

1. What is the information needed?

The DHS core questionnaire asks about visits to health providers for several different health services including family planning, child diarrhea, child cough, STI treatment, and HIV testing. While this information is very useful, it provides only a partial picture of households' health seeking behavior. Questions which ask about recent visits to health providers for any health service would be more general and useful.

2. What questions will elicit this information?

LSMS surveys typically ask about recent visits to health providers and may serve as an example of how this data could be collected.

3. How will the resulting information be used?

Data on all provider visits would provide a much more complete picture of household health seeking behavior. First, households may visit providers for reasons other than those asked about in the DHS. Second, even if a respondent received treatment for one of the health services asked about in the DHS, the original reason for visiting the provider may have been for a different ailment.

4. What is the priority of suggested additions compared with what is already in the questionnaires?

High. DHS surveys currently ask a variety of specific questions related to source of healthcare provision. Aside from the question related to source of service for family planning commodities, these questions are rarely used in academic articles. These more general questions would provide a more high level view of health seeking behavior.

5. If suggesting more than one addition, what is the priority among the suggested additions?

6. Should the additional data be collected in all countries, or only in selected types of countries (e.g., countries with a particular type of program, countries with prevalence of a particular infection >5% or 10%)?

All