidelines?

- 1 - Yes, by PHIC, DOH
- 2 - Yes, by private sector
- 3 - No **(Skip to F.5)**

F.4 (If yes), on what date?

m	m

y	y	y	y

-33 Don't Know

F.5 Do you know what diseases were covered in the PhilPEN training? (Wait for the spontaneous responses first, then probe)

- F.5.1** Diabetes
- F.5.2** Hypertension
- F.5.3** Asthma
- F.5.4** Others, specify _____

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No	Don't Know
F.5.1	1	2	3	-33
F.5.2	1	2	3	-33
F.5.3	1	2	3	-33
F.5.4	1	2	3	-33

F.6 Do you know what risk factors are used in the PhilPEN risk prediction/stratification?
 (Wait for the spontaneous responses first, then probe)

- F.6.1 Individual's age
- F.6.2 Individual's gender
- F.6.3 Smoking status
- F.6.4 Systolic blood pressure
- F.6.5 Total cholesterol
- F.6.6 Presence or absence of diabetes
- F.6.7 Others, specify _____

ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	No	Don't Know
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33
1	2	3	-33

PART VII. BUDGET AND BENEFITS

Complete the checklist, ENCIRCLE to indicate whether criterion was mentioned or not

G.1 Who typically determines the LGU health budget?
 (Allow multiple responses. Do not read out the response options.)

- A - CHO/MHO
- B - Budget Officer
- C - Sanggunian Committee on Health
- D - Mayor
- E - Others, specify _____

-33 - Don't Know

G.2 Are you involved in the preparation of the LGU annual health budget?

- 1 - Yes
- 3 - No, someone else does it e.g. budget office

G.3 Are you responsible for presenting the proposed annual health budget to the Mayor?

- 1 - Yes, I present personally to the Mayor
- 2 - Yes, I present to the Mayor during the budget hearing
- 3 - Yes, I present to the Mayor during the health board meeting
- 4 - No, somebody else does it

G.4 Are you responsible for presenting the proposed annual health budget for approval by the Sanggunian?

- 1 - Yes, during the budget hearing
- 3 - No, somebody else does it

G.5 Are magna carta benefits included in this year's budget?

- 1 - Yes, fully implemented
- 2 - Yes, but only partially
- 3 - No
- 33 Don't Know

G.6 What LGU benefits do you receive in addition to your salary? (Wait for the spontaneous responses first, then probe)

	ANSWER PROVIDED SPONTANEOUSLY	ANSWER PROVIDED ONLY UPON PROBING		
	Yes	Yes	No	Don't Know
G.6.1 Hazard pay	1	2	3	-33
G.6.2 Representation and Travel Allowance (RATA)	1	2	3	-33
G.6.3 Subsistence Allowance	1	2	3	-33
G.6.4 Laundry Allowance	1	2	3	-33
G.6.5 ACA/PERA	1	2	3	-33
G.6.6 Clothing allowance	1	2	3	-33
G.6.7 Productivity pay	1	2	3	-33
G.6.8 13th month pay	1	2	3	-33
G.6.9 Medico-legal fee	1	2	3	-33
G.6.10 Others, specify _____	1	2	3	-33

- H.1 Would you like to comment on the PCB through this survey?** _____

- H.2 Would you like to comment on this survey?** _____

This is the end of this interview. Thank you very much for your time.