Questionnaire No.:

#### Acknowledgements and data sources

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McElroy B, Wiseman V, Matovu F, Mwengee W. Malaria prevention in north-eastern Tanzania: patterns of expenditure and determinants of demand at the household level. *Malaria Journal* (in press).

Wiseman V., Scott A., Conteh L., McElroy B., Stevens W. (2008) Determinants of provider choice for malaria treatment: experiences from The Gambia. Social Science and Medicine 67(4):487-96.

Wiseman V., Scott A., McElroy B., Conteh L., Stevens W. (2007) Determinants of bed net use in The Gambia: implications for malaria control. *American Journal of Tropical Medicine & Hygiene* 76(5):830-836

Wiseman V., McElroy, B., Conteh L., Stevens W. (2006) Malaria prevention in The Gambia: patterns of expenditure and determinants of demand at the household level. *Tropical Medicine and International Health* 11 (4): 419-431

Yeung S, Van Damme W, Socheat D, White NJ, Mills A. (2008) Access to artemisinin combination therapy for malaria in reomote areas of Cambodia. *Malaria Journal 2008*, 7:96

#### How to cite these materials

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#### Name of Project Investigators etc

#### **Background**

- Objective of questionnaire
- Outline structure of questionnaire
- Expected duration
- Who to contact if there are problems

#### Identification details

- Interview details (Name of interviewer, date, time duration)
- Address/ of household
- Unique identification number
- Name and occupation of Household Head
- Name and relationship of respondent(s) (Should aim for most senior female in household)

#### Sections for details and comments from:

- 1) Interviewer
- 2) Supervisor
- 3) Data entry person

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#### Household roster

Name	Relation to household head	Age	Sex

Did any of the members of this household listed above suffer from fever during the previous two weeks?

Yes \_\_ No \_\_

If  $\mathbf{no}$ , then go straight to the section of socio-economic data

If yes, record ID number and name from above and fill out section B for every member of the household suffering from fever illness during the previous two weeks

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Which individual(s) have been ill with fever in the last two weeks?	How many days ago did the fever start?	How severe was the fever?	Did they get better?	How long did the illness last?	What is the main activity of this individual (during this season)?	For how many days were you/they unable to carry on your/their usual activities because of this illness over the last 2 weeks?
Use a separate line for each individual	Write number of days.	Mild fever	Yes1 Still ill2 Died3 Don't know99	Write number of days.  Don't know99	Farmer       1         Laborer       2         Shopkeeper/Retail       3         Business       4         Childcare       5         Student       6         Civil Servant       7         Child (Not studying)       8         No Occupation       9         Other (Specify)       10	Write number of days.  If none, write 0  Don't know99
Name	Days	Severity	Outcome	Duration of illness	Main activity	Duration off work
1.						
2.						
3.						
4.						
5.						

Questionnaire No.:

	8.	9.	10.	11.	12.	13.	14.	15.
	Did you/they get treatment from someone (eg drug shop, clinic)	Why did you/they not get treatment from someone for this illness?	Where did they get treatment? I will read you a list, please say yes or no after each one.  Did you get treatment from a:	Which is the first one where you sought care for the illness?	How many days after the beginning of the fever did you/they start taking treatment from this provider?	What was/were the most important reason/s for choosing this provider?	How far is this provider from here?	How did you travel to this provider?
	Yes1 (Go to question x) No 2 (Go to question y)	Not severe enough1 Got better2 Not enough money3 Too far away4 No transport5 Family would not let me6 Other (Specify7	Public or mission Hospital	Use same code as in question 10.	Same day0 Next day1 Day after next2 More than 2 days later, write the number of days later	Proximity	Write answer in kilometres  If less than 1km, write "<1km  Don't know99	Walk
	Treatment	Reason no	Providers	First provider	Time to treat	Reasons for Provider Choice	Distance	Transport
1.								
2.								
3.								
4.								
5.								

	16.	17.		18.	19.	20.	21.	22.	23.	24.
	How many people made the journey	How long the journ to go from home to provider?	ey take m your this	How much in total did you pay for transport for the journey to and back from this provider	Who did you see at this facility?	Did you/person with the fever have to stay overnight at this facility? If, yes, how many nights	Were you/the person with fever advised to have diagnostic test?	Which test?	How much did the test cost	What was the test result?
					Doctor	Write number of nights  If no overnight stay, write 0  (Cost information is collected later)	No advice, no test	RDT1 Microscopy2 Both RDT and microscopy3 Don't know99	If free or write "0"  Don't' know9	Positive1 Negative2 Don't know3
	Journey people	Journey Hours	time Minutes	Transport cost	Provider person	Overnight	Diagnosis	Test	Test cost	Test result
1.	1: 1- : -	700.0								
2.										
3.										
4.										
5.										

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	25.	26.	27.	28.	29.	30.	31.	32.
	How much time did	Did you receive medicines at this facility or a prescription to		u about the medicines. Plea e the medicines, please let		ceived, how many a icate with tick which		
	you spend waiting at this provider	obtain medicines from a pharmacy?	Drug codes (for ques Chloroquine		em excin nate-Amodiaquine nate-SP	9 Penicillin 10 Cotrimoxazo .11 Paracetemo Other (speci	12 13 ole14 I15 ify)16	Did the provider recommend any drug? (Whether or not you took his/her advice)
		Received medicine	Use drug code above	Tablets - blister-pack1 Tablet - loose2 Syrup3 Injection4 Infusion5	Quantity bought  If tablets came in a box write the number of tablets in the box  Don't know99	Duration  Write number of days drug was taken	If only total cost of drugs is known then write "Total" and the cost  Don't know99	If no recommendation write 0
	Wait	Receive drugs	Drug code	Formulation code	Drug quantity	Drug duration	Drug cost	Recommendation
2.			A B C D					
2.			b c					
3.			a b c d					
4.			a b c d					
5.			a b c d					

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Question	naire	No	٠
Question	manc	110.	•

	33.	34.	35.	36.	37.	38.	39.
	In addition to the cost of drugs and any tests that you have already told me about, did you have to pay for the consultation?	Did you pay for special food before or during the visit to this provider? If so how much?	Are there any other correlated to this provider, that you that you have not already mentioned		How many more visits did you make to this health care provider?	Of all the places[NAME] visited which was the <b>second</b> one where you/they sought care for the illness? [REMIND OF RESPONSE IN x]	How many days after the beginning of the fever did you/they start taking treatment from this provider?
	Ask in cash or in kind (convert later, if necessary)  If free, write 0	Ask in cash or in kind (convert later, if necessary)  If none, write 0	Write what was paid for and the cost  Medical supplies Inpatient stay Other investigations Other (specify)	.1 .2 .3 4	Write number of additional visits  If none, write 0	Public or mission Hospital	Same day0 Next day1 Day after next2 More than 2 days later, write the number of days later
	Consultation cost	Food costs	Other cost Item code Cost	Follow up Advised	Return Visits	Facility	Time to treat
1.							
2.							
3.							
4.							
5.							

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	40.	41.	42.	43.	44.		45.	46.
	What was/were the most important reason/s for choosing this provider?	How far is this provider from here?	How did you travel to this provider?	How many people made the journey	How long the journe to go fron home to t provider?	ey take n your :his	How much in total did you pay for transport for the journey to this provider	Who did you see at this facility?
	Proximity	Write answer in kilometres If less than 1km, write "<1km Don't know99	Walk					Doctor
	Reasons for Provider Choice	Distance	Transport	Journey people	Journey t	ime Mins	Transport cost	Provider person
1.								
2.								
3.								
4.								
5.								

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	47.	48.	49.	50.	51.	52.
	Did you/person with the fever have to stay overnight at this facility? If yes, how many nights	Were you/the person with fever advised to have diagnostic test? Did you have a test?	Which test?	How much did the test cost ?	What was the test result?	Did you receive medicines at this facility or a prescription to obtain medicines from a pharmacy?
	Write number of nights  If no overnight stay, write 0	No advice, no test1 No advice, but had test2 Advised but decline3 Advised and had test4  If no test, go to question x	RDT1 Microscopy2 Both RDT and microscopy3 Don't know99	If free or write "0"  Don't' know99	Positive for malaria1 Negative for malaria2 Other result (specify)3 Don't know99	Received medicine
	Overnight	Diagnosis	Test	Test cost	Test result	Receive drugs
1.						
2.						
3.						
4.						
5.						

<u> </u>		3. T	
Question	nnaire	No.	•
Question	manc	110.	•

	53.	54.	55.	56.	57.	58.
	I would like to ask you a medicines, please let m	ch it costs. If you still have the	Did the provider recommend any drug? (Whether or not you			
	Drug codes (for question	took his/her advice)				
	ChloroquineSPQuinine					
	Artesunate alone Artemether alone			Other (sp	pecify)16	
	Dihyrodartemisinin alor			Don't kno	ow99	
	Use drug code above	Tablets - blister-pack1	Quantity bought	Duration	Cost	Use drug codes
		Tablet – loose	If tablets came in a box write the number of tablets in the box  Don't know99	Write number of days drug was taken	If only total cost of drugs is known then write "Total" and the cost  Don't know99	If no recommendation write 0
	Drug code	Formulation code	Drug quantity	Drug duration	Drug cost	Recommendation
1.	a Brag code	1 omnaiation code	Drug quartity	Drug daration	Drug cost	recommendation
	b					
	С					
	d					
2.	а					
	b					
	С					
	d					
3.	а					
	b					
	С					
	d					
4.	а					
	b					
	С					
	d					
5.	a					
	b					
	С					
	d					

Questionnaire No.:	
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	59. 60.		61.		62.	63.
	In addition to the cost of drugs and any tests that you have already told me about, did you pay for the consultation at this provider?	In addition to paying for special foods already mentioned, did you buy anymore special food?		Are there any other costs related to this provider, that you that you have not already mentioned		I would like to double check the total cost associated with this illness episode
	Ask in cash or in kind (convert later, if necessary) If free, write 0	Ask in cash or in kind (convert later, if necessary) If none, write 0	Write what was paid for and the cost  Medical supplies1 Inpatient stay2 Other investigations3 Other (specify)4  None5		Yes1 No2	Copy and add up the costs from the previous questions and check this with the respondent
	Consultation cost	Food costs	Item code	Other cost Cost	Follow up Advised	Total cost
1.						
2.					_	
3.					_	
4.						
5.						

<u> </u>		3. T	
Question	nnaire	No.	•
Question	manc	110.	•

	64.	65.	66.	67.	68.	69.
	Did your household pay for everything or were some of the costs covered by insurance or outside assistance	What was the source of support from outside the household	How much did you receive from outside the household?	Did you have enough cash or did you have to borrow money or sell something to get the necessary cash	How much did you have to borrow?	Did anyone else in the household have fever?
	Household paid for everything	Insurance1 Employer2 Charity3	Write amount	Sufficient cash	Write amount borrowed	Yes1  No2  If yes go back to question x  If no, then this section of the questionnaire is finished
1.	Outside	Outside source	Outside Amount			
2.						
3.						
4.						
5.						