

PRIVATE SECTOR
P S P
PROGRAMME

**HEALTH SECTOR ASSESSMENT
TOOLS SERIES**

***PART 3.5: HOUSEHOLD HEALTH UTILIZATION
SURVEY – HOUSEHOLD FACILITIES***

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

HOUSEHOLD FACILITIES

START FILLING THE FORM AS DESCRIBED ABOVE (ASK ONLY TO THE HEAD OF THE HOUSE HOLD)
We need to know about the dwelling unit as one of the major factors affecting our health condition. Would you please answer the questions about the dwelling that you live?

401	Is the dwelling you live in a house or apartment building? If it is an apartment building, what is its location in the apartment?		
	LUXURY BUILDING (VILLA, WATERSIDE MANSION)		1
	SINGLE HOUSE		2
	APARTMENT	BASEMENT, GROUND FLOOR	3
		REGULAR FLOOR	4
	SLUM HOUSE		5
OTHER (SPECIFY).....			

402	What is the legal title of the dwelling occupied by the household?	
	OWNER	1
	TENANT	2
	LODGEMENT CORPORATE HOUSING	3
	IS NOT OWNER, BUT DOES NOT PAY RENT	4
OTHER (SPECIFY).....		

403	How many rooms are there in your dwelling (kitchen, bathroom, toilet, and pantry excluded)?	
	NUMBER OF ROOMS	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

404	What is the main source of heating for the dwelling?		
	STOVE		1
	RADIATOR	CENTRAL HEATING	2
		PRIVATE	3
OTHER			

405	What is the main fuel used for heating?	
	DOMESTIC LIGNITE COAL	01
	IMPORTED COAL	02
	COKE	03
	WOOD	04
	DRIED DUNG	05
	FUEL-OIL	06
	DIESEL-OIL	07
	KEROSENE	08
	NATURAL GAS	09
	LPG	10
ELECTRICITY	11	
OTHER (SPECIFY).....		

406	What is the main source of drinking water for your household?	
	MULTIPLE RESPONSES CAN BE MARKED.	
	PIPED WATER IN HOUSE/GARDEN	1
	PUBLIC PIPED WATER (OUTSIDE HOUSE/GARDEN)	2
	WELL WATER (WELL RESIDENCE /GARDEN, PUBLIC WELL)	3
	SPRING WATER, PIPED IN TO HOUSE/ GARDEN	4
	SPRING/PUBLIC FOUNTAIN	5
	RAINWATER	6
	TANKER TRUCK	7
	BOTTLED WATER/PET WATER	8
OTHER (SPECIFY).....		

407

Which of these facilities do you have in your dwelling?

		YES	NO
1	INDOOR TOILET	1	2
2	OUTDOOR TOILET	1	2
3	KITCHEN	1	2
4	BATHROOM	1	2
5	HOT WATER (CENTRAL SYSTEM, SOLAR ENERGY)	1	2
6	FLASH HEATER-THERMO SIPHON	1	2

408

Which of the following durable goods does your household own?

		DURABLE GOODS	YES	NO	NUMBER
01	TELEVISION		1	2	
02	RADIO-CAS.		1	2	
03	REFRIGERATOR		1	2	
04	WASHING		1	2	
05	OVEN		1	2	
06	TELEPHONE		1	2	
07	CELL PHONE		1	2	
08	ANSWER.		1	2	
09	IRON		1	2	
10	GAS STOVE		1	2	
11	VACUUM		1	2	
12	SEWING		1	2	
13	DISHWASHER		1	2	
14	VIDEO-		1	2	
15	DRYING		1	2	
16	CAMERA		1	2	
17	SPORT		1	2	
18	MICROWAVE		1	2	
19	COMPUTER		1	2	
20	SATELLITE-CABLE TV		1	2	
21	AIR CONDITIONER		1	2	
22	DVD				

409

Which of the following vehicles does your household own?

		VEHICLES	YES	NO	NUMBER
01	BICYCLE		1	2	
02	MOTORCYCLE		1	2	
03	AUTOMOBILE		1	2	
04	MINIBUS		1	2	
05	TRACTOR		1	2	
06	TRUCK		1	2	
07	BUS		1	2	
08	COMBINE		1	2	
09	THRESHER		1	2	
10	BOAT		1	2	
11	YACHT		1	2	
12	OTHER.....		1	2	

410

Which of the following animals does your household own?

		VEHICLES	YES	NO	NUMBER
01	HORSE, MULE, DONKEY, CAMEL		1	2	
02	CATTLE, WATER BUFFALO		1	2	
03	SHEEP, ANGORA, GOAT		1	2	
04	HEN, COCK, DUCK, GOOSE, TURKEY		1	2	
05	APICULTURE		1	2	
06	SERICULTURE		1	2	
07	OTHER.....		1	2	

411

Which of the following properties do you own?

		TYPE	YES	NO	NUM. OWNED	RENTE D OUT
01	HOUSE		1	2		3
02	INDEPENDENT HOUSE		1	2		3
03	FLAT		1	2		3
04	SQUATTER HOUSING		1	2		3
06	SUMMER HOUSE		1	2		3
07	FIELD		1	2		3
08	VINEYARD		1	2		3
09	GREENHOUSE		1	2		3
10	LAND		1	2		3
11	SHOP		1	2		3
12	PENSION		1	2		3
13	OTHER					3

Please can you tell me in the last month what proportion of your spending went to the following items weekly or monthly?		Weekly (%)	Monthly (%)	
412	01	FOOD AND BEVERAGES (NON ALCOHOLIC)		
	02	FOOD, BEVERAGE, TOBACCO		
	03	CLOTHING		
	04	HEALTH		
	05	HOUSING (RENT)		
	06	HOUSE FURNISHING		
	07	TRANSPORTATION & COMMUNICATION)		
	08	CULTURE AND ENTERTAINMENT		
	09	EDUCATION		
	10	HOTEL, RESTOURANT, PATISSERIE		
	11	OTHER GOODS AND SERVICES		
		TOTAL		

H O U S E H O L D L I N E N O	413	414	
		Now, I want to ask some questions on the incomes of yours and other household members? Let me begin with you.	
		During last 12 months, did you receive any income for the things you do; like salary, wage or crop share? IF YES, how much? RECORD ANUALLY.	During the twelve months, did you receive interest income? IF YES, how much? RECORD ANUALLY.
		AMOUNT	AMOUNT
	01	<input type="text" value=""/> NO 0 DONT KNOW Y	<input type="text" value=""/> NO 0 DONT KNOW Y
	02	<input type="text" value=""/> NO 0 DONT KNOW Y	<input type="text" value=""/> NO 0 DONT KNOW Y
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05			
06			
07			

H O U S E H O L D L I N E N O	415	416																																														
	During twelve months, did you receive payment for use of land or other properties? IF YES, how much RECORD FOR ONEYEAR.	During the last year did you receive remittance from any person? IF YES, how much?? RECORD FOR ONE YEAR.																																														
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501. They may consult you to control us. If you dont mind, can I have your telephone number?

TEL NO:

Four groups of empty boxes for entering the telephone number.

THANK TO THE RESPONDENT AND FINISH THE QUESTIONNAIERE.

502. RECORD FINISH TIME

Hour and minute input boxes with labels 'HOUR' and 'MINUTE' above them.

503. PRESENCE OF OTHERS DURING THE INTERVIEW:

CIRCLE ALL APPLICABLE RESPONSES

- NO ONE 1
CHILDREN UNDER 10 YEARS..... 2
SPOUSE..... 3
MOTHER IN LAW / FATHER IN LAW..... 4
MOTHER / FATHER..... 5
OTHER MEN..... 6
OTHER WOMEN..... 7

504. WAS THE INTERVIEW INTERRUPTED? IF YES FOR HOW LONG?

Yes/No options and hour/minute input boxes for duration.

505. WHAT IS THE RELIABILITY OF RESPONSES IN YOUR OPINION?

- VERY POOR..... 1
POOR..... 2
FAIR..... 3
GOOD..... 4
VERY GOOD..... 5

INTERVIEWER OBSERVATIONS

506. OBSERVATIONS ABOUT THE HOUSE

Horizontal lines for recording observations about the house.

507. OBSERVATIONS ON THE SPECIFIC QUESTIONS

Horizontal lines for recording observations on specific questions.

508. OTHER OBSERVATIONS

Horizontal lines for recording other observations.

OBSERVATIONS OF THE TEAM LEADER

NAME & SURNAME OF THE TEAM LEADER:

OBSERVATIONS OF THE SUPERVISOR

NAME & SURNAME OF THE SUPERVISOR:

DATE: ___/___/2002 with DAY and MONTH labels above the first two blanks.