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STRICTLY CONFIDENTIAL



KENYA HOUSEHOLD HEALTH EXPENDITURE AND UTILISATION SURVEY (KHHEUS), 2013

I. INTRODUCTION AND HOUSEHOLD RESPONDENT CONSENT

This questionnaire is addressed to the heads of households and/or those familiar with their households' finances. *Interviewer: Read the following out loud:*

Hello. My name is ______ and I'm representing the Ministry of Health (MoH) and the Kenya National Bureau of Statistics (KNBS). We are presently carrying out a household survey on use of health care services and health spending in Kenya. This information is part of a National Health Accounts (NHA) exercise that aims to estimate the total amount of health spending in Kenya (both public and private) and to describe the flow of funds from sources to ultimate uses. The information collected from this household survey will help Kenya's policymakers and program managers better allocate health resources in more efficient, effective, and equitable ways. For this purpose, the MoH seeks to gather information from you about your household spending and use of health care services and products. The information collected will be strictly confidential. Furthermore, the information given to us will under no circumstances be used for tax purposes. I would now like to ask you a series of questions that will take approximately 45 minutes.

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SECTION A: IDENTIFICATION INFORMATION

Questions 1-11 should be filled by the survey enumerator him/herself. Section B onwards should be asked to the household respondent.

			Name	Code				
1. County								
2. District/Sub-county								
3. Cluster								
4. Household Number								
5. Cluster Type								
6. Survey administrator i	nformation:							
6.1: Name of Interview	ver:	6.5.	Interviewer Code/	//				
	viewer:							
6.3: Name of Supervis	sing Officer:		6.6. Supervisor's co	ode:///				
6.4: Signature of Supe	ervising Officer:							
7. INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
VISIT DATE:				DAY:				
VISIT DATE:				MONTH:				
INTERVIEWER NAME:				YEAR:				
RESULT*				RESULT*:				
				TOTAL NUMBER				
NEXT VISIT: DATE				OF VISITS:				
NEXT VISIT: TIME								
TIME STA	RTED: HOUR:		TIME ENDED:	HOUR:				
			1					

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* <u>RESULTS CODES</u> :
 COMPLETED NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME POSTPONED REFUSED DWELLING VACANT OR ADDRESS NOT A DWELLING DWELLING DESTROYED DWELLING NOT FOUND PARTLY COMPLETED OTHERS (SPECIFY)
8. Name of Household respondent:
9. Relationship of household respondent to household head: (Circle the appropriate code)
 Head of Household Wife/Husband/Partner Co-Wife Son or Daughter Sister/Brother Son or Daughter in-law Grandchild Parent Parent in-law Other Relatives Adopted/Foster/ Stepchild Not related

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SECTION B: COMPOSITION OF HOUSEHOLD AND ITS CHARACTERISTICS

	Usual residents	Relationship to Head	Sex	Religion		ge
01	02	03	04	05		6
Household Member Number	Please give me the names of the people who usually live in your household, starting with the head of the household	What is the relationship of the <name> to the household head? 1. Head of Household 2. Wife/Husband/Partner 3. Co-Wife 4. Son or Daughter 5. Sister/Brother 6. Son or Daughter in-law 7. Grandchild 8. Parent 9. Parent in-law 10. Other Relatives 11. Adopted/Foster/ Stepchild/orphan 12. Not related 13. Other (specify) 98. Don't Know <i>Write code</i></name>	What is the sex of <name>? 1 Male 2 Female <u>Write code</u></name>	What is <name>'s religion? 1. Christian (Catholic) 2. Christian (Protestant) 3. Muslim 4. Traditionalist 5. Atheist 6. Others (specify) <u>Write code</u></name>	How old was <name> at his /her a. Date of birth (month and Year)</name>	b. Age (age in completed years) Interviewer: Under-1 = 0
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Note: Please make sure you have listed all members of the household in column 01

Idon	tificatio	n #
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	E	DUCATION STAT	US	MARITAL STATUS	Sources of Income the last 12 months		HEALTH STATUS									
	<u>IF AC</u>	GE 3 YEARS OR (<u>DLDER</u>		Applicable HH me 15 years and abov	mbers who are										
01	07	08	09	10	11	12	13	14				1	5			
Household Membership Number	Has <name> ever been to school? 1) Yes 2) No (go to 10) 8) Don't know (go to 10)</name>	What is <name> highest level of formal education reached? 1)Nursery 2)Primary 3)Post primary/ vocational 4)Secondary 5)College (middle level) 6)University 7)Informal (e.g. Madrassa 8)Don't Know <i>Write code</i></name>	Number of years <name> completed at that level. 00= Less than 1 yr completed 98= Don't Know</name>	What is <name> Current marital Status? 1) Never married /never lived together 2) Married/ living together 3) Divorced /separat ed 4) Widowed <u>Write code</u></name>	What is <name> main employment activity? 1) Working (formal/ informal employment) 2) Seeking work 3) Homemakers 4) Students 5) Others (Specify) <u>Write code</u> If code 2,3, 4 or 5 Go to 13</name>	If answer to 11 is 1 , what is <name>'s <u>Main</u> <u>occupation</u> (Please provide information on the main type of occupation under the space provided e.g. a primary school teacher) Occupation</name>	How does <name> rate his/her health status compared to others of his/her age? 1) Very good 2) Good 3) Satisfacto ry 4) Poor 8) Don't know</name>	Does <name> Smoke - cigarettes, bhangs, Pipe etc.? 1) Yes 2) No 3) Don't know Applicable to 5 years and above</name>	Does <name> have any of the following chronic health condition *? (If yes indicate accordingly) A) Hypertension B) Diabetes C) Cardiac disorders D) Arthritis E) HIV/AIDS F) Ulcers G) Gout H) Cancer I) other chronic health condition (Please specify) (Interviewer: * At least 3 months and can recur) 1. Yes 2. No A B C D E F G H I</name>							
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			EALTH SEE	KING BEHAVIOUF	8		
01	16	17	18	19	20	21	22
Household Membership Number	Was <name> ill in the <u>last four weeks</u>? 1) Yes 2) No (Go to 21)</name>	If Yes, to Q16 did <name> visit/consult a health provider (hospital/ health centre/ clinic/ Dispensary/ Pharmacy/chemist /shop/ Traditional Birth Attendant (TBA) &Traditional Healers, Religious/cultural healers?) 1. Yes (go to 18) 2. No (go to 20) 8. Don't Know (go to 21)</name>	If Yes to Q17, did <name> make all the visits that were required? (All the visits recommended by the provider) 1. Yes go to Q21) 2. No (go to Q19) 8. Don't know (Go to 21)</name>	If No to Q18, what was <name>'s <u>main</u> <u>reasons</u> for not making all the visits? A. Lacked Money B. Prescribed drugs not available C. Self-medication D. Poor quality service E. High Cost of Care F. Religious /cultural reasons G. Fear of discovering serious illness H. Long distance to provider I. Illness not considered serious enough J. Others (<u>specify</u>) (<u>Multiple responses</u> <u>allowed</u>)</name>	If No to Q17, what was <name>'s <u>main</u> reasons for not seeking care? A. Lacked Money B. Prescribed drugs not available C. Self-medication D. Poor quality service E. High Cost of Care F. Religious /cultural reasons G. Fear of discovering serious illness H. Long distance to provider I. Illness not considered serious enough J. Others (specify) (Multiple responses allowed)</name>	Did <name> seek preventive/promotive health care services in the last 4 weeks? 1. Yes 2. No 8. Don't know (List of preventive services) • Family Planning • Immunization • Voluntary Counselling and Testing (VCT) • Counselling • Ante/post natal care</name>	Did [Name] need to be admitted in a hospital in the last <u>twelve</u> <u>months?</u> 1. Yes 2. No (go to Section C1) 8. Don't Know (go to Section C1) The need may have been advised/recom mended by a health provider
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01	23	24	Eligibilit	ty Criteria
Household Membership Number	If Yes to Q22, was <name> admitted? 1. Yes (go to section C1) 2. No (go to Q24) 8. Don't Know (go to section C1) Insert code</name>	If No to Q23, why was <name> not admitted? A. Lacked Money B. Prescribed drugs not available C. Self medication D. Poor quality service E. High Cost of Care F. Religious /cultural reasons G. Fear of discovering serious illness H. Long distance to provider I. Illness considered NOT serious enough J. Others (specify) Z. Don't know (<i>Multiple responses allowed</i>)</name>	E1. Eligibility for section C1 DO NOT READ IS <name> ELIGIBLE FOR C1(If the response to question 16, 17 and 21 is "YES") 1. Yes 2. No</name>	E2. Eligibility for section C3 DO NOT READ IS <name> ELIGIBLE FOR C3(If the response to question 23 is "YES") 1. Yes 2. No</name>
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SECTION C 1: UTILIZATION OF OUT PATIENT AND OTHER HEALTH RELATED SERVICES IN THE PAST 4 WEEKS This section is for all household members whose response in E1 is code 1 (YES)

Household membership number for the person who Consulted sought visits did you make in the last for weeks: (a person who Consulted sought visits did you make in the last for weeks: (number) (left information (VISIT 4) (VISIT 4	This section is for all	l hous	ehold me	mbers w	hose respon	se in E1 is code 1 (YES)				
person who Consulted's ought Nisted health provides for health active did you make in the last four verses: 	Household membership number for the				-	Household membership number for the				
health provider for health care (as appearing in [16, 17 and 22]) make in the last four verses: (Get information OWLY for last four versits) (Get information										
appearing in Q16, 17 and Q21,										
Mumber VISIT 1 VISIT 2 VISIT 3 VISIT 4 How many out patient visits did you make in the last four weeks: (<i>Cel information ONLY for last four visits</i>) VISIT 2 VISIT 3 VISIT 4 (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four visits</i>) (<i>Cel information ONLY for last four vi</i>										
How many out patient visits did you make in the last four vecks:	appearing in Q16, 17 and Q21)					Q16, Q17 and 21)				
How mary out patient visits did you make in the last four weeks: Image in the l		VISIT 4	VISIT 2	VICIT 2	VISIT		VIEIT 1		VISIT 2	VISIT
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2) Diseases of Respiratory including pneumonia 2 <td>1) Malaria/fever</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1) Malaria/fever</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td>	1) Malaria/fever	1	1	1	1	1) Malaria/fever	1	1	1	1
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3) Skin diseases (e.g. bolis, lesions etc. 3 <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>, , , , , , , , , , , , , , , , , , , ,</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td>		-	-	-	-	, , , , , , , , , , , , , , , , , , , ,	-	-	-	-
etc 4		3	3	3	3		3	3	3	3
4) TB 4 4 4 4 4 5 HIV/ADS 5 5 5 5 5 6		3	3	5	5		-	-	-	
5) HIVAIDS 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 7 7 7) Diarrhoea 7 7 7 7 7 8							-	-	-	
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9) Accidents and injuries 9 9 9 9 9 9 10 STD (Syphilis etc) 10 10 10 10 10 10 10 10 10 10 10 10 10 10 11 <td></td> <td>-</td> <td>-</td> <td></td> <td>-</td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td></td>		-	-		-		-	-	-	
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13) Cancer 13 14 16	12) Gender Based Violence related	12	12	12	12	13) Cancer	13	13	13	13
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14) Hypertension 14 15 0 Current (Specify) 15 15 15 15 15 15 15 15 15 15 16 Physical check-up (prevention) 16 16 16 16 16 16 16 16 16 17 18 Tamily planning (prevention) 18 18a 18b 18b 18b 18b 18b 18d 18d <t< td=""><td></td><td>13</td><td>13</td><td>13</td><td>13</td><td></td><td>15</td><td>15</td><td>15</td><td>15</td></t<>		13	13	13	13		15	15	15	15
15) Other (Specify)151515151515151515151515151516 $Physical check-up (prevention)$ 16	,	14	14	14	14	-,, (-,,),		-	-	-
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17) Immunizations (prevention) 17 18 Family planning (prevention) 18a 18b 18c 18c 18c 18c 18c 18c 18c 18c 18d 18d </td <td></td> <td>16</td> <td>16</td> <td>16</td> <td>16</td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td>		16	16	16	16			-	-	
18) Family planning (prevention) - - -										
a) Oral contraceptives 18a 18b 18b </td <td></td> <td>11</td> <td>17</td> <td>17</td> <td>17</td> <td></td> <td></td> <td></td> <td></td> <td></td>		11	17	17	17					
b) Condoms 18b 18b<		40-	40-	40-	40-					
c) Intrauterine device 18c 18c 18c 18c 18c 18c 18c 18c 18c 18d 19d 19d </td <td>, ,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	, ,									
d) Injections e) 18d others (specify) 18d 18e 19 19 19 19 19 20 19 20 20 20 20 21 21 21 21 21 21 21	-,									
e) others (specify) 18e 19e							18e	18e	18e	18e
19) Prenatal/antenatal care 19 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11						e) Others (specify)				
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19)Prenatal/antenatal care191919191919191920)Post natal care202020202020202021)Dental2121212121212121212122)Circumcision22222222222222222223)VCT23232323232323232324)Other forms of Counselling2424242424242425)Physiotherapy252525252525252525						10) Prenatal/antenatal care				
20) Post hatal care 20<	19) Prenatal/antenatal care	19	19	19	19		19	19	19	19
21) Dental 21	20) Post natal care	20	20	20	20		20	20	20	20
22) Circumcision2223<	21) Dental	21	21	21	21		21	21	21	21
23) VCT 23 24 25 Physiotherapy 25 2	,									
24) Other forms of Counselling 24 24 24 24 24 24 24 24 24 24 25) Physiotherapy 25 25 25 25 25 25 25 25 25 26 26 Physiotherapy 26 24 24 24 24 24										
25) Physiotherapy 25 25 25 25 25 25 26 25 25 25 25 25 25 25 25 25 25 25 25 25										
26) (Ither Services (Shecity)										
						26) Other Services (specify)				
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Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21) 	VISIT 1	VISIT 2	VISIT 3	VISIT 4
26. What was the <u>name</u> of the health provider <name> visited? (Including Chemists & Traditional Healers)</name>				
27. What was the type of the health provider that <name> visited? (Including Chemists & Traditional Healers)</name>	Circle code	Circle code	Circle code	Circle code
 Govt. Hospital Private hospital Mission hospital Govt. Health Centre Govt. Health Centre Govt. Dispensary Mission Dispensary Nursing/Maternity Home Private Clinic NGO Clinic Company/parastatal clinic Communitypharmacies) Chemist/pharmacy/shop Traditional/Religious/Cultural healer Village health Worker (TBA, CHW,CHEW) Other (specify) Is this the nearest facility/health provider to your home Yes No Don't know (go to Q31) 	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Circle code 1 2 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Circle code 1 2 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Circle code 1 2 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Circle Code 1 2 8
 29. Who owns the facility/health provider nearest your home Government Private Faith Based Organisations NGO Don't know 	Circle code 1 2 3 4 8	Circle code 1 2 3 4 8	Circle code 1 2 3 4 8	Circle code 1 2 3 4 8

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, Q17 and 21) How many out patient visits did you make in the last four weeks: (number) (<i>Get information <u>ONLY for last four visits</u></i>)	VISIT 1	VISIT 2	VISIT 3	VISIT 4
26. What was the <u>name</u> of the health provider <name> visited? (Including Chemists & Traditional Healers)</name>				
27. What was the type of the health provider that <name> visited? (<i>Including Chemists & Traditional Healers</i>)</name>	Circle	Circle	Circle	Circle
	code	code	code	code
 Govt. Hospital Private hospital Mission hospital Govt. Health Centre Mission health centre Govt. Dispensary Nursing/Maternity Home Private Clinic NGO Clinic Company/parastatal clinic Community pharmacies(Bamako) Chemist/pharmacy/shop Traditional/Religious/Cultural heale Village health Worker (TBA, CHEW,CHW) Other (specify) 	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	1 2 3 4 5 6 7 8 9 10 11 12 13 14 5 16
 28. Is this the nearest facility/health provider to your home 1.Yes 2. No 8. Don't know (go to Q31) 	Circle	Circle	Circle	Circle
	code	code	code	code
	1	1	1	1
	2	2	2	2
	8	8	8	8
 29. Who owns the facility/health provider nearest your home 1) Government 2) Private 3) Faith Based Organisations 4) NGO 8) Don't know 	Circle	Circle	Circle	Circle
	code	code	code	code
	1	1	1	1
	2	2	2	2
	3	3	3	3
	4	4	4	4
	8	8	8	8

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21) 	VISIT 1	VISIT 2	VISIT 3	VISIT 4	Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, Q17 and 21) How many out patient visits did you make in the last four weeks: (number) (Get information <u>ONLY for last four visits</u>) CHECK QN 28	VISIT 1	VISIT 2	VISIT 3	VISIT 4
IF "YES" GO TO QN 31					IF "YES" GO TO QN 31				
IF "NO" GO TO QN 30					IF "NO" GO TO QN 30				
30. What were the main three reasons	Circle	Circle	Circle	Circle code	30. What were the main three reasons for	Circle	Circle	Circle	Circle
for <name> by passing the</name>	code	code	code		<name> by passing the facility/health</name>	code	code	code	code
facility/health provider nearest to					provider nearest to his/her home				
his/her home					1) Unfriendly staff	1	1	1	1
 Unfriendly staff 	1	1	1	1	Long waiting time	2	2	2	2
Long waiting time	2	2	2	2	3) Medicine unavailable	3	3	3	3
 Medicine unavailable 	3	3	3	3	 Staff are unqualified 	4	4	4	4
Staff are unqualified	4	4	4	4	5) More expensive services	5	5	5	5
5) More expensive services	5	5	5	5	6) Dirty facility	6	6	6	6
6) Dirty facility	6	6	6	6	7) Would have been	7	7	7	7
7) Would have been	7	7	7	7	required to pay				-
required to pay	•				8) No privacy	8	8	8	8
8) No privacy	8	8	8	8	9) Was referred	9	9 10	9 10	9
9) Was referred	9 10	9 10	9 10	9 10	10) Other (specify)	10	10	10	10
10) Other (specify) (Multiple answers acceptable)	10	10	10	10	(Multiple answers acceptable)				
31. What were the main three reasons	Circle	Circle	Circle	Circle code	31. What were the main three reasons for	Circle	Circle	Circle	Circle
for <name> choosing the health provider</name>	code	code	code		<pre><name>choosing the health provider that</name></pre>	code	code	code	code
that you visited?	coue	coue	coue		you visited?	coue	coue	coue	coue
1) Close to home	1	1	1	1	1) Close to home	1	1	1	1
2) Staff give good advice	2	2	2	2	2) Staff give good advice	2	2	2	2
3) Good staff attitude	3	3	3	3	3) Good staff attitude	3	3	3	3
4) Knew someone in the facility	4	4	4	4	4) Knew someone in the facility	4	4	4	4
5) Less waiting time	5	5	5	5	5) Less waiting time	5	5	5	5
6) Medicine available	6	6	6	6	6) Medicine available	6	6	6	6
7) Staff are qualified	7	7	7	7	7) Staff are qualified	7	7	7	7
8) Less costly	8	8	8	8	8) Less costly	8	8	8	8
9) Felt not seriously ill (minor	9	9	9	9	 Felt not seriously ill (minor ailment) 	9	9	9	9
ailment)				10	10) Do not have to pay	10	10	10	10
ailment) 10) Do not have to pay	10	10	10	10					
,	10 11	10 11	10 11	11	11) Cleaner facility	11	11	11	11
10) Do not have to pay						11 12	11 12	11 12	11 12
10) Do not have to pay11) Cleaner facility	11	11	11	11	11) Cleaner facility				
 Do not have to pay Cleaner facility More privacy Employer/Insurance 	11 12	11 12	11 12	11 12	11) Cleaner facility 12) More privacy 13) Employer/Insurance	12	12	12	12
 Do not have to pay Cleaner facility More privacy Employer/Insurance requirement 	1 1 1 2 1 3	11 12 13	11 12 13	11 12 13	11) Cleaner facility12) More privacy13) Employer/Insurancerequirement	12 13	12 13	12 13	12 13

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Identification #						

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21) 	VISIT 1	VISIT 2	VISIT 3	VISIT 4	Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, Q17 and 21) How many out patient visits did you make in the last four weeks: (number) (Get information <u>ONLY for last four visits</u>)	VISIT 1	VISIT 2	VISIT 3	
(Get information ONLY for last four visits) 32. Did you obtain medicine/drugs there? 1) Yes (all)-Go to Q35 2) Yes (some) 3) No – Go to Q34 8) Don't know-Go to Q35	Circle code 1 2 3 8	Circle code 1 2 3 8	Circle code 1 2 3 8	Circle code 1 2 3 8	32. Did you obtain medicine/drugs there? 1) Yes (all)-Go to Q35 2) Yes (some) 3) No – Go to Q34 8) Don't know-Go to Q35	Circle code 1 2 3 8	Circle code 1 2 3 8	Circle code 1 2 3 8	
33. If Yes to Q32-2 (i.e. some of the needed drugs), what were the main reasons?	Circle code	Circle code	Circle code	Circle code	33. If Yes to Q32-2) (i.e. some of the needed drugs), what were <u>the main reasons</u> ?	Circle code	Circle code	Circle code	
 Drugs not available Used drugs available at home Decided to do without drugs Did not have any money Did not need drugs Referred Multiple responses allowed 	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	 Drugs not available Used drugs available at home Decided to do without drugs Did not have any money Did not need drugs Referred <u>Multiple responses allowed</u> 	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	
34. If No to Q32, what were the reasons?	Circle code(s	Circle code(s)	Circle code(s)	Circle code(s)	34. If No to Q32, what were the reasons?	Circle code(s)	Circle code(s)	Circle code(s)	. <u></u>
 Drugs not available Bought drugs from elsewhere Used drugs available at home Decided to do without drugs Did not need drugs Did not have any money Multiple responses allowed) 1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	 Drugs not available Bought drugs from elsewhere Used drugs available at home Decided to do without drugs Did not need drugs Did not have any money Multiple responses allowed 	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	
 35. Did you pay money for the services you received? 1) Yes 2) No (go to Q40A) 8) Don't know (Go to 40A) 	Circle code 1 2 8	Circle code 1 2 8	Circle code 1 2 8	Circle code 1 2 8	 35. Did you pay money for the services you received? 1) Yes 2) No (go to Q40A) 8) Don't know (Go to 40A) 	Circle code 1 2 8	Circle code 1 2 8	Circle code 1 2 8	

VISIT 4

Circle code

Circle code

Circle code(s)

Circle code

person who Co health provider appearing in (How many ou make in the la	t patient visits did you st four weeks: number)	VISIT 1	VISIT 2	VISIT 3	VISIT 4
(Get information 36. How much on treatment/ s	KSh	KSh	KSh	KSh	
 Registrati Drugs/vac purchase Consultat Diagnosis Medical C Other (sp Overall* Don't kno * Enter overal detail not rem 	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	
Question		Visit 1	Visit 2	Visit 3	Visit 4
37. How did <name> pay for the</name>	MODE OF PAYMENT	Circle code(s)	Circle code(s)	Circle code(s)	Circle code(s)
services	1.Cash	1	1	1	1
received	2.Community health insurance scheme	2	2	2	2
[Circle all that apply]	3.Given opportunity to pay later (credit)	3	3	3	3
	4.Waived/exempted	4	4	4	4
	5. Paid in kind	5	5	5	5
	6. NHIF	6	6	6	6
	7.Private Insurance	7	7	7	7
20 If you had! -	8.Don't Know	8 Totol	8 Totol	8 Total	8 Total Value in
38. If you indicated in Q37 that you paid in kind, please list down the items and cost them using the prevailing market rates in that region Items Qty Unit Price		Total Value in KSh	Total Value in KSh	Value in KSh	KSh
1 2				 	

person who provider for Q16, Q17 a How many the last fou	membership number for the b Consulted/ sought /visited health health care (as appearing in and 21) out patient visits did you make in r weeks: (number) pation <u>ONLY for last four visits</u>)	VISIT 1	VISIT 2	VISIT 3	VISIT 4
	uch <u>money</u> did <name> spend on services received?</name>	KSh	KSh	KSh	KSh
 2) Drugs purch: 3) Consu 4) Diagn 5) Medic 6) Other 7) <u>Overa</u> 8) Don't 	ıltation osis tests (x-ray, lab etc.) al Check up (specify)	1	12 3 4 5 6 8	1 2 3 4 5 6 7 8	12 3 4 5 6 7 8
Question		Visit 1	Visit 2	Visit 3	Visit 4
37. How did <name></name>	Mode of payment	Circle code(s)	Circle code(s)	Circle code(s)	Circle code(s)
pay	1.Cash	1	1	1	1
for the	2. Community health insurance	2	2	2	2
services	scheme				
received	3. Given opportunity to pay later (credit)	3	3	3	3
Circle all that	4.Waived/exempted	4	4	4	4
apply]	5.Paid in kind	5	5	5	5
נניקקי	6.NHIF	6	6	6	6
	7.Private Insurance	7	7	7	7
	9 Don't Know	0			
38 If you in	8. Don't Know	8 Total Value	8 Total	8 Total	-
kind, pleas them using region	dicated in Q37 that you paid in e list down the items and cost the prevailing market rates in that	8 Total Value in KSh	8 Total Value in KSh	8 Total Value in KSh	o Total Value in KSh
kind, pleas them using region <u>Items</u>	dicated in Q37 that you paid in e list down the items and cost the prevailing market rates in that	Total Value	Total Value in	Total Value	Total Value in

Identification #													
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39.Where did <name> get the funds to</name>	1				39. Where did <name> get the funds to pay</name>				
pay for the services and how much was					for the services and how much was paid				
paid from each source					from each source. [Record all that apply]				
[Record all that apply]									
Source of funds	Amou	Amount	Amount	Amount in	Source of funds	Amount in	Amount	Amoun	Amount
Source of funds	nt in	in KSh	in KSh	KSh	Source of funds	KSh	in KSh	t in	in KSh
	KSh	III KSII	III KOII	Kon		KSII	III KOII	KSh	III KSII
1 Had own cash available					1 Had own cash available				
2. Was given money by (friends,					2. Was given money by (friends, family				
family members & relatives- No					members & relatives- No				
repayment was expected)					repayment was expected)				
3. "Harambee" contributions					3. "Harambee" contributions				
4. Borrowed money					4. Borrowed money				
5. Community health insurance (paid					5. Community health insurance				
directly to provider or reimbursed to					(paid directly to provider or reimbursed to				
patient after service was rendered)					patient after service was rendered)			-	
6. Sold household assets	1				6. Sold household assets				
7. Waived/exempted	1				7. Waived/exempted				
8 Reimbursed by well wisher 9. Given opportunity to pay later					8. Reimbursed by well wisher 9. Given opportunity to pay later (Credit)				
(Credit)					9. Given opportunity to pay later (Credit)				
10. Others (specify)					10. Others (specify)			+	
98. Don't Know <i>(Enter 00)</i>					98. Don't know <i>(Enter 00)</i>				
40A .How long did <name> wait between</name>	Hr/Min	Hr/Min	Hr/Min	Hr/Min	40A .How long did <name> wait between</name>	Hr/Min	Hr/Min	Hr/Min	Hr/Min
arrival and being seen by a clinician?	/	/	/	/	arrival and being seen by a clinician?	/	/	/	/
annual and being seen by a similar	/	′	/						
For those who don't know enter 99	-	-							
					For those who don't know enter 99				
40B. How long <name> had to spend</name>	Hr/Min	Hr/Min	Hr/Min	Hr/Min	40B. How long <name> had to spend after</name>	Hr/Min	Hr/Min	Hr/Min	Hr/Min
after consultation and the point of exit?	/	/	/	/	consultation and the point of exit?	/	/	/	/
	-	-						-	
For those who don't know enter 99					For those who don't know, enter 99				
41. How much did <name> spend on</name>	KSh	KSh	KSh	KSh	41. How much did <name> spend on</name>	KSh	KSh	 KSh	KSh
transport to get to the health provider and	Non	Kon	Kon	Nom	transport to get to the health provider and	Kon	Non	Non	Non
back (return) in KSH					back (return) in KSH				
For those who walked, please estimate					For those who walked, please estimate the			-	-
the cost					cost				
Enter 99999 = for those who don't									
know					Enter 99999 = for those who don't know				
42. How long did it take <name> to get</name>	Hr/Min	Hr/Min	Hr/Min	Hr/Min	42. How long did it take <name> to get to the</name>	Hr/Min	Hr/Min	Hr/Min	Hr/Min
to the health provider and back?	/	/	/	/	health provider and back?	/	/	/	/
Enter 99 = for those who don't know					Enter 99 = for those who don't know				
Interviewer – Exclude time spend in the					Interviewer – Exclude time spend in the				
health facility					health facility				
nount homey	I	I	1	1	incantri racinty	l	1	_I	1

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of transportation used to get to the health provider?CodeC	43. What distance of Km to get to the fac	lid <name> cover in ility (One way)</name>	Kms	Kms	Kms	Kms	43. What distance did <name> cover in Km to get to the facility (One way)</name>	s I	Kms	Kms	Kms
of transportation used to get to the health Matatu) Code Code <td>Enter 9999 = for th</td> <td>ose who don't know</td> <td></td> <td></td> <td></td> <td></td> <td>Enter 9999 = for those who don't know</td> <td> ·</td> <td></td> <td></td> <td></td>	Enter 9999 = for th	ose who don't know					Enter 9999 = for those who don't know	·			
provide? provide? provide? provide? provide? provide? 1) Public transport (e.g. Bus, Matalu) 1						Circle Code					Circle Code
2) Private (own means) 2 3		nsport (e.g. Bus,	1	1	1	1	provider?		1	1	1
3) Taxi 3 </td <td>,</td> <td>wn means)</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>,</td> <td></td> <td>2</td> <td>2</td> <td>2</td>	,	wn means)	2	2	2	2	,		2	2	2
4) Boat 4 <td></td> <td>3</td>											3
5) Walked 5 </td <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td>			-	-	-	-				-	-
6) Bicycle 6<	,					-				-	
7 / Molor cycle 7	,		-	-	-					-	-
8) Animal (e.g. camel) 8 8 8 8 8 8 9 10 10 1 </td <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td>			-	-	-	-			-	-	-
9) Air 9 10 <th10< th=""> 10 <th11< th=""></th11<></th10<>	, ,				-				-	-	-
10) Other (specify)10 <th< td=""><td></td><td>.g. camer)</td><td></td><td>-</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>-</td></th<>		.g. camer)		-	-						-
of care that he/she received from shealth facility code	- /	ecify)	-	-	-	-			-	-	10
$\begin{array}{c c c c c c c c c c c c c c c c c c c $						Circle code					Circle
1. Yes 2 <td></td> <td></td> <td>code</td> <td>code</td> <td>code</td> <td></td> <td></td> <td></td> <td>code</td> <td>code</td> <td>code</td>			code	code	code				code	code	code
2. No 8 <td></td> <td>lity</td> <td></td> <td></td> <td>-</td> <td></td> <td>5</td> <td></td> <td>-</td> <td></td> <td>1</td>		lity			-		5		-		1
8) Don't Know 8) Don't Know Now Now <td></td> <td>2</td>											2
Visit 1 Visit 2 Visit 3 Visit 4 Enter Enter Enter Enter code Enter code ic. How would a) Time spent with the Enter code Enter code Enter code ic. How would a) Time spent with the Enter code Enter code Enter code Enter code ic. How would a) Time spent Cinician Enter code Enter code Enter code Enter code Code ispects of quality issited? b) Waiting time c) Courtesy of staff c		0.11	8	8	8	8		8	8	8	8
code			Visit 1	Visit 2	Visit 3	Visit 4	-,	/isit 1	Visit 2	Visit 3	Visit
codecodecodecodecodecodecodecode46. How would <name> assess the following aspects of quality care in the <name </name > health facility visited?a) Time spent with the cliniciana) Time spent with the cliniciana) Time spent with the cliniciana) Time spent with the cliniciana) Time spent with the clinicianc) Time spent with the cliniciana) Time spent with the cliniciana) Time spent with the clinicianc) Time spent with the clinicianc) Time spent with the clinicianc) Time spent with the clinicianc) Time spent wi</br></br></br></br></br></name>			Enter	Enter	Enter	Enter code	Ent	er code	Enter	Enter	Ente
<name> assess the following aspects of quality care in the <name> with the Clinician</name></name>		1 -									code
aspects of quality care in the <name> health facility visited? b) Waiting time aspects of quality care in the <name> health facility visited? health facility visited? c) Courtesy of staff b) Waiting time 1) Very Satisfied 2) Satisfied 3) Not satisfied 4) Not at all satisfied 8) Don't know d) Availability of for privacy during d) Availability of facility f) Privacy during f) Privacy during f) Privacy during f) Privacy during</name></name>	<name> assess</name>	with the					<name> assess Clinician</name>				
visited? C) Courtesy of staff Image: staff	aspects of quality care in the <name< td=""><td></td><td></td><td></td><td></td><td></td><td>aspects of quality care in the <name< td=""><td></td><td></td><td></td><td></td></name<></td></name<>						aspects of quality care in the <name< td=""><td></td><td></td><td></td><td></td></name<>				
1) Very Satisfied C) Courtesy of staff I) Very Satisfied C.) Courtesy of stain 2) Satisfied d) Availability of drugs I) Very Satisfied Satisfied 3) Not satisfied d) Availability of drugs IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII											
2) Satisfied d) Availability of drugs d) Availability of drugs 3) Not satisfied drugs drugs d) Availability of drugs 4) Not at all satisfied e) Cleanliness of facility e) Cleanliness of facility e) Cleanliness of facility b) Don't know f) Privacy during f) Privacy during f) Privacy during	1) Very	staff					1) Very Satisfied				
4) Not at all satisfied e) Cleanliness of facility b) Don't know f) Privacy during	3) Not						3) Not				
B) Don't know f) Privacy during 8) Don't know f)	4) Not at all						4) Not at all e) Cleanliness of				
							8) Don't know f) Privacy during				
Chart navé antimutrizit athenuina pravida information far the navé nerven as annuanvida	Start novt ook	consultation		tion for the			consultation				
Start next column/visit, otherwise provide information for the next person as appropriate	art next column	visit, otnerwise provid	ue informa	auon for the	next persol	i as appropriate					

Identification #												
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SECTION C2: ROUTINE HEALTH EXPENSES in the last four weeks (Apply to all Household Members)

 47. Apart from the above health expenses, did any member of your household incur other expenses on health and health related commodities in the <u>last four</u> <u>weeks</u> (e.g. routine medication, family planning commodities and services like condoms, pills etc; ORS, Vitamin supplements e.g. Cod liver Oil etc.) 1. Yes 2. No (go to section C3) 8. Don't know (go to section C3) 			Insert code		
INTERVIEW CHECK:	HH membership				
48. If yes to Question 47 , please indicate the household membership number and name of the person who incurred other expenses on health and health related commodities?	No.	No.	No.	No.	No.

	Identification #				
49. How much did <name> spend on the following items/commodities?</name>					
1. Drugs/Medicine	1. KSh	1. KSh	1. KSh	1. KSh	1. KSh
2. Others (specify) – other health related items/commodities					
a	2a.KSh	2a.KSh	2a.KSh	2a.KSh	2a.KSh
b	2b.Kshs	2b. Kshs	2b. Kshs	2b. Kshs	2b. Kshs
c	2c. Kshs	2c. Kshs	2c. Kshs	2c. Kshs	2c. Kshs
d	2d. Kshs	2d. Kshs	2d. Kshs	2d. Kshs	2d. Kshs
e	2e. Kshs	2e. Kshs	2e. Kshs	2e. Kshs	2e. Kshs
f	2f. Kshs	2f. Kshs	2f. Kshs	2f. Kshs	2f. Kshs
8. Don't know <i>(Enter</i> 99999)	8	8	8	8	8

Identification #

SECTION C3: IN-PATIENT ADMISSION IN THE LAST ONE YEAR

This section is for <u>all household members</u> whose response in E2 is code 1 (YES) (Only the <u>last two inpatient admissions</u> should be considered for all household members)

	Question	Household men Name	nbership No	Household me Name:	mbership No	Household me Name	mbership No	Household membership No Name:		
	Question	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	
50.	How many times was <name></name> Admitted?		times		times		times		times	
51.	How long was <name> admitted?</name>	Adm1	Adm2	Adm1	Adm2	Adm1	Adm2	Adm1	Adm2	
	C	days	days	days	days	days	days	days	days	
	What was the name of the health provider that <name> was admitted in?</name>									
	What was the type and ownership of health provider that <name> was admitted in?</name>	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	
	1) Govt. Hospitals	1	1	1	1	1	1	1	1	
	2) Private hospitals	2	2	2	2	2	2	2	2	
	3) Mission Hospital	3	3	3	3	3	3	3	3	
	4) Govt. Health Centre	4	4	4	4	4	4	4	4	
	5) Private Health Centre	5	5	5	5	5	5	5	5	
	Mission health centre	6	6	6	6	6	6	6	6	
	Nursing/Maternity Homes	7	7	7	7	7	7	7	7	
	8) Other Country (Specify)	8	8	8	8	8	8	8	8	
	9) Traditional healer	9	9	9	9	9	9	9	9	
	10) Othe(specify)	10	10	10	10	10	10	10	10	
	Is this the nearest in-patient health facility to your home?	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	
	1. Yes 2. No 8.Don't Know (go to Qs.57)									
	Who owns the in-patient health facility nearest your home	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	Insert code	
	1 Government 2 Private 3 Mission 4 NGO 8. Don't know									

Question	Household mem Name	bership No	Household me Name:	embership No	Household me Name	mbership No	Household membership No Name:		
Question	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	
56. What were the three main reasons for by									
passing the facility nearest to your home									
1) Unfriendly staff	1	1	1	1	1	1	1	1	
2) Long waiting time	2	2	2	2	2	2	2	2	
3) Medicine unavailable	3	3	3	3	3	3	3	3	
4) Staff are ungualified	4	4	4	4	4	4	4	4	
5) Services are expensive	5	5	5	5	5	5	5	5	
6) Dirty facility	6	6	6	6	6	6	6	6	
7) Would have paid	7	7	7	7	7	7	7	7	
8) No privacy	8	8	8	8	8	8	8	8	
9) Was referred	9	9	9	9	9	9	9	9	
10) Beds not available	10	10	10	10	10	10	10	10	
11) Other (specify)	11	11	11	11	11	11	11	11	
57. What are the three main reasons for	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	
choosing the health provider that you were									
admitted in?	1	1	1	1	1	1	1	1	
1) Close to home	2	2	2	2	2	2	2	2	
 Staff give good advice 	3	3	3	3	3	3	3	3	
 Good staff attitude 	4	4	4	4	4	4	4	4	
Knew someone in the facility	5	5	5	5	5	5	5	5	
Less waiting time	6	6	6	6	6	6	6	6	
6) Medicine available	7	7	7	7	7	7	7	7	
Staff are qualified	8	8	8	8	8	8	8	8	
8) Less costly	9	9	9	9	9	9	9	9	
9) Do not have to pay	10	10	10	10	10	10	10	10	
10) Cleaner facility	11	11	11	11	11	11	11	11	
11) More privacy	12	1 2	12	12	1 2	12	1 2	12	
12) Insurance recommendation	13	13	13	13	13	13	13	13	
13) Was referred	14	14	14	14	14	14	14	14	
14) Other (specify)	15	15	15	15	15	15	15	15	

Identification #						

Question	Household men Name	nbership No	Household men	mbership No	Household m Name	embership No	Household mer Name:	mbership No
	Admission 1	Admission 2	Admission 1	Admission 2	58.	Admission 1	Admission 2	Admission 1
58. What were the reasons for (name) seeking	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code	Circle code
admission: (multiple choices allowed								
Enumerator to probe to ensure no reason is								
missed]								
a) Illness								
1) Malaria/fever	1	1	1	1	1	1	1	1
 Diseases of Respiratory including pneumonia 	2	2	2	2	2	2	2	2
3) Skin diseases (e.g. boils, lesions etc	3	3	3	3	3	3	3	3
4) TB	4	4	4	4	4	4	4	4
5) HIV/AIDS	5	5	5	5	5	5	5	5
6) Diabetes	6	6	6	6	6	6	6	6
7) Diarrhoea	7	7	7	7	7	7	7	7
8) Intestinal worms	8	8	8	8	8	8	8	8
 Accidents and injuries 	9	9	9	9	9	9	9	9
10) STD (Syphilis etc)	10	10	10	10	10	10	10	10
11) Eye infections	11	11	11	11	11	11	11	11
12) Gender Based Violence related injuries	12	12	12	12	12	12	12	12
13) Cancer	13	13	13	13	13	13	13	13
14) Hypertension	14	14	14	14	14	14	14	14
15) Other (Specify)	15	15	15	15	15	15	15	15
b) Services								
16) Delivery								
16a) caesarean	16a	16a	16a	16a	16a	16a	16a	16a
16b) normal delivery	16b	16b	16b	16b	16b	16b	16b	16b
17) Family planning Sterilization	17	17	17	17	17	17	17	17
18) Treatment/surgery for reproductive	18	18	18	18	18	18	18	18
health related cancers etc.								
19) Post natal care/delivery complications	19	19	19	19	19	19	19	19
20) Other Services (specify)	20	20	20	20	20	20	20	20
59. Did <name> pay for the services received?</name>	Enter code	Enter code	Enter code	Enter code	Enter code	Enter code	Enter code	Enter code
1. Yes								
2. No - (go to Q 64)								
8. Don't Know (go to Q64)								

Identification #						

	Question	Household me Name	mbership No.	Household me Name	mbership No	Household me Name	mbership N	Household me Name	mbership No
	Question	Admission 1	Admission 2						
		Enter Amount in KSh							
60. If yes to Q59, how	1. Registration/Card								
much did <name></name>	2. Drugs (including outside purchases)								
spend on the following?	3. Consultation								
	4. Surgical operation								
Interviewer:-	5. Diagnosis and imaging (x-ray, lab etc)								
Amount paid	6. Daily bed rate/accommodation								
by item should correspond to each	 Other (include cost paid to facility by the person accompanying the patient) 								
admission	8) <u>Overall</u> Enter overall estimate <u>only</u> if detail not remembered								
	9. Don't know, Enter 99999	Insert code							
61.How did <name> pay</name>	MODE OF PAYMENT	Admin 1	Admin 2						
for the services received		Circle code(s)	Circle code(s)	Circle code(s)	Circle code (s)				
(Cirolo all	1.Cash	1	1	1	1	1	1	1	1
(Circle all that apply)	2.Community health insurance scheme	2	2	2	2	2	2	2	2
	3. Given opportunity to pay later (credit)	3	3	3	3	3	3	3	3
	4.Waived/exempted	4	4	4	4	4	4	4	4
	5. Paid in kind	5	5	5	5	5	5	5	5
	6. National Hospital Insurance Fund (NHIF)	6	6	6	6	6	6	6	6
	7.Private health insurance	7	7	7	7	7	7	7	7
	8.Don't Know	8	8	8	8	8	8	8	8

Identification #												
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	Question	Household me Name	mbership No.	Household me Name	mbership No	Household me Name	mbership N	Household mei Name	nbership No
	Quootion	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2
down the items rates in that re <u>Items</u> 1 2	0	Total Value in KSh	Total Value in KSh	Total Value in KSh					
63. Where did <name> get the funds</name>	Source of funds	Enter Amount KSh	Enter Amount KSh	Enter Amount KSh	Enter Amount KSh	Enter Amount KSh	Enter Amount KSh	Enter Amount KSh	Enter Amount KSh
to pay for the services and	1) Had cash available								
how much was paid from each	2) Was given money (by friends, relatives & family members - No repayment was expected)								
source	3). "Harambee" contributions								
	4) Borrowed money								
<u>Interviewer:-</u> Amounts	5) Community health Insurance scheme (paid directly to provider or reimbursed to patient after service was rendered)								
paid by source should	6) Private health insurance (paid directly to provider or reimbursed to patient after service was rendered)								
correspond to Total for each admission	7) NHIF (paid directly to provider or reimbursed to patient after service was rendered)								
shown in	8) Sold household assets								
Q60.	9) Waived/exempted								
	10) Reimbursed by Employer								
	11) Was given opportunity to pay later(credit)								
	98) Don't Know <i>(enter 99999)</i>								
64. Who pro	vided drugs and pharmaceuticals?	circle code	circle code	circle code					
	 By the health facility Purchase from outside 	1	1	1	1	1	1	1	1
	3) Both (1 and 2)	2	2	2	2	2	2	2	2
	8) Don't know	3 8	3 8	3 8	3 8	3 8	3 8	3 8	3 8
65. Was <nai< td=""><td>me> satisfied with the quality of care that</td><td>circle code</td><td>circle code</td><td>circle code</td><td>circle code</td><td>circle code</td><td>circle code</td><td>circle code</td><td>circle code</td></nai<>	me> satisfied with the quality of care that	circle code	circle code	circle code					
he/she re	ceived from <name> health facility</name>	1	1	1	1	1	1	1	1
	1) Yes	2	2	2	2	2	2	2	2
	2) No 8) Don't know	8	8	8	8	8	8	8	8

Identification #													
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01	uestion	Household mer	nbership No.	Household mer Name	nbership No	Household mei Name	nbership N	Household me Name	mbership No
Q		Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2	Admission 1	Admission 2
		Househol	d number:	Househo	ld number:	Household	d number:	Household nu	mber:
		Adm1 Enter code	Adm2 Enter code	Adm1 Enter code	Adm2 Enter code	Adm1 Enter code	Adm2 Enter code	Adm1 Enter code	Adm2 Enter code
66. How would you assess the following aspects of <u>quality care</u> in the facility <name> admitted?</name>	 Time spent with the Clinician Waiting time Courtesy of staff 								
 Very Satisfied Satisfied Not satisfied Not at all satisfied Don't know (Can't Assess) 	 Availability of drugs Cleanliness of facility/wards Bed linen Food quality Consultation Privacy 								
67A). How long did it take < Enter 99 = for those who	name> to arrive at the facility?	Hrs Min	Hrs Min	Hrs Min	Hrs Min	Hrs Min	Hrs Min	Hrs Min	Hrs Min
67B). How long did it take < Enter 99 = for those who do		Hrs Min	Hrs Min	Hrs Min	Hrs Min	Hrs Min	Hrs Min	Hrs Min	Hrs Min
inpatient facility. <u>(One way)</u> Enter 999 = for those who		Kms	Kms	Kms	Kms	Kms	Kms	Kms	Kms
69). How much did <name> If don't know enter 99999</name>	spend on transport (one way)	KSh	KSh	KSh	KSh	KSh	KSh	KSh	KSh
70A). Did any member of yo <name> during his/her hos 1. Ye 2. N</name>	spital stay?	Enter code	Enter code	Enter code	Enter code	Enter code	Enter code	Enter code	Enter code
 70B). If yes in Q70A, for 71) Indicate the househ for the person who according to the person who according to the person of the name">name 71) Indicate the househ for the person who according to the name"> 	old membership number	Days	Days	Days	Days Insert No.	Days	Days Insert No.	Days	Days Insert No.

Note: Start next column/admission, otherwise provide information for the next person as appropriate

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SECTION D: ACCESS TO HEALTH INSURANCE:

72. Is there any member of the household who is covered by any form of health insurance? (Enumerator to probe to establish if there is any form of health insurance including National Hospital Insurance Fund (NHIF), private insurance, community health insurance etc.)

- 1. Yes
- 2. No If NO, Go to section E

Qs 73 – 75 to be answered for each household member (Multiple answers separated by commas

73 If YES to 72, please list all me with a health insurance cover		74 What are the types of Insurance coverage does (name) have? A. NHIF B. Community based health insurance	75 Who pays for this cover (s)? A. Household head B. Employer C. Self D. Others (specify) (<u>Multiple answers</u> allowed)	76 How does <name> pay for the health insurance cover?(Multiple choices allowed) 1)Pension 2)Dependant 3)Cash (out-of pocket) 4)Others (specify)</name>	77 How much does <name) for<br="" pay="">the health insurance premiums on monthly basis? If premiums are paid on annual basis, please</name)>	78 What medical services are covered by (NAME) health insurance? (<i>Circle all that</i> <i>apply - Multiple choices</i> <i>allowed</i>) 1. In patient 2. Out patient 3. Both Inpatient and Outpatient
Name	HH member Number	C. Private Insurance D. Others (specify)	Write Code	8) Don't know	divide by 12	4. Maternity cover 5. Others (specify) 8. Don't Know

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Section E: Housing Conditions, Amenities and Assets (These questions to be asked to Household head)

79	What is main type of dwelling of the household?	Enter code	
		1) Permanent building	
		2) Semi Permanent	
		3) Temporary	
80	Who owns the dwelling the household occupies?	1) Owned by family or one of it's members	
		2) Rented	
		3) Occupied without payment	
		4) Other (specify)	
01	What is the main material of the fleer?	Enter code	
81	What is the <u>main</u> material of the <u>floor</u> ? (Record Observation)	NATURAL FLOOR	
	<u>,</u>	EARTH/SAND	11
		DUNG	12
		RUDIMENTARY FLOOR	
		WOOD PLANKS	21
		PALM/BAMBOO	22
		FINISHED FLOOR	
		PARQUET OR POLISHED	
		WOOD	31
		VINYL OR ASPHALT STRIPS	32
		CERAMIC TILES	33
		CEMENT/TERAZO	34
		CARPET	35
		OTHER	96
		(SPECIFY)	

82	What is the main material of the Exterior <u>wall</u> ?	NATURAL WALLS	
	(Record Observation)	NO WALLS 11	
		CANE/PALM/TRUNKS 12	
		MUD/DUNG 13	
		RUDIMENTARY WALLS	
		BAMBOO WITH MUD 21	
		STONE WITH MUD/CEMENT WITH MUD 22	
		PLYWOOD/CARDBOARD 23	
		REUSED WOOD 24	
		CARTON 25	
		FINISHED WALLS	
		CEMENT 31	
		STONE WITH LIME/CEMENT 32	
		BRICKS 33	
		CEMENT BLOCKS 34	
		WOOD PLANKS/SHINGLES 35	
		OTHER (SPECIFY) 96	
83	What is the main material of the roof ?	NATURAL ROOFING	
		NO ROOF	11
	(Record Observation)	THATCH / PALM LEAF (MAKUTI) DUNG / MUD	12 13
			13
		CORRUGATED IRON (MABATI)	21
		TIN CANS	22
		FINISHED ROOFING	
		ASBESTOS SHEET	31
		CONCRETE TILES	32 33
		OTHER (SPECIFY)	96_
84	What is the main source of cooking fuel ?	1. Firewood	
	Circle the appropriate code	2. Charcoal 3. Kerosene /paraffin	
		4. Gas	
		5. Electricity	
95	What is the main source of lighting ?	6. Other (specify)	
85	what is the main source of lighting?	1 Electricity 5 Firewoo 2 Kerosene (Lamp/Koroboi) 6 Solar	DQ
		-	specify)
		4 Candle	

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86	Does your household have any of the following items?		Yes	No	
		1. Radio	1	2	
		2. Television	1	2	
	(Circle all that apply)	3. Bicycle	1	2	
		4. Motorcycle	1	2	
		5. Sewing Machine	1 1	2 2	
		7. Ox Plough	1	2	
		8. Oxen/donkey drawn Cart	1	2	
		9. Car/Truck	1	2	
		10. Motor Boat	1	2	
		11. Refrigerator	1	2	
		12. Other (Specify)			
87	What is the main source of water for the				
	household?	PIPED WATER			
		Piped Into Dwelling	1		
		Piped To Yard/Plot	2	2	
		Public Tap/Standpipe	3	}	
		TUBE WELL OR BOREHOLE	4	<u> </u>	
		DUG WELL			
		Protected Well	5	5	
		Unprotected Well	6	6	
		WATER FROM SPRING			
		Protected Spring	7	,	
		Unprotected Spring	8		
		RAINWATER	ç)	
		WATER VENDOR	1	-	
		SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION _CHANNEL)	1	1	
		OTHER (specify)	1	2	
					Enter code
88	What type of toilet facility does the household use?				
		Flush or Pour Flush Toilet 1			
		Traditional Pit Latrine 2			
		Ventilated Improved Pit Latrine (VIP) 3			
		No Facility/Bush/Field 4			
		Bucket Latrine 5 Other (Specify) 6			Enter Code

SECTION F: HOUSEHOLD EXPENDITURE AND CONSUMPTION: Respondent - Household Head

I would like to ask you questions about your <u>household expenditures and consumption (</u><i>include estimates on direct purchases, consumption from bulk purchases, consumption from own produce and gifts/in-kind)

90	How much did your household <u>spend in last 7 days</u> on the following key foods and beverages?	Kshs
	1 Oil and fats (include vegetable oil etc.)	
	2 Cereals (including maize grains, maize and wheat flour, beans, rice etc)	
	3 Livestock/ Poultry produce e.g. Milk and eggs	
	4 Fish	
	5 Meat including (/liver, "matumbo", chicken, pork etc.	
	6 Sugar and beverage (tea, coffee etc	
	7 Bread	
	8 Spices e.g. "Curry powder"	
	9 Vegetables, carrots	
	10 Fruits	
	11 Roots (sweet potatoes, yams, arrow roots etc.)	
	12 Soft drinks (soda, Juice etc)	
	13. Beer/ Wines/Miraa (includes wines, beers, spirits, "muratina"/ "karubu"/ "mnazi" etc.)	
	14. Soap and detergents	
	15 Meals (Kiosk, restaurant, road side vendors)	
	[If you can't give a break down, please provide the total amount spent on food and beverages]	

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	MONTHLY HOUSEHOLD EXPENDITURE AND	CONSUMPTION	
91	How much did your household spend in <u>last one month</u> on the following	?	Amount (KSh)
	2) Soap and detergent		
	4) Rent		
	5) Electricity		
	6) Water		
	7) Kerosene/paraffin		
	8) Telephone bills/Airtime		
	9) Transport		
	10) Charcoal		
	11) Fire wood		
	12) Cooking gas		
	13) Salaries including salaries/wages for domestic workers		
	14) Remittances (in cash and kind)		
	15) Sanitary towels		
	16) Others (Specify)		
	Total amount		
	ANNUAL HOUSEHOLD EXPENDITURE AND (CONSUMPTION	
92	How much did your household spend in the last one year on the		Amount (KSh)
	following?		
	1) Education (registration, uniforms, books, tuition, exam fees)		
	2) Maintenance and repairs including car and buildings etc.		
	3) Clothing and footwear		
	4) Wedding/dowry including contributions/harambees for the same to other HHs		
	5) Funerals including contributions/harambees for the same to other HHs		
	6) Capital expenditures including cars, plots etc.		
	7) Others (specify)		
	Total amount		

THE END