

PRIVATE SECTOR
P S P
PROGRAMME

**HEALTH SECTOR ASSESSMENT
TOOLS SERIES**

***PART 3.4: HOUSEHOLD HEALTH UTILIZATION
SURVEY – PREVENTIVE AND OTHER HEALTH
SERVICES***

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

PREVENTIVE AND OTHER HEALTH CARE SERVICE VISITS BY INDIVIDUALS

301	<p>You said that you had a visit(s) to a health care provider for (REASON(S) other than illness during the last two weeks. How many visits did you have?</p> <p>IF NUMBER OF VISITS IS MORE THAN ONE, RECORD EACH IN A SEPARATE COLUMN AS INDICATED IN THE TABLE BELOW. THEN TALK ABOUT A VISIT AT A TIME. IF THE NUMBER OF VISITS IS MORE THAN THREE, USE AN ADDITIONAL QUESTIONNAIRE.</p>	VISIT	VISIT	VISIT																																																										
		RESPONDENT NO: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> ADMISSION NO: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">1</table> NEXT TO LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">2</table> SECOND TO LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">3</table> DONT KNOW / DONT REMEBER: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">9</table> <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">8</table>	RESPONDENT NO: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> ADMISSION NO: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">1</table> NEXT TO LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">2</table> SECOND TO LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">3</table> DONT KNOW / DONT REMEBER: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">9</table> <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">8</table>	RESPONDENT NO: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> ADMISSION NO: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">1</table> NEXT TO LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">2</table> SECOND TO LAST VISIT: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">3</table> DONT KNOW / DONT REMEBER: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">9</table> <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle; text-align:center;">8</table>																																																										
302	<p>Where did you go?</p> <p><i>WRITE PROVIDER NAME & CODE</i></p>	NAME OF PLACE _____ _____ _____ _____ PROVIDER CODE: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> ACTION CODE: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table>	NAME OF PLACE _____ _____ _____ _____ PROVIDER CODE: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> ACTION CODE: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table>	NAME OF PLACE _____ _____ _____ _____ PROVIDER CODE: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table> ACTION CODE: <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align:middle;"></table>																																																										
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303 A2	<p>What services did you receive for family planning?</p>	PILL..... 1 IUD..... 2 INJECTION..... 3 NORPLANT..... 4 DIAPHRAGM / FOAM / JEL... 5 CONDOM..... 6 TUBAL LIGATION..... 7 VASECTOMY..... 8 RYTHM..... 9 WITHDRAWAL..... 10 OTHER..... X	PILL..... 1 IUD..... 2 INJECTION..... 3 NORPLANT..... 4 DIAPHRAGM / FOAM / JEL... 5 CONDOM..... 6 TUBAL LIGATION..... 7 VASECTOMY..... 8 RYTHM..... 9 WITHDRAWAL..... 10 OTHER..... X	PILL..... 1 IUD..... 2 INJECTION..... 3 NORPLANT..... 4 DIAPHRAGM / FOAM / JEL... 5 CONDOM..... 6 TUBAL LIGATION..... 7 VASECTOMY..... 8 RYTHM..... 9 WITHDRAWAL..... 10 OTHER..... X																																																										

303 A3	<p>Did you or any member of your household pay for this service? If YES, how much?</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <input type="text"/> <input type="text"/></p>	<p>AMOUNT</p> <table border="1"> <tr><td>1</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></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>	1							2							3							<p>AMOUNT</p> <table border="1"> <tr><td>1</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></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>	1							2							3							<p>AMOUNT</p> <table border="1"> <tr><td>1</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></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p>	1							2							3						
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303 B1	<p>What services did you receive for antenatal care?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE <input type="text"/> <input type="text"/></p>	<p>DESCRIPTION OF SERVICE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE <input type="text"/> <input type="text"/></p>	<p>DESCRIPTION OF SERVICE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE <input type="text"/> <input type="text"/></p>	<p>DESCRIPTION OF SERVICE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE <input type="text"/> <input type="text"/></p>																																																															
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303 B3	<p>Did you or any member of your household pay for this service? If YES, how much?</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <input type="text"/> <input type="text"/></p>	<p>AMOUNT</p> <table border="1"> <tr><td>1</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></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p> <p>GO TO 304</p>	1							2							<p>AMOUNT</p> <table border="1"> <tr><td>1</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></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p> <p>GO TO 304</p>	1							2							<p>AMOUNT</p> <table border="1"> <tr><td>1</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></tr> </table> <p>NO PAYMENT..... 0 DONT KNOW..... Y</p> <p>GO TO 304</p>	1							2																											
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303 C1	<p>What services did you receive for postnatal care?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE <input type="text"/> <input type="text"/></p>	<p>DESCRIPTION OF SERVICE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE <input type="text"/> <input type="text"/></p>	<p>DESCRIPTION OF SERVICE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE <input type="text"/> <input type="text"/></p>	<p>DESCRIPTION OF SERVICE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CODE <input type="text"/> <input type="text"/></p>																																																															
303 C2	<p>Where did you receive this service?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <input type="text"/> <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <input type="text"/> <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <input type="text"/> <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>PROVIDER CODE <input type="text"/> <input type="text"/></p>																																																															
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303 D1	What services did you get for immunization? 	DESCRIPTION OF SERVICE _____ _____ _____ CODE <input type="text"/> <input type="text"/>	DESCRIPTION OF SERVICE _____ _____ _____ CODE <input type="text"/> <input type="text"/>	DESCRIPTION OF SERVICE _____ _____ _____ CODE <input type="text"/> <input type="text"/>																																																												
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304	DON'T ASK FOR IMMUNIZATION Were any laboratory tests done in that facility?	YES..... 1 NO..... 2 DOES NOT KNOW.... 8	YES..... 1 NO..... 2 DOES NOT KNOW.... 8	YES..... 1 NO..... 2 DOES NOT KNOW.... 8																																																												
305	Were any laboratory tests done outside the facility? MULTIPLE RESPONSES CAN BE MARKED	YES, IN PUBLIC FACILITY YES, IN PRIVATE NOT FOR PROFIT FACILITY YES, IN PRIVATE FOR PROFIT FACILITY NO..... DO NOT KNOW.....	YES, IN PUBLIC FACILITY YES, IN PRIVATE NOT FOR PROFIT FACILITY YES, IN PRIVATE FOR PROFIT FACILITY NO..... DO NOT KNOW.....	YES, IN PUBLIC FACILITY YES, IN PRIVATE NOT FOR PROFIT FACILITY YES, IN PRIVATE FOR PROFIT FACILITY NO..... DO NOT KNOW.....																																																												
306	Did you or any member of your household pay for these laboratory tests? If YES, how much? _____ _____ _____ PROVIDER CODE <input type="text"/> <input type="text"/>	AMOUNT <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> <tr><td></td><td></td><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" 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> <tr><td></td><td></td><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" 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> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> NO PAYMENT..... 0 DONT KNOW..... Y																				
307	DON'T ASK FOR IMMUNIZATION Did you receive any MR, X-rays, ultrasound, anjiyo, endoscopy, and tomography services for diagnostic purposes?	YES..... 1 NO..... 2 DOES NOT KNOW.... 8	YES..... 1 NO..... 2 DOES NOT KNOW.... 8	YES..... 1 NO..... 2 DOES NOT KNOW.... 8																																																												

308	<p>Were any diagnostic tests done outside the facility? MULTIPLE RESPONSES CAN BE MARKED</p>	<p>YES, IN PUBLIC FACILITY</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY</p> <p>NO.....</p> <p>DO NOT KNOW.....</p>	<p>YES, IN PUBLIC FACILITY</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY</p> <p>NO.....</p> <p>DO NOT KNOW.....</p>	<p>YES, IN PUBLIC FACILITY</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY</p> <p>NO.....</p> <p>DO NOT KNOW.....</p>																																																						
309	<p>Did you or any member of your household pay for these diagnostic tests? If YES, how much?</p> <table border="1" data-bbox="263 604 558 694"> <tr> <td>PRIVATE FACILITY.....</td> <td>1</td> </tr> <tr> <td>PUBLIC FACILITY.....</td> <td>2</td> </tr> </table>	PRIVATE FACILITY.....	1	PUBLIC FACILITY.....	2	<p>AMOUNT</p> <table border="1" data-bbox="598 526 869 604"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0</p> <p>DONT KNOW..... Y</p>																	<p>AMOUNT</p> <table border="1" data-bbox="917 526 1189 604"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0</p> <p>DONT KNOW..... Y</p>																	<p>AMOUNT</p> <table border="1" data-bbox="1236 526 1508 604"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0</p> <p>DONT KNOW..... Y</p>																		
PRIVATE FACILITY.....	1																																																									
PUBLIC FACILITY.....	2																																																									
310	<p>DON'T ASK FOR IMMUNIZATION</p> <p>Were you given any medicine in that facility?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DOES NOT KNOW.... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DOES NOT KNOW.... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DOES NOT KNOW.... 8</p>																																																						
311	<p>Did you or any member of your household purchase any medicine outside the facility?</p> <p>MULTIPLE D</p>	<p>YES, IN PUBLIC FACILITY</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY</p> <p>NO.....</p> <p>DO NOT KNOW.....</p>	<p>YES, IN PUBLIC FACILITY</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY</p> <p>NO.....</p> <p>DO NOT KNOW.....</p>	<p>YES, IN PUBLIC FACILITY A</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY B</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY C</p> <p>NO..... D</p> <p>DO NOT KNOW..... E</p>																																																						
312	<p>Did you or any member of your household pay for these medicines? If YES, how much?</p> <table border="1" data-bbox="263 1355 558 1500"> <tr> <td>PUBLIC FACILITY.....</td> <td></td> </tr> <tr> <td>PRIVATE NOT-FOR-PROFIT FACILITY.....</td> <td></td> </tr> <tr> <td>PRIVATE FOR-PROFIT FACILITY.....</td> <td></td> </tr> </table>	PUBLIC FACILITY.....		PRIVATE NOT-FOR-PROFIT FACILITY.....		PRIVATE FOR-PROFIT FACILITY.....		<p>AMOUNT</p> <table border="1" data-bbox="598 1288 869 1366"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0</p> <p>DONT KNOW..... Y</p>																	<p>AMOUNT</p> <table border="1" data-bbox="917 1288 1189 1366"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0</p> <p>DONT KNOW..... Y</p>																	<p>AMOUNT</p> <table border="1" data-bbox="1236 1288 1508 1366"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>NO PAYMENT..... 0</p> <p>DONT KNOW..... Y</p>																
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313	<p>DON'T ASK FOR IMMUNIZATION</p> <p>Did you take any medical durables such as wheelchair, eye glasses, hearing aids, and prosthetics in that facility?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DOES NOT KNOW.... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DOES NOT KNOW.... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DOES NOT KNOW.... 8</p>																																																						
314	<p>DON'T ASK FOR IMMUNIZATION</p> <p>Did you or any member of your household purchase such medical durables outside the facility?</p> <p>MULTIPLE RESPONSES CAN BE MARKED</p>	<p>YES, IN PUBLIC FACILITY A</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY B</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY C</p> <p>NO..... D</p> <p>DO NOT KNOW..... E</p>	<p>YES, IN PUBLIC FACILITY A</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY B</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY C</p> <p>NO..... D</p> <p>DO NOT KNOW..... E</p>	<p>YES, IN PUBLIC FACILITY A</p> <p>YES, IN PRIVATE NOT FOR PROFIT FACILITY B</p> <p>YES, IN PRIVATE FOR PROFIT FACILITY C</p> <p>NO..... D</p> <p>DO NOT KNOW..... E</p>																																																						

315	DON'T ASK FOR IMMUNIZATION																																																
	Did you or any member of your household pay for these medical durables obtained outside the facility? If YES, how much?	<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT														
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316	Did you or any member of your household take any medical non-durables such as bandages, elastic stocking and incontinence articles in that facility?	YES..... 1 NO..... 2 DOES NOT KNOW.... 8	YES..... 1 NO..... 2 DOES NOT KNOW.... 8	YES..... 1 NO..... 2 DOES NOT KNOW.... 8																																													
317	Did you or any member of your household purchase such medical non-durables outside the facility? MULTIPLE RESPONSES CAN BE MARKED	YES, IN PUBLIC FACILITY YES, IN PRIVATE NOT FOR PROFIT FACILITY YES, IN PRIVATE FOR PROFIT FACILITY NO..... DO NOT KNOW.....	YES, IN PUBLIC FACILITY YES, IN PRIVATE NOT FOR PROFIT FACILITY YES, IN PRIVATE FOR PROFIT FACILITY NO..... DO NOT KNOW.....	YES, IN PUBLIC FACILITY YES, IN PRIVATE NOT FOR PROFIT FACILITY YES, IN PRIVATE FOR PROFIT FACILITY NO..... DO NOT KNOW.....																																													
318	Did you or any member of your household pay for these medical non-durables? If YES, how much?	<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT														
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319	Did you pay for transportation to get to that place? If YES, how much was paid for round trip?	<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT														
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320	Did you pay for lodging and food for this visit? If yes how much?	<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT														
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321	Did any person accompany to you during this visit?	YES..... 1 NO..... 2 DOES NOT KNOW.... 8	YES..... 1 NO..... 2 DOES NOT KNOW.... 8	YES..... 1 NO..... 2 DOES NOT KNOW.... 8																																													
322	Did you or any member of your household make payment for transportation accommodation and food during this visit for accompanying person? If YES, How much?	<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT															<table border="1"> <tr><td colspan="5">AMOUNT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	AMOUNT														
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323	Did you or any member of your household make any payment in cash for this visit? If YES, how much?	<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y																																																																																																																																									
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324	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%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y																																																																																																																																									
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325	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%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y																																																																																																																																									
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326	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%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y									<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="9"></td></tr> <tr><td colspan="9" style="text-align: right;">NO PAYMENT..... 0</td></tr> <tr><td colspan="9" style="text-align: right;">DONT KNOW..... Y</td></tr> </table>																				NO PAYMENT..... 0									DONT KNOW..... Y																																																																																																																																									
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327	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.... 8 GO TO 329 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 329 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 329 ←																																																																																																																																																																																																																																																
328	Which of the following sources or persons did reimburse you or your household for out of pocket spending? How much did they reimburse?	<p style="text-align: center;">AMOUNT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; 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329	Did you miss work, school or your daily activities because of this visit?	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 331 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 331 ←	YES..... 1 NO..... 2 DOES NOT KNOW.... 8 GO TO 331 ←												
330	How long did you miss work, school or your daily activities because of this visit? UNIT:1=(D)AYS 2=(W)EEKS 3=(M)ONTHS 4=(Y)EARS	<table border="1"> <tr><th>DURATION</th><th>UNIT</th></tr> <tr><td> </td><td> </td></tr> </table> UNIT:1=(D)AYS 2=(W)EEKS 3=(M)ONTHS 4=(Y)EARS	DURATION	UNIT			<table border="1"> <tr><th>DURATION</th><th>UNIT</th></tr> <tr><td> </td><td> </td></tr> </table> UNIT:1=(D)AYS 2=(W)EEKS 3=(M)ONTHS 4=(Y)EARS	DURATION	UNIT			<table border="1"> <tr><th>DURATION</th><th>UNIT</th></tr> <tr><td> </td><td> </td></tr> </table> UNIT:1=(D)AYS 2=(W)EEKS 3=(M)ONTHS 4=(Y)EARS	DURATION	UNIT		
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331	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 visit?	<table border="1"> <tr><th>AMOUNT</th></tr> <tr><td> </td></tr> </table> NO LOSS..... 0 DONT KNOW..... Y	AMOUNT		<table border="1"> <tr><th>AMOUNT</th></tr> <tr><td> </td></tr> </table> NO LOSS..... 0 DONT KNOW..... Y	AMOUNT		<table border="1"> <tr><th>AMOUNT</th></tr> <tr><td> </td></tr> </table> NO LOSS..... 0 DONT KNOW..... Y	AMOUNT							
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331

CHECK QUESTION 301

332	How were the funds found to pay the total costs for these episodes of health care utilization? (MULTIPLE RESPONSES ALLOWED) <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>From cash revenue</td> <td>1</td> <td>2</td> </tr> <tr> <td>Household savings</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sale of family assets (jewels, house, car, etc...)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Gift from a person outside the household</td> <td>1</td> <td>2</td> </tr> <tr> <td>Loan from a person outside the household/bank</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify).....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		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
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Other (specify).....	1	2																				

333	Is there any other visit that was not recorded?	YES <input type="checkbox"/> 1 ↓ GO TO 302	NO <input type="checkbox"/> 2 ↓	YES <input type="checkbox"/> 1 ↓ GO TO 302	NO <input type="checkbox"/> 2 ↓
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334	IF THE RESPONDENT IS THE HEAD OF HOUSEHOLD, GO TO 401. IF NOT, PASS TO THE NEXT PERSON. IF THE RESPONDENT IS THE LAST PERSON, END THE QUESTIONNAIRE.
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