

PRIVATE SECTOR  
**P S P**  
PROGRAMME

**HEALTH SECTOR ASSESSMENT  
TOOLS SERIES**

***PART 3.1: HOUSEHOLD HEALTH UTILIZATION  
SURVEY***

DIVISION OF INTERNATIONAL HEALTH (IHCAR)  
DEPARTMENT OF PUBLIC HEALTH SCIENCES  
KAROLINSKA INSTITUTET  
STOCKHOLM  
2003

The “Health Sector Assessment Tools Series” was developed under the umbrella of the Private Sector Programme (PSP). The series consist of a number of tools for assessing the role and functioning of health care providers in low- and middle income countries. PSP is a collaborative research programme involving academic institutions in China, India, Lao PDR, Sweden, Uganda, United States, Vietnam and Zambia.

You are most welcome to use the tools but please obtain prior approval of the PSP secretariat located at the Division of International Health (IHCAR) at Karolinska Institutet in Stockholm, Sweden. The source of the tools should also be acknowledged in all publications presenting data obtained through the use of the tools.

For further information about the tools or to obtain permission, please contact Project coordinator Dr. Birger Carl Forsberg ([birger.forsberg@ki.se](mailto:birger.forsberg@ki.se)) or Mr. Jesper Sundewall ([jesper.sundewall@ki.se](mailto:jesper.sundewall@ki.se)). You can also visit our website at [www.psp.ki.se](http://www.psp.ki.se)

# HOUSEHOLD HEALTH UTILIZATION SURVEY

## 1. Specific objectives

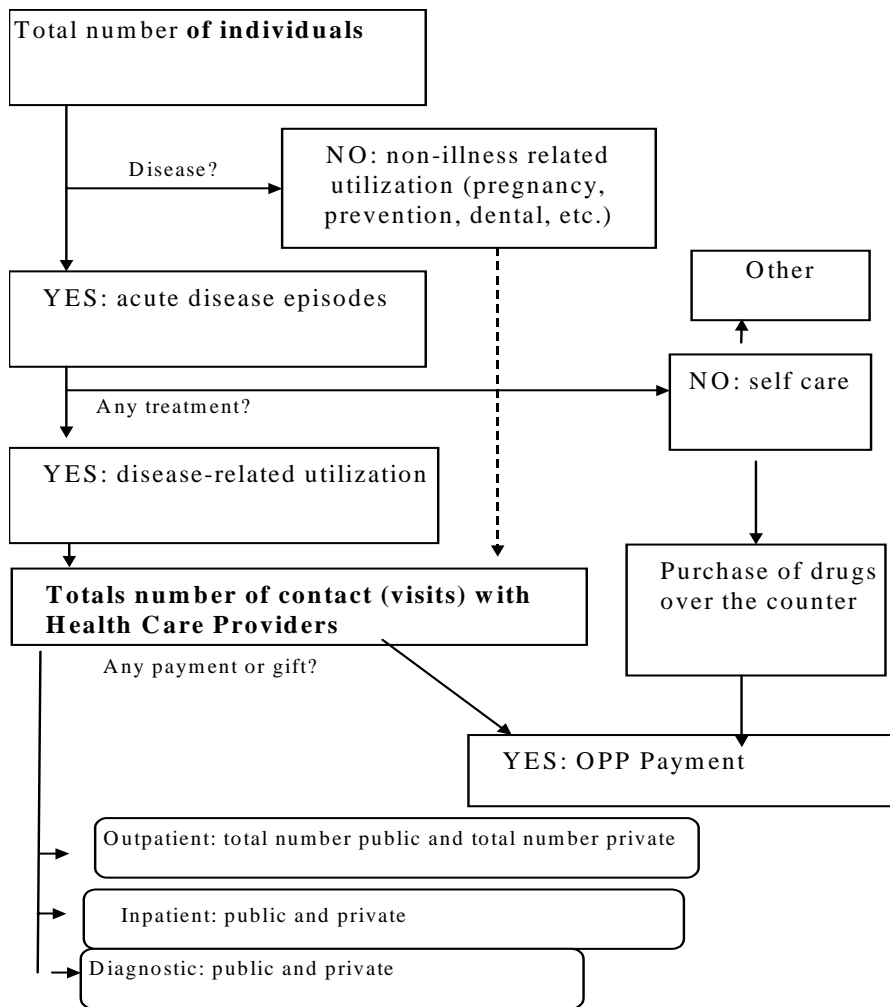
- To describe trends in health care utilization and expenditure (direct and indirect costs) for different socio-economic groups;
- To analyze trends in health seeking behaviour, disaggregated by type of provider (by type of provider, commercial orientation, organizational form, medical system etc.; see provider's proposed coding attached), by type of services and modality of payment (out-of-pocket or health insurance).
- Detailed information on preferences for private vis-à-vis public providers.

## 2. Expected output

1.1. A report documenting HH's demographic characteristics, health utilization and health expenditure trends, and health seeking behaviour in the study area.

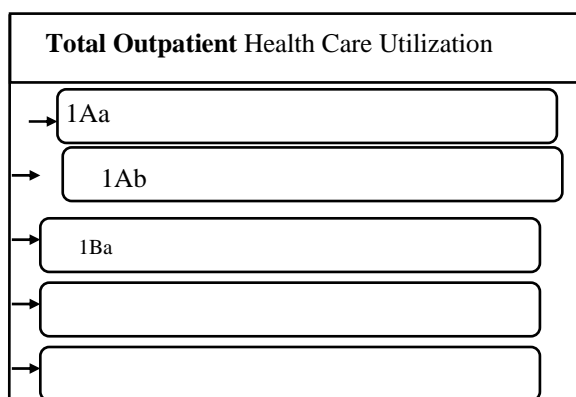
1.1.1. Following are a few examples on to organise the information (please, take a look at the proposed coding of providers. We should try as much as possible to agree on some common coding so that results are comparable across countries):

1.1.1.1.a) **“Utilization tree”** (example from HH survey in Kirkale, Turkey): Individuals⇒ episodes of care ⇒ contacts with providers ⇒ different types of service utilized (in each cell it should be reported the total number, and the percentage of the total).



The utilization tree above can be used in combination with data on expenditures to compute average total payment per contact (visit), per admission, per utilization of diagnostic services and per purchase of drugs over-the-counter.

**b) Utilization by type of Outpatient Care (OP) provider** (number and % of all visits/contacts going to different types of providers).



**CODE FOR PROVIDERS** (according to type of provider, commercial orientation, organizational form, medical system etc)

**Ownership status and commercial orientation**

Public	Private not-for-profit	Private forprofit
1	2	3

**Type of provider**

Home visit	A
Physician office general	B
Physician office specialist	C
Nursing Home	D
Health Centre	E
Specialty Surgery Outpatient Centre	F
Mobile Clinic	H
Ambulance	I
Hospital outpatient clinic	J
Dentist	K
Hospital emergency care	L
Drug dispensary/Pharmacy	M
Drug shop	N
Diagnostic facility	O
Mental Health Centre	P
Other outpatient (specify)	Q
Hospital inpatient	R
Other inpatient	S
?	T

**Type of Medical care practised:**

- a) Western;
- b) Formal indigenous system;
- c) Traditional;

d) Combination of modern and indigenous or traditional

## 1.2. Descriptive tables and cross tabulations:

Other examples: Data on expenditure:

1.2.1.1.

Table: OP: Average total expenditure per unit of service:

	Average total expenditure per unit of service
<b>OP</b>	
Public	
Private	
Total	
<b>Child Health services (1-4 age bracket)</b>	
Public	
Private	
Total	
<b>TB services</b>	
Public	
Private	
Total	
<b>Other services</b>	
Public	
Private	
Total	

1.2.1.2 Expenditure by type of service.

Table: Health expenditure by type of provider and by type of service (Outpatient, both for illness related and non-illness related episodes of care)

	Outpatient										Total
	A	B	C	D	E	F	G	H	I	J	
Donation											
Admission											
Physicians' services											
Physicians' surgical services											
Drugs											
Nurses'/ other staffs care											
Lab. and other tests											
Transportation											
Food											
Other services (Specify)											
Total											

Note: Use provider classification to define columns.

Table: Health expenditure by type of provider and by type of service

	<b>Outpatient</b>										<b>Total</b>
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	
Donation											
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Drugs											
Nurses'/ other staffs care											
Transportation											
Food											
Other services (Specify)											
<b>Total</b>											

Note: Use classification of providers above to define columns.

### 3. Sampling

Existence of a single sampling methodology should not be expected; however, we should try to ensure the highest possible degree of comparability between project sites. In order to enable an analysis of markets, there is a need to sample clusters according to geographical locality, e.g. villages, and go to the same locations used for the facility survey. Each village/cluster is a market and a unit of analysis.

Sample size remains to be determined.

### Data collection approach

Questionnaire based interviews should be performed.

**TENTATIVE Household SURVEY FORM (see below)**

# HOUSEHOLD EXPENDITURES SURVEY

## HOUSEHOLD QUESTIONNAIRE

<b>ADDRESS AND SAMPLE INFORMATION</b>										
PROVINCE : .....	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									REGION : <input style="width: 30px;" type="text"/>
DISTRICT : .....		RURAL/URBAN : <input style="width: 30px;" type="text"/>								
SUB-DISTRICT : .....		CLUSTER : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>								
VILLAGE : .....		SAMPLE HOUSEHOLD NO : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>								
NEIGHBOURHOOD : .....		TYPE OF QUESTIONNAIRE : <input style="width: 30px;" type="text"/>								
QUARTER STREET : .....		PERIOD : <input style="width: 30px;" type="text"/>								
BUILDING NO: : .....										
FLAT NO: : .....										

INTERVIEWER VISITS	1	2	3	4				
INTERVIEWERS NAME & SURNAME	..... .....	..... .....	..... .....	..... .....				
CODE NUMBER	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>				
DATE	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY                  MONTH	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY                  MONTH	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY                  MONTH	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY                  MONTH				
STARTING TIME LOOK AT THE CLOCK AND RECORD	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> HOUR                  MIN.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> HOUR                  MIN.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> HOUR                  MIN.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> HOUR                  MIN.				
INTERVIEW RESULT	COMPLETE	1	COMPLETE	1	COMPLETE	1	COMPLETE	1
	INCOMPLETE	2	INCOMPLETE	2	INCOMPLETE	2	INCOMPLETE	2
	HOUSEHOLD ABSENT	3	HOUSEHOLD ABSENT	3	HOUSEHOLD ABSENT	3	HOUSEHOLD ABSENT	3
	POSTPONED	4	POSTPONED	4	POSTPONED	4	POSTPONED	4
	REFUSED	5	REFUSED	5	REFUSED	5	REFUSED	5
	OTHER (SPECIFY)..... .....	X	OTHER (SPECIFY)..... .....	X	OTHER (SPECIFY)..... .....	X	OTHER (SPECIFY)..... .....	X
IF INTERVIEW WAS NOT PERFORMED (THE DATE AND HOUR OF NEXT INTERVIEW)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY                  HOUR                  MIN.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY                  HOUR                  MIN.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY                  HOUR                  MIN.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DAY                  HOUR                  MIN.				

FIELD EDITOR	NAME ..... SURNAME .....	CODE	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
SUPERVISER	NAME ..... SURNAME .....	CODE	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

RESPONDENT .....	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	HH MEMBER LINE NO
------------------	-------------------------------------------------------------------------------------	-------------------

DID YOU HAVE TO USE SUPPLEMENTARY QUESTIONERE?	HOW MANY? <input style="width: 30px;" type="text"/>
YES <input style="width: 30px;" type="text"/>	NO <input style="width: 30px;" type="text"/>



**Hello,**

**My name is** \_\_\_\_\_

I am here to carry out a survey of families in ... to gather information about your use of health care services and what you have spent on the use of these services in the last 6 months. This survey is part of a project to gather information on the funding and utilization of health care services in our country. The goal of this project is to develop better programs to improve health and health care in our country.

This survey will take about 30 minutes. I will only need to ask you a variety of questions related to you, your household, your health problems, what kinds of health care you have used, and what payments you have made for this health care. I will record your answers on this questionnaire.

After this interview is completed, your answers to these questions will be separated from any information that could identify you or your household specifically, so that your answers cannot be linked with you. The information will be combined with all the other responses to this survey and used for statistical analysis only. Your identity will remain confidential and will not be used for other purposes.

Your agreement to participate in this survey is entirely voluntary and you may decline if you so wish. If you agree to participate, you may also decide at any time to stop the interview and withdraw. You may find some specific questions to be of a personal nature and you are free to decline to answer any questions you do not wish to answer. Declining to participate in this survey or to respond to any specific questions will not involve any penalty or loss of benefits to which you or your family are entitled.

Your participation in this survey will make an important contribution to our understanding of how the health care system in ... affects you and families like yours. This information will be used to try to improve the health and health services for people in ....

Do you have any questions about this survey?

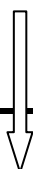
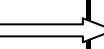
If you have any questions about the survey at a later time, you may contact Dr. ...

Do you agree to participate in this survey?

**Respondent accepted the interview ①**

**Respondent rejected the interview ②**

**MARK THE COVER PAGE.  
THANK TO THE RESPONDENT AND FINISH THE  
INTERVIEW**



### MEMBER OF THE HOUSEHOLD

HOUSEHOLD MEMBER LINE NO	001	001 A	002	003	004	005																							
	NAME AND SURNAME OF HOUSEHOLD MEMBERS  PLEASE TELL ME THE NAMES OF MEMBERS WHO USUALLY STAY IN THIS HOUSEHOLD.  STARTING FROM HOUSEHOLD HEAD	The date of death and departure of people who died in last six months or moved abroad?  <table border="1" style="margin: 5px auto; border-collapse: collapse;"><tr><td style="font-size: 8px;">DECEASED</td><td style="font-size: 8px;">1</td></tr><tr><td style="font-size: 8px;">ABROAD</td><td style="font-size: 8px;">2</td></tr></table>	DECEASED	1	ABROAD	2	In this study, it is important for us to know your exact age.  How old are you?  ONLY COMPLETED AGES	In which day, month and year were you born?  PROBE IF THERE IS INCONSISTENCY WITH AGE  DAY    MONTH    YEAR	SEX		What is your relationship to the household head?																		
			DECEASED	1																									
ABROAD	2																												
MALE	1	FEMALE	2	HERSELF/HIMSELF	1	SPOUSE	2	SON	3	DAUGHTER	4	FATHER	5	MOTHER	6	SISTER/BROTHER	7	FATHER-IN-LAW	8	MOTHER-IN-LAW	9	DAUGHTER-IN-LAW	10	SON-IN-LAW	11	GRANDCHILD	12	OTHER (SPECIFY).....	13
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DAY MONTH YEAR																													

PROBE AND INCLUDE THOSE WHO DIED OR WENT ABROAD, or STARTED A NEW HOUSEHOLD DURING THE LAST SIX MONTHS.

## HOUSEHOLD MEMBERS

FILL IN THE QUESTIONNAIRE FOR EVERY MEMBER OF THE HOUSEHOLD. START FIRST QUESTION AS SHOWN BELOW.

Please, starting with the head of household, tell me the names of everybody who live regularly in this household?

PROBE WHETHER EVERYBODY LIVES REGULARLY IN THIS HOUSEHOLD.

THEN, ASK THE FOLLOWING QUESTION.

Are there any people else, like, students, people under military service, or imprisoned, who live regularly in this house, but who have been living in someplace else for sometime? Please tell me the names of these people?

ADD THESE PEOPLE TO THE LIST.

THEN ASK THE FOLLOWING QUESTION:

Is there anybody who is a member of this household but currently living abroad?

AT THE BOTTOM OF THE PAGE, STARTING FROM THE LAST LINE, WRITE THE NAMES, DAY MONTH AND YEAR OF DEPARTURE OF THESE PEOPLE. ADD HOW LONG THEY LIVED IN ... BEFORE DEPARTURE.

CONTINUE WITH THE FOLLOWING EXPLANATION:

Are there any other people, who generally live here but are not members of your household; i.e. boarding servants, lodgers, relatives who stay here?

IF THE ANSWER IS YES, ADD THESE PEOPLE INTO THE HOUSHOLD LIST.

DO NOT REGISTER THE TEMPORARY GUESTS.

THEN ASK THIS QUESTION:

Is anybody from this household deceased during last six months?

IF THE ANSWER IS YES, AGAIN USING THE LINES AT THE BOTTOM OF THE PAGE, WRITE THE NAME OF THE DECEASED PERSON AND CIRCLE THE HH NUMBER. ALSO, RECORD THE DAY MONT AND YEAR OF DEATH.

AFTER REVIEWING THE LIST OF HOUSEHOLD MEMBERS, MAKE THE FOLLOWING EXPLANATION:

I want to make myself sure that I have recorded everybody who is living in this house. Is there anybody forgotten, for example infants, children, daughters, those under military service, and those who are currently traveling?

AFTER BEING SURE THAT NOBODY IS LEFT OUT, CONTINUE WITH THE HOUSEHOLD INFORMATION QUESTIONS.

## HOUSEHOLD INFORMATION

HOUSEHOLD MEMBER LINE NO	006	007	008	009																																																																																															
	ASK IF AGED 4 AND OVER.																																																																																																		
	Can you read & write?	Have you ever been to school?	Are you currently attending school?	(...NAME...) which is the highest level of school you attended and which is the highest grade you obtained?																																																																																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">YES</td><td style="width: 50%; text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> </table>	YES	1	NO	2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">YES</td><td style="width: 50%; text-align: center;">1</td></tr> <tr><td>YES</td><td style="text-align: center;">2 → GO TO 010</td></tr> </table>	YES	1	YES	2 → GO TO 010	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">YES</td><td style="width: 50%; text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> </table>	YES	1	NO	2	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">LEVEL</th> <th colspan="10" style="text-align: left;">CLASS</th> </tr> </thead> <tbody> <tr> <td colspan="2">KINDERGARTEN</td> <td colspan="10">0 0 1 2</td> </tr> <tr> <td rowspan="2">BASIC EDUCATION</td> <td>PRIMARY</td> <td colspan="10">1 0 1 2 3 4 5 6 7 8</td> </tr> <tr> <td>SECONDARY</td> <td colspan="10"></td> </tr> <tr> <td colspan="2">HIGH SCHOOL</td> <td colspan="10">2 0 1 2 3 4</td> </tr> <tr> <td colspan="2">UNDER GRADUATE</td> <td colspan="10">3 0 1 2 3 4 5 6</td> </tr> <tr> <td colspan="2">GRADUATE</td> <td colspan="10">4 0 1 2 3 4 5 6</td> </tr> </tbody> </table>	LEVEL		CLASS										KINDERGARTEN		0 0 1 2										BASIC EDUCATION	PRIMARY	1 0 1 2 3 4 5 6 7 8										SECONDARY											HIGH SCHOOL		2 0 1 2 3 4										UNDER GRADUATE		3 0 1 2 3 4 5 6										GRADUATE		4 0 1 2 3 4 5 6									
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HOUSEHOLD MEMBER LINE NO	010	011	012	013																																		
	IF AGED 12 AND UNDER GO TO QUESTION 18	ASK IF AGED 15 AND OVER. IF AGED 15 AND UNDER GO TO QUESTION 18.																																				
	<b>What is your marital status?</b>  <table border="1"> <tr><td>NEVER MARRIED</td><td>1</td></tr> <tr><td>CURRENTLY MARRIED</td><td>2</td></tr> <tr><td>DIVORCED</td><td>3</td></tr> <tr><td>WIDOWED</td><td>4</td></tr> <tr><td>SEPARATED</td><td>5</td></tr> </table>	NEVER MARRIED	1	CURRENTLY MARRIED	2	DIVORCED	3	WIDOWED	4	SEPARATED	5	<b>Did you work in a job at least one hour in return for cash or in kind payments during the last week or did you have any connection with a paid job?</b>  <table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table> GO TO 018	YES	1	NO	2	<b>Are you seeking a job?</b>  <table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table> GO TO 018	YES	1	NO	2	<b>What kind of work you do?</b>  <table border="1"> <tr><td>SCIENTIFIC TECHNICAL, PROFESS. AND RELATED WORKERS</td><td>1</td></tr> <tr><td>ENTREPRENEURS, EXECUTIVES AND MANAGERIAL</td><td>2</td></tr> <tr><td>CLERICAL AND RELATED WORKERS</td><td>3</td></tr> <tr><td>TRADE &amp; SALES WORKERS</td><td>4</td></tr> <tr><td>SERVICE WORKERS</td><td>5</td></tr> <tr><td>AGRICULTURE, ANIMAL HUSBANDRY, FORESTRY WORKERS, FISHERMEN AND HUNTERS</td><td>6</td></tr> <tr><td>NON-AGRICULTURAL PRODUCTION &amp; RELATED WORKERS, TRANSPORT EQUIPMENT OPERATORS &amp; LABORERS</td><td>7</td></tr> <tr><td>UNCLASSIFIED</td><td>8</td></tr> </table>	SCIENTIFIC TECHNICAL, PROFESS. AND RELATED WORKERS	1	ENTREPRENEURS, EXECUTIVES AND MANAGERIAL	2	CLERICAL AND RELATED WORKERS	3	TRADE & SALES WORKERS	4	SERVICE WORKERS	5	AGRICULTURE, ANIMAL HUSBANDRY, FORESTRY WORKERS, FISHERMEN AND HUNTERS	6	NON-AGRICULTURAL PRODUCTION & RELATED WORKERS, TRANSPORT EQUIPMENT OPERATORS & LABORERS	7	UNCLASSIFIED	8
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HOUSEHOLD MEMBER LINE NO	014	015	016	017	018
	ASK IF AGED 15 AND OVER. IF AGED UNDER 15 GO TO QUESTION 18.				
	What is your employment status?	What is the main activity in the place you work?		During the last week, if you did not work in a job and you don't have any connections with it, would you tell me the reason why don't you work?	Do you have any public or private based social insurance that pays for your health care and health related expenses?  IF YES, which of them in the list? <b>YOU CAN CHECK MORE THAN ONE</b>
EMPLOYEE 1 EMPLOYER 2 OWN ACCOUNT 3 UNPAID FAMILY WORKER 4		AGRICULTURE, HUNTING, FORESTRY AND FISHING 1 MINING AND QUARRYING 2 MANUFACTURING INDUSTRY 3 ELECTRICITY, GAS AND WATER 4 CONSTRUCTION 5 WHOLESALE AND RETAIL TRADE, RESTAURANTS, HOTELS 6 TRANSPORT, STORAGE AND COMMUNICATION 7 FINANCE, INSURANCE, REAL ESTATE AND BUSINESS SERVICES 8 COMMUNITY, SOCIAL AND PERSONAL SERVICES 9 ACTIVITIES NOT ADEQUATELY DEFINED 10	Did you have a paid second job at least one hour in return for cash or in kind payments during the last week?  YES 1 NO 2		
01	1 2 3 4	1 2 3 4 5 6 7 8 9 10 RECORD EXACTLY.....	1 2	1 2 3 4 5 OTHER.....	0 1 2 3 4 5 OTHER.....
02	1 2 3 4	1 2 3 4 5 6 7 8 9 10 RECORD EXACTLY.....	1 2	1 2 3 4 5 OTHER.....	0 1 2 3 4 5 OTHER.....
03	1 2 3 4	1 2 3 4 5 6 7 8 9 10 RECORD EXACTLY.....	1 2	1 2 3 4 5 OTHER.....	0 1 2 3 4 5 OTHER.....
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10	1 2 3 4	1 2 3 4 5 6 7 8 9 10 RECORD EXACTLY.....	1 2	1 2 3 4 5 OTHER.....	0 1 2 3 4 5 OTHER.....

HOUSEHOLD MEMBER LINE NO	019		020				021				022			
	LOOK AT QUESTION 18 AND ASK ONLY TO THOSE WITH PRIVATE HEALTH INSURANCE (CODE 8). FOR OTHERS GO TO QUESTION 24.													
	Is the insurance registered in your name or in others name?		How much health insurance premium do you pay to your private insurance annually?				Which of these are covered by your private health insurance? YOU CAN CHECK MORE THAN ONE RECORD ALL RESPONSES				Is any of the following reimbursed by your PRIVATE health insurance? IF YES, what is the percentage of reimbursement? RECORD ALL RESPONSES AS % UNDER RELATED CODE			
	HIMSELF / HERSELF	1					MEDICAL SUPPLIES	1	NO REIMBURSEMENT				0	
	DEPENDENT	2					MEDICAL EQUIPMENT & SUPPLIES	2	MEDICATION				1	
							OUTPATIENT CHECK-UP & TREATMENT	3	MEDICAL EQUIPMENT & SUPPLIES				2	
							IMPATIENT EXAMINATION & TREATMENT	4	OUTPATIENT CHECK-UP & TREATMENT				3	
							SURGERY	5	IMPATIENT EXAMINATION & TREATMENT				4	
							MOUTH AND TOOTH CARE	6	SURGERY				5	
							DELIVERY	7	MOUTH AND TOOTH CARE				6	
							SCANS & LAB TESTS	8	DELIVERY				7	
							DOES NOT KNOW	9	SCANS & LAB TESTS				8	
							OTHER(Specify).....		DOES NOT KNOW				9	
			AMOUNT						OTHER(Specify).....					
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			DOES NOT KNOW Y				OTHER.....		<input type="checkbox"/>					
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			DOES NOT KNOW Y				OTHER.....		<input type="checkbox"/>					

HOUSEHOLD MEMBER LINE NO	023	024	025	026																																																										
	ASK ONLY TO THOSE WITH PRIVATE HEALTH INSURANCE.	ASK IF AGED OVER 12	ASK ONLY TO THE HEAD OF HOUSEHOLD																																																											
	<p>Do you have to pay co-payment for the services below? If YES How much?</p> <p><b>RECORD ALL RESPONSES AS % UNDER SPACE PROVIDED</b></p> <table border="1"> <tr><td>NO CO-PAYMENT</td><td>0</td></tr> <tr><td>MEDICATION</td><td>1</td></tr> <tr><td>MEDICAL EQUIPMENT &amp; SUPPLIES</td><td>2</td></tr> <tr><td>OUTPATIENT CHECK-UP &amp; TREATMENT</td><td>3</td></tr> <tr><td>IMPATIENT EXAMINATION &amp; TREATMENT</td><td>4</td></tr> <tr><td>SURGERY</td><td>5</td></tr> <tr><td>MOUNTH AND TOOTH CARE</td><td>6</td></tr> <tr><td>DELIVERY</td><td>7</td></tr> <tr><td>SCANS &amp; LAB TESTS</td><td>8</td></tr> <tr><td>YES, CO-PAYMENT BUT DO NOT KNOW</td><td>9</td></tr> <tr><td>OTHER(Specify).....</td><td></td></tr> </table>	NO CO-PAYMENT	0	MEDICATION	1	MEDICAL EQUIPMENT & SUPPLIES	2	OUTPATIENT CHECK-UP & TREATMENT	3	IMPATIENT EXAMINATION & TREATMENT	4	SURGERY	5	MOUNTH AND TOOTH CARE	6	DELIVERY	7	SCANS & LAB TESTS	8	YES, CO-PAYMENT BUT DO NOT KNOW	9	OTHER(Specify).....		<p>In general, how do you describe your health condition as compared to other people in your age?</p> <table border="1"> <tr><td>VERY POOR</td><td>1</td></tr> <tr><td>POOR</td><td>2</td></tr> <tr><td>AVERAGE</td><td>3</td></tr> <tr><td>BETTER</td><td>4</td></tr> <tr><td>MUCH BETTER</td><td>5</td></tr> <tr><td>DOES NOT KNOW</td><td>6</td></tr> </table>	VERY POOR	1	POOR	2	AVERAGE	3	BETTER	4	MUCH BETTER	5	DOES NOT KNOW	6	<p>Did any member of your household make payments for hospitalization of others not in your household over the last six months? If YES, how much was that in total over the last six months?</p> <p>If YES, how much was that in total over the last six months?</p>	<p>Did any member of your household make payments for illness or health related visits of others not in your household over the last two weeks?</p> <p>If YES, how much was that in total over the last two weeks?</p>																								
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HOUSEHOLD MEMBERS HEALTH PROBLEMS EXPERIENCED WITH THE SCOPE OF THIS RESEARCH

	027	028	029																																															
	<p>Have you (...NAME...) been hospitalized during the last six months?</p> <table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DOES NOT KNOW</td><td>8</td></tr> </table>	YES	1	NO	2	DOES NOT KNOW	8	<p>Have you (...NAME...) had any health problems during the last two weeks?</p> <p>OTHER THAN HOSPITALIZATION</p> <table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DOES NOT KNOW</td><td>8</td></tr> </table>	YES	1	NO	2	DOES NOT KNOW	8	<p>In last two weeks, did you visit any person or facility to receive health related services not related to the last two questions, including immunization, eye glasses or related durables?</p> <table border="1"> <tr><td rowspan="6">PROTECTION SERVICES</td><td>FAMILY PLANING</td><td>01</td></tr> <tr><td>PRENATAL CARE</td><td>02</td></tr> <tr><td>POSTNATAL CARE</td><td>03</td></tr> <tr><td>IMMUNIZATION</td><td>04</td></tr> <tr><td>HEALTH CHILD (GROWTH MONITORING)</td><td>05</td></tr> <tr><td>EARLY DIAGNOSIS (SCANS AND CHECK-UP)</td><td>06</td></tr> <tr><td colspan="2">DENTAL PROTHESES</td><td>07</td></tr> <tr><td colspan="2">EYE GLASSES / LENS</td><td>08</td></tr> <tr><td colspan="2">NO, DID NOT GO</td><td>09</td></tr> <tr><td colspan="2">DOES NOT KNOW</td><td>10</td></tr> <tr><td colspan="3">OTHER RESPONSES (Other the responses which were not taken into account in questions 27 and 28) (Specify).....</td></tr> <tr><td colspan="3">IF HOUSEHOLD HEAD AND DOES NOT HAVE ANY HEALTH PROBLEMS GO TO QUESTION 401.</td></tr> <tr><td colspan="3">IF LAST PERSON AND DOES NOT HAVE ANY HEALTH PROBLEMS GO TO QUESTION 501.</td></tr> </table>	PROTECTION SERVICES	FAMILY PLANING	01	PRENATAL CARE	02	POSTNATAL CARE	03	IMMUNIZATION	04	HEALTH CHILD (GROWTH MONITORING)	05	EARLY DIAGNOSIS (SCANS AND CHECK-UP)	06	DENTAL PROTHESES		07	EYE GLASSES / LENS		08	NO, DID NOT GO		09	DOES NOT KNOW		10	OTHER RESPONSES (Other the responses which were not taken into account in questions 27 and 28) (Specify).....			IF HOUSEHOLD HEAD AND DOES NOT HAVE ANY HEALTH PROBLEMS GO TO QUESTION 401.			IF LAST PERSON AND DOES NOT HAVE ANY HEALTH PROBLEMS GO TO QUESTION 501.			
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