

PRIVATE SECTOR
P S P
PROGRAMME

**HEALTH SECTOR ASSESSMENT
TOOLS SERIES**

***PART 3.3 : HOUSEHOLD HEALTH UTILIZATION
SURVEY – HEALTH PROBLEMS NOT RESULTING IN
HOSPITALIZATION***

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) or Mr. Jesper Sundewall (jesper.sundewall@ki.se). You can also visit our website at www.psp.ki.se

HEALTH PROBLEMS NOT RESULTING IN HOSPITALIZATION

		EPISODE 1	EPISODE 2	EPISODE 3																														
201	<p>During the last two weeks, did (...NAME...) have any of the following?</p> <p>READ THE CHOICES.</p> <p>IF THERE WAS MORE THAN ONE PROBLEM, ASK THE MOST IMPORTANT ONE AND RECORD AS THE FIRST EPISODE.</p> <p>RECORD DIFFERENT EPISODES THAT TOOK PLACE IN TWO WEEKS TO DIFFERENT COLUMNS.</p>	FEVER..... 01	FEVER..... 01	FEVER..... 01																														
		INTESTINAL PARASITE 02	INTESTINAL PARASITE 02	INTESTINAL PARASITE 02																														
		HEADACHE..... 03	HEADACHE..... 03	HEADACHE..... 03																														
		SOUR THROAT 04	SOUR THROAT 04	SOUR THROAT 04																														
		SKIN PROBLEMS 05	SKIN PROBLEMS 05	SKIN PROBLEMS 05																														
		DENTAL PROBLEMS 06	DENTAL PROBLEMS 06	DENTAL PROBLEMS 06																														
		JOINT / MUSCLE PAIN 07	JOINT / MUSCLE PAIN 07	JOINT / MUSCLE PAIN 07																														
		CHEST PAIN 08	CHEST PAIN 08	CHEST PAIN 08																														
		EYE PROBLEMS 09	EYE PROBLEMS 09	EYE PROBLEMS 09																														
		URINARY (TRACT) PROBLEMS 10	URINARY (TRAIT) PROBLEMS 10	URINARY (TRAIT) PROBLEMS 10																														
		DIARRHEA 11	DIARRHEA 11	DIARRHEA 11																														
		ABDOMINAL PAIN 12	ABDOMINAL PAIN 12	ABDOMINAL PAIN 12																														
		EAR / HEARING PROBLEMS 13	EAR / HEARING PROBLEMS 13	EAR / HEARING PROBLEMS 13																														
		VOMITING 14	VOMITING 14	VOMITING 14																														
		STOMACH COMPLAINTS 15	STOMACH COMPLAINTS 15	STOMACH COMPLAINTS 15																														
		BREATHING PROBLEMS 16	BREATHING PROBLEMS 16	BREATHING PROBLEMS 16																														
		COUGHING 17	COUGHING 17	COUGHING 17																														
		MENTAL HEALTH PROBLEMS..... 18	MENTAL HEALTH PROBLEMS..... 18	MENTAL HEALTH PROBLEMS..... 18																														
		VAGINAL BLEEDING... (DON'T ASK TO MALES) 19	VAGINAL BLEEDING... (DON'T ASK TO MALES) 19	VAGINAL BLEEDING... (DON'T ASK TO MALES) 19																														
		INJURY / ACCIDENTS 20	INJURY / ACCIDENTS 20	INJURY / ACCIDENTS 20																														
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202	<p>Did you miss work, school or your daily activities because of these health problems?</p>	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 205 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 205 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 205 ←																														
203	<p>How long did you miss work, school or your daily activities because of these health problems?</p> <p>UNIT: 1= DAYS 2=WEEKS 3=MONTHS 4=YEARS</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>DURATION</th> <th>UNIT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p>UNIT: 1= DAYS 2=WEEKS 3=MONTHS 4=YEARS</p>	DURATION	UNIT			<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>DURATION</th> <th>UNIT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p>UNIT: 1= DAYS 2=WEEKS 3=MONTHS 4=YEARS</p>	DURATION	UNIT			<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>DURATION</th> <th>UNIT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p>UNIT: 1= DAYS 2=WEEKS 3=MONTHS 4=YEARS</p>	DURATION	UNIT																				
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204	<p>As a result of the days that you missed work, school or your daily activities, did you stop receiving any type of income? If YES, approximately how much income did you not receive because of this health problem?</p>	<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>NO LOSS..... 0 DONT KNOW..... Y</p>											<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>NO LOSS..... 0 DONT KNOW..... Y</p>											<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>NO LOSS..... 0 DONT KNOW..... Y</p>										

		EPISODE	EPISODE	EPISODE
		ACTION LIST		
205	<p>What did you do to address these health problems?</p> <p>MULTIPLE RESPONSES CAN BE MARKED</p> <p>PROBE UNTIL THE RESPONDENT SAYS I DID NOT DO ANYTHING ELSE.</p>	DID NOTHING..... 1] GO TO 207 ←	DID NOTHING..... 1] GO TO 207 ←	DID NOTHING..... 1] GO TO 207 ←
		SELF-TREATMENT AND/OR HELP FROM FRIENDS..... 2] GO TO 209	SELF-TREATMENT AND/OR HELP FROM FRIENDS..... 2] GO TO 209	SELF-TREATMENT AND/OR HELP FROM FRIENDS..... 2] GO TO 209
		RECEIVED TREATMENT FROM HEALTH CARE PROVIDERS AT HOME AND/OR AT A HEALTH FACILITY.... 3] GO TO 213	RECEIVED TREATMENT FROM HEALTH CARE PROVIDERS AT HOME AND/OR AT A HEALTH FACILITY.... 3] GO TO 213	RECEIVED TREATMENT FROM HEALTH CARE PROVIDERS AT HOME AND/OR AT A HEALTH FACILITY.... 3] GO TO 213
		SOUGHT DRUGS AND MEDICAL GOODS 4] GO TO 228	SOUGHT DRUGS AND MEDICAL GOODS 4] GO TO 228	SOUGHT DRUGS AND MEDICAL GOODS 4] GO TO 228
		SOUGHT DIAGNOSTIC TESTS..... 5] GO TO 239	SOUGHT DIAGNOSTIC TESTS..... 5] GO TO 239	SOUGHT DIAGNOSTIC TESTS..... 5] GO TO 239
		SOUGHT TREATMENT FROM TRADITIONAL HEALERS..... 6] GO TO 250	SOUGHT TREATMENT FROM TRADITIONAL HEALERS..... 6] GO TO 250	SOUGHT TREATMENT FROM TRADITIONAL HEALERS..... 6] GO TO 250
		HH LINE NO: [][] EPISODE NO: [][]	HH LINE NO: [][] EPISODE NO: [][]	HH LINE NO: [][] EPISODE NO: [][]
		206	USE SECOND HEALTH ACTIONS BY EPISODE QUESTIONNAIRE	USE THIRD HEALTH ACTIONS BY EPISODE QUESTIONNAIRE

DID NOTHING				
207	<p>Why didn't you seek care with someone or some facility or did not do any thing?</p> <p>MULTIPLE RESPONSES CAN BE MARKED.</p>	MINOR HEALTH PROBLEM..... 01	MINOR HEALTH PROBLEM..... 01	MINOR HEALTH PROBLEM..... 01
		LONG DISTANCE TO GET TO PROVIDER... 02	LONG DISTANCE TO GET TO PROVIDER... 02	LONG DISTANCE TO GET TO PROVIDER... 02
		THERE ISN'T GOOD CARE AVAILABLE..... 3	THERE ISN'T GOOD CARE AVAILABLE..... 03	THERE ISN'T GOOD CARE AVAILABLE..... 03
		LONG WAITING AT THE PROVIDER..... 04	LONG WAITING AT THE PROVIDER..... 04	LONG WAITING AT THE PROVIDER..... 04
		LACK OF MONEY..... 05	LACK OF MONEY..... 05	LACK OF MONEY..... 05
		LACK OF TIME..... 06	LACK OF TIME..... 06	LACK OF TIME..... 06
		THERE WAS NO TRANSPORTATION... 07	THERE WAS NO TRANSPORTATION... 07	THERE WAS NO TRANSPORTATION... 07
		CANNOT LEAVE CHILDREN OR HOUSE ALONE..... 08	CANNOT LEAVE CHILDREN OR HOUSE ALONE..... 08	CANNOT LEAVE CHILDREN OR HOUSE ALONE..... 08
		NEGLIGENCE..... 09	NEGLIGENCE..... 09	NEGLIGENCE..... 09
		DOES NOT KNOW..... 10	DOES NOT KNOW..... 10	DOES NOT KNOW..... 10
		OTHER (SPECIFY).....	OTHER (SPECIFY).....	OTHER (SPECIFY).....
		HH LINE NO: [][] EPISODE NO: [][]	HH LINE NO: [][] EPISODE NO: [][]	HH LINE NO: [][] EPISODE NO: [][]

208	<p>CHECK Q 201. ASK FOR OTHER EPISODES. IF YES, CONTINUE WITH Q 201. IF NO, CHECK Q 28. IF AT LEAST ONE "YES", GO TO Q 301. IF NOT, CHECK IF HE /SHE IS THE HEAD OF HOUSEHOLD. IF YES, GO TO THE 401. IF NOT, PASS TO THE NEXT PERSON. IF HE/SHE IS THE LAST PERSON, END THE QUESTIONNAIRE.</p>
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SELF TREATMENT																																		
209	<p>Did you do the following?</p> <p>MULTIPLE RESPONSES CAN BE MARKED.</p>	<p>USED HOMEMADE MEDICINE 1</p> <p>USED MEDICINES AVAILABLE AT HOME OR FROM SOMEBODY I KNOW 2</p> <p>OTHER (SPECIFY)</p>	<p>USED HOMEMADE MEDICINE 1</p> <p>USED MEDICINES AVAILABLE AT HOME OR FROM SOMEBODY I KNOW 2</p> <p>OTHER (SPECIFY)</p>	<p>USED HOMEMADE MEDICINE 1</p> <p>USED MEDICINES AVAILABLE AT HOME OR FROM SOMEBODY I KNOW 2</p> <p>OTHER (SPECIFY)</p>																														
210	<p>Did you or any member of your household make any payment in cash or in kind for this care? If YES, how much in total?</p>	<p>AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table> <p>NO LOSS..... 0</p> <p>DONT KNOW..... Y</p>											<p>AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table> <p>NO LOSS..... 0</p> <p>DONT KNOW..... Y</p>											<p>AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table> <p>NO LOSS..... 0</p> <p>DONT KNOW..... Y</p>										
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CODE FOR PROVIDERS

Ownership status

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 Outpatient Centre	F
Specialty Outpatient Elective Surgery	G
Outpatient Emergency	H
Mobile Clinic	I
Ambulance	J
Dental service	K
Drug dispensary	M
Drug shop	N
Laboratory service	O
Diagnostic services	P
Dyalysis Centre	Q
Other (specify)	R
Mental Health Centre	S
Hospital outpatient clinic	T
Hospital emergency care	U
Hospital inpatient	V
Other outpatient	W
Other inpatient	Y

Medical System:

- a) Western
- b) Traditional/Indigenous

For example, a general physician office visit to a private for profit provider will be classified as 3Ba, whereas an emergency treatment (without night-stay) in an NGO hospital will be classified as 2Ha.

CARE FROM A HEALTH CARE PROVIDER

213		<table border="1"> <tr><td colspan="4">CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER</td></tr> <tr><td>EPISODE NO:</td><td></td><td></td><td></td></tr> <tr><td>ACTION NO:</td><td></td><td></td><td></td></tr> <tr><td>CLUSTER NO:</td><td></td><td></td><td></td></tr> <tr><td>HOUSEHOLD NO:</td><td></td><td></td><td></td></tr> <tr><td>RESPONDENT NO:</td><td></td><td></td><td></td></tr> </table>	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER				EPISODE NO:				ACTION NO:				CLUSTER NO:				HOUSEHOLD NO:				RESPONDENT NO:				<table border="1"> <tr><td colspan="4">CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER</td></tr> <tr><td>EPISODE NO:</td><td></td><td></td><td></td></tr> <tr><td>ACTION NO:</td><td></td><td></td><td></td></tr> <tr><td>CLUSTER NO:</td><td></td><td></td><td></td></tr> <tr><td>HOUSEHOLD NO:</td><td></td><td></td><td></td></tr> <tr><td>RESPONDENT NO:</td><td></td><td></td><td></td></tr> </table>	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER				EPISODE NO:				ACTION NO:				CLUSTER NO:				HOUSEHOLD NO:				RESPONDENT NO:				<table border="1"> <tr><td colspan="4">CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER</td></tr> <tr><td>EPISODE NO:</td><td></td><td></td><td></td></tr> <tr><td>ACTION NO:</td><td></td><td></td><td></td></tr> <tr><td>CLUSTER NO:</td><td></td><td></td><td></td></tr> <tr><td>HOUSEHOLD NO:</td><td></td><td></td><td></td></tr> <tr><td>RESPONDENT NO:</td><td></td><td></td><td></td></tr> </table>	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER				EPISODE NO:				ACTION NO:				CLUSTER NO:				HOUSEHOLD NO:				RESPONDENT NO:			
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214	<p>You said that in order to treat your health problems, you received health service from a health service provider. Where did you obtain care from a health care provider?</p> <p>WRITE THE EXACT ANSWER. USE ABOVE CODING</p>	<p>NAME OF PLACE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>ACTION CODE</p> <table border="1"> <tr><td></td><td></td></tr> </table>					<p>NAME OF PLACE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>ACTION CODE</p> <table border="1"> <tr><td></td><td></td></tr> </table>					<p>NAME OF PLACE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE</p> <table border="1"> <tr><td></td><td></td></tr> </table> <p>ACTION CODE</p> <table border="1"> <tr><td></td><td></td></tr> </table>																																																																
215	<p>What kind of a service did you receive?</p> <p>LABORATORY TESTS AND DIAGNOSTIC IMAGING PROCEDURES PERFORMED ELSEWHERE EXCLUDED</p> <p>MULTIPLE RESPONSES CAN BE MARKED.</p>	<p>MEDICAL EXAMINATION..... 01</p> <p>ONLY PRESCRIPTION. 02</p> <p>INJECTION..... 03</p> <p>VACCINATION / SERUM..... 04</p> <p>DENTAL CARE..... 05</p> <p>DIALYSIS 06</p> <p>RADIOTHERAPY... 07</p> <p>KEMOTHERAPY..... 08</p> <p>PHYSICAL TRERAPY... 09</p> <p>OUTPATIENT SURGERY..... 10</p> <p>DAY SURGERY..... 11</p> <p>MENTAL TREATMENT. 12</p> <p>EMERGENCY SERVICE 13</p> <p>DOES NOT KNOW..... 14</p> <p>OTHER (SPECIFY).....</p>	<p>MEDICAL EXAMINATION..... 01</p> <p>ONLY PRESCRIPTION. 02</p> <p>INJECTION..... 03</p> <p>VACCINATION / SERUM..... 04</p> <p>DENTAL CARE..... 05</p> <p>DIALYSIS 06</p> <p>RADIOTHERAPY... 07</p> <p>KEMOTHERAPY..... 08</p> <p>PHYSICAL TRERAPY... 09</p> <p>OUTPATIENT SURGERY..... 10</p> <p>DAY SURGERY..... 11</p> <p>MENTAL TREATMENT. 12</p> <p>EMERGENCY SERVICE 13</p> <p>DOES NOT KNOW..... 13</p> <p>OTHER (SPECIFY).....</p>	<p>MEDICAL EXAMINATION..... 01</p> <p>ONLY PRESCRIPTION. 02</p> <p>INJECTION..... 03</p> <p>VACCINATION / SERUM..... 04</p> <p>DENTAL CARE..... 05</p> <p>DIALYSIS 06</p> <p>RADIOTHERAPY... 07</p> <p>KEMOTHERAPY..... 08</p> <p>PHYSICAL TRERAPY... 09</p> <p>OUTPATIENT SURGERY..... 10</p> <p>DAY SURGERY..... 11</p> <p>MENTAL TREATMENT. 12</p> <p>EMERGENCY SERVICE 13</p> <p>DOES NOT KNOW..... 13</p> <p>OTHER (SPECIFY).....</p>																																																																								
216	<p>Were any laboratory tests done at that place?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DONT KNOW..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DONT KNOW..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DONT KNOW..... 8</p>																																																																								
217	<p>Were any diagnostic imaging procedures such as MRI, X-ray, ultrasound, angiocardiology, tomography done at that place?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DONT KNOW..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DONT KNOW..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DONT KNOW..... 8</p>																																																																								

218	Were you given any medicine to solve your health problem at that place?	YES..... 1 NO..... 2 DONT KNOW..... 8	YES..... 1 NO..... 2 DONT KNOW..... 8	YES..... 1 NO..... 2 DONT KNOW..... 8																																																																																																																																																																																																																		
219	Were you given any medical durables such as wheelchair, eye glasses, hearing aids, and prosthetics at that place?	YES..... 1 NO..... 2 DONT KNOW..... 8	YES..... 1 NO..... 2 DONT KNOW..... 8	YES..... 1 NO..... 2 DONT KNOW..... 8																																																																																																																																																																																																																		
220	Were you given any medical non-durables such as bandages, elastic stocking and incontinence articles at that place?	YES..... 1 NO..... 2 DONT KNOW..... 8	YES..... 1 NO..... 2 DONT KNOW..... 8	YES..... 1 NO..... 2 DONT KNOW..... 8																																																																																																																																																																																																																		
221	Did you or any member of your household make any payment in cash for provider bill for this care? If YES, how much?	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y																																																																																																																																																																																																																		
222	Did you or any member of your household make any payment in cash other than provider bill (like donation)? If YES, how much?	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y																																																																																																																																																																																																																		
223	Did you or any member of your household make any payment in cash to the health personnel other than provider bill? If YES, how much?	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y																																																																																																																																																																																																																		
224	Did you or any member of your household give any valuable or fancy present to the health personnel? If YES, of what value?	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PAYMENT..... 0 DONT KNOW..... Y																																																																																																																																																																																																																		
225	CHECK Q 221-224. ASK IF THERE IS A PAYMENT. IF NOT, GO TO 227. Did any source or any person reimburse you or your household for out of pocket spending on this care?	YES..... 1 NO..... 2 DOES NOT KNOW.... 3 GO TO 227 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 3 GO TO 227 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 3 GO TO 227 ←																																																																																																																																																																																																																		
226	Which of the following sources or persons did reimburse you or your household for out of pocket spending? How much did they reimburse?	AMOUNT <table border="1"> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> OTHER.....	1										2										3										4										5										6										X										AMOUNT <table border="1"> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> OTHER.....	1										2										3										4										5										6										X										AMOUNT <table border="1"> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> OTHER.....	1										2										3										4										5										6										X									
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227

GO TO QUESTION 253

MEDICAL GOODS AND DRUGS DISPENSED

228		CHECK Q 205 AND RECORD THE EPISODE AND ACTION NUMBER	CHECK Q 205 AND RECORD THE EPISODE AND ACTION NUMBER	CHECK Q 205 AND RECORD THE EPISODE AND ACTION NUMBER																																																																																																																																											
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229	<p>Earlier you said you had sought drugs and/or medical goods. Where did you go?</p> <p>WRITE THE EXACT ANSWER USING THE REFERENCE ABOVE FOR CODING.</p>	<p>NAME OF PLACE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Action CODE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									<p>NAME OF PLACE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>ACTION CODE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									<p>NAME OF PLACE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Action code <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																																																																																																																											
230	<p>What did you buy?</p> <p>MULTIPLE RESPONSES CAN BE MARKED.</p>	<p>Western DRUGS & OTHER MEDICAL NON-DURABLES..... 1</p> <p>TRADITIONAL DRUGS 2</p> <p>THERAPEUTIC APPLIANCES & OTHER MEDICAL DURABLES..... 3</p>	<p>DRUGS & OTHER MEDICAL NON-DURABLES..... 1</p> <p>TRADITIONAL DRUGS 2</p> <p>THERAPEUTIC APPLIANCES & OTHER MEDICAL DURABLES..... 3</p>	<p>DRUGS & OTHER MEDICAL NON-DURABLES..... 1</p> <p>TRADITIONAL DRUGS 2</p> <p>THERAPEUTIC APPLIANCES & OTHER MEDICAL DURABLES..... 3</p>																																																																																																																																											
231	<p>ASK IF BOUGHT (W or T) DRUGS AND/OR OTHER MEDICAL NON-DURABLES</p> <p>Of the drugs and/or other medical non-durables, what exactly did you buy? And how much did you or any member of your household pay?</p> <table border="1"> <tr><td>PRESCRIBED MEDICINES.....</td><td>1</td></tr> <tr><td>OVER-THE-COUNTER MEDICINES.....</td><td>2</td></tr> <tr><td>OTHER MEDICAL NON-DURABLES.....</td><td>3</td></tr> </table>	PRESCRIBED MEDICINES.....	1	OVER-THE-COUNTER MEDICINES.....	2	OTHER MEDICAL NON-DURABLES.....	3	<table border="1"> <tr><th colspan="5">AMOUNT</th></tr> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="5">NO PAYMENT..... 0</td></tr> <tr><td colspan="5">DOES NOT KNOW..... Y</td></tr> </table>	AMOUNT					1					2					3					NO PAYMENT..... 0					DOES NOT KNOW..... Y					<table border="1"> <tr><th colspan="5">AMOUNT</th></tr> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="5">NO PAYMENT..... 0</td></tr> <tr><td colspan="5">DOES NOT KNOW..... Y</td></tr> </table>	AMOUNT					1					2					3					NO PAYMENT..... 0					DOES NOT KNOW..... Y					<table border="1"> <tr><th colspan="5">AMOUNT</th></tr> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="5">NO PAYMENT..... 0</td></tr> <tr><td colspan="5">DOES NOT KNOW..... Y</td></tr> </table>	AMOUNT					1					2					3					NO PAYMENT..... 0					DOES NOT KNOW..... Y																																															
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232	<p>ASK IF BOUGHT THERAPEUTIC APPLIANCES AND/OR OTHER MEDICAL DURABLES</p> <p>Of the therapeutic appliances and/or other medical durables, what exactly did you buy? And how much did you or any member of your household pay for the bill?</p> <table border="1"> <tr><td>GLASSES AND OTHER VISION PRODUCTS</td><td>1</td></tr> <tr><td>ORTHOPEDIC APPLIANCES AND OTHER PROSTHETICS</td><td>2</td></tr> </table>	GLASSES AND OTHER VISION PRODUCTS	1	ORTHOPEDIC APPLIANCES AND OTHER PROSTHETICS	2	<table border="1"> <tr><th colspan="5">AMOUNT</th></tr> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="5">NO PAYMENT..... 0</td></tr> <tr><td colspan="5">DON'T KNOW..... Y</td></tr> </table>	AMOUNT					1					2					3					4					5					6					NO PAYMENT..... 0					DON'T KNOW..... Y					<table border="1"> <tr><th colspan="5">AMOUNT</th></tr> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="5">NO PAYMENT..... 0</td></tr> <tr><td colspan="5">DON'T KNOW..... Y</td></tr> </table>	AMOUNT					1					2					3					4					5					6					NO PAYMENT..... 0					DON'T KNOW..... Y					<table border="1"> <tr><th colspan="5">AMOUNT</th></tr> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="5">NO PAYMENT..... 0</td></tr> <tr><td colspan="5">DON'T KNOW..... Y</td></tr> </table>	AMOUNT					1					2					3					4					5					6					NO PAYMENT..... 0					DON'T KNOW..... Y				
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233	Did you or any member of your household make any payment in cash other than provider bill (like donation)? If YES, how much?	<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y																																																																																																																																																																																																								
234	Did you or any member of your household make any payment in cash to the health personnel other than provider bill? If YES, how much?	<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y																																																																																																																																																																																																								
235	Did you or any member of your household give any valuable or fancy present to the health personnel? If YES, of what value?	<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y																																																																																																																																																																																																								
236	Did any source or any person reimburse you or your household for out of pocket spending for this procurement?	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 238 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 238 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 238 ←																																																																																																																																																																																																																								
237	Which of the following sources or persons did reimburse you or your household for out of pocket spending? How much did they reimburse?	<table border="1"> <tr><th colspan="8">AMOUNT</th></tr> <tr><td>1</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>3</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>4</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>5</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>6</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>X</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="8">OTHER.....</td></tr> </table>	AMOUNT								1								2								3								4								5								6								X								OTHER.....								<table border="1"> <tr><th colspan="8">AMOUNT</th></tr> <tr><td>1</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>3</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>4</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>5</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>6</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>X</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="8">OTHER.....</td></tr> </table>	AMOUNT								1								2								3								4								5								6								X								OTHER.....								<table border="1"> <tr><th colspan="8">AMOUNT</th></tr> <tr><td>1</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>3</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>4</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>5</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>6</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>X</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="8">OTHER.....</td></tr> </table>	AMOUNT								1								2								3								4								5								6								X								OTHER.....							
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ANCILLARY (LABORATORY AND DIAGNOSTIC) SERVICES TAKEN

239		CHECK Q 205 AND WRITE EPISODE PROVIDER CODE AND ACTION NUMBER	CHECK Q 205 AND WRITE EPISODE PROVIDER CODE AND ACTION NUMBER	CHECK Q 205 AND WRITE EPISODE PROVIDER CODE AND ACTION NUMBER																																														
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240	Earlier you said you had sought some diagnostic tests. Where did you go? WRITE THE EXACT ANSWER USE THE ABOVE CODING	NAME OF PLACE _____ _____ _____ CODE <table border="1"><tr><td></td><td></td></tr></table>			NAME OF PLACE _____ _____ _____ CODE <table border="1"><tr><td></td><td></td></tr></table>			NAME OF PLACE _____ _____ _____ CODE <table border="1"><tr><td></td><td></td></tr></table>																																										
241	Were these diagnostic tests laboratory tests and/or diagnostic imaging procedures such as MRI, tomography, and ultrasound? MULTIPLE RESPONSES CAN BE MARKED	<table border="1"> <tr><td>LABORATORY TESTS...</td><td>1</td></tr> <tr><td>DIGNOSTIC IMAGING PROCEDURE.....</td><td>2</td></tr> </table>	LABORATORY TESTS...	1	DIGNOSTIC IMAGING PROCEDURE.....	2	<table border="1"> <tr><td>LABORATORY TESTS...</td><td>1</td></tr> <tr><td>DIGNOSTIC IMAGING PROCEDURE.....</td><td>2</td></tr> </table>	LABORATORY TESTS...	1	DIGNOSTIC IMAGING PROCEDURE.....	2	<table border="1"> <tr><td>LABORATORY TESTS...</td><td>1</td></tr> <tr><td>DIGNOSTIC IMAGING PROCEDURE.....</td><td>2</td></tr> </table>	LABORATORY TESTS...	1	DIGNOSTIC IMAGING PROCEDURE.....	2																																		
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242	ASK IF RECEIVED LABORATORY TEST How much did you or any member of your household pay for this test?	AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y																														
243	ASK IF RECEIVED DIAGNOSTIC IMAGING PROCEDURE How much did you or any member of your household pay for this diagnostic imaging procedure?	AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y																														
244	Did you or any member of your household make any payment in cash other than provider bill (like donation)? If YES, how much?	AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y																														
245	Did you or any member of your household make any payment in cash to the health personnel other than provider bill? If YES, how much?	AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y																														
246	Did you or any member of your household give any valuable or fancy present to the health personnel? If YES, of what value?	AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y									AMOUNT <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO PAYMENT..... 0 DONT KNOW..... Y																														
247	Did any source or any person reimburse you or your household for out of pocket spending for this service?	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 249	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 249	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 249																																														

248	Which of the following sources or persons did reimburse you or your household for out of pocket spending? How much did they reimburse? SOCIAL INSURANCE 1 GENERAL GOVERNMENT 2 SPECIFIC PRO-POOR PROGRAM 3 PRIVATE INSURANCE..... 4 EMPLOYER..... 5 OTHER..... 6	AMOUNT	AMOUNT	AMOUNT																																																																																																																																														
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VISITING TRADITIONAL HEALERS			
250	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER EPISODE NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> ACTION NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> PROVIDER CODE <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> RESPONDENT NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER EPISODE NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> ACTION NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> PROVIDER CODE <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> RESPONDENT NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER EPISODE NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> ACTION NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> PROVIDER CODE <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> RESPONDENT NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>
251	Where did you go? WRITE THE EXACT ANSWER USE THE CODING ABOVE NAME OF PLACE _____ _____ _____ CODE <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>	NAME OF PLACE _____ _____ _____ CODE <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>	NAME OF PLACE _____ _____ _____ CODE <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>
252	Did you or any member of your household make any payment in cash or kind for this visit? If YES, how much? WRITE THE CASH VALUE OF THE IN KIND PAYMENTS AMOUNT <table border="1" style="width:100px; height:20px; border-collapse: collapse;"></table> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <table border="1" style="width:100px; height:20px; border-collapse: collapse;"></table> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <table border="1" style="width:100px; height:20px; border-collapse: collapse;"></table> NO PAYMENT..... 0 DONT KNOW..... Y

FOR ALL HEALTH ACTIONS			
253	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER EPISODE NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> ACTION NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> RESPONDENT NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER EPISODE NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> ACTION NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> RESPONDENT NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>	CHECK Q 205 AND WRITE EPISODE AND ACTION NUMBER EPISODE NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> ACTION NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table> RESPONDENT NO: <table border="1" style="width:40px; height:20px; border-collapse: collapse;"></table>
254	Did you pay for transportation to get to that place? If YES, how much did you pay? A. Ambulance B. Other AMOUNT <table border="1" style="width:100px; height:20px; border-collapse: collapse;"></table> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <table border="1" style="width:100px; height:20px; border-collapse: collapse;"></table> NO PAYMENT..... 0 DONT KNOW..... Y	AMOUNT <table border="1" style="width:100px; height:20px; border-collapse: collapse;"></table> NO PAYMENT..... 0 DONT KNOW..... Y

255	Did you pay for lodging and food for this visit? If YES, How much?	<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>											<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>											<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>										
256	Did any person accompany to you during this visit?	<p>YES..... 1 NO..... 2 DOES NOT KNOW.... 8</p> <p style="text-align: right;">GO TO 259 ←</p>	<p>YES..... 1 NO..... 2 DOES NOT KNOW.... 8</p> <p style="text-align: right;">GO TO 259 ←</p>	<p>YES..... 1 NO..... 2 DOES NOT KNOW.... 8</p> <p style="text-align: right;">GO TO 259 ←</p>																														
257	Did you or any member of your household make payment for transportation accommodation and food during this care for accompanying person? If YES, How much?	<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>											<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>											<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>										
258	Did you get a diagnosis from a physician in this place you went to (even though this might be a previous diagnosis)?	<p>YES..... 1 NO..... 2 DONT KNOW..... 8</p>	<p>YES..... 1 NO..... 2 DONT KNOW..... 8</p>	<p>YES..... 1 NO..... 2 DONT KNOW..... 8</p>																														
259	What was the diagnosis?	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">KOD <input type="text"/> <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">KOD <input type="text"/> <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">KOD <input type="text"/> <input type="text"/></p>																														
260	How were the funds found to pay the total costs for these episodes? (MULTIPLE RESPONSES ALLOWED)			Yes	No																													
	From cash revenue			1	2																													
	Household savings			1	2																													
	Sale of family assets (jewels, house, car, etc...)			1	2																													
	Gift from a person outside the household			1	2																													
	Loan from a person outside the household/bank			1	2																													
	Other (specify).....			1	2																													
261	Any other treatment action in relation to this problem?	<p style="text-align: center;">YES NO</p> <p style="text-align: center;">1 2</p> <p style="text-align: center;">↓ ↓</p> <p>GO TO FIRST COLUMN IN Q 205. PROCEED WITH THE NEXT ACTION (IF THE STATED ACTION IS NOT ALREADY LISTED AT TO Q 205)</p>	<p style="text-align: center;">YES NO</p> <p style="text-align: center;">1 2</p> <p style="text-align: center;">↓ ↓</p> <p>GO TO FIRST COLUMN IN Q 205. PROCEED WITH THE NEXT ACTION (IF THE STATED ACTION IS NOT ALREADY LISTED AT TO Q 205)</p>	<p style="text-align: center;">YES NO</p> <p style="text-align: center;">1 2</p> <p style="text-align: center;">↓ ↓</p> <p>GO TO FIRST COLUMN IN Q 205. PROCEED WITH THE NEXT ACTION (IF THE STATED ACTION IS NOT ALREADY LISTED AT TO Q 205)</p>																														
262	<p>CHECK Q 201. ASK FOR OTHER EPISODES. IF YES, CONTINUE WITH Q 201. IF NO, CHECK Q 28. IF AT LEAST ONE "YES", GO TO Q 301.</p> <p>IF NOT, CHECK IF HE /SHE IS THE HEAD OF HOUSEHOLD. IF YES, GO TO THE "HOUSEHOLD FACILITIES AND INCOME" SECTION. IF NOT, PASS TO THE NEXT PERSON. IF HE/SHE IS THE LAST PERSON, END THE QUESTIONNAIRE.</p>																																	