

DEMOGRAPHIC AND HEALTH SURVEYS  
 OUT-OF-POCKET HEALTH EXPENDITURES MODULE  
 MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) .....												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>  TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>							
TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"></table>												
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>			**LANGUAGE CODES: 01 ENGLISH      03 LANGUAGE 3      05 LANGUAGE 5 02 LANGUAGE 2      04 LANGUAGE 4      06 LANGUAGE 6								
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY							
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NAME		NUMBER		NUMBER	NUMBER							

Note: Brackets [ ] indicate items that should be adapted on a country-specific basis.

**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 HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT 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 at a health facility?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE.  CHECK COLUMN 24: CODE '1' 'YES' CIRCLED.
Y N DK 1 2 8 ↓ GO TO 23	01	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 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

**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 HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT 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 at a health facility?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT 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

INPATIENT HEALTH EXPENDITURES

201	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: <div style="display: flex; justify-content: space-around; align-items: center;"> <span>ONE OR MORE <input type="checkbox"/> INPATIENTS</span> <span>NO <input type="checkbox"/> INPATIENTS</span> <span style="margin-left: 100px;">→ 301</span> </div>												
202	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. THEN ASK: 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-right: 1px solid black; padding: 5px;">                     LINE NUMBER FROM COLUMN 22 IN HOUSEHOLD SCHEDULE                 </td> <td style="width:20%; border-right: 1px solid black; padding: 5px; text-align:center;">                     INPATIENT                      LINE NUMBER ..... <input style="width:40px; height:20px;" type="text"/> </td> <td style="width:20%; border-right: 1px solid black; padding: 5px; text-align:center;">                     INPATIENT                      LINE NUMBER ..... <input style="width:40px; height:20px;" type="text"/> </td> <td style="width:30%; padding: 5px; text-align:center;">                     INPATIENT                      LINE NUMBER ..... <input style="width:40px; height:20px;" type="text"/> </td> </tr> </table>	LINE NUMBER FROM COLUMN 22 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER ..... <input style="width:40px; height:20px;" type="text"/>	INPATIENT LINE NUMBER ..... <input style="width:40px; height:20px;" type="text"/>	INPATIENT LINE NUMBER ..... <input style="width:40px; height:20px;" type="text"/>								
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204	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-right: 1px solid black; padding: 5px;">                     NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE                 </td> <td style="width:20%; border-right: 1px solid black; padding: 5px;">                     NAME _____                 </td> <td style="width:20%; border-right: 1px solid black; padding: 5px;">                     NAME _____                 </td> <td style="width:30%; padding: 5px;">                     NAME _____                 </td> </tr> </table>	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	NAME _____	NAME _____	NAME _____								
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INPATIENT HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
209 (1)	Where did (NAME) stay the next-to-last time (he/she) stayed overnight for health care?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL .. 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL .. 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL .. 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)
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		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (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)
		DON'T KNOW ..... 08	DON'T KNOW ..... 08	DON'T KNOW ..... 08
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 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... 0000 IN KIND ONLY ..... 9995 DON'T KNOW ..... 9998	COST <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... 0000 IN KIND ONLY ..... 9995 DON'T KNOW ..... 9998	COST <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... 0000 IN KIND ONLY ..... 9995 DON'T KNOW ..... 9998
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 HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
213 (1)	Where did (NAME) stay the second-to-last time (he/she) stayed overnight for health care?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL .. 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL .. 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL .. 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)
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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)
		DON'T KNOW ..... 08	DON'T KNOW ..... 08	DON'T KNOW ..... 08
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.	<b>COST</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE ..... 0000 IN KIND ONLY ..... 9995 DON'T KNOW ..... 9998	<b>COST</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE ..... 0000 IN KIND ONLY ..... 9995 DON'T KNOW ..... 9998	<b>COST</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE ..... 0000 IN KIND ONLY ..... 9995 DON'T KNOW ..... 9998
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?	<b>NUMBER OF INPATIENT VISITS</b> <input type="text"/> <input type="text"/>	<b>NUMBER OF INPATIENT VISITS</b> <input type="text"/> <input type="text"/>	<b>NUMBER OF INPATIENT VISITS</b> <input type="text"/> <input type="text"/>

INPATIENT HEALTH EXPENDITURES

	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 (2)	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

SELECTION FOR OUTPATIENT HEALTH EXPENDITURES (PAPER OPTION) <sup>3</sup>

301 CHECK COLUMN 25:

ONE OR MORE ELIGIBLE  
OUTPATIENTS

NO ELIGIBLE  
OUTPATIENTS

→ 311

**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



OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303 (1)	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?	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 21 GOVERNMENT HEALTH CENTER ..... 22 GOVERNMENT HEALTH POST ..... 23 MOBILE CLINIC ..... 24 FIELDWORKER/CHW ..... 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 PHARMACY ..... 32 PRIVATE DOCTOR ..... 33 MOBILE CLINIC ..... 34 FIELDWORKER/CHW ..... 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 ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 VACCINATION ..... 10  OTHER _____ 96 (SPECIFY)	
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 ..... <input type="text"/> <input type="text"/>	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY ..... <input type="text"/> <input type="text"/>	

OUTPATIENT HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	Is (NAME) covered by any health insurance?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 311
310 (2)	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 all the members of your household?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE ..... 00000 IN KIND ONLY ..... 99995 DON'T KNOW ..... 99998	

#### HEALTH EXPENDITURES: FOOTNOTES

- (1) Coding categories to be developed locally; however the broad categories must be maintained. Additions to the codes under the private medical sector heading may include religious affiliated sources and NGO sources
- (2) If a health service prepayment or other types of plans are available in the country, add those types of plans to the question.
- (3) If the survey will be conducted using paper questionnaires, retain "SELECTION FOR OUTPATIENT HEALTH EXPENDITURES". If the survey will be conducted using CAPI, delete the "SELECTION FOR OUTPATIENT HEALTH EXPENDITURES", because the selection will be done automatically.