

2. *I usually eat too little*
3. *I eat normally*
4. *I can't say*

Do you take interest in information concerning your health?

1. *Yes*
2. *No*
3. *Sometimes*
4. *Only when I'm sick*

How did Bulgarian healthcare change after 1990?

1. *For the better*
2. *For the worse*
3. *Nothing changed*
4. *I can't say*

Do you have a family physician?

1. *Yes*
2. *No*

Do you like your family physician as a person (apart from his/her professional skills)?

1. *Yes*
2. *No*

Do you believe that your family physician is a good professional?

1. *Yes*
2. *No*
3. *I can't say*

Do you trust your family physician?

1. *Yes*
2. *No*

Do you follow the advice and the prescriptions of your family physician?

1. *Yes*
2. *No*

Do you think that your family physician gives you enough advice on how to live a healthy life?

1. *Yes*
2. *No*
3. *Sometimes*
4. *I can't say*

Is your family physician concerned about you personal problems?

1. *Yes*
2. *No*
3. *Sometimes*

Is the office of your family physician away from where you live?

1. *Yes*