

**DEFENCE HEALTH MAINTENANCE LIMITED**

**AWARENESS FORM**

(Interviewer Administered)

**(Instruction: Please fill one for each person interviewed)**

SECTOR: Urban  Rural   
 Principal  Dependant   
 Serving  Retired  (for Personnel only)

State:.....

Facility/Location.....

1. Do you know of NHIS before now? - Yes  No
2. Have you heard about DHML? - Yes  No
3. Do you know where DHML is located in your State? - Yes  No
4. Are you registered with DHML Yes  No  Don't Know
5. Who pays for your healthcare services? Myself  NHIS 
  - a. If **yourself**, through what means? Funds Deducted from my salaries   
 Cash from my pocket
6. Have you enjoyed the services of NHIS? Yes  No 
  - If **No**, Specify: Never been Sick
  - Poor service delivery from facility
  - Proximity to healthcare facility

Name, Signature and Date (Interviewer).....