

In the Name of God

Questionnaire on Utilization of Health Education Services and Contributing Factors Among Migrants Covered by Zahedan University of Medical Sciences, Iran

This questionnaire is designed to assess the utilization of health education services and contributing factors. Your responses will remain completely confidential and will be used solely for research purposes. We sincerely appreciate your honest and thoughtful participation.

Questionnaire Code:

1. Predisposing Factors

Please provide the following information:

- **Age:** years
- **Gender:** ☐ Male ☐ Female
- **Marital Status:** ☐ Single ☐ Married ☐ Divorced
- **Education Level:** ☐ Illiterate ☐ Primary ☐ Secondary ☐ Higher education
- **Religion:** ☐ Shia ☐ Sunni

2. Enabling Factors

- **Duration of Residence:** years
- **Do you plan to reside here long-term?** ☐ Yes ☐ No
- **Occupation:** ☐ Unemployed ☐ Homemaker ☐ Self-employed ☐ Business ☐ Laborer
- **Monthly Household Income:** IRR
- **Are you covered by health insurance?** ☐ Yes ☐ No
- **Average Daily Working Hours:** hours
- **Number of Children:**
- **Housing Status:** ☐ Owned ☐ Rented

3. Health-Related Behaviors

A) Health-Promoting Behaviors

- **Have you engaged in physical activity in the past year?**

☐ Regularly ☐ Occasionally ☐ Not at all

- **Have you received health-related information in the past year?**

☐ Yes ☐ No (*For example, through educational programs, brochures, or professional consultations?*)

B) Health-Risk Behaviors

- **Have you used tobacco in the past year?**

☐ Regularly ☐ Occasionally ☐ Not at all

- **Have you used narcotic substances in the past year?**

☐ Regularly ☐ Occasionally ☐ Not at all

4. Health Status and Healthcare Needs

- **Do you have a chronic illness (diabetes, hypertension, cancer, etc.)?**

☐ Yes ☐ No

- **How do you assess your overall health status?**

☐ Poor ☐ Average ☐ Good ☐ Excellent

5. Access to Health Education Services

- **Have you received health education services in the past year?**

☐ Yes ☐ No

- **If yes, through which channels? (Select all that apply)**

☐ Educational materials (booklets, pamphlets, brochures)

☐ Billboards, posters, city-wide signage

☐ Attending health seminars

☐ Individual counseling

☐ Television programs

- ☐ Group sessions
- ☐ Online platforms
- ☐ Other (please specify):

• **What types of health education have you received in the past year?** (*Select all that apply*)

- ☐ Occupational health and disease prevention
- ☐ Child health care
- ☐ Communicable diseases
- ☐ Non-communicable diseases
- ☐ Pregnancy care
- ☐ Postpartum care
- ☐ Menopause education
- ☐ Elderly health education
- ☐ Adolescent and youth health education
- ☐ Middle-aged health education
- ☐ Oral and dental health education
- ☐ Other (please specify):

• **What types of health education would you like to receive in future programs?** (*Select all that apply*)

- ☐ Occupational health and disease prevention
- ☐ Child health care
- ☐ Communicable diseases
- ☐ Non-communicable diseases

- ☐ Pregnancy care
- ☐ Postpartum care
- ☐ Menopause education
- ☐ Elderly health education
- ☐ Adolescent and youth health education
- ☐ Middle-aged health education
- ☐ Oral and dental health education
- ☐ Other (please specify):

• **Was the health education service provided to you understandable and effective?**

- ☐ Completely understandable
- ☐ Somewhat understandable
- ☐ Needs further clarification
- ☐ Not understandable at all
- ☐ I have not received any health education services