**ADRIHEALTHMOB – WP4.1**

**QUESTIONNAIRE on Care Institutions**

***(UPITNIK - ustanove za njegu)***

**Section A: Details of the respondent**

***(Odjeljak a-podaci o ispitaniku)***

**A1.** Please indicate the name of your institution *(Navedite naziv ustanove)*

|  |
| --- |
|  |

(Enter institution name) *(Upišite naziv ustanove)*

**A2.** Please indicate the legal status of your institution *(Navedite pravni status ustanove)*

|  |
| --- |
| 1. **Public Body**   ***(Javna ustanova)*** |
| 1. **Body Governed by Public law**   ***(Ustanova na koju se primjenjuje javno pravo)*** |
| 1. **Private Profit Making**   ***(Privatna profitna ustanova)*** |
| 1. **Other (please specify)**   ***drugo (molimo navedite)*** |

(Encircle one answer) *(Zaokružite jedan odgovor)*

**A3.** Please provide a brief description of your institution *(Ukratko opišite svoju ustanovu)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A4.** Please indicate the size of your institution *(Navedite veličinu ustanove)*

|  |
| --- |
| 1. **up to 20**   ***(do 20)*** |
| 1. **from 21 to 50**   ***(od 21 do 50)*** |
| 1. **from 51 to 250**   ***(od 51 do 250)*** |
| 1. **from 250 to 500**   ***(od 250 do 500)*** |
| 1. **from 500 to 1000**   ***(od 500 do 1000)*** |
| 1. **more than 1000**   ***(više od 1000)*** |

(Please encircle one answer)

*(Zaokružite jedan odgovor)*

**A5.** Please indicate the year of establishment of your institution *(Navedite godinu osnutka ustanove)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter date) *(Upišite datum)*

**A6**. Please indicate the location of your institution *(Navedite lokaciju ustanove)*

A6.1 Country *(Država)*

|  |
| --- |
| 1. Italija |
| 1. Grčka |
| 1. Slovenija |
| 1. Hrvatska |
| 1. Crna Gora |
| 1. Albania |
| 1. Bosna i Hercegovina |
| 1. Srbija |

(Please encircle one answer)

*(Zaokružite jedan odgovor)*

**A6.2** Region *(Regija)*

**Italy *(Italija)***

|  |
| --- |
| 1. [**Region of Puglia**](http://en.wikipedia.org/wiki/Apulia) |
| 1. [**Region of Molise**](http://en.wikipedia.org/wiki/Molise) |
| 1. [**Region of Abruzzo**](http://en.wikipedia.org/wiki/Abruzzo) |
| 1. [**Region of Marche**](http://en.wikipedia.org/wiki/Marche) |
| 1. [**Region of Emilia-Romagna**](http://en.wikipedia.org/wiki/Emilia-Romagna) |
| 1. [**Region of Veneto**](http://en.wikipedia.org/wiki/Veneto) |
| 1. [**Autonomous Region of Friuli-Venezia Giulia**](http://en.wikipedia.org/wiki/Friuli-Venezia_Giulia) |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**Bosnia and Herzegovina *(Bosna i Hercegovina)***

|  |
| --- |
| 1. [**Unsko-sanski kanton**](http://bs.wikipedia.org/wiki/Unsko-sanski_kanton) |
| 1. [**Posavski kanton**](http://bs.wikipedia.org/wiki/Posavski_kanton) |
| 1. [**Tuzlanski kanton**](http://bs.wikipedia.org/wiki/Tuzlanski_kanton) |
| 1. [**Zeničko-dobojski kanton**](http://bs.wikipedia.org/wiki/Zeni%C4%8Dko-dobojski_kanton) |
| 1. [**Bosansko-podrinjski kanton**](http://bs.wikipedia.org/wiki/Bosansko-podrinjski_kanton) |
| 1. [**Srednjobosanski kanton**](http://bs.wikipedia.org/wiki/Srednjobosanski_kanton) |
| 1. [**Hercegovačko-neretvanski kanton**](http://bs.wikipedia.org/wiki/Hercegova%C4%8Dko-neretvanski_kanton) |
| 1. [**Zapadnohercegovački kanton**](http://bs.wikipedia.org/wiki/Zapadnohercegova%C4%8Dki_kanton) |
| 1. [**Kanton Sarajevo**](http://bs.wikipedia.org/wiki/Kanton_Sarajevo) |
| 1. [**Kanton br. 10**](http://bs.wikipedia.org/wiki/Kanton_br._10) |
|  |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**Slovenia** *(Slovenija)*

* [Slovenia](http://en.wikipedia.org/wiki/Montenegro) participates on the national level

*(Slovenija sudjeluje na nacionalnoj razini)*

**Montenegro** *(Crna Gora)*

* [Montenegro](http://en.wikipedia.org/wiki/Montenegro) participates on the national level

*(Crna Gora sudjeluje na nacionalnoj razini)*

**Albania** *(Albanija)*

* [Albania](http://en.wikipedia.org/wiki/Albania) participates on the national level

*(Albanija sudjeluje na nacionalnoj razini)*

**Serbia** *(Srbija)*

* [Serbia](http://en.wikipedia.org/wiki/Albania) participates on the national level

*(Srbija sudjeluje na nacionalnoj razini)*

**Croatia** *(Hrvatska)*

* Croatia participates on the national level

*(Hrvatska sudjeluje na nacionalnoj razini)*

**Greece** *(Grčka)*

* Greece participates on the national level

*(Grčka sudjeluje na nacionalnoj razini)*

**A6.3** City *(Grad)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter city name) *(Upišite ime grada)*

**A6.4** Address *(Adresa)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter full address of institution) *(Upišite punu adresu ustanove)*

**A6.5** Postal Code *(Poštanski broj)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.6** Please indicate the website of your institution *(Navedite internetsku stranicu ustanove)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.7** Please indicate a contact person in case of need of further information *(Navedite osobu za kontakt za dodatne informacije)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.8** Please indicate the phone number of the contact person *(Navedite broj telefona osobe za kontakt)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**A6.9** Please indicate the e-mail of the contact person *(Navedite adresu elektroničke pošte osobe za kontakt)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**Section B: details of the Service**

***Odjeljak B: detaljni podaci o ustanovi***

**B.1** – Typology of the service

*Vrsta ustanove*

**B1.1** – Please indicate if the service is a residential facility or a day care center for the elderly (with residential facility we refer to a service that ensures the treatment of the users during the 24 hours, with day care center we refer to a service that provides a reception of the elderly only during part of the day) *(Navedite je li ustanova dom ili dnevni boravak za starije osobe (dom podrazumijeva ustanovu koja osigurava zbrinjavanje korisnika 24 sata dnevno pružajući potrebnu njegu, dok dnevni boravak podrazumijeva ustanovu koja omogućuje boravak starijih osoba tijekom jednog dijela dana, pružajući potrebnu njegu)*

|  |
| --- |
| 1. residential facility   *(dom)* |
| 1. day care center   *(dnevni boravak)* |
| 1. both   *(oboje)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B1.2** – Please indicate if the service primarily provides health or social care (with health care facilities we refer to those services aimed primarily at taking charge of the elderly with particular reference to treatment of diseases, with social care facilities we refer to those services aimed primarily at promoting the adaptation of the elderly to their context) *(Navedite pruža li ustanova prvenstveno zdravstvenu ili uslugu njege (zdravstvene ustanove podrazumijevaju usluge usmjerene prvenstveno na uslugu za starije osobe s fokusom na liječenje bolesti, dok ustanove njege podrazumijevaju usluge koje su prvenstveno usmjerene na prilagodbu starijih osoba njihovom okruženju ili drugih osoba koji zahtjevaju dodatnu njegu bilo koje vrste)*

|  |
| --- |
| 1. health care facility   *(zdravstvena ustanova)* |
| 1. social care facility   *(ustanova za njegu)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B1.3** - Please indicate the number of people that the facility can accommodate *(Navedite broj osoba koji ustanova može primiti)*

Indicate number *(Navedite broj)* (\_\_\_\_\_\_\_\_\_\_\_)

**B1.4** – Please provide further information with reference to the housing service provided by the facility *(Navedite dodatne informacije o uslugama smještaja koje ustanova pruža)*

|  |
| --- |
| 1. single rooms (please specify the number) (\_\_\_\_\_\_\_\_\_\_\_\_)   *jednokrevetne sobe (navedite broj) (\_\_\_\_\_\_\_\_\_\_\_\_)* |
| 1. multiple room (please specify the number) (\_\_\_\_\_\_\_\_\_\_\_\_)   *višekrevetne sobe (navedite broj) (\_\_\_\_\_\_\_\_\_\_\_\_)* |
| 1. common areas   *zajednički prostori* |
| 1. outdoor areas 2. *vanjski prostor* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B1.5** Please provide further information with reference to the general services provided by the facility *(Navedite dodatne informacije o općim uslugama koje ustanova pruža)*

|  |
| --- |
| 1. catering   *prehrana* |
| 1. administrative service   *administrativne usluge* |
| 1. concierge service   *recepcija* |
| 1. answering service   *služba za odgovore na upite* |
| 1. room service   *posluga u sobi* |
| 1. public worship   *bogoslužje* |
| 1. switchboard   *telefonska centrala* |
| 1. taxi service   *taksi usluge* |
| 1. service of hairdressing   *frizerske usluge* |
| 1. other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *drugo (molimo navedite) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B1.6** Please provide further information with reference to the assistance service provided *(Navedite dodatne informacije o uslugama pomoći koje ustanova pruža)*

|  |
| --- |
| 1. hygiene of the person   *osobna higijena* |
| 1. presence of a customized intervention plan   *individualizirani intervencijski plan* |
| 1. nursing assistance   *sestrinska pomoć* |
| 1. medical assistance   *liječnički pomoć* |
| 1. rehabilitation assistance   *pomoć u rehabilitaciji* |
| 1. other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *drugo (molimo navedite)* |

(Please encircle one or more answers)*(Zaokružite jedan ili više odgovora)*

**B1.7** – Please indicate the professional figures employed in the facility *(Navedite stručno osoblje zaposleno u ustanovi)*

|  |
| --- |
| 1. care workers   *radnici koji pružaju njegu* |
| 1. cleaning staff   *osoblje zaduženo* za *čišćenje* |
| 1. nursing staff   *sestrinsko osoblje* |
| 1. medical staff   *liječničko osoblje* |
| 1. coordinator   *koordinator* |
| 1. physiotherapist   *fizioterapeut* |
| 1. cook   *kuhar* |
| 1. hairdresser   *frizer* |
| 1. social care staff   *socijalni radnici* |
| 1. other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *drugo (molimo navedite)* |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B1.8** – Please indicate if in the facility the volunteers take part in the realization of the activities *(Navedite sudjeluju li volonteri u realizaciji aktivnosti u ustanovi)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B1.9** – Please indicate the duration of the waiting list of the facility *(Navedite vrijeme čekanja na listi čekanja za ustanovu)*

|  |
| --- |
| 1. less than six months   *kraće od šest mjeseci* |
| 1. more than six months and less than one year   *duže od šest mjeseci, a kraće od godine dana* |
| 1. more than one year   *duže od godine dana* |

(Please encircle one answer)

**B1.10** – Please indicate if it is possible to realize a visit of the facility before the stay *(Navedite je li moguće posjetiti ustanovu prije ostanka)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B1.11** – Please indicate if the facility features an its own system designed to monitor the satisfaction of the users and their family members *(Navedite ima li ustanova vlastiti sustav za praćenje zadovoljstva korisnika i članova njihovih obitelji)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B2** – **Endowment and the ICT equipment**

***OSIGURANJE I RAČUNALNE OPREME***

**B3.1** – If in the facility there are computer facilities available to the users, please indicate their typology *(Ako u ustanovi postoji računalna oprema dostupna korisnicima, navedite vrstu opreme)*

|  |
| --- |
| 1. **computer connection**   ***računalna veza*** |
| 1. **free wi-fi connection**   ***besplatno bežično povezivanje na internet*** |
| 1. **tablets**   ***tableti*** |
| 1. **smart TV**   ***pametni TV*** |
| **other (please specify)**  ***drugo (molimo navedite)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B3.2** – If in the facility there are computer workstations with an internet connection available to staff, please indicate their number *(Ako u ustanovi postoje računalne radne stanice s mogućnošću povezivanja na internet dostupne osoblju, navedite njihov broj)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

B3.2.1 – Please indicate which professionals are allowed to use the computer workstations *(Navedite koji djelatnici smiju koristiti računalne radne stanice)*

|  |
| --- |
| 1. **facility manager**   ***ravnatelj ustanove*** |
| 1. **medical staff**   ***liječničko osoblje*** |
| 1. **nursing staff**   ***sestrinsko osoblje*** |
| 1. **social-health staff**   ***socijalno-zdravstveno osoblje*** |
| 1. **auxiliary staff**   ***pomoćno osoblje*** |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

B3.3.2 – If the facility features its own website, please indicate if it possible to get information about the waiting lists through the website *(Ako ustanova ima vlastitu internetsku stranicu, navedite je li moguće na internetskoj stranici dobiti informacije o listama čekanja)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.3.3** – If the facility features its own website, please indicate if it possible to make a recording to the website by external persons *(Ako ustanova ima vlastitu internetsku stranicu, navedite mogu li osobe izvan ustanove unijeti (zabilješku) na internetskoj stranici)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

B3.3.5 – If the facility features its own website, please indicate if there is the possibility to make a reservation for a period of stay through the website *(Ako ustanova ima vlastitu internetsku stranicu, navedite je li moguće na internetskoj stranici rezervirati razdoblje boravka u ustanovi)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.4** – If there is a customized electronic archive of the situation of each user, please indicate which data it contains *(Ako postoji individualizirani elektronički arhiv o situaciji svakog korisnika, navedite podatke koje sadrži)*

|  |
| --- |
| 1. **medical history of the user**   ***povijest bolesti korisnika*** |
| 1. **examinations and clinical controls**   ***pretrage i kliničke kontrole*** |
| 1. **intervention plan of the user**   ***intervencijski plan za korisnika*** |
| 1. **diet**   ***prehranu*** |
| 1. **particular conditions (allergies, intolerances,…)**   ***specifičnosti (alergije, intolerancije,...)*** |
| **other (please specify)**  ***drugo (molimo navedite)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B3.4.1** – If there is a customized electronic archive of the situation of each user, please indicate if it is shared with other subjects *(Ako postoji individualizirani elektronički arhiv o situaciji svakog korisnika, navedite razmjenjuje li se s drugim subjektima)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**B3.4.2** – If the customized electronic archive is shared with other subjects, please indicate their identity *(Ako se individualizirani elektronički arhiv razmjenjuje s drugim subjektima, navedite s kojima)*

|  |
| --- |
| 1. **the user**   ***s korisnikom*** |
| 1. **the user‘s family members**   ***s članovima obitelji korisnika*** |
| 1. **the health service**   ***sa zdravstvenom službom*** |
| 1. **other hospitals**   ***s drugim bolnicama*** |
| **other (please specify)**  ***drugo (molimo navedite)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

(Please encircle one or more answers) *(Zaokružite jedan ili više odgovora)*

**B4 – presence and management of the mobility**

***Dostupnost i upravljanje mobilnošću***

**B4.1** - Please indicate the number of users who come from outside of the local region/county *(Navedite broj korisnika koji dolaze izvan vaše regije/županije)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B4.1.1** – If there are userss who come from outside of the local region/county, please indicate how many of these come from other countries *(Ako imate korisnike koji dolaze izvan lokalne regije/županije, navedite koliko ih dolazi iz drugih država)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B4.1.2** – If there are users who come from other countries, please indicate how many of these come from countries placed in the Adriatic area *(Ako imate korisnike koji dolaze iz drugih država, navedite koliko ih dolazi iz zemalja Jadranske regije)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B4.2** – Please indicate if the possibility to ensure the mobility of the users in a circuit of facilities linked in a formal network is foreseen *(Navedite je li predviđena mogućnost mobilnosti korisnika između ustanova povezanih u formalnu mrežu)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

B4.3 – Please briefly describe the procedure used by users who come from different countries to make a reservation *(Ukratko opišite postupak rezervacije koji koriste korisnici koji dolaze iz različitih zemalja)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**B4.4** – Please briefly indicate the difficulties faced with the method used for reservations *(Ukratko opišite poteškoće metode koju koristite za rezervacije)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enter answer) *(Upišite odgovor)*

**Section C: Future plans**

***Odjeljak C: planovi za budućnost***

**C1**. Please indicate if you are interested to increase the access to foreign people to your facility *(Navedite jeste li zainteresirani za povećanje dostupnosti vaše ustanove za strance)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**C2**. Please indicate if you are interested to improve the method of reservation and managing priorities in your facility *(Navedite jeste li zainteresirani za unapređenje metoda rezervacije i upravljanja prioritetima u svojoj ustanovi)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*

**C3**. Please indicate if you are interested to receive further information about the project AdriHealthMob *(Navedite želite li primati informacije o projektu AdriHealthMob)*

|  |
| --- |
| 1. yes *(da)* |
| 1. no *(ne)* |

(Please encircle one answer) *(Zaokružite jedan odgovor)*