

Appendix A

Interview Questionnaire: Investigation of the Barriers of Care in the Pediatric Population of Guatemala

Informed consent has been obtained (please circle): Yes/No

(If informed consent not yet obtained, may not proceed with interview)

Demographics:

1. Did you receive a surgery from a visiting medical team? Yes/No
 - a. If No, Did a family member receive surgery from a visiting medical team? Yes/No
 - b. If yes, how is the patient related to you?
2. Age of patient:
3. Sex of patient:
4. Date of surgery:
5. Type of surgery:
6. Location of surgery:
7. Do you live in an urban/suburban/rural area (Please Circle One)
8. How far away do you live from this clinic (specify units of measurement)?
9. What is the average yearly income in your household (specify currency used)?
10. What is the primary source of income for your family?
11. What is the primary language your family speaks?

With regards to Surgery

1. How long has it been since you realized you need surgery?
2. Where else have you attempted to get surgery?
3. What prevented you from getting surgery there?

Rating Test

For the following variables, please rate each in terms of significance for what prevented this specific surgery for you or your family member (1- least significant, 5- most significant)

- 1) Cost of Surgery
- 2) Distance to the hospital
- 3) Waiting time for surgery
- 4) Language barrier
- 5) Transportation to the hospital
- 6) Ability to take time off of work to travel
- 7) Quality of care
- 8) Lack of available hospital

Ranking Test

Please rank in order from 1-8 the most significant barrier to care that prevented you or your family member from getting surgery before now

- 1) Cost of Surgery
- 2) Distance to the hospital
- 3) Waiting time for surgery
- 4) Language barrier
- 5) Transportation to the hospital
- 6) Ability to take time off of work to travel
- 7) Quality of care
- 8) Lack of available hospital