

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