**Appendix B**

**Survey: “The social solidarity clinics in Greece: a massive movement as a response to the economic crisis”**

**(KIFA: acronym in Greek for Solidarity Clinics and Pharmacies.)**

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| **Questionnaire KIFA** |
|  | **General details** |
| 1 | Name of clinic: |
| 2 | Address: |
| 3 | City: |
| 4 | Name of person filling the questionnaire: |
| 5 | Telephone: |
| 6 | Email address: |
|  | **Basic information KIFA** |
|  | **7.Year of beginning of operation:** |  | **8. Month of beginning of operation:** |  | **9. Working days and hours during the week:** |  |
| 11 | **What is the legal framework for the operation of KIFA?****(choose one)** |  [ ]  Society [ ]  Organization [ ]  Association of persons [ ]  Social Cooperative Company [ ] Non-profit organization  [ ] Charitable foundation [ ]  Other private law non-profit company  [ ] Municipal Corporation [ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12 | **Do you have protocols for the safe operation of the clinic?**  | [ ] No [ ]  Yes |
|  | **Beneficiaries** |
| 13 | **What type of social security insurance do the patients you are serving have? (choose all the answers that correspond)** | [ ]  Uninsured [ ]  Welfare insurance[ ]  Insured in other social security funds[ ]  Undocumented immigrants |
| 14 | **Do the patients need to provide official documentation for the use of the services?** | [ ]  No [ ]  Yes |
|  | **Provision of services** |  |
| 15 | **Are the services provided free of charge?** | [ ] Some [ ]  All |
| 16 | **Do you operate with appointments;** | [ ] Never [ ]  For some services [ ]  Always |
| ***What kind of services do you offer?*** |
| 17 | **Medical services (medical consultation):** | [ ] No [ ]  Yes |
| 18 | **Pharmacy:** | [ ]  No [ ]  Yes, we only collect and donate to other organizations/KIFA[ ]  Yes, we collect and provide to the patients |
| 19 | **Vaccinations:** | [ ] No [ ]  Yes  |
| 19.a | **If you vaccinate, what kind of vaccines do you use?** **(choose all the answers that correspond)** | [ ] Diphtheria, Tetanus, acellular Pertusis (DTaP); [ ] Diphteria, Tetanus (Td); [ ] Poliomyelitis inactivated (IPV); [ ] Hepatitis B (HepB); [ ] Hepatitis A (Hep A); [ ] Haemophilus influenza type b (HiB); [ ] Pneumococcal (PCV, PPSV); [ ] Meningococcal C (MCC, MCV); [ ] MMR (measles, mumps, rubella); [ ] Varicella (Var); [ ] Human Papillomavirus vaccine (HPV); [ ] Tuberculosis (BCG); [ ] Mantoux; [ ] Influenza (TIV, LAIV, INFL); [ ] Rotavirus (RV); [ ] Herpes Zoster |
| 20 | **Do you perform pro-symptomatic screening (medical check-up, glucose for diabetes, Pap-test, etc.)?** | [ ] No [ ]  Yes  |
| 21 | **Do you perform microbiological tests?** **(choose one)** | [ ] No [ ] Yes, in the clinic [ ]  Yes, outside the clinic [ ]  Yes, some inside and some outside the clinic |
| 22 | **Do you perform radiology tests?****(choose one)** | [ ] No [ ]  Yes, in the clinic [ ]  Yes, outside the clinic[ ]  Yes, some inside and some outside the clinic |
| 22.a | **If yes, what kind?** **(choose all the answers that correspond)** | [ ] X-rays [ ]  Other radiology tests (Ultrasound, angiography, CT scan, MRI κτλ) |
| 23 | **What other services do you offer?****(choose all the answers that correspond)** | [ ]  Dental services [ ]  Mental Health services [ ]  Social services [ ]  Legal services [ ]  Food distribution services [ ]  Distribution of clothes, other material (e.g. medical aids, glasses) [ ]  Other 23.a If “other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 24 | **What kind of referrals do you do? (choose all the answers that correspond)** | [ ] To hospitals [ ]  To private physicians [ ]  Other 24.a If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Human resources of KIFA** |
| 25 | **How many active volunteers are supporting the KIFA?** |  |
| 26 | **Doctors:** | [ ] No [ ]  Yes  | 26.a Number: |
| 26.b | **What is their specialty?****(choose all the answers that correspond)** | [ ]  General Practitioner [ ]  Internist [ ]  Paediatrician [ ]  Cardiologist[ ]  Gynaecologist [ ]  Surgeon [ ] Psychiatrist [ ]  Ophthalmologist[ ]  ENT [ ]  Neurologist [ ]  Orthopaedic surgeon [ ] Dermatologist [ ] Microbiologist [ ]  Radiologist [ ]  Other 26.c If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 27 | **Dentists:** | [ ]  No [ ]  Yes | 27.a Number: |
| 28 | **Pharmacists:** | [ ]  No [ ]  Yes  | 28.a Number: |
| 29 | **Nurses:** | [ ]  No [ ]  Yes  | 29.a Number: |
| 30 | **Other specialties of the volunteers****(choose all the answers that correspond)** | [ ]  Midwives [ ] Psychologists [ ]  Physiotherapists [ ]  Occupational therapists[ ] Speech therapists [ ]  Dieticians [ ]  Health visitors [ ]  Social workers [ ]  Lawyers [ ]  Administrative personnel (e.g. secretarial/financial support) [ ]  Support staff (e.g. cleaning of the clinic, supply, logisticians) [ ]  Other staff30.a If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 31 | **Do you have external collaborators/volunteers?** | [ ]  No [ ]  Yes | 31.a Number: |
| 31.β | **What specialty do they have? (please specify)** |  |

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| **Functioning of KIFA** |
| 32 | **How are decisions regarding the KIFA being taken?**  |  |
| 33 | **Main administrative organization: (choose one)** | [ ]  Citizens’ group [ ]  Municipality [ ]  Prefecture [ ]  Medical Association [ ]  Pharmacists Association [ ]  Church [ ]  National Network of Primary Health [ ]  National Health System structures (Health Centres, Hospitals) [ ]  Universities (higher, technical) [ ]  Other 33.a If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 34 | **Collaborations with other entities:****(choose all the answers that correspond)** | [ ] Municipality [ ]  Prefecture [ ]  Medical Association [ ]  Pharmacists Association [ ]  Church [ ]  Universities (higher, technical) [ ]  Citizens’ group [ ]  Other KIFA [ ]  National Network of Primary Health [ ]  National Health System structures (Health Centres, Hospitals)[ ]  Other [ ]  None 34.a If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 35 | **Funding sources:** **(choose all the answers that correspond)** | [ ]  Membership fees [ ]  Donations of citizens/associations/etc. [ ]  Events [ ]  Municipality [ ]  Prefecture [ ]  Church [ ]  Other [ ] European Union[ ] None 35.a If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 36 | **Sources of supply of medical/pharmaceutical material (choose all the answers that correspond)** | [ ] Citizens’ donations [ ]  Donations from pharmacists/pharmaceutical stores[ ]  Donations from pharmaceutical companies [ ]  Buying[ ]  Other 36.a If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 37 | **Sources of supply of vaccines (choose all the answers that correspond)** | [ ]  Health department [ ]  Ministry of Health [ ]  Buying [ ]  Donations from pharmaceutical companies [ ]  Other 37.a If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 38 | **Sources of supply of consumables (choose all the answers that correspond)** | [ ]  Donations [ ]  Buying [ ]  Other 38.a If “Other”, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 39 |  **Housing of clinic:** | [ ]  Concession [ ]  Rental [ ]  Own [ ]  Squatting39.a If “concession”, from whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 40 | **Average monthly cost of operation of KIFA (in euros):** |  |
| **Operational problems of KIFA** |
|  | **Do you have problems of…** |  | **If “Yes”, what kind of problems?**  |
| 41.a | **Collaboration with other organizations/institutions?**  | [ ]  No [ ]  Yes |  |
| 41.b | **Internal functioning/organization?** | [ ]  No [ ]  Yes |  |
| 41.c | **Funding**  | [ ]  No [ ]  Yes |  |
| 41.d | **Supply of medical material?** | [ ]  No [ ]  Yes |  |
| 41.e |  **If yes, what kind of shortages in drugs and other material do you have?** |  |
| 41.f | **Supply of vaccines?** | [ ]  No [ ]  Yes |  |
| 41.g | **If yes, what kind of vaccine shortages do you have?** |  |
| 41.h | **Supply of consumables?** | [ ]  No [ ]  Yes |  |
| 41.i | **Legal nature?** | [ ]  No [ ]  Yes |  |
| 41.j | **Racism?** | [ ]  No [ ]  Yes |  |
| 41.k | **Other problems?** | [ ]  No [ ]  Yes |  |

**Fill in the following statistics as complete as possible. If you do not have accurate data, provide an estimation and highlight that it is an estimation. If you do not have an estimation, send us whatever kind of data you have.**

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| **Statistical data 2013 and 2014** |
|  |  | **2013** | **2014** |
|  | **Total patients/consultations** |
| 42 | Total number of visits |  |  |
| 43 | Average number of visits/month |  |  |
| 44 | Number of women |  |  |
| 45 | Number of children aged 0-14 years |  |  |
| 46 | Minimum age (in years) |  |  |
| 47 | Maximum age (in years) |  |  |
| 48 | Average age (in years) |  |  |
| 49 | Median age (in years) |  |  |
|  | ***Country/area of origin*** |
| 50.a | Greece |  |  |
| 50.b | Albania |  |  |
| 50.c | Poland |  |  |
|  |  | **2013** | **2014** |
| 50.d | Romania |  |  |
| 50.e | Bulgaria |  |  |
| 50.f | Pakistan |  |  |
| 50.g | Afghanistan |  |  |
| 50.h | Bangladesh |  |  |
| 50.i | Africa |  |  |
| 50.j | Other |  |  |
|  | ***Social security status*** |
| 51.α | Uninsured |  |  |
| 51.β | Insured |  |  |
|  | ***Employment status*** |
| 52.α | Unemployed |  |  |
| 52.β | Employed |  |  |
| 52.γ | Pensioners |  |  |
|  | ***Type of patients/cases*** |
| 53.α | Internal medicine |  |  |
| 53.β | Paediatrics |  |  |
| 53.γ | Gynaecological |  |  |
| 53.δ | Dental |  |  |
| 53.ε | Psychiatric |  |  |
| 53.ζ | Ophthalmological |  |  |
| 53.η | Psychological |  |  |
| 53.θ | Other |  |  |
| 54 | **Vaccinations** |  |  |
| 55 | **Only medication** |  |  |
| 56 | **Only prescription** |  |  |
|  | ***Referrals*** |
| 57.α | Microbiology tests |  |  |
| 57.β | Radiology tests |  |  |
| 57.γ | Hospital |  |  |
| 57.δ | Other specialized doctors |  |  |
|  | **New patients** |
| 58 | Total number of new patients |  |  |
| 59 | Number of women |  |  |
| 60 | Number of children aged 0-14 years |  |  |
|  | **Reviews of old patients** |
| 61 | Total number of reviews |  |  |
| 62 | Number of women |  |  |
| 63 | Number of children aged 0-14 years |  |  |

**General comments:**

**Thank you very much for the cooperation. For more information, contact: Iro Evlampidou, tel: 0030 6977988661, 0044 7449925565, email:** **iro.evlampidou@gmail.com**