

Supplementary Appendix 1

English Translation of the Ethics-Approved Questionnaire

Note: This Supplementary Appendix is an English translation of the ethics-approved Japanese questionnaire. The questionnaire was administered anonymously in paper form.

Questionnaire on Perceptions When Visiting Hospitals in Urban and Rural Areas by the Same Healthcare Recipient

[Request for Research Participation]

This questionnaire survey is primarily intended for academic research and asks about your experiences and values regarding hospital visits.

Participation in this questionnaire survey is not mandatory. You may decline to answer or stop responding at any time, and no disadvantage will result from your responses.

No personally identifiable information will be collected in this questionnaire.

The collected data will be statistically processed, anonymized so that individuals cannot be identified, and used mainly for academic research.

Principal Investigator: Mami Takahashi, Department of Business Strategy, Faculty of Economics, Shunan University.

Research Cooperation: Director of a cooperating dental clinic in Tokyo

Survey Period: From the date of approval by the Shunan University Ethics Committee until March 31, 2024.

Please answer the following questions about yourself. If there are questions you do not wish to answer, you may skip them. You may stop or terminate the survey at any time.

I agree to participate in this study. Yes No -> End of survey.

Question 1 [Background]

Please check the applicable items or fill in the blanks.

Age: 20s 30s 40s 50s 60 or older Other

Degree of flexibility in scheduling medical visits: Highly flexible Somewhat flexible
Somewhat difficult Difficult

Current residence: 1. Within Tokyo's 23 wards 2. Outside Tokyo's 23 wards 3. Kanagawa /
Saitama / Chiba 4. Other metropolitan area

Previous residence: () Prefecture () Municipality

Distance from home to your primary hospital: Current: approximately () km; travel time from
home to hospital: approximately () hours.

Past facility imagined when answering this survey: approximately () km; travel time from home
to hospital: approximately () hours.

Experience of moving residence: 1-2 times 3 times or more

Question 2 [Experiences During Medical Care]

Please check the applicable items or fill in the blanks.

Have you ever felt differences between urban and rural areas when receiving medical care?

Strongly felt differences Somewhat felt differences Hardly felt differences No differences

If you answered "Hardly felt differences" or "No differences," the questionnaire ends here. Thank
you very much.

If you answered "Strongly felt differences" or "Somewhat felt differences," please check the
situations in which you felt such differences.

Situations within the healthcare facility

Situation	Strongly	Somewhat	Hardly	None
Attitudes and consideration	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
During explanations	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
During conversations or questions	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
During decisions regarding treatment policy or procedures	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
During scheduling appointments	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
Technical aspects of treatment or procedures	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
Waiting time	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
Payment or appointment systems	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
Other	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences

If you selected "Other," please specify: _____

People involved

Person	Strongly	Somewhat	Hardly	None
Physician	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
Nurse	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences
Other staff	<input type="checkbox"/> Strongly felt differences	<input type="checkbox"/> Somewhat felt differences	<input type="checkbox"/> Hardly felt differences	<input type="checkbox"/> No differences

Question 3 [Emotions at That Time]

Did these experiences cause you to feel inconvenience, discomfort, dissatisfaction, or that you had to endure something? Yes No

If "No," the questionnaire ends here. Thank you very much.

If "Yes," this experience occurred in: An urban-area hospital A rural-area hospital

Did you communicate this experience to the hospital? Yes No

If "No," please tell us the reason. Multiple answers allowed.

- There was no alternative hospital available
- I felt reluctant to say it
- I was afraid they might become angry / I did not know how they might react
- I was worried about whether I would continue to receive appropriate treatment afterward
- Other ()

Question 4 [Presence of Comparative Reference]

Would you still have had feelings such as inconvenience, discomfort, dissatisfaction, or endurance

if you had known only that region? Yes No

If “Yes,” the questionnaire ends here. Thank you very much.

If “No,” do you think you recognized these feelings because you were comparing the facility with

facilities in other regions? Yes No

This concludes the questionnaire. Thank you very much.