Area: 1-Urban 2-Rural EA No ___ ___ ___ ___ ___ Hh No ___ ___ Enumerator.....

SECTION 2b: HEALTH EXPENDITURE

1. ID No. of household member	16. Did (name) pay to see the health care provider?	17. How much did name pay to see the health care provider? **Consultation cost**	18. Cost of dental fees	19. Injection/ lab fees/ X-ray/scanning costs	20. Ambulance Service	21. Child birth/delivery costs	22. Immunisation costs	23. Main mode of payment?	24. Did name pay for the medicine prescribed?	25. How much did (name) pay for the medicine prescribed?	26. How much did (name) pay to travel to and from the health care facility?	27. What was the main mode of transport to and from the facility?	28. Is this the nearest health facility to your home?
	Yes 1 No 2 **(>> Q24)**	**Record 00 if none** AMOUNT	**Record 00 if none** AMOUNT	**Record 00 if none** AMOUNT	**Record 00 if none** AMOUNT	**Record 00 if none** AMOUNT	**Record 00 if none** AMOUNT	Cash 1 Institutional Insurance 2 Given opportunity to pay later (credit) 3 Private health insurance 4 Waived/exempte 5 Paid in kind 6 Don't know 9 Other (Specify) 10	Yes No ? **(>> Q26)** Some 3	**Record 00 if none** AMOUNT	**Record 00 if none** AMOUNT	Foot 1 Vehicle 2 Cart 3 Bicycle/motorcycle 4 Ferry/Boat 5 Other, 9	Yes 1 **>> next sect** No 2
Id	16	17	18	19	20	21	22	23	24	25	26	27	28

29. What were the **main reasons** for by passing the facility nearest to your home ***(Multiple answers acceptable)***

Unfriendly staff	1
Long waiting time	2
Medicine unavailable	3
Staff are unqualified	4
Services are expensive	5
Dirty facility	6
Would have paid	7
No privacy	8
Was referred	9
Other (specify	#

29