

Date: .....

Questionnaire number:

.....

## Questionnaire for Community Empowerment

### Introduction:

Please take a few minutes to complete the following questions and this brief survey will allow us to evaluate health related Community empowerment activities in Mongolia, collect public opinion, and evaluate the residents' activity, life style and social health services. Thank you in advance for your time and consideration.

Please read the questionnaire carefully and circle your answer according to the instructions.

### 1. Background:

<b>1. Gender</b>		1. Male		2. Female	
<b>2. Are you married?</b>		1. Yes		2. No	
<b>3. Are you employed?</b>	1. Employed	2. Unemployed	3. Student	4. Pensioner	
<b>4. Education:</b>					
1. Elementary		2. Secondary		3. 10 years education	
4. Vocational education		5. Higher Education		6. Higher education with degree	
<b>5. Your age? .....</b>					
<b>6. Family shape?</b>					
1. Single family (only wife and husband live with their unmarried children)		2. Extended family (couples live with their children and grandparents, or grandfather and grandmother)		3. Mixed family (two or more families live together)	
4. Living alone					
<b>7. How many live in your household?</b> Totally.....persons, out of these:					
1. Aged 0-5.....	2. Aged 6-15.....	3. Aged 16-29.....	4. Aged 30-54.....	5. Aged 55 and more.....	
<b>8. Do you own home?</b>		1. Yes		2. No	
<b>If yes:</b>	1. House,	2. Apartment	3. Dormitory	4. Hut	5. Ger
<b>9. If you rent home which of the following do you rent?</b>					
1. House	2. Apartment	3. Dormitory	4. Hut	5. Ger	
<b>10. What is your monthly income?</b>					
1. Less than: 108 000 tgs		2. Between 108 001 and 180 000 tgs			
3. Between 180 001 and 250 000 tgs		4. Between 250 001 and 350 000 tgs			
5. Between. 350 001 tgs and more					
<b>11. What is your family monthly income? .....tgs</b>					
<b>12. Which district and Khoroo do you live?</b>					
1. Sukhbaatar		2. Khan-Uul		3. Nalaikh	
Number of the Khoroo.....					
<b>13. Which religious do you respect or believe?</b>					
1. Budda		2. Shamanism			
3. Christ		4. Islam			

5. Other.....	6. Non religious
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## 2. Daily life and life style

<b>14. How often do you watch television?</b>			
1. Almost everyday	2. Three times a week	3. Once a week	4. Not at all
<b>15. How often do you read newspapers?</b>			
1. Almost everyday	2. Three times a week	3. Once a week	4. Not at all
<b>16. How often do you use internet?</b>			
1. Almost everyday	2. Three times a week	3. Once a week	4. Not at all
<b>17. How often do you listen to FM radio?</b>			
1. Almost everyday	2. Three times a week	3. Once a week	4. Not at all
<b>18. How often do you read magazines?</b>			
1. Almost everyday	2. Three times a week	3. Once a week	4. Not at all
<b>19. How often do you read books ?</b>			
1. Almost everyday	2. Three times a week	3 Once a week	4 Not at all
<b>20 Do you have any hobbies?</b>			
1. Yes	2. Difficult to answer	3. Almost No	4. No
<b>21. Do you have a free time?</b>			
1. Yes		2. No	
<b>22. If YES how do you spend your free time</b>			
1. Social volunteer activities		2. Staying and communicating with family	
4. Communicating with friends		5. Reading	
7. Attend community activities		8. No special things	
		9. Other ( )	
<b>23. Is there any places (walking trails, parks, playgrounds, or sports fields) near your house, to spend your free time with your children and family or yourself.</b>			
1. Yes		2. No	
<b>24. Do you think that you have a regular or routine lifestyle?</b>			
1. Very much	2. Sometimes	3. A little	4. Not at all
<b>25. Which of the following items do you pay attention to keep your health?</b>			
<b>Please mark the most necessary for you with two circles (choose one answer), and mark with one circle for other answers (choose two). Please circle three answers total.</b>			
1. Food	2. Exercise	3. Weight	
4. Rest	5. Sleep	6. Stress	
7. Regular life	8. Not smoking	9. Not drinking alcohol	
10. Tooth	11. Disease management and preventive	12. Health examination	
13. Communication with others	14. Keep environment clean	15. No special things	
16. Others ( )			
<b>26. Do you often do exercise?</b>			
1. Every day	2. Sometimes	3. No	
<b>27. Are you smoking?</b>			
1.Smoking	2. Had stopped smoking	3. Never smoking	
<b>28. If you are smoking how long have you been smoking? (.....yerar)</b>			

<b>29. How often do you drink (vodka, wine, beer et al)?</b>		
1. Almost every day	2. Sometimes	3. No
<b>30. Are you worrying about your life in the future?</b>		
1. Very much	2. A little worry	3. Not at all
<b>31. If you answer is “Very much” or “A little worry” above, why you feel nervous?</b> <b>Please mark the most necessary for you with two circles (choose one answer), and mark with one circle for other answers (choose two). Please circle three answers total.</b>		
1. The health of my family members and mine	2. future development of the country	
3. Family income	4. Social problems such as crime, violence	
5. Offspring's future	6. Pollution	
7. Others ( )		
<b>32. How would you rate your quality of life?</b>		
1. Very Poor	2. Poor	
3. Neither good nor poor",	4. Good	
5. Very good		

### 3. Possibilities of getting health related Information

<b>33. Can you get the useful information about the health and health service?</b>	
1. Yes	2. No
<b>34. If you can not get the useful information about the health, please write the reasons. Why?</b> ..... ..... ..... .....	
<b>35. If ‘Yes’, from where do you get health related information?</b>	
1. Radio /FM	2. TV
3. Family doctor	4. Friend and relatives
5. Newspaper	6. Leaflets / posters / other written materials
7. Magazines	8. Internet
9. Phone info service	10. Others ( )
<b>36. What kinds of information do you want to know about health and health service in the future?</b> <b>Please mark the primary information with two circles (choose one), and all ones with one circle (choose two). Please choose three answers total.</b>	
1. Preventive health information	2. Hospital services and their addresses
3. Health consultation	4. use of medication
5. Nutrition and food	6. Hygiene
7. family plan	8. Emergency situation addresses
9. Child health care	10. Others ( )
<b>37. How would you consider different methods of receiving health information according to efficiency?</b> <b>Put 1 behind the one you consider most effective, 2 behind the second most effective etc</b>	
<b>Alternatives</b>	<b>Ranking number</b>
Talking with family, neighbors or friends	
Talking one to one with health workers	
Health training together with other community members	

Health campaigns	
Books and brochures	
Leaflets / posters / other written materials	
TV	
Radio	
Internet	
Newspaper	
Magazine	
Phone	
Others ( <i>specify</i> )	

#### 4. SOCIAL ENVIRONMENT

<b>38. How long have you lived in this area?</b>		
1. Less than 1 year	2. 2 to 3 years	3. 4 to 5 years
4. 6 to 10 years	5. 11 to 20 years	6. 21 years or longer
<b>39. How satisfied are you with this area as a place to live?:</b>		
1. Very satisfied	2. Fairly satisfied	3. Neither satisfied nor dissatisfied
4. Slightly dissatisfied	5. Very dissatisfied	
<b>40. Are people being drunk or rowdy in public places in your local area?</b>		
1. It always happens	2. Sometimes it happens	3. Not always happen
4. Not a not a problem at all	5. It happens but its not a problem	
<b>41. How much of a problem is rubbish or litter lying around?</b>		
1. Very big problem	2. Fairly big problem	3. Not a very big problem
4. Not a problem at all	5. It happens but its not a problem	
<b>42. In the last 12 months have you taken any of the following actions in an attempt to improve situations and solve a problem affecting people in your local area?" (Please do not include if you participate campaign or activities related to election.)</b>		
1. Contacted a local radio station, television station or newspaper	2. Contacted the appropriate organization to deal with the problem, such as the city office	
3. Contacted a local primary administration unit (Khoroo)	4. Share opinions with neighborhood	
5. No local problems in our local area	6. Never attend any actions	
7. Others (.....)		
<b>43. During the last 12 months have you given any unpaid help to any groups, community or organizations in any of the ways of protecting their health, receiving health services or solving other local problems. (Please do not include if you participate campaign or activities related to election.)</b>		
1. Yes	2. No	3. That kind of activities are not organized
<b>44. What kind of activities do you want to participate in the future?</b>		
1. Volunteer activities	2. Community activities	
3. Activities for spending free time	4. Income generation activities	
5. Experience and skills sharing	6. Learning activities	
7. Support help group activities	8. Other ( )	
9. Do not want to participate any activities		
<b>45. During the past 30 days, other than your regular job, did you participate in any physical activities or</b>		

<b>exercise. Physical activities include such activities as running, sports activities, or ride a bicycle</b>	
1 YES	2.NO

## 5. GENERAL HEALTH AND HEALTH SERVICE

<b>46. How is your health in general ?</b>		
1. Very Good	2. Good	3.Fair
4. Bad	5. Very Bad	
<b>47 Do you have any long-standing illness and sickness?</b>		
1. Yes	2. No	
<b>48. If Yes please choose the appropriate categories below:</b>		
1. Mental health problem, including stress, depression or anxiety	2. Back pain	3. Cancer
4. Respiratory diseases	5. Cardiovascular disease	
6. Bone, joint or muscle problems excluding back pain	7. Infectious disease (virus, bacteria)	
8. Allergy	9. Stomach	10. Diabetes
11. Other (.....)		
<b>49. Within the last 1 month, have you taken any medicine or pills?</b>		
1. Yes	2. No	
<b>50. If YES is it prescribed by your physician?</b>		
1. Yes	2. NO	
<b>51. The pills and medicine is for .....</b> (For what illness). For example: Blood pressure, head ache, cold, joint problem and so on.		

<b>52. How would you describe the most serious illness in your community:</b>		
1. Mental health problem, including stress, depression or anxiety	2. Back pain	3. Cancer
4. Respiratory diseases	5. Cardiovascular disease	
6. Bone, joint or muscle problems excluding back pain	7. Infectious disease (virus, bacteria)	
8. Allergy	9. Stomach	10. Diabetes
11. Other (.....)		
<b>53. During the last 12 months, including all types of visits, how many times did you see or talk to a medical doctor? ( Please do not include visits to a dentist or psychotherapist)</b>		
1. Number of visit.....	2. Did not see a medical doctor in the last 12 months	
<b>54. Did you see a doctor for your general health check up during the past 12 months?</b>		
1. Yes	2. No	
<b>55. How many times have you visited a friend or loved one in the hospital in the last year?</b>		
1. Write the number .....	2. Not visited	
<b>56. How many times have you and other members of your family been a patient in a hospital in the last 3 years?</b>		
1. Write the number .....	2. Not visited	
<b>57. How would you evaluate the hospitals in your area in their ability to treat health problems?</b>		
1. Excellent	2. Good	3. Fair
4. Poor	5. Not sure	
<b>58. How satisfied are you with the skill and competency of the staff of the hospital?</b>		

1. Very satisfied	2. Somewhat satisfied	3. Neutral	4. Somewhat dissatisfied
5. Very dissatisfied	6. Not sure		
<b>59. Does the hospital have equipment for modern diagnosis and treatment?</b>			
1. Yes	2. No	3. Not sure	
<b>60. Does the hospital have room facilities, which the patients satisfied?</b>			
1. Yes.	2. No	3. Not sure	
<b>61. How satisfied are you with the overall cleanliness of the hospital</b>			
1. Very satisfied	2. Somewhat satisfied	3. Neutral	4. Somewhat dissatisfied
5. Very dissatisfied	6. Not sure		
<b>62. Efficiency of nursing care</b>			
1. Excellent	2. Good	3. Fair	4. Bad
5. Very bad	6. Not sure		
<b>63. Friendliness and courtesy of the staff</b>			
1. Very satisfied	2. Somewhat satisfied	3. Neutral	4. Somewhat dissatisfied
5. Very dissatisfied	6. Not sure		
<b>64. Convenience of location for you</b>			
1. Satisfied	2. dissatisfied	3. Not sure	
<b>65. Cost to you</b>			
1. Very expensive	2. expensive	3. it is OK	4. cheap
5. Do not know	6. do not pay for hospital, because of having health insurance		
<b>66. What kind of medical insurance coverage do you have?</b>			
1. None	2. Voluntary insured	3. Employer sponsored	4. Student
5. Pensioner	6. Not sure	7. Other (.....)	
<b>67. For whom or where do you apply first, if you are sick?</b>			
1. Family doctor	2. Public hospital	3. Private hospital	
4. Ambulance	5. Familiar doctor	6. Friends or relatives	
7. Not sure	8. Other ( )		
<b>68. If you need to be hospitalized what categories will you choose?</b>			
<b>Please mark the most necessary for you with two circles (choose one), and all ones with one circle. (choose two) Please choose three answers total</b>			
1. Physician ability and skills	2. Cost	3. Equipment	
4. Location	5. Familiar person, who works at the hospital		
6. Other ( )			

<b>69. What do you think that the most common reason for not going to the hospital and meet doctor is?</b>		
<b>Please mark the most necessary for you with two circles (choose one), and all ones with one circle (choose two). Please choose 3 answers in total.</b>		
1. Because of not having health insurance	2. Because of not having legal documents, such as passport.	3. Cost too much
4. people do not like to go to hospital and it is not become habits	5. Hospitals are too crowded	6. Because of doctor's bad behavior
7. No health problem	8. They offer bad health services	9. Do not know any familiar

		person, who works at the hospital
10. Other ( )		
<b>70. Do you agree that it is much better to be treated abroad?</b>		
1. Yes	2. No	
<b>71. Do you have dental examination periodically?</b>		
1. Periodical	2. Sometimes	3. Never
<b>72. Do you have physical examination periodically?</b>		
1. Periodical	2. Sometimes	3. Never
<b>73 Do you have periodical examination for cancer?</b>		
1. Periodical	2. Sometimes	3. Never
<b>74. Have you ever been tested for HIV?</b>		
1 YES	2 NO	

## 6. Others

<b>75. Do you get instruction and advice on your health situation from Shaman? Lama or Imam?</b>		
1. Yes	2. No	
<b>76. If “Yes” Can you say it helps your health getting better?</b>		
1. Yes	2.. No	3.Do not know

**You may offer additional comments if you wish:**

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**Thank you for participation.**