OUT-OF-POCKET HEALTH EXPENDITURES MODULE

QUESTIONNAIRE AND INTERVIEWER'S MANUAL

Demographic and Health Surveys Methodology

205	Where did (NAME) most recently stay overnight for health care?	PUBLIC SECTOR
		  GOVT HOSPITAL 21
		  GOVT HEALTH
			PUBLIC SECTOR
			  GOVT HOSPITAL 21
			  GOVT HEALTH
				PUBLIC SECTOR
				  GOVT HOSPITAL 21
				  GOVT HEALTH
				    CENTER 22
				  GOVT HEALTH
				    POST 23
				  OTHER PUBLIC
				    SECTOR
				    _____ 26
				    (SPECIFY)

		SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED. SECTOR
		    _____ 36
		    (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)
			SECTOR
			  PVT. HOSPITAL/
			    CLINIC 31
			  OTHER PRIVATE
			    MED. SECTOR
			    _____ 36
			    (SPECIFY)
			
			OTHER _____ 96
			    (SPECIFY)
				RIVATE MEDICAL
				SECTOR
				  PVT. HOSPITAL/
				    CLINIC 31
				  OTHER PRIVATE
				    MED. SECTOR
				    _____ 36
				    (SPECIFY)
				
				OTHER _____ 96
				    (SPECIFY)

206	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/
		  DELIVERY 01
		ILLNESS 02
		ACCIDENT/INJURY 03
		OTHER
		    _____ 06
		    (SPECIFY)
			PREGNANCY/
			  DELIVERY 01
			ILLNESS 02
			ACCIDENT/INJURY 03
			OTHER
			    _____ 06
			    (SPECIFY)
				PREGNANCY/
				  DELIVERY 01
				ILLNESS 02
				ACCIDENT/INJURY 03
				OTHER
				    _____ 06
				    (SPECIFY)

207	How much money was spent on treatment and services (NAME) received during the most recent overnight stay? We want to know	COST	COST	COST

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COLUMNS TO ADD TO HOUSEHOLD SCHEDULE:

	INPATIENT		OUTPATIENT		
	21	**22**	**23**	**24**	**25**
	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR IN-PATIENT MODULE CHECK COLUMN 21: CODE 1 "YES" CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR OUT-PATIENT MODULE CHECK COLUMN 24: CODE 1 "YES" CIRCLED.
	Y N DK		Y N DK	Y N DK	
	1 2 — 8 ↓ GO TO 23	01	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	01
	1 2 — 8 ↓ GO TO 23	02	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	02
	1 2 — 8 ↓ GO TO 23	03	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	03
	1 2 — 8 ↓ GO TO 23	04	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	04
	1 2 — 8 ↓ GO TO 23	05	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	05
	1 2 — 8 ↓ GO TO 23	06	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	06
	1 2 — 8 ↓ GO TO 23	07	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	07
	1 2 — 8 ↓ GO TO 23	08	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	08
	1 2 — 8 ↓ GO TO 23	09	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	09
	1 2 — 8 ↓ GO TO 23	10	1 2 — 8 ↓ NEXT LINE	1 2 — 8 ↓ NEXT LINE	10

	INPATIENT		OUTPATIENT		
21	**22**	**23**	**24**	**25**
In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR IN-PATIENT MODULE CHECK COLUMN 21: CODE 1 "YES" CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR OUT-PATIENT MODULE CHECK COLUMN 24: CODE 1 "YES" CIRCLED.

Y   N   DK
1 2 —— 8
      GO TO 23
	11	Y N DK
		1 2 —— 8
		    NEXT LINE
			Y N DK
			1 2 —— 8
			    NEXT LINE
				11

1 2 —— 8
      GO TO 23
	12	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				12

1 2 —— 8
      GO TO 23
	13	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				13

1 2 —— 8
      GO TO 23
	14	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				14

1 2 —— 8
      GO TO 23
	15	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				15

1 2 —— 8
      GO TO 23
	16	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				16

1 2 —— 8
      GO TO 23
	17	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				17

1 2 —— 8
      GO TO 23
	18	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				18

1 2 —— 8
      GO TO 23
	19	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				19

1 2 —— 8
      GO TO 23
	20	1 2 —— 8
		    NEXT LINE
			1 2 —— 8
			    NEXT LINE
				20

201	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE:	ONE OR MORE INPATIENTS ☐	NO INPATIENTS ☐ → 301

202	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months. (IF THERE ARE MORE THAN 3 INPATIENTS, USE ADDITIONAL QUESTIONNAIRE).

203	LINE NUMBER FROM COLUMN 22 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER ☐☐	INPATIENT LINE NUMBER ☐☐	INPATIENT LINE NUMBER ☐☐
204	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____

205	Where did (NAME) most recently stay overnight for health care?	PUBLIC SECTOR
		 GOVT HOSPITAL . 21
		 GOVT HEALTH
		  CENTER 22
		 GOVT HEALTH
		  POST 23
		 OTHER PUBLIC
		 SECTOR
		  ____ 26
		  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		 PVT. HOSPITAL/
		  CLINIC 31
		 OTHER PRIVATE
		 MED. SECTOR
		  ____ 36
		  (SPECIFY)
		
		OTHER ____ 96
		  (SPECIFY)
			PUBLIC SECTOR
			 GOVT HOSPITAL . 21
			 GOVT HEALTH
			  CENTER 22
			 GOVT HEALTH
			  POST 23
			 OTHER PUBLIC
			 SECTOR
			  ____ 26
			  (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			 PVT. HOSPITAL/
			  CLINIC 31
			 OTHER PRIVATE
			 MED. SECTOR
			  ____ 36
			  (SPECIFY)
			
			OTHER ____ 96
			  (SPECIFY)
				PUBLIC SECTOR
				 GOVT HOSPITAL . 21
				 GOVT HEALTH
				  CENTER 22
				 GOVT HEALTH
				  POST 23
				 OTHER PUBLIC
				 SECTOR
				  ____ 26
				  (SPECIFY)
				
				PRIVATE MEDICAL SECTOR
				 PVT. HOSPITAL/
				  CLINIC 31
				 OTHER PRIVATE
				 MED. SECTOR
				  ____ 36
				  (SPECIFY)
				
				OTHER ____ 96
				  (SPECIFY)

206	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/
		 DELIVERY 01
		ILLNESS 02
		ACCIDENT/INJURY . 03
		OTHER
		 ____ 06
		  (SPECIFY)
			PREGNANCY/
			 DELIVERY 01
			ILLNESS 02
			ACCIDENT/INJURY . 03
			OTHER
			 ____ 06
			  (SPECIFY)
				PREGNANCY/
				 DELIVERY 01
				ILLNESS 02
				ACCIDENT/INJURY . 03
				OTHER
				 ____ 06
				  (SPECIFY)

207	How much money was spent on treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST ☐☐☐☐☐ NO COST/ FREE ..... 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST ☐☐☐☐☐ NO COST/ FREE ..... 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST ☐☐☐☐☐ NO COST/ FREE ..... 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998
208	Did (NAME) stay overnight at a health facility another time in the last six months?	YES .... 1 NO .... 2 (GO TO 218) ←	YES .... 1 NO .... 2 (GO TO 218) ←	YES .... 1 NO .... 2 (GO TO 218) ←

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____

209	Where did (NAME) stay the next-to-last time he/she stayed overnight for health care?	PUBLIC SECTOR
		  GOVT HOSPITAL . 21
		  GOVT HEALTH
		    CENTER 22
		  GOVT HEALTH
		    POST 23
		  OTHER PUBLIC
		    SECTOR
		    _____ 26
		    (SPECIFY)
		
		PRIVATE MEDICAL
		SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED. SECTOR
		    _____ 36
		    (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL . 21
			  GOVT HEALTH
			    CENTER 22
			  GOVT HEALTH
			    POST 23
			  OTHER PUBLIC
			    SECTOR
			    _____ 26
			    (SPECIFY)
			
			PRIVATE MEDICAL
			SECTOR
			  PVT. HOSPITAL/
			    CLINIC 31
			  OTHER PRIVATE
			    MED. SECTOR
			    _____ 36
			    (SPECIFY)
			
			OTHER _____ 96
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL . 21
				  GOVT HEALTH
				    CENTER 22
				  GOVT HEALTH
				    POST 23
				  OTHER PUBLIC
				    SECTOR
				    _____ 26
				    (SPECIFY)
				
				PRIVATE MEDICAL
				SECTOR
				  PVT. HOSPITAL/
				    CLINIC 31
				  OTHER PRIVATE
				    MED. SECTOR
				    _____ 36
				    (SPECIFY)
				
				OTHER _____ 96
				    (SPECIFY)

210	What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/
		  DELIVERY 01
		ILLNESS 02
		ACCIDENT/INJURY . 03
		OTHER
		    _____ 06
		    (SPECIFY)
			PREGNANCY/
			  DELIVERY 01
			ILLNESS 02
			ACCIDENT/INJURY . 03
			OTHER
			    _____ 06
			    (SPECIFY)
				PREGNANCY/
				  DELIVERY 01
				ILLNESS 02
				ACCIDENT/INJURY . 03
				OTHER
				    _____ 06
				    (SPECIFY)

211	How much money was spent on treatment and services(NAME) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST
		☐☐☐☐☐
		
		NO COST/
		  FREE 00000
		IN KIND ONLY . 99995
		DON'T KNOW . 99998
			COST
			☐☐☐☐☐
			
			NO COST/
			  FREE 00000
			IN KIND ONLY . 99995
			DON'T KNOW . 99998
				COST
				☐☐☐☐☐
				
				NO COST/
				  FREE 00000
				IN KIND ONLY . 99995
				DON'T KNOW . 99998

212	Besides the two stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES 1
		NO 2
		  (GO TO 218) ◄┘
			YES 1
			NO 2
			  (GO TO 218) ◄┘
				YES 1
				NO 2
				  (GO TO 218) ◄┘

		INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE			

213	Where did (NAME) stay the second-to-last time he/she stayed overnight for health care?	PUBLIC SECTOR
		  GOVT HOSPITAL . 21
		  GOVT HEALTH
		    CENTER 22
		  GOVT HEALTH
		    POST 23
		  OTHER PUBLIC
		    SECTOR
		    _____ 26
		    (SPECIFY)
		
		PRIVATE MEDICAL
		SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED. SECTOR
		    _____ 36
		    (SPECIFY)
		
		OTHER _____ 96
		        (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL . 21
			  GOVT HEALTH
			    CENTER 22
			  GOVT HEALTH
			    POST 23
			  OTHER PUBLIC
			    SECTOR
			    _____ 26
			    (SPECIFY)
			
			PRIVATE MEDICAL
			SECTOR
			  PVT. HOSPITAL/
			    CLINIC 31
			  OTHER PRIVATE
			    MED. SECTOR
			    _____ 36
			    (SPECIFY)
			
			OTHER _____ 96
			        (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL . 21
				  GOVT HEALTH
				    CENTER 22
				  GOVT HEALTH
				    POST 23
				  OTHER PUBLIC
				    SECTOR
				    _____ 26
				    (SPECIFY)
				
				PRIVATE MEDICAL
				SECTOR
				  PVT. HOSPITAL/
				    CLINIC 31
				  OTHER PRIVATE
				    MED. SECTOR
				    _____ 36
				    (SPECIFY)
				
				OTHER _____ 96
				        (SPECIFY)

214	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/
		  DELIVERY 01
		ILLNESS 02
		ACCIDENT/INJURY . 03
		OTHER
		  _____ 06
		  (SPECIFY)
			PREGNANCY/
			  DELIVERY 01
			ILLNESS 02
			ACCIDENT/INJURY . 03
			OTHER
			  _____ 06
			  (SPECIFY)
				PREGNANCY/
				  DELIVERY 01
				ILLNESS 02
				ACCIDENT/INJURY . 03
				OTHER
				  _____ 06
				  (SPECIFY)

215	How much money was spent on treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST
		☐☐☐☐☐
		
		NO COST/
		  FREE 00000
		IN KIND ONLY . 99995
		DON'T KNOW . 99998
			COST
			☐☐☐☐☐
			
			NO COST/
			  FREE 00000
			IN KIND ONLY . 99995
			DON'T KNOW . 99998
				COST
				☐☐☐☐☐
				
				NO COST/
				  FREE 00000
				IN KIND ONLY . 99995
				DON'T KNOW . 99998

216	Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES 1
		NO 2
		  (GO TO 218) ◄┘
			YES 1
			NO 2
			  (GO TO 218) ◄┘
				YES 1
				NO 2
				  (GO TO 218) ◄┘

217	In total, how many times did (NAME) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT ☐☐ VISITS	NUMBER OF INPATIENT ☐☐ VISITS	NUMBER OF INPATIENT ☐☐ VISITS

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
218	Is (NAME) covered by any health insurance?	YES . . . . 1 NO . . . . 2 (SKIP TO 220) ←⏋ DON'T KNOW . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 220) ←⏋ DON'T KNOW . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 220) ←⏋ DON'T KNOW . . . 8
219	What is (NAME)'s main type of health insurance?	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE . . . 1 HEALTH INSURANCE THROUGH EMPLOYER . . . . . 2 SOCIAL SECURITY . . . . . 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . . 4 OTHER . . . . 6 DON'T KNOW . . . 8	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE . . . 1 HEALTH INSURANCE THROUGH EMPLOYER . . . . . 2 SOCIAL SECURITY . . . . . 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . . 4 OTHER . . . . 6 DON'T KNOW . . . 8	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE . . . 1 HEALTH INSURANCE THROUGH EMPLOYER . . . . . 2 SOCIAL SECURITY . . . . . 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . . 4 OTHER . . . . 6 DON'T KNOW . . . 8
220		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO TO 205 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 301

301 CHECK COLUMN 25:

ONE OR MORE ELIGIBLE ☐
OUTPATIENTS

NO ELIGIBLE ☐ ──────────────→ 311
OUTPATIENTS

TABLE FOR SELECTION OF OUTPATIENT
WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 25) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 25 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q302.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 25 SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q302.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 25							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

302

NAME
OF SELECTED OUTPATIENT _____

HH LINE NUMBER
OF SELECTED OUTPATIENT ☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

303	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 21
		  GOVERNMENT HEALTH CENTER . . . 22
		  GOVERNMENT HEALTH POST 23
		  MOBILE CLINIC 24
		  FIELDWORKER 25
		  OTHER PUBLIC SECTOR
		
		                  26
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  MOBILE CLINIC 34
		  FIELDWORKER 35
		  OTHER PRIVATE
		     MEDICAL SECTOR
		
		                  36
		              (SPECIFY)
		
		OTHER SOURCE
		  SHOP 41
		  TRADITIONAL PRACTITIONER 42
		
		OTHER 46
		             (SPECIFY)	

304	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST . . . . ☐☐☐☐☐ DON'T KNOW 99998	

305	What was the main reason for (NAME) to seek care this most recent time?	FAMILY PLANNING 01
		ANTENATAL CARE/
		  DELIVERY/
		  POSTNATAL CARE 02
		MALARIA 03
		FEVER 04
		DIARRHEA 05
		HIV/AIDS/STD 06
		OTHER ILLNESS 07
		CHECK-UP/
		  PREVENTIVE CARE 08
		ACCIDENT/INJURY 09
		OTHER 96
		             (SPECIFY)
		MISSING/DK 98	

306	Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	YES . . . . 1 NO 2	→ 309
307	How many other times did (NAME) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS . . . . ☐☐	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY . . . . ☐☐	

309	Is (NAME) covered by any health insurance?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 311

310	What is (NAME)'s main type of health insurance?	MUTUAL HEALTH ORGANIZATION/
		   COMMUNITY BASED
		   HEALTH INSURANCE 1
		HEALTH INSURANCE
		   THROUGH EMPLOYER 2
		SOCIAL SECURITY 3
		OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE . . . 4
		OTHER 6
		DON'T KNOW 8	

311	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for members of your household?	COST . . . . [ ][ ][ ][ ][ ] NONE . . . . 00000 IN KIND ONLY . . . . 99995 DON'T KNOW 99998	

Health Expenditures Module

Interviewer's Instructions

ICF International
Calverton, Maryland

February 2013

HEALTH EXPENDITURES MODULE

The purpose of the Health Expenditures Module is to provide information on the amount of money spent by individuals and households on health care. The questions in the module should be asked for each household member or visitor listed in the household schedule.

Columns 21-22: INPATIENT SELECTION

Ask if the household member stayed overnight in at a health facility in the last six months. If the answer is yes, circle the Line Number in Column 22.

Column 23: OUTPATIENT CARE

Ask if the household member received health care without staying overnight in the last four weeks.

Column 24: MONEY PAID

If the answer to Column 23 is yes, ask if any money was paid for care the last time. If the respondent is unsure, ask them to confirm with the household member (if possible). Ensure that money was paid for care the last time because this is a selection criterion for later questions.

Column 25: OUTPATIENT SELECTION

Circle the Line Number in Column 25 only after confirming that money was paid for outpatient services the last time.

Qs. 201-204: FILTER FOR INPATIENT HEALTH EXPENDITURES

Check Column 22 for the number of eligible inpatients. If there are one or more eligible inpatients, continue to Q. 202. If there are no eligible inpatients, skip to Q. 301.

Enter the Line Number and name for each eligible inpatient. Use additional household questionnaires if there are more than 3 household members who received inpatient care Make sure to fill out the cover page of the additional questionnaire(s) and also write CONTINUED on the cover page of each of the additional household questionnaire(s).

Inform the respondent that the next series of questions are about persons in the household who stayed in a health facility overnight for care in the last six months.

Q. 205: PLACE INPATIENT CARE RECEIVED

Begin with the household member listed in the first column. Ask where the household member most recently stayed overnight for care.

When choosing a code in Q. 205, you need to know whether the place is in the public sector (run by the government) or in the private sector (e.g., a hospital or clinic run by a nongovernmental organization or a private doctor's office). If you cannot determine the type(s) of source(s), write the name(s) in the space provided and your supervisor will find out if it is public or private.

Q. 206: INPATIENT REASON

Ask why the household member needed to seek care this most recent time.

Q. 207: MONEY SPENT

For this most recent overnight stay, ask how much money was spent on treatment and services. Inform the respondent that we would like to know about all costs including tests, drugs, and fees. Make sure that the amount does not include costs associated with transportation, food, or an accompanying person. If money was borrowed or someone outside of the household contributed money to the cost of the treatment and services, include this in the amount.

If the treatment and service was free, then circle '00000'. If the treatment and services were offered in kind only, that is exchanged for goods other than money, circle '99995'. If the respondent does not know the cost, circle '99998'.

Q. 208: ANOTHER OVERNIGHT STAY

Ask if the household member stayed overnight at another time in the last six months. If the answer is yes, ask Qs. 209-211 about the next-to-the last stay. If the answer is no, skip to Q. 218.

Qs. 209 and 210: SOURCE AND REASON FOR INPATIENT CARE

Ask these questions in reference to the next-to-last time the household member stayed overnight for care. Ask where the household member stayed overnight for health care and why they needed care.

Q. 211: MONEY SPENT

For the next-to-last overnight stay, ask how much money was spent on treatment and services. Inform the respondent that we would like to know about all costs including tests, drugs, and fees.

Q. 212: ANOTHER OVERNIGHT STAY

Ask if the household member stayed overnight at another time in the last six months other than the two stays already mentioned. If the answer is yes, ask Qs. 213-215 about the second-to-last stay. If the answer is no, skip to Q. 218.

Qs. 213 and 214: SOURCE AND REASON FOR INPATIENT CARE

Ask the question in reference to the second-to-last time the household member stayed overnight for care. Ask where the household member stayed overnight for health care and why they needed care.

Q. 215: MONEY SPENT

For the second-to-last overnight stay, ask how much money was spent on treatment and services. Inform the respondent that we would like to know about all costs including tests, drugs, and fees.

Q. 216: ANOTHER OVERNIGHT STAY

Ask if the inpatient stayed overnight at another time in the last six months other than the three stays already mentioned. If the answer is yes, continue with Q. 217. If the answer is no, skip to Q. 218.

Q. 217: TOTAL OVERNIGHT STAYS

Ask how many total times the household member stayed overnight in a health facility in the last six months.

Qs. 218 and 219: HEALTH INSURANCE

We would like to know if the household member is covered by health insurance and if so, what type. If the household member has more than one type of health insurance, select the primary type.

Q. 220: CHECK FOR MORE INPATIENTS

If there are more eligible household members, go back to Q. 205. If there are no more eligible household members, skip to Q. 301.

Qs. 301 and 302: SELECTION OF OUTPATIENT

Check Column 25 for the number of eligible outpatients. If there are no eligible outpatients, skip to Q. [NEXT SECTION].

If there are one or more household members eligible for the outpatient section, use the selection table to randomly select one of those members for the outpatient expenditures questions.

To select that individual, first look at the last digit of the household questionnaire serial number on the cover page. This is the **row number** you should go to.

Check the total number of eligible outpatients (Column 25) in the household schedule. This is the **column number** you should go to.

Follow the selected row and column to the cell where they meet and circle the number in the cell. This is the number of the person selected for the outpatient questions from the list of eligible outpatients in Column 25 of the household schedule. Write the name and line number of the selected outpatient in Q. 302.

Q. 303: OUTPATIENT CARE TYPE

Inform the respondent that the next series of questions are in reference to the selected household member who received outpatient services—meaning they did not remain overnight—at a health facility, from a health care provider such as a doctor, nurse or dentist, at a pharmacy, or from a traditional healer in the last four weeks.

When choosing a code in Q. 303, you need to know whether the place is in the public sector (run by the government) or in the private sector (e.g., a hospital or clinic run by a nongovernmental organization or a private doctor's office). If you cannot determine the type(s) of source(s), write the name(s) in the space provided and your supervisor will find out if it is public or private.

Q. 304: MONEY SPENT

Ask how much money was spent during the most recent visit on treatment and services from the provider selected in Q. 303. Inform the respondent that we would like to know about all costs including tests, drugs, and fees. Make sure that the amount does not include costs associated with transportation, food, or an accompanying person. If money was borrowed or someone outside of the household contributed money to the cost of the treatment and services, include this in the amount. If the respondent does not know the cost, circle '99998'.

If the patient visited this provider multiple times, only include expenses from the most recent visit. For example, if the household member visited the same provider multiple times for multiple injections, only include money spent for the most recent injection.

In the rare case that the respondent reports that no money was paid for this visit, go back to Column 25 and mark no. Proceed with selection of a new eligible outpatient.

Q. 305: OUTPATIENT REASON

Ask why the household member needed to seek care this most recent time. Select Other if the reason does not fit any of the categories. Be sure to write the reason on the line beside code '96'. If the respondent does not know the reason, circle code '98'.

Q. 306: SEEKING CARE AGAIN

Ask if the household member sought care another time in the last four weeks. If the answer is yes, continue with Q. 307. If the answer is no, skip to Q. 309.

Q. 307: TOTAL OUTPATIENT VISITS

Ask how many other times the household member received care in the last four weeks.

Q. 308: TOTAL PAID OUTPATIENT VISITS

Ask how many times money was spent on the other care received in the last four weeks.

Qs. 309 and 310: HEALTH INSURANCE

We would like to know if the household member is covered by health insurance and if so, what type. If the outpatient has more than one type of health insurance, select the primary type. If the household member does not have health insurance or the respondent does not know, skip to Q. 311.

Q. 311: OTHER MONEY SPENT

Households may buy health-related items without consulting a health facility or health provider, pharmacy or traditional healer. Ask how much money the household spent on items like vitamins, drugs, herbal medicines, band-aids/plasters, medical devices like a thermometer and so on in the last four weeks.

We want to know about the total amount that was spent on the health-related items. It does not matter which household member purchased the items or which household member used the items. Do not include money spend for services received when consulting a health care provider, at a pharmacy, or at a traditional healer.

If the household informant is unsure, try to get an estimate of the amount spent.