



OUT-OF-POCKET HEALTH EXPENDITURES MODULE

QUESTIONNAIRE AND INTERVIEWER'S MANUAL

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)
<h1>Demographic and Health Surveys Methodology</h1>				
		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)	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	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

This document is part of the Demographic and Health Survey's *DHS Toolkit* of methodology for the MEASURE DHS Phase III project, implemented from 2008-2013.

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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 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?	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	

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?	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: ONE OR MORE <input type="checkbox"/> INPATIENTS NO <input type="checkbox"/> 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 <input type="text"/> <input type="text"/>	INPATIENT LINE NUMBER <input type="text"/> <input type="text"/>	INPATIENT LINE NUMBER <input type="text"/> <input type="text"/>
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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)	PUBLIC SECTOR GOVT HOSPITAL . 21 GOVT HEALTH CENTER 22 GOVT HEALTH POST 23 OTHER PUBLIC SECTOR _____ 26 (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)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)
		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)
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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) ←

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
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)	PUBLIC SECTOR GOVT HOSPITAL . 21 GOVT HEALTH CENTER 22 GOVT HEALTH POST 23 OTHER PUBLIC SECTOR _____ 26 (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)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)
		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>

	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

OUTPATIENT HEALTH EXPENDITURES

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

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 <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 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 <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"/>	

309	Is (NAME) covered by any health insurance?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 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 <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 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 spent 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.

