| \_\_\_ | \_\_\_ | \_\_\_ |

Questionnaire number

**Degree of satisfaction of the beneficiaries**

**The HEALTH System**

**(2023)**

|  |  |
| --- | --- |
| E1. Locality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ | \_\_ | | E6. Date of interview | \_\_ | \_\_ | | \_\_ | \_\_ |  date moon |
| E2. rayon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| \_\_ | \_\_ | |
| E3. Type of locality 1. Urban 2. Rural | E7. Interview start time  | \_\_ | \_\_ | | \_\_ | \_\_ |  hour minutes |
| E4. Language: 1. Romanian / Moldovan 2. Russian | E8. The end of the interview | \_\_ | \_\_ | | \_\_ | \_\_ |  hour minutes |
| E5. Street | \_\_ | \_\_ | |  |

# Hello (evening)!

*My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am an interviewer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*The survey we are conducting today in collaboration with Company NaţNational Health Insurance Agency (NHIC), aims to assess knowledgeetI holdţs etand satisfacţtakes to the citizens the health services provided within the Health System, both by the health-sanitary and pharmaceutical institutions, and by the NHIC.*

*You have been randomly selected according to a predefined methodology. Your answers to this survey are completely optional and will have no consequences if you do not want to answer. We will process all personal data you provide to us and use this information for statistical and research purposes. Only aggregated anonymous data will be made public to protect the privacy of each respondent.*

***Thank you in advance for your cooperation!***

**E9.**How often have you received health services in the last 12 months? One answer.

|  |  |  |
| --- | --- | --- |
| 1 | Very often | *continue* |
| 2 | Frequently |
| 3 | rare |
| 4 | Rarely |
| *5* | *Not at all* | *FINISH THE INTERVIEW* |
| *98* | *( I do not know)* |
| *99* | *(Refuses to answer)* |

**Let's start with general questions about your state of health and usual practices**

**1. In general, how would you characterize your current health?** *One answer.*

|  |  |
| --- | --- |
| 1 | Very good |
| 2 | Hi |
| 3 | Satisfying |
| 4 | Stupid |
| 5 | Very stupid |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**2. When was the last time you went to the doctor?** *One answer.*

|  |  |
| --- | --- |
| 1 | During the last month |
| 2 | 1-2 months ago |
| 3 | 3-6 months ago |
| 4 | 7-12 months ago |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**3. You have health problems or suffer from a chronic illness**(health problem or disease that requires continuous or regular treatment and has been diagnosed by a doctor, lasting more than 6 months)?

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | Yes, I also have a degree of disability |
| 3 | Not |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**4. What type of health problem or chronic illness do you have?**

|  |  |
| --- | --- |
| 1 | (indicate everything it says) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | I have no health problems |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**5.** [SHOW SHEET 1]**What are the main measures you take when your health is unexpectedly deteriorating?**

|  |  |  |  |
| --- | --- | --- | --- |
| *A sure answer on every column* | **Into the**  **First row** | **Into the**  **second row** | **Into the**  **third row** |
| I'm trying to handle myself | 1 | 1 | 1 |
| Call your family doctor for advice | 2 | 2 | 2 |
| I call the family doctor at home | 3 | 3 | 3 |
| The sun is urgentţcomplicated | 4 | 4 | 4 |
| I'm going to see my family doctor | 5 | 5 | 5 |
| I take directions from the family doctor to go to the specialist | 6 | 6 | 6 |
| I go straight to the consultationţtake the specialist doctor for a fee | 7 | 7 | 7 |
| I go straight to the hospital alone | 8 | 8 | 8 |
| *Other way (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 97 | 97 | 97 |
| *(I do not know)* | 98 |  |  |
| *(Refuses to answer)* | 99 |  |  |

**6**[SHOW SHEET 2]**. During the last 12 months, have you received the following health services?**

**6B. If you have benefited, please specify if you reveived these services as part of your compulsory heath insrance scheme or you paid from your out of pocket (direct payment)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *6A - One answer per line;*  *6B - Address only for the services mentioned in code 2 in question 6A.**(If you also received a service based on health insurance and against paymentcheck both options)* | ***6A. Have you received the following services?*** | | ***6B. Have you received services as part of your compulsory heath insrance scheme or you paid from your out of pocket (direct payment) health?*** | | | |
| **I did not benefit** | **I benefited** | **based on health insurance** | **Paid out of pocket (direct payment)** | ***N/A*** |
| 1. Emergency health assistance (rescue) | 1 | 2 | 1 | 2 | *98* |
| 2. Consultation with the family doctor | 1 | 2 | 1 | 2 | *98* |
| 3. Obtaining reimbursed medicines | 1 | 2 | 1 | 2 | *98* |
| 4. Analyzes / investigations (USG, rengenography) | 1 | 2 | 1 | 2 | *98* |
| 5. Consultation of the specialist doctor | 1 | 2 | 1 | 2 | *98* |
| 6. Dental services | 1 | 2 | 1 | 2 | *98* |
| 7. Diagnosis of high-performance devices (MRI, tomography, mammography) | 1 | 2 | 1 | 2 | *98* |
| 8. Hospitalization | 1 | 2 | 1 | 2 | *98* |
| 9. Home health care | 1 | 2 | 1 | 2 | *98* |
| 10. Rehabilitation services (massage, physical procedures, physiotherapy, etc.) | 1 | 2 | 1 | 2 | *98* |

**7.You have compulsory health insurance (health policy)?** *One answer.*

|  |  |  |
| --- | --- | --- |
| *1* | YES, I am an official employee (through monthly salary contributions) | *GO TO QUESTION 10* |
| *2* | YES, insured by the state (pensioner, disabled person, student, parent with 4 or more children, officially registered unemployed, etc.) | *GO TO QUESTION 10* |
| *3* | Yes, on your own (individual payment of the insurance premium (policy)) | *GO TO QUESTION 9* |
| *4* | *Another way (indicateÞi) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |
| *5* | *Not* | *continue* |
| *98* | *(I do not know)* | *GO TO QUESTION 10* |

**8. Indicate the main reason why you are not insured in the compulsory health insurance system?** *One answer.*

|  |  |
| --- | --- |
| 1 | I work unofficially |
| 2 | The cost of the first (polyţthey) insurance is too high |
| 3 | It doesn't make sense, I have to pay the doctor anyway |
| 4 | I don't need / I'm healthy |
| 5 | I work abroad |
| 6 | Not etI know where to pay for health insurance |
| 7 | NotetI know that health insurance is mandatory |
| *97* | *Other reason (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**9. What is the reason that determined you to pay the insurance premium to the NHIC?** *One answer.*

|  |  |
| --- | --- |
| 1 | I needed treatment |
| 2 | I needed to get a job |
| 3 | I am bound by law |
| 4 | I wanted to be in solidarity with himţyl |
| 5 | I needed to complete the documents |
| *97* | *Other cause (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**KNOWLEDGE AND PERCEPTIONS**

*Everyone answers*

**10. Do you know where the validity of health insurance can be verified?** *Multiple answer.*

|  |  |
| --- | --- |
| 1 | By calling the Info Service - CNAM |
| 2 | At the polyclinic registry |
| 3 | On the CNAM website |
| 4 | At work |
| 5 | At the family doctor |
| *97* | *Other cause (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *( I do not know)* |
| *99* | *(Refuses to answer)* |

**11.** Do you know what your rights are as a patient?*More answers.*

| *One answer per line* | | **YES** | **Not** | *(I do not know)* |
| --- | --- | --- | --- | --- |
| 1. | Providing free health care based on health insurance | 1 | 2 | *98* |
| 2. | Appropriate and non-discriminatory behavior by health staff | 1 | 2 | *98* |
| 3. | Protection of personal data during the provision of health services | 1 | 2 | *98* |
| 4. | Ask for the opinion of other specialists and receive recommendations | 1 | 2 | *98* |
| 5. | Examination and treatment under appropriate conditions | 1 | 2 | *98* |
| 6. | Full and clear information on his state of health (methods of diagnosis, treatment and recovery, prophylaxis, as well as their potential risk and therapeutic efficacy) | 1 | 2 | *98* |
| 7. | Refusal of health intervention, treatment | 1 | 2 | *98* |
| 8. | Information on the health institution, profile, volume, quality, cost and method of providing the respective services | 1 | 2 | *98* |
| 9. | The right to scheduled hospitalization, the choice of the health institution (hospital) in the regional area where the patient is located at will | 1 | 2 | *98* |
| 10. | Compensation in case of damage to health, material compensation for the damage caused |  |  |  |

**12. From what sources do you find out about your rights and health insurance benefits?** *Maximum three Answer options.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | From the media (TV, newspapers, radio) | 7 | CNAM representative |
| 2 | Family doctor | 8 | Info Service - CNAM |
| 3 | Friends / relatives | *9* | *I don't know / I haven't been informed* |
| 4 | Brochures / leaflets | *97* | *Other source (indicate) \_\_\_\_\_\_\_\_\_\_\_* |
| 5 | From work | *98* | *(I do not know)* |
| 6 | Internet | *99* | *(Refuses to answer)* |

**13. In the last 12 months, during the use of health services, have any rights been violated?** *One answer.*

|  |  |  |
| --- | --- | --- |
| 1 | Yes | *continue* |
| 2 | Not | *GO TO THE QUESTION* 15 |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**14. By whom have your rights been violated?** *More answers.*

|  |  |
| --- | --- |
| 1 | physicians |
| 2 | Nurse |
| 3 | nurses |
| 4 | pharmacyetyou |
| 5 | CNAM employees |
| *97* | *Someone else (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**15. In your opinion, who defends the interests of patients?** *More answers.*

|  |  |
| --- | --- |
| 1 | Ministry of Healthţii, Labor and Social Protection |
| 2 | The health institutions you go toţand |
| 3 | CNAM |
| 4 | Judicial bodiesţie |
| 5 | Nobody reads*etyourself*) |
| *97* | *Other institution (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**16. I will read some statements. In your opinion, which of the following situations do you agree with?**

|  |  |
| --- | --- |
| 1 | Health insurance to provide all health services, even if in some services the line can be very high |
| 2 | Health insurance to provide a narrow spectrum of health services, but without row |
| 3 | I am ready to pay more for health insurance, but all health services and treatment should be covered (free of charge) |
| 4 | I am satisfied with the services and medicines that are covered (free of charge), at the moment, by the health insurance |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**17. How muchţyou are wetţand ofquality of health services?** *One answer.*

|  |  |
| --- | --- |
| 1 | Very satisfied |
| 2 | Somewhat satisfied |
| 3 | Somewhat dissatisfied |
| 4 | Very dissatisfied |
| *99* | *(Refuses to answer)* |

**18.** [SHOW SHEET 16]**Were you satisfied or not satisfied with the following aspects related to the quality of health services, when you benefited from them?**

| *One answer per line* | | **Satisfied** | **Dissatisfied** | *(I do not know)* |
| --- | --- | --- | --- | --- |
| 1. | The attitude of the health staff | 1 | 2 | *98* |
| 2. | The professionalism of the health staff | 1 | 2 | *98* |
| 3. | conditionsţsanitary-hygienic activities in the institutionţhealth conditions | 1 | 2 | *98* |
| 4. | Respect confidentţialitaţii patientţOF THE | 1 | 2 | *98* |
| 5. | Informţoffered them regarding the risks and benefits of the treatment / investigationţ/ interventionţDISCLOSURES | 1 | 2 | *98* |
| 6. | The time given by the health staff to solve your health problem | 1 | 2 | *98* |
| 7. | Time and effort to explain possible conditions or treatment regimens | 1 | 2 | *98* |
| 8. | Confidence in being correctly diagnosed and given the appropriate treatment | 1 | 2 | *98* |
| 9. | Condition of installations and equipment | 1 | 2 | *98* |

**19. How much you are satisfy with access to health services?** *One answer.*

|  |  |
| --- | --- |
| 1 | Very satisfied |
| 2 | Somewhat satisfied |
| 3 | Somewhat dissatisfied |
| 4 | Very dissatisfied |
| *99* | *(Refuses to answer)* |

**20.** [SHOW SHEET 17]**Were you satisfied or not satisfied with the following aspects related to access to health services, when you benefited from them?**

| *One answer per line* | | **Satisfied** | **Dissatisfied** | *( I do not know)* |
| --- | --- | --- | --- | --- |
| 1. | Period of aetwaiting for health services | 1 | 2 | *98* |
| 2. | Distance to the health institution | 1 | 2 | *98* |
| 3. | Access to beetof personal medicine | 1 | 2 | *98* |
| 4. | The need to present referral tickets | 1 | 2 | *98* |
| 5. | Inpatient treatment at the indicated institution | 1 | 2 | *98* |
| 6. | Consultation with the indicated specialist doctor | 1 | 2 | *98* |
| 7. | Reimbursed medicines available for outpatient treatment | 1 | 2 | *98* |
| 8. | High performance services at the indicated institution | 1 | 2 | *98* |
| 9. | Programming mode | 1 | 2 | *98* |

**21.** [SHOW SHEET 18] **What should be done to improve quality and access to health care services based on health insurance?** *More answers.*

|  |  |
| --- | --- |
| 1 | Informing the population about health services (through advertising, leaflets, doctors, etc.) |
| 2 | Stricter inspection of health institutions to see if they are performing their tasks well |
| 3 | Penalty of health staff in case of violation of patients' rights |
| 4 | Conditioning an appropriate attitude on the part of doctors faţof patients |
| 5 | Littleetscheduling time toetwaiting for health services provided on the basis of health insurance |
| 6 | Offering more free services based on health insurance |
| 7 | Free treatment on an outpatient basis |
| 8 | Giving several free medicines based on health insurance |
| *97* | *Other method (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**22. In your opinion, is the activity of the health system in the Republic of Moldova going in the right or wrong direction?** *One answer.*

|  |  |
| --- | --- |
| 1 | Very good |
| 2 | Hi |
| 3 | No changes |
| 4 | Greetin hand |
| 5 | Very hardetin hand |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**221. Do you consider that the Covid-19 pandemic has restricted citizens' access to health services?**

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | Partial |
| 3 | Not |
| *99* | *(Refuses to answer)* |

**paymentsÞand POCKET**

*Everyone answers*

**23. Have you incurred any expenses for treatment and health services during the last 12 months?** *More answers.*

|  |  |  |
| --- | --- | --- |
| 1 | I made direct payment for the drugs etconsumables | continue |
| 2 | I made direct payment for analysis / investigationţyl |
| 3 | I made direct payment for the consultationţii health |
| 4 | I made direct payment for diagnostics on high-performance devices |
| 5 | I made direct payment for hospitalization |
| 6 | I made direct payment for assisted transportation to the hospital |
| 7 | I made direct payment for all expenses |  |
| 8 | I had no additional expenses | SKIP TO QUESTION 28 |
| 97 | *Other (indicate) \_\_\_\_\_\_\_\_\_\_\_\_* | continue |
| *98* | *(Hard to say)* | SKIP AT QUESTION28 |
| *99* | *(Refuses to answer)* |

**24. Where or who did you make the direct payment for the services mentioned above?** *More answers.*

|  |  |
| --- | --- |
| 1 | Directly to the doctor |
| 2 | In the institute houseţyou get health |
| 3 | Health collaborators from IMS |
| 4 | At the pharmacy |
| *97* | *Elsewhere (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**25. Did you make a payment in cash or in-kind to the health staff for the health services you received?** *One answer.*

|  |  |  |
| --- | --- | --- |
| 1 | In-kind | *continue* |
| 2 | Cash |
| 3 | In kind and cash |
| 4 | I offered other favors / services |
| *97* | *Other (indicated) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 5 | I didn't offer anything | *SKIP AT QUESTION28* |
| *98* | *( I do not know)* |
| *99* | *(Refuse* *to answer)* |

**26. Did you offer money / in-kind voluntarily or at someone's suggestion?** *One answer.*

|  |  |
| --- | --- |
| 1 | I volunteered, being satisfied by the services received |
| 2 | I volunteered because the medical staff were indifferent to my problem |
| 3 | I was asked directly |
| 4 | It was suggested to me by the health staff |
| 5 | I offered at the urging of other patients |
| *97* | *Other reason (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**27. After you offered money / in-kind / did the attitude of the medical collaborators towards you change?** One answer.

|  |  |
| --- | --- |
| 1 | Yes, a lot has changed |
| 2 | Yes, a little has changed |
| 3 | It remained the same, without any changes |
| 4 | It got worse |
| *99* | *(Refuses to answer)* |

**28.** [SHOW SHEET 3]**For which of the following health services are you willing to pay out of your pocket in person if you need them?** *More answers.*

|  |  |
| --- | --- |
| 1 | The primary consultation of the family doctor |
| 2 | Repeated consultation with the family doctor |
| 3 | Primary consultation of the profile doctor |
| 4 | Repeated consultation with a specialist |
| 5 | Hospital treatment |
| 6 | Analyzes and investigations |
| 7 | Diagnosis of high-performance devices |
| 8 | Surgery |
| 9 | Dental services |
| 10 | Rehabilitation services (massage, physical procedures, physiotherapy, etc.) |
| 11 | Home health care |
| 12 | Drugs |
| 13 | *I do not agree to pay for health services* (not read) |
| 14 | *I agree to pay for all health services* (not read) |
| *97* | *Other option (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(difficult to say)* |
| *99* | *(refuses to answer)* |

**National Health Insurance Company (CNAM)**

*Everyone answers*

**29. Have you ever heard of the National Health Insurance Company (CNAM) / CNAM Territorial Agency (CNAM TA)?** *One answer.*

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | Not |

**30.** [SHOW SHEET 14]**As far as you know, which of the following services are offered by the CNAM TA?**

| *One answer per line* | | **Yes** | **Not** | *(Hard to say)* |
| --- | --- | --- | --- | --- |
| 1. | Provides health insurance | 1 | 2 | *98* |
| 2. | Offers and establishes pensions, allowances, compensations, etc. | 1 | 2 | *98* |
| 3. | Directs / organizes the process of compulsory health insurance | 1 | 2 | *98* |
| 4. | Issue rest sheets and treatment at the sanatorium | 1 | 2 | *98* |
| 5. | Provides car and home insurance services | 1 | 2 | *98* |
| 6. | Protects the rights of people with health insurance | 1 | 2 | *98* |
| 7. | Carries out checks following the examination of complaints from citizens | 1 | 2 | *98* |
| 8. | Stableetprices for health services | 1 | 2 | *98* |

**31. In general, how satisfied are you with the services provided by the NHIC?**

|  |  |
| --- | --- |
| 1 | Very satisfied |
| 2 | Somewhat satisfied |
| 3 | Somewhat dissatisfied |
| 4 | Very unsatisfied |
| *99* | *(Refuses to answer)* |

**32. You have contacted the NHIC or the agent directlyţthe territorial units of the NHIC / representativeţdo you have CNAM?***One answer.*

|  |  |  |
| --- | --- | --- |
| 1 | Yes | *continue* |
| 2 | Not | *SKIP AT QUESTION*D1 |

**33.** [SHOW SHEET 15] **When you appealed to the CNAM TA, what problem did you address?** More answers.

|  |  |
| --- | --- |
| 1 | Changing the family doctor |
| 2 | Verification of the status of insured person |
| 3 | Obtaining the status of insured person (pensioner, person with disabilities, etc.) |
| 4 | Writing the petition (complaint) |
| 5 | With a problem related to the provision of health services |
| 6 | Procurement of compulsory assistance insuranceţhealth |
| 7 | For consultationţie / information |
| 8 | Presentation of the forms of persons employed and insured by the state |
| 9 | Requesting certificates |
| *97* | *Another issue (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *99* | *(Refuses to answer)* |

**34.** [SHOW SHEET 16]**Were you satisfied or not satisfied with the following aspects related to the services provided by the NHIC employees when you benefited from them?**

| *One answer per line* | | **Satisfied** | **Dissatisfied** | *(I do not know)* |
| --- | --- | --- | --- | --- |
| 1. | Staff attitude | 1 | 2 | *98* |
| 2. | Respect confidentţialitaţii people | 1 | 2 | *98* |
| 3. | Informţoffered them regarding the issue addressed | 1 | 2 | *98* |
| 4. | The time given to solve your problem. | 1 | 2 | *98* |

**SOCIO-DEMOGRAPHIC DATA**

**D1.***INDICATE THE GENDER OF THE RESPONDENT, WITHOUT ASKING.* 1. Male 2. Feminine

**D2. How old are you?**

|  |  |
| --- | --- |
|  | 99 years (Refuses to answer) |

**D3. Please indicate how many children and how many elderly people you have in the family.**

|  |  |  |
| --- | --- | --- |
| 1. | Children (0-18 years) |  |
| 2. | Older people (from 62 years +) |  |
| 0. | We don't have people this age |  |
| 99 | (Refuses to answer) |  |

**D4. What is the last level of study completed by you?**

|  |  |  |  |
| --- | --- | --- | --- |
| 0 | (No studies) | 5 | Vocational school |
| 1 | Unfinished primary education | 6 | Unfinished higher education |
| 2 | Primary education | 7 | Higher education |
| 3 | Unfinished school / high school | 8 | Postgraduate |
| 4 | General school / High school | *99* | (Refuses to answer) |

**D5. What is your status at the moment?**

|  |  |
| --- | --- |
| 1 | Retired |
| 2 | Unemployed / housewife / unemployed not registered with the employment office |
| 3 | Student / Student / Resident / PhD Student |
| 4 | Unemployed registered at the employment office |
| 5 | Farmer |
| 6 | Worker |
| 7 | Office worker / civil servant / technician (maximum high school education) |
| 8 | Employed with higher education |
| 9 | Self-employed / self-employed / employer |
| *97* | *Other (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**D6.** [SHOW SHEET 19]**What category of insured persons do you belong to?**

|  |  |
| --- | --- |
| 1 | Student / Student / Resident / PhD Student |
| 2 | Unemployed registered at the employment office |
| 3 | People caring at home for a person with a severe degree of disability, bedridden |
| 4 | Not valid |
| 5 | Mothers with four or more children |
| 6 | Retired |
| 7 | employee |
| 8 | Self-employed |
| 9 | Farmers / Agricultural landowners |
| *97* | *I am not healthly insured* |
| 99 | *(Refuses to answer)* |

**D7 What is your nationality?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | MOLDOVA | 5 | Bulgaria |
| 2 | UKRAINIAN | *97* | *Other (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 3 | Russian | *98* | *(Hard to say)* |
| 4 | GAGAUZ | *99* | *(Refuses to answer)* |

**D8.** [PRESENTED SHEET 20] **What total net income did the household have in the previous month?** READ 01-12

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 00 | No income | 05 | 2001 - 2500 lei | 10 | 5001 - 10000 lei |
| 01 | Less than 500 lei | 06 | 2501 - 3000 lei | 11 | 10001 - 15000 lei |
| 02 | 501 - 1000 lei | 07 | 3001 - 3500 lei | 12 | More than 15,000 lei |
| 03 | 1001 - 1500 lei | 08 | 3501 - 4000 lei | *98* | *(I do not know)* |
| 04 | 1501 - 2000 lei | 09 | 4001 - 5000 lei | *99* | *(Refuses to indicate income)* |

***Thank you very much for your sincerity and time!***

**Compartment I**

**Family doctor**

*Only for those who have menţreported in Q6 that they have benefited from the services of the family doctor in the last 12 months*

**1.** [SHOW SHEET 4]**For what services do you addressţand most often the family doctor?** *More answers.*

|  |  |
| --- | --- |
| 1 | Consultţie, health surveillance |
| 2 | Prescribing referral tickets for analysis / investigationţyl |
| 3 | Prescribing prescriptions for reimbursed medicines |
| 4 | Issuance of health certificates (illness bulletin, death, etc.) |
| 5 | To receive a recommendation / referral to a specialist doctor |
| 6 | Issuance of the referral ticket for hospitalization |
| *97* | *Other services (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**2. How do you schedule your family doctor's consultation most often?**

|  |  |
| --- | --- |
| 1 | Phone |
| 2 | Internet |
| 3 | Registry office |
| *4* | *I don't schedule* |
| *97* | *Other way (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**3. Please remember the last registration with the family doctor. How long has your schedule been set?**(If the respondent mentions that he / she did not register / schedule but simply went directly to the doctor, circle the answer “on the same day”) One answer.

|  |  |
| --- | --- |
| 1 | On the same day |
| 2 | For 2-3 working days |
| 3 | For 4-5 working days |
| 4 | For 1-2 weeks |
| 5 | More than 2 weeks |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**4. At the last scheduled visit to the family doctor, when were you received at the consultation?** *One answer.*

|  |  |
| --- | --- |
| 1 | Before the scheduled time |
| 2 | At the scheduled time |
| 3 | After the appointment time |
| 4 | There was no scheduling, it was a living line |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**5. During the visit, the family doctor will clearly explain what you need to do (information on diagnosis, risks and benefits of treatment, investigation)?** *One answer.*

|  |  |
| --- | --- |
| 1 | Yes, he explained very clearly |
| 2 | He explained very little |
| 3 | He didn't explain it to me clearly / anything |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**6.** [SHOW SHEET 5]**Which of the following problems did you face when you went to your family doctor?**

| *One answer per line* | | **Yes** | **Not** | *(Hard to say)* |
| --- | --- | --- | --- | --- |
| 1. | The line is too big | 1 | 2 | *98* |
| 2. | The family doctor is very rare on the spot | 1 | 2 | *98* |
| 3. | Negative attitude on the part of the doctor | 1 | 2 | *98* |
| 4. | The family doctor didn't give me enough time | 1 | 2 | *98* |
| 5. | Negative attitude of the nurse | 1 | 2 | *98* |
| 6. | The health center / polyclinic is too far away | 1 | 2 | *98* |
| 7. | I don't trust the family doctor | 1 | 2 | *98* |
| 8. | Sanitary and hygienic conditions in the institution | 1 | 2 | *98* |
| 9 | The family doctor changes very often | 1 | 2 | *98* |
| *97.* | *Other (indicatesți) \_\_\_\_\_\_\_\_\_\_\_\_* | 1 | 2 | *98* |

**7. Do you know about your right to choose your family doctor at will every 6 months after the last registration?***One answer.*

|  |  |
| --- | --- |
| 1 | Yes, but I did not use this right |
| 2 | Yes, I have benefited from this right |
| 3 | I didn't know I was so right |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**8. Have you been contacted by your family doctor or nurse (on your own initiative) during the last 12 months in order to check your health?** *One answer.*

|  |  |
| --- | --- |
| 1 | Yes, it rang in connection with your illness. |
| 2 | Yes, in connection with the vaccination of the child |
| 3 | Yes, I invited you to the prophylactic exam |
| 4 | Yes, it reminded you of the need to register with the doctor |
| 5 | Yes, for other reasons |
| 6 | They never contacted you |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**9.** [SHOW SHEET 6]**In your opinion, why can the family doctor or nurse receive additional payments?** *Multiple answer.*

|  |  |
| --- | --- |
| 1 | For granting referral tickets |
| 2 | For consultationţie |
| 3 | For home visits |
| 4 | For prescribing prescription drugs |
| 5 | For issuing certificates |
| 6 | I do not charge extra |
| *97* | *Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**10.** [SHOW SHEET 7]**Your family doctor will let you know about the free health services you can benefit from health insurance?**

| *One answer per line* | | **Yes** | **Not** | *(Hard to say)* |
| --- | --- | --- | --- | --- |
| 1. | Consultation with the specialist doctor with an appointment | 1 | 2 | *98* |
| 2. | Reimbursed medicines (partially reimbursed, 100% reimbursed) | 1 | 2 | *98* |
| 3. | Analyze / investigateţii (USG, rengenography) | 1 | 2 | *98* |
| 4. | Diagnosis of high-performance devices (MRI, tomography, mammography) with programming | 1 | 2 | *98* |
| 5. | Hospitalization | 1 | 2 | *98* |
| 6. | Rehabilitation services (massage, physiotherapy, physiotherapy) | 1 | 2 | *98* |
| 7. | Home health care | 1 | 2 | *98* |

1. **During the last 12 months, whenever you have received free paraclinical services benefit based on health insurance, based on the referral ticket from the family doctor?**

|  |  |  |
| --- | --- | --- |
| 1 | Very often (monthly) |  |
| 2 | Often (once a quarter) |  |
| 3 | Rare (once every half year) |  |
| 4 | Very rarely (once a year) |  |
| *5* | *Not at all* |  |
| *98* | *( I do not know)* |  |
| *99* | *(Refuses to answer)* |  |

1. **How many times during the last 12 months have you received health services, including consultation with your family doctor if you have had health problems or a chronic illness?**

|  |  |
| --- | --- |
| 1 | Very often (monthly) |
| 2 | Often (once a quarter) |
| 3 | Rare (once every half year) |
| 4 | Very rarely (once a year) |
| *5* | *Not at all* |
| *98* | *( I do not know)* |
| *99* | *(Refuses to answer)* |

**13. How satisfied are you with the health services provided by the family doctor and the nurse you serve?**

|  |  |  |
| --- | --- | --- |
| *A sure answer on every column* | **A. The family doctor** | **B. Health care** |
| Very mulţthanked | 1 | 1 |
| Somewhat satisfied | 2 | 2 |
| Somewhat dissatisfied | 3 | 3 |
| Very dissatisfied | 4 | 4 |
| *( I do not know)* | *98* | *98* |
| *(Refuse* to answer) | *99* | *99* |

**14. When you are prescribed a drug treatment with infusions / injections, prefer to:**

|  |  |
| --- | --- |
| 1 | You are hospitalized for treatment (day and night) |
| 2 | You are treated in the hospital during the day (to return home in the evening) |
| 3 | You are treated in the day hospital of the Health Center (Polyclinic) |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**15 When you are instructed in a high performance investigation (MRI, CT,… ..), you would prefer to:**

|  |  |
| --- | --- |
| 1 | Choose the institution where the investigation will take place |
| 2 | Perform the investigation at the institution recommended by your doctor |
| 3 | It does not matter in which institution the investigation is to be conducted |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**16 How do you prefer to schedule high-performance investigations (MRI, CT,… ..):**

|  |  |
| --- | --- |
| 1 | Alone, by electronic programming |
| 2 | Alone, by phone appointment |
| 3 | Through the doctor |
| 4 | The method of programming does not matter |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

1. **In the context of the epidemiological situation, have you been diagnosed as COVID19?**

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | Not |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

1. **If so, did you take the SARS-CoV-2 virus test?** *One answer.*

|  |  |
| --- | --- |
| 1 | Yes, at the doctor's indication, based on health insurance |
| 2 | Yes, for a fee |
| 3 | Not |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

1. **Following a positive diagnosis, have you received free medications for the home treatment of coronavirus infection?**

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | Not |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |
|  |  |

**Compartment II**

**The specialist doctor**

*Only for those who have menţreported in Q6 that they had received health services in the last 12 months*

*profile specialist*

**1. If we refer to the last consultationţie to the specialist doctor, please tell us if it was a visit based on a referral from the family doctor or did you go directly to the specialist?** *One answer.*

|  |  |
| --- | --- |
| 1 | With guidance from the family doctor |
| 2 | No correction, based on health insurance |
| 3 | No correction, no payment |
| 4 | aţI went to the specialist doctor where heţI've been there before |
| *97* | *Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**2.** [SHOW SHEET 8] **With which of the following problems VaţI faced asking the specialist doctor?**

| *One answer per line* | | **Yes** | **Not** | *(Hard to say)* |
| --- | --- | --- | --- | --- |
| 1. | The line is too big | 1 | 2 | *98* |
| 2. | The doctor's appointment is made only on certain days | 1 | 2 | *98* |
| 3. | The specialist doctor did not give me enough time | 1 | 2 | *98* |
| 4. | Negative attitude on the part of the specialist | 1 | 2 | *98* |
| 5. | The specialist doctor has a reduced work schedule (it is not all day) | 1 | 2 | *98* |
| 6. | Lack of specialist doctor at the Center of Health that I serve | 1 | 2 | *98* |
| 7. | The distanceţtoo high to the specialist doctor | 1 | 2 | *98* |
| 8. | I don't trust the specialist | 1 | 2 | *98* |
| 9. | Sanitary and hygienic conditions in the institution | 1 | 2 | *98* |
| *97.* | *Other (indicatesţi) \_\_\_\_\_\_\_\_\_\_\_\_* | 1 | 2 | *98* |

**3. Please remember the last registration with the specialist doctor. How long has your schedule been set?**(If the respondent mentions that he / she did not register / schedule but simply went directly to the doctor, circle the answer “on the same day”) One answer.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *One answer on each column* | | **Neurologist** | **Cardiologist** | **Endocrinologist** | **Pediatrician** | **Surgeon** | **Another specialist** |
| 1 | In thatetand day | 1 | 2 | 3 | 4 | 5 | 6 |
| 2 | For 2-5 working days | 1 | 2 | 3 | 4 | 5 | 6 |
| 3 | For 1-2 weeks | 1 | 2 | 3 | 4 | 5 | 6 |
| 4 | More than 2-4 weeks | 1 | 2 | 3 | 4 | 5 | 6 |
| 5 | For 1-2 months | 1 | 2 | 3 | 4 | 5 | 6 |
| 6 | More than 2 months | 1 | 2 | 3 | 4 | 5 | 6 |
| *98* | *(I do not know)* | 1 | 2 | 3 | 4 | 5 | 6 |
| *99* | *(Refuses to answer)* | 1 | 2 | 3 | 4 | 5 | 6 |

**4. How satisfied are you with the services of the specialist doctor you serve?***One answer.*

|  |  |
| --- | --- |
| 1 | Very satisfied |
| 2 | Satisfied |
| 3 | Dissatisfied |
| 4 | Very dissatisfied |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**Compartment III**

**Medication reimbursed**

*Only for those who have menţreported in Q6 that they had received reimbursed drugs in the last 12 months*

**1. From what sources did you learn about the possibility of receiving reimbursed drugs?**

|  |  |
| --- | --- |
| 1 | From the family doctor |
| 2 | From the specialist doctor |
| 3 | From friends / relatives |
| 4 | From the representatives of CNAM TA |
| 5 | From the pharmacy |
| 97 | Other source (indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**2.** [SHOW SHEET 12]**Which of the following problems have you faced with over-the-counter medications?**

| *One answer per line* | | **Yes** | **Not** | *(Hard to say)* |
| --- | --- | --- | --- | --- |
| 1. | You have not been informed of which over-the-counter medicines you may be entitled to given your current needs | 1 | 2 | *98* |
| 2. | You have not been asked if you have enough money to buy the reimbursed medicines you need | 1 | 2 | *98* |
| 3. | Lack of reimbursed medicines in pharmacies | 1 | 2 | *98* |
| 4. | Lack of prescriptions for reimbursed drugs | 1 | 2 | *98* |
| 5. | The doctor did not want / refuse to prescribe you reimbursed medicines | 1 | 2 | *98* |
| 6. | The pharmacy refused to receive the prescription | 1 | 2 | *98* |
| *97.* | *Other (indicatesți) \_\_\_\_\_\_\_\_\_\_\_\_* | 1 | 2 | *98* |

**3. How do you choose which reimbursed medicines to buy / take from the pharmacy?** *One answer.*

|  |  |
| --- | --- |
| 1 | I take what the doctor recommended |
| 2 | I take what the pharmacist proposes to me |
| 3 | I take the cheapest |
| 4 | I take the most expensive ones because they are better |
| 5 | I take what I took before |
| *97* | *Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**4. When your doctor prescribes you reimbursed medicines, how much can you pay for the difference in the price of the reimbursed medicines?** *One answer.*

|  |  |
| --- | --- |
| 1 | Half the price |
| 2 | More than half the price |
| 3 | I only take 100% reimbursed drugs |
| 4 | I can't afford to make a difference |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

**Compartment IV**

**High performance services**

*Only for those who have menţreported in Q6 that in the last 12 months they have benefited from high performance servicesţcomplicated*

**1. If we are referring to the latest use of high performance services, please tell us if it was an investigation based on a referral from a doctor or did you go directly to the health institution?** *One answer.*

|  |  |
| --- | --- |
| 1 | Referral ticket from the family doctor |
| 2 | Referral ticket from the specialist doctor |
| 3 | During hospitalization |
| 4 | From my own iniţactive, against payment |
| *97* | *Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(difficult to say)* |
| *99* | *(refuses to answer)* |

**2.Please remember the latest investigation into high performance services. How long has your schedule been set?**(If the respondent mentions that he / she did not register / schedule but simply went straight to the investigation, circle the answer “on the same day”) One answer.

|  |  |
| --- | --- |
| 1 | In thatetand day |
| 2 | For 1-5 days |
| 3 | For 2-4 weeks |
| 4 | For 1-2 months |
| 5 | For 2-4 months |
| 6 | More than 6 months |
| *97* | *Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**3.** [SHOW SHEET 13]**Which of the following problems did you face when benefiting from high performance services?**

| *One answer per line* | | **Yes** | **Not** | *(Hard to say)* |
| --- | --- | --- | --- | --- |
| 1. | The distanceţToo big to the investigation center (you have to go far toetof investigations) | 1 | 2 | *98* |
| 2. | The big line toetwaiting even though you have an appointment | 1 | 2 | *98* |
| 3. | The doctor did not want / refused to go to the SIP | 1 | 2 | *98* |
| 4. | These services are too expensive | 1 | 2 | *98* |
| 5. | Sanitary and hygienic conditions in the institution | 1 | 2 | *98* |
| 6. | The negative attitude of specialists | 1 | 2 | *98* |
| 7. | The doctor asked for money / favors to prescribe a referral ticket to SIP | 1 | 2 | *98* |
| *97.* | *Other (indicated) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 1 | 2 | *98* |

**4. How satisfied you were with the high performance services you received?**

*One answer.*

|  |  |
| --- | --- |
| 1 | Very satisfied |
| 2 | Satisfied |
| 3 | Dissatisfied |
| 4 | Very dissatisfied |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**Compartment V**

**Emergency medicine**

*Only for those who have menţreported in Q6 that they have benefited from emergency health services in the last 12 monthsţcomplicated*

**1. When you called the emergency service, how long did the ambulance arrive?** *One answer.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 10-20 minutes | 4 | More than 1 hour |
| 2 | 20-30 minutes | *98* | *(Hard to say)* |
| 3 | 30-40 minutes | *99* | *(Refuses to answer)* |

**Less than 10 minutes (to be added)**

**2.** [SHOW SHEET 9]**Which of the following problems did you face when you received emergency medical care?**

| *One answer per line* | | **Yes** | **Not** | *(Hard to say)* |
| --- | --- | --- | --- | --- |
| 1. | The ambulance came too hard / over a long time | 1 | 2 | *98* |
| 2. | Negative attitude of the emergency team | 1 | 2 | *98* |
| 3. | The emergency team did not have the necessary medications | 1 | 2 | *98* |
| 4. | The emergency team requested to be remunerated for the services provided | 1 | 2 | *98* |
| 5. | The emergency team refused to transport you to the hospital | 1 | 2 | *98* |
| 6. | The emergency team didn't know how to help you | 1 | 2 | *98* |
| 7. | You did not have health insurance | 1 | 2 | *98* |
| 8. | I had no problems | 1 | - | *-* |
| *97.* | *Other (indicatesți) \_\_\_\_\_\_\_\_\_\_\_\_* | 1 | 2 | *98* |

**3. How satisfied you were with the emergency medical care you received?** *One answer.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Very satisfied | 4 | Very dissatisfied |
| 2 | Satisfied | *98* | *(Hard to say)* |
| 3 | Dissatisfied | *99* | *(Refuses to answer)* |

**Compartment VI**

**Hospitalization services**

*Only for those who have menţreported in Q6 that in the last 12 months they have benefited from hospitalization services*

**1. If we are referring to the last hospitalization, please tell us if it was a hospitalization based on a doctor's appointment or was it an emergency hospitalization?** *One answer.*

|  |  |
| --- | --- |
| 1 | With referral ticket |
| 2 | Emergency |
| *97* | *Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |

**2.** [SHOW SHEET 10]**Which of the following problems did you face when you were hospitalized?**

| *One answer per line* | | **Yes** | **Not** | *(Hard to say)* |
| --- | --- | --- | --- | --- |
| 1. | Row too long for scheduled admission | 1 | 2 | *98* |
| 2. | I waited a long time for the hospitalization department | 1 | 2 | *98* |
| 3. | Too far to the hospital | 1 | 2 | *98* |
| 4. | Sanitary and hygienic conditions in the institution | 1 | 2 | *98* |
| 5. | Negative attitude on the part of the doctor | 1 | 2 | *98* |
| 6. | The hospital did not have the necessary medicines for treatment | 1 | 2 | *98* |
| 7. | The doctor didn't give me enough time | 1 | 2 | *98* |
| 8 | Negative attitude on the part of health staff | 1 | 2 | *98* |
| 9. | I don't trust my doctor | 1 | 2 | *98* |
| 10. | I bought all the drugs while I was hospitalized | 1 | 2 | *98* |
| 11. | I have not been informed about the risks and benefits of treatment / investigations / interventions | 1 | 2 | *98* |
| 12. | The family doctor / specialist asked for money / favors to prescribe a referral to the hospital | 1 | 2 | *98* |
| *97.* | *Other (indicatesți) \_\_\_\_\_\_\_\_\_\_\_\_* | 1 | 2 | *98* |

**3. If you had to choose the hospital where you would be hospitalized for surgery, which hospital would you choose?** *One answer.*

|  |  |
| --- | --- |
| 1 | District hospital |
| 2 | City Hospital |
| 3 | Republican Hospital |
| 4 | Private hospital |
| *98* | *(Hard to say)* |
| *99* | *(Refuses to answer)* |
| **4. How satisfied were you with the services provided by the health institution while you were hospitalized?** *One answer.*   |  |  | | --- | --- | | 1 | Very satisfied | | 2 | Satisfied | | 3 | Dissatisfied | | 4 | Very dissatisfied | | *98* | *(Hard to say)* | | *99* | *(Refuses to answer)* | |  |  | | | |  |

1. **During the last 12 months you have been hospitalized for the treatment of new type coronavirus infection (COVID-19)**

|  |  |
| --- | --- |
| 1 | Yes |
| 2 | Not |
| *98* | *(I do not know)* |
| *99* | *(Refuses to answer)* |

1. **You have incurred any additional costs for treatment New type coronavirus infection (COVID-19)**

*More answers.*

|  |  |  |
| --- | --- | --- |
| 1 | I made direct payment for the drugs and consumables |  |
| 2 | I made direct payment for analysis / investigations |
| 3 | I made direct payment for the consultations at the doctor |
| 4 | I made direct payment for diagnostics on high-performance devices |
| 5 | I made direct payment for hospitalization |
| 6 | I made direct payment for assisted transportation to the hospital |
| 7 | I made direct payment for all expenses |  |
| 8 | I had no additional expenses |  |
| 97 | *Other (indicate) \_\_\_\_\_\_\_\_\_\_\_\_* |  |
| *98* | *(Hard to say)* |  |
| *99* | *(Refuses to answer)* |