

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).....