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MINISTRY OF HEALTH



KENYA NATIONAL HEALTH ACCOUNTS (NHA) HOUSEHOLD HEALTH EXPENDITURE AND UTILISATION SURVEY (2007)

Strictly confidential information

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 and the Kenya National Bureau of Statistics. 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 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 Ministry of Health 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 30 minutes.

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	EDUCATION STATUS <i>IF AGE 6 YEARS OR OLDER</i>			MARITAL STATUS	Employment and Remuneration of household in <u>the last 12 months</u> <i>This is to be answered by those who are 15 years and above</i>		HEALTH STATUS										
01	07	08	09	10	11	12	13	14	15								
Household Membership Number	Has <NAME> ever been to school? 1) Yes 2) No (go to 10) 8) Don't know (go to 10)	What is <name> highest level of formal education attainment? 1) Nursery 2) Primary 3) Post primary/ vocational 4) Secondary 5) College (middle level) 6) University 7) Don't Know <u>Write code</u>	Number of years <NAME> completed at that level. 00= Less than 1 yr completed 98= Don't Know	What is <name> Current marital status? 1) Never married /never lived together 2) Married/ living together 3) Divorced /separated 4) Widowed <u>Write code</u>	What is <name> main employment status? 1) Working (formal/ informal employment) 2) Seeking work 3) Homemakers 4) Students 5) Others (Specify) <u>Write code</u>	If answer to 11 is 1, what is <name>'s <u>Main occupation</u> <i>(Please provide information on the main type of occupation under the space provided e.g. a primary school teacher)</i> <u>Occupation</u>	How does <NAME> rate his/her health status compared to others of his/her age? 1) Very good 2) Good 3) Satisfactory 4) Poor 5) Don't know	Does <name> smoke (cigarettes / pipe)? 1. Yes 2. No 8. Don't Know	Does <name> have any of the following chronic health condition *? <i>(If yes indicate accordingly)</i> A) Hypertension B) Diabetes C) Cardiac disorders D) Arthritis E) HIV/AIDS F) Ulcers G) Gout H) Other chronic (specify) <u>(Interviewer: * At least 3 months and can recur)</u> 1. Yes 2. No								
										A	B	C	D	E	F	G	H
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06																	
07																	
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12																	

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01	16	17	18	19	20	21	22
Household Membership Number	<p>Was <NAME> ill in the <u>last four weeks</u>?</p> <p>1) Yes (go to 17)</p> <p>2) No (Go to 21)</p> <p>Insert Code</p>	<p>If Yes, to Q16 did <name> visit/consult a health provider (including hospital/ health centre/ clinic/ Pharmacy/chemist /shop/ Birth Attendant &Traditional Healers)?</p> <p>1. Yes (go to 18)</p> <p>2. No (go to 20)</p> <p>8. Don't Know (go to 21)</p> <p>Insert Code</p>	<p>If Yes to Q17, did <Name> make all the visits that were required?</p> <p>1. Yes go to Q21)</p> <p>2. No (go to Q19)</p> <p>8. Don't know (Go to 21)</p> <p>Insert Code</p>	<p>If No to Q18, what was <name>'s <u>main reasons</u> for not making all the visits?</p> <p>1. Lacked Money</p> <p>2. Self medication</p> <p>3. Poor quality service</p> <p>4. High Cost of Care</p> <p>5. Religious /cultural reasons</p> <p>6. Fear of discovering serious illness</p> <p>7. Long distance to provider</p> <p>8. Others (____specify)</p> <p><i>(Multiple responses allowed)</i></p> <p>Insert Code(s)</p>	<p>If No to Q17, what was <name>'s <u>main reasons</u> for not seeking care?</p> <p>1. Lacked Money</p> <p>2. Self medication</p> <p>3. Poor quality service</p> <p>4. High Cost of Care</p> <p>5. Religious /cultural reasons</p> <p>6. Fear of discovering serious illness</p> <p>7. Long distance to provider</p> <p>8. Others (____specify)</p> <p><i>(Multiple responses allowed)</i></p> <p>Insert Code(s)</p>	<p>Did <name> seek <u>preventive/promotive health</u> care services in the <u>last 4 weeks</u>?</p> <p>1. Yes</p> <p>2. No</p> <p>8. Don't know</p> <p><i>(List of services)</i></p> <ul style="list-style-type: none"> • Family Planning • Immunization • Voluntary Counselling and Testing (VCT) • Counselling • Ante/post natal care <p>Insert Code</p>	<p>Did [Name] need to be admitted in a health provider in the last <u>twelve months</u>?</p> <p>1. Yes (go to Q23)</p> <p>2. No (go to Section C1)</p> <p>8. Don't Know (go to Section C1)</p> <p>Insert code</p>
01							
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06							
07							
08							
09							
10							
11							
12							

[illegible]

01	23	24
Household Membership Number	<p>If Yes to Q22, was <name> admitted?</p> <p>1. Yes (go to section C1)</p> <p>2. No (go to Q24)</p> <p>8. Don't Know (go to section C1)</p> <p>Insert code</p>	<p>If No to Q23, why was <name> not admitted?</p> <p>1. Lacked Money</p> <p>2. Self medication</p> <p>3. Poor quality service</p> <p>4. High Cost of Care</p> <p>5. Religious /cultural reasons</p> <p>6. Fear of discovering serious illness</p> <p>7. Long distance to provider</p> <p>8. Others (_____specify)</p> <p>98. Don't know</p> <p><i>(Multiple responses allowed)</i></p> <p>Insert Code</p>
01		
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SECTION C 1: UTILIZATION OF OUT PATIENT AND OTHER HEALTH RELATED SERVICES IN PAST FOUR WEEKS

This section is for all household members whose response was a "Yes" in Questions 16, 17 and 21 (section B)

Household membership number for the person who Consulted/ sought /visited health provider for health care (as appearing in Q16, 17 and Q21) How many out patient visits did you make in the last four weeks: _____ (number) <i>(Get information ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
25. What were the MAIN reasons for (name) seeking care: Enumerator to probe to ensure no reason is missed] a) ILLNESS 1) Malaria 2) Diseases of Respiratory including pneumonia 3) Skin diseases (e.g. boils, lesions etc 4) TB 5) HIV/AIDS 6) Diabetes 7) Diarrhoea 8) Intestinal worms 9) Accidents and injuries 10) STD (Syphilis etc) 11) Eye infections 12) Other (Specify)	Circle all that apply	Circle all that apply	Circle all that apply	Circle all that apply
1) Malaria 2) Diseases of Respiratory including pneumonia 3) Skin diseases (e.g. boils, lesions etc 4) TB 5) HIV/AIDS 6) Diabetes 7) Diarrhoea 8) Intestinal worms 9) Accidents and injuries 10) STD (Syphilis etc) 11) Eye infections 12) Other (Specify)	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
b) SERVICES 13) Physical check-up (prevention) 14) Immunizations (prevention) 15) Family planning (prevention) a) Oral contraceptives b) Condoms c) Intrauterine device d) Injections e) others (specify)				
13) Physical check-up (prevention) 14) Immunizations (prevention) 15) Family planning (prevention) a) Oral contraceptives b) Condoms c) Intrauterine device d) Injections e) others (specify)	13 14 15a 15b 15c 15d 15e	13 14 15a 15b 15c 15d 15e	13 14 15a 15b 15c 15d 15e	13 14 15a 15b 15c 15d 15e
16) Prenatal/antenatal care 17) Dental 18) Circumcision 19) VCT 20) Other forms of Counselling 21) Physiotherapy 22) Other Services (specify)	16 17 18 19 20 21 22	16 17 18 19 20 21 22	16 17 18 19 20 21 22	16 17 18 19 20 21 22

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 ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
25. What were the MAIN reasons for (name) seeking care: Enumerator to probe to ensure no reason is missed] a) ILLNESS 1) Malaria 2) Diseases of Respiratory including pneumonia 3) Skin diseases (e.g. boils, lesions etc 4) TB 5) HIV/AIDS 6) Diabetes 7) Diarrhoea 8) Intestinal worms 9) Accidents and injuries 10) STD (Syphilis etc) 11) Eye infections 12) Other (Specify)	Circle all that apply	Circle all that apply	Circle all that apply	Circle all that apply
1) Malaria 2) Diseases of Respiratory including pneumonia 3) Skin diseases (e.g. boils, lesions etc 4) TB 5) HIV/AIDS 6) Diabetes 7) Diarrhoea 8) Intestinal worms 9) Accidents and injuries 10) STD (Syphilis etc) 11) Eye infections 12) Other (Specify)	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
b) SERVICES 13) Physical check-up (prevention) 14) Immunizations (prevention) 15) Family planning (prevention) a) Oral contraceptives b) Condoms c) Intrauterine device d) Injections e) Others (specify)				
13) Physical check-up (prevention) 14) Immunizations (prevention) 15) Family planning (prevention) a) Oral contraceptives b) Condoms c) Intrauterine device d) Injections e) Others (specify)	13 14 15a 15b 15c 15d 15e	13 14 15a 15b 15c 15d 15e	13 14 15a 15b 15c 15d 15e	13 14 15a 15b 15c 15d 15e
16) Prenatal/antenatal care 17) Dental 18) Circumcision 19) VCT 20) Other forms of Counselling 21) Physiotherapy 22) Other Services (specify)	16 17 18 19 20 21 22	16 17 18 19 20 21 22	16 17 18 19 20 21 22	16 17 18 19 20 21 22

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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) How many out patient visits did you make in the last four weeks: _____ (number) <i>(Get information ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
30. What were the main three reasons for <name> by passing the facility/health provider nearest to his/her home 1) Unfriendly staff 2) Long waiting time 3) Medicine unavailable 4) Staff are unqualified 5) More expensive services 6) Dirty facility 7) Would have paid 8) No privacy 9) Was referred 10) Other (specify) (Multiple answers acceptable)	Circle code 1 2 3 4 5 6 7 8 9 10	Circle code 1 2 3 4 5 6 7 8 9 10	Circle code 1 2 3 4 5 6 7 8 9 10	Circle code 1 2 3 4 5 6 7 8 9 10
31. What are the main three reasons for <name> choosing the health provider that you visited? 1) Close to home 2) Staff give good advice 3) Good staff attitude 4) Knew someone in the facility 5) Less waiting time 6) Medicine available 7) Staff are qualified 8) Less costly 9) Felt not seriously ill (minor ailment) 10) Do not have to pay 11) Cleaner facility 12) More privacy 13) Employer/Insurance requirement 14) Was referred 15) Other (specify) (Multiple answers acceptable)	Circle code 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Circle code 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Circle code 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Circle code 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
32. Did you obtain all medicine/drugs there? 1) Yes (all)-Go to Q35 2) Yes (some)-Go to Q33 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

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 ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
30. What were the main three reasons for <name> by passing the facility/health provider nearest to his/her home 1) Unfriendly staff 2) Long waiting time 3) Medicine unavailable 4) Staff are unqualified 5) More expensive services 6) Dirty facility 7) Would have paid 8) No privacy 9) Was referred 10) Other (specify) (Multiple answers acceptable)	Circle code 1 2 3 4 5 6 7 8 9 10	Circle code 1 2 3 4 5 6 7 8 9 10	Circle code 1 2 3 4 5 6 7 8 9 10	Circle code 1 2 3 4 5 6 7 8 9 10
31) What are the main three reasons for <name> choosing the health provider that you visited? 1) Close to home 2) Staff give good advice 3) Good staff attitude 4) Knew someone in the facility 5) Less waiting time 6) Medicine available 7) Staff are qualified 8) Less costly 9) Felt not seriously ill (minor ailment) 10) Do not have to pay 11) Cleaner facility 12) More privacy 13) Employer/Insurance requirement 14) Was referred 15) Other (specify) (Multiple answers acceptable)	Circle code 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Circle code 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Circle code 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Circle code 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
32. Did you obtain all medicine/drugs there? 1) Yes (all)-Go to Q35 2) Yes (some)-Go to Q33 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

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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) How many out patient visits did you make in the last four weeks: _____ (number) <i>(Get information ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
33. If Yes to Q32-2) (i.e. some of the needed drugs), what were the main reasons? 1) Drugs not available 2) Used drugs available at home 3) Decided to do without drugs 4) Did not have any money 5) Did not need drugs 6) Referred <u>Multiple responses allowed</u>	Circle code	Circle code	Circle code	Circle code
	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
34. If No to 32, what were the reasons? 1) Drugs not available 2) Bought drugs from elsewhere 3) Used drugs available at home 4) Decided to do without drugs 5) Did not need drugs 6) Did not have any money <u>Multiple responses allowed</u>	Circle code(s)	Circle code(s)	Circle code(s)	Circle code(s)
	1 2 3 4 5 6	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 (go to Q36) 2) No (go to Q40A) 8) Don't know (Go to 40A)	Circle code	Circle code	Circle code	Circle code
	1 2 8	1 2 8	1 2 8	1 2 8
36. How much <u>money</u> did <name> spend on treatment/ services received? 1) Registration/ Card 2) Drugs/vaccines (including outside purchase) 3) Consultation 4) Diagnosis (x-ray, lab etc) 5) Medical Check up 6) Other (specify) 7) <u>Overall*</u> 8) Don't know (enter 9999) * Enter overall estimate (7) <u>only</u> if detail not remembered.	KSh	KSh	KSh	KSh
	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.....

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 ONLY for last four visits)</i>	VISIT 1	VISIT 2	VISIT 3	VISIT 4
33. If Yes to Q32-2) (i.e. some of the needed drugs), what were the main reasons? 1) Drugs not available 2) Used drugs available at home 3) Decided to do without drugs 4) Did not have any money 5) Did not need drugs 6) Referred <u>Multiple responses allowed</u>	Circle code	Circle code	Circle code	Circle code
	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
34 If No to 32, what were the reasons? 1) Drugs not available 2) Bought drugs from elsewhere 3) Used drugs available at home 4) Decided to do without drugs 5) Did not need drugs 6) Did not have any money <u>Multiple responses allowed</u>	Circle code(s)	Circle code(s)	Circle code(s)	Circle code(s)
	1 2 3 4 5 6	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 (go to Q36) 2) No (go to Q40A) 8) Don't know (Go to 40A)	Circle code	Circle code	Circle code	Circle code
	1 2 8	1 2 8	1 2 8	1 2 8
36. How much <u>money</u> did <name> spend on treatment/ services received? 1) Registration/ Card 2) Drugs/vaccines (including outside purchase) 3) Consultation 4) Diagnosis (x-ray, lab etc) 5) Medical Check up 6) Other (specify) 7) <u>Overall*</u> 8) Don't know (enter 9999) * Enter overall estimate (7) <u>only</u> if detail not remembered.	KSh	KSh	KSh	KSh
	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.....

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Question		Visit 1	Visit 2	Visit 3	Visit 4
37. How did <name> pay for the services received [Circle all that apply]	MODE OF PAYMENT	Circle code(s)	Circle code(s)	Circle code(s)	Circle code(s)
	1.Cash	1	1	1	1
	2.Community health insurance scheme	2	2	2	2
	3.Given opportunity to pay later (credit)	3	3	3	3
	4. Private health insurance	4	4	4	4
	5.Waived/exempted	5	5	5	5
	6. Paid in kind	6	6	6	6
	8.Don't Know	8	8	8	8
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	Total Value in KSh	Total Value in KSh	Total Value in KSh	Total Value in KSh	
Items Qty Unit Price					
1.....					
2.....					
3.....					
39.Where did <Name> get the funds to pay for the services and how much was paid from each source [Circle all that apply]					
Source of funds	Amount in KSh	Amount in KSh	Amount in KSh	Amount in KSh	
1 Had own cash available					
2. Was given money by (friends, family members & relatives- No repayment was expected)					
3. "Harambee" contributions					
4. Borrowed money					
5. Community health insurance (paid directly to provider or reimbursed to patient after service was rendered)					
6. Private health insurance (paid directly to provider or reimbursed to patient after service was rendered)					
7. Sold household assets					
8. Waived/exempted					
9 Reimbursed by my employer					
10. Given opportunity to pay later (Credit)					
11. Others (specify)					
98. Don't Know (Enter 00)					

Question		Visit 1	Visit 2	Visit 3	Visit 4
37. How did <name> pay for the services received [Circle all that apply]	Mode of payment	Circle code(s)	Circle code(s)	Circle code(s)	Circle code(s)
	1.Cash	1	1	1	1
	2. Community health insurance scheme	2	2	2	2
	3. Given opportunity to pay later (credit)	3	3	3	3
	4.Private health insurance	4	4	4	4
	5.Waived/exempted	5	5	5	5
	6.Paid in kind	6	6	6	6
	8. Don't Know	8	8	8	8
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	Total Value in KSh	Total Value in KSh	Total Value in KSh	Total Value in KSh	
Items Qty Unit Price					
1					
2					
3					
39. Where did <Name> get the funds to pay for the services and how much was paid from each source. [Circle all that apply]					
Source of funds	Amount in KSh	Amount in KSh	Amount in KSh	Amount in KSh	
1 Had own cash available					
2. Was given money by (friends, family members & relatives- No repayment was expected)					
3. "Harambee" contributions					
4. Borrowed money					
5. Community health insurance (paid directly to provider or reimbursed to patient after service was rendered)					
6. Private health insurance (paid directly to provider or reimbursed to patient after service was rendered)					
7. Sold household assets					
8. Waived/exempted					
9. Reimbursed by my employer					
10. Given opportunity to pay later (Credit)					
11. Others (specify)					
98. Don't know (Enter 00)					

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Question	Visit 1	Visit 2	Visit 3	Visit 4
40A .How long did <Name> wait between arrival (8am) and being seen by a clinician? For those who don't know enter 99	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____
40B. How long did <name> spend to receive services between clinician up to the point of exist? For those who don't know enter 99	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____
41. How much did <name> spend on transport to get to the health provider and back (return) in KSh Enter 9999 = for those who don't know	<i>KSh</i> _____	<i>KSh</i> _____	<i>KSh</i> _____	<i>KSh</i> _____
42. How long did it take <name> to <u>get to the health provider and back</u> ? Enter 99 = for those who don't know <i><u>Interviewer – Exclude time spend in the health facility</u></i>	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____
43. What distance did <name> cover in Km to get to the facility (<u>One way</u>) Enter 9999 = for those who don't know	<i>Kms</i> _____	<i>Kms</i> _____	<i>Kms</i> _____	<i>Kms</i> _____
44. What was <names>'s <u>MAIN METHOD</u> of transportation used to get to the health provider? 1) Public transport (e.g. Bus, Matatu) 2) Private (own means) 3) Taxi 4) Boat 5) Walked 6) Bicycle 7) Motor cycle 8) Animal (e.g. camel) 9) Air 10) Other (specify)	<i>Circle Code</i> 1 2 3 4 5 6 7 8 9 10	<i>Circle Code</i> 1 2 3 4 5 6 7 8 9 10	<i>Circle Code</i> 1 2 3 4 5 6 7 8 9 10	<i>Circle Code</i> 1 2 3 4 5 6 7 8 9 10
45. Was <name> satisfied with the quality of care that he/she received from <name> health facility 1. Yes 2. No 8) Don't Know	<i>Circle code</i> 1 2 8	<i>Circle code</i> 1 2 8	<i>Circle code</i> 1 2 8	<i>Circle code</i> 1 2 8

Question	Visit 1	Visit 2	Visit 3	Visit 4
40A .How long did <Name> wait between arrival (8am) and being seen by a clinician? For those who don't know enter 99	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____
40B. How long did <name> spend to receive services between clinician up to the point of exist? For those who don't know, enter 99	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____
41. How much did <name> spend on transport to get to the health provider and back (return) in KSh Enter 9999 = for those who don't know	<i>KSh</i> _____	<i>KSh</i> _____	<i>KSh</i> _____	<i>KSh</i> _____
42. How long did it take <name> to <u>get to the health provider and back</u> ? Enter 99 = for those who don't know <i><u>Interviewer – Exclude time spend in the health facility</u></i>	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____	<i>Hr/Min</i> ____/____
43. What distance did <name> cover in Km to get to the facility (<u>One way</u>) Enter 9999 = for those who don't know	<i>Kms</i> _____	<i>Kms</i> _____	<i>Kms</i> _____	<i>Kms</i> _____
44. What was <name>'s <u>MAIN METHOD</u> of transportation used to get to the health provider? 1. Public transport (e.g. Bus, Matatu) 2. Private (own means) 3. Taxi 4. Boat 5. Walked 6. Bicycle 7. Motor cycle 8. Animal (e.g. camel) 9. Air 10. Other (specify)	<i>Circle Code</i> 1 2 3 4 5 6 7 8 9 10	<i>Circle Code</i> 1 2 3 4 5 6 7 8 9 10	<i>Circle Code</i> 1 2 3 4 5 6 7 8 9 10	<i>Circle Code</i> 1 2 3 4 5 6 7 8 9 10
45. Was <name> satisfied with the quality of care that he/she received from <name> health facility 1. Yes 2. No 8) Don't Know	<i>Circle code</i> 1 2 8	<i>Circle code</i> 1 2 8	<i>Circle code</i> 1 2 8	<i>Circle code</i> 1 2 8

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Question		Visit 1	Visit 2	Visit 3	Visit 4	Question		Visit 1	Visit 2	Visit 3	Visit 4
		Enter code	Enter code	Enter code	Enter code			Enter code	Enter code	Enter code	Enter code
46. How would <name> assess the following aspects of quality care in the <Name > health facility visited? 1) Very Satisfied 2) Satisfied 3) Not satisfied 4) Not at all satisfied 8) Don't know	a) Time spent with the Clinician					46. How would <name> assess the following aspects of quality care in the <name > health facility visited? 1) Very Satisfied 2) Satisfied 3) Not satisfied 4) Not at all satisfied 8) Don't know	a.) Time spent with the Clinician				
	b) Waiting time						b.) Waiting time				
	c) Courtesy of staff						c.) Courtesy of staff				
	d) Availability of drugs						d) Availability of drugs				
	e) Cleanliness of facility						e) Cleanliness of facility				
	f) Privacy during consultation						f) Privacy during consultation				
Start next column/visit, otherwise provide information for the next person as appropriate IF THERE ARE MORE THAN TWO HOUSEHOLD MEMBERS WHO SOUGHT CARE, please use additional forms.											

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 last four weeks (e.g. routine medication, family planning commodities and services like condoms, pills etc; ORS, Vitamin supplements e.g. Cod liver Oil etc) 1. Yes (go to Q48) 2. No (go to section C3) 8. Don't know (go to section C3)	Insert code <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>				
48. If yes, indicate the household membership number of the person who incurred other expenses on health and health related commodities?	HH membership No. _____	HH membership No. _____	HH membership No. _____	HH membership No. _____	HH membership No. _____
49. How much did <name> spend on the following items/commodities? 1. Drugs/Medicine 2. Others (specify) 8. Don't know (Enter 99999)	1. KSh_____ 2.KSh_____ 8._____ 	1. KSh_____ 2.KSh_____ 8._____ 	1. KSh_____ 2.KSh_____ 8._____ 	1. KSh_____ 2.KSh_____ 8._____ 	1. KSh_____ 2.KSh_____ 8._____

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

***Please provide details for household members who answered “Yes” in column 23
(Only the last two inpatient admissions should be considered for a maximum of four household members)***

[illegible]

[illegible][illegible]

Interviewer:-
Amounts
paid by
source
should
correspond
to Total for
each
admission
shown in
Q60.

Identification #											
------------------	--	--	--	--	--	--	--	--	--	--	--

Question		Household number:		Household number:		Household number:		Household number:	
		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? 1) Very Satisfied 2) Satisfied 3) Not satisfied 4) Not at all satisfied 8) Don't know (Can't Assess)	1) Time spent with the Clinician								
	2) Waiting time								
	3) Courtesy of staff								
	4) Availability of drugs								
	5) Cleanliness of facility/wards								
	6) Bed linen								
	7) Food quality								
	8) Consultation Privacy								
67-A) How long did it take <name> <u>to get to the health provider and back?</u> Enter 98 = for those who don't know		Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____
67-B. How long did it take <name> to be admitted? Enter 98 = for those who don't know		Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____	Hrs____ Min____ _____
68). What distance did <name> cover in Kms to get to the inpatient facility. <u>(One way)</u> Enter 999 = for those who don't know <u>Interviewer – Exclude time spend in the health facility)</u>		_____ Kms _____	_____ Kms _____	_____ Kms _____	_____ Kms _____	_____ Kms _____	_____ Kms _____	_____ Kms _____	_____ Kms _____
69). How much did <name> spend on transport <u>(2-way)</u> If don't know enter 99999		KSh_____ _____	KSh_____ _____	KSh_____ _____	KSh_____ _____	KSh_____ _____	KSh_____ _____	KSh_____ _____	KSh_____ _____
70A). Did any member of your household accompany <NAME> during his/her hospital stay? 1. Yes (go to Q70B) 2. No If "No" (go to Section D		Enter code	Enter code	Enter code	Enter code	Enter code	Enter code	Enter code	Enter code
70B). If yes in Q70A, for how many days was <name> accompanied?		_____ Days	_____ Days	_____ Days	_____ Days	_____ Days	_____ Days	_____ Days	_____ Days
71) Indicate the <u>household membership number</u> for the person who accompanied (Name> to the health provider		Insert No.	Insert No.	Insert No.	Insert No.	Insert No.	Insert No.	Insert No.	Insert No.

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

Identification #											
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SECTION D: MORTALITY

72. A). Is there a **Household member** who lived in this household and died in **the last 12 months** (do not include foetuses).

1. Yes (Go to 72B)
2. No (go to section E)
- 3.

72 B). If yes to Q 72A, how many have died? _____

M	73	74	75	76
Serial Number of Deceased Person	What was the relationship of (deceased) to head of household? 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 12 Not related 13 Other (specify) 98. Don't Know Enter Code	What was the sex of Deceased Person 1. Male 2. Female Enter Code	Did the deceased consume health services before he/she died? 1 Yes (go to Q76) 2. No (go to section E) Enter Code	How much did the household spend on treatment for the deceased during the period under review? Enter amount in KSh.
M1				
M2				
M3				
M4				
M5				
M6				
M7				
M8				

Identification #											
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SECTION E: ACCESS TO HEALTH INSURANCE

Qs 77 – 79 to be answered for each household member

01	77	78	79
House-hold Member Number	Is <NAME> covered with a health insurance? 1) Yes (go to Q78) 2) No (Go to section F). 8) Don't Know (Go to section F). <u>Insert code</u>	What are the types of Insurance coverage does (name) have? 1) Private individual insurance 2) Employer insurance scheme, 3) NHIF 4) Community insurance 5) Others (specify) <i>(Multiple choices allowed)</i> <u>Write code</u>	Who pays for this cover (s)? 1) Household head 2) Employer 3) Self 4) Others (specify) <i>(Multiple answers allowed)</i> <u>Write Code</u>
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			

80) How does your household pay for the health insurance cover? *(Multiple choices allowed)*

- 1) Salary
- 2) Pension
- 3) Dependant
- 4) Cash (out-of pocket)
- 5) Others (specify)
- 8) Don't know

81) How much does your household spend per month on the insurance premiums? KSh _____
(NB: If premiums are paid on annual basis, divide by 12)

82) What medical services are covered by your health insurance?

- 1) In patient
- 2) Out patient
- 3) Both Inpatient and Outpatient
- 4) Maternity cover
- 5) Others (specify)
- 8) Don't Know

Identification #											
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Section F: Housing Conditions and Household Assets (These questions to be asked to Household head)

83	What type of main dwelling does the household head live?	Enter code 1) Permanent building 2) Semi Permanent 3) Temporary		<input type="checkbox"/>																		
84	Do you have a domestic worker living with you?	1. Yes 2. No		<input type="checkbox"/>																		
85	Is your dwelling owned by your household or rented, or do you reside here without payments?	1) Owned by family or one of it's members 2) Rented 3) Occupied without payment 4) Other (specify _____)		<input type="checkbox"/>																		
86	What is the main type of material for the floor in your house? (Record Observation)	Enter code Earth 1 Dung 2 Wood Planks/Bamboo 3 Polished wood 4 Tiles (ceramic, vinyl) 5 Cement 6 Other _____ (specify) .. 7																				
87	What is the main type of material are your walls made of? (Record Observation)	Stone With Cement 1 Stone With Mud 2 Bricks 3 Cement Blocks 4 Wood Planks..... 5 Plywood 6 Cardboard 7 Iron Sheets 8 Bamboo /Trunks With Mud 9 Reused Wood 10 Other (Specify)..... 11																				
88	What is the main type of material is your roof made of? (Record Observation)	<table border="1"> <tr> <td>NATURAL ROOFING</td> <td>Thatch/Palm Leaf (Makuti).....</td> <td>1</td> </tr> <tr> <td rowspan="2">RUDIMENTARY ROOFING</td> <td>Corrugated Iron (Mabati).....</td> <td>2</td> </tr> <tr> <td>Tin Cans</td> <td>3</td> </tr> <tr> <td rowspan="3">FINISHED ROOFING</td> <td>Asbestos Sheet.....</td> <td>4</td> </tr> <tr> <td>Concrete.....</td> <td>5</td> </tr> <tr> <td>Tiles</td> <td>6</td> </tr> <tr> <td>OTHER</td> <td>Specify.....</td> <td>7</td> </tr> </table>			NATURAL ROOFING	Thatch/Palm Leaf (Makuti).....	1	RUDIMENTARY ROOFING	Corrugated Iron (Mabati).....	2	Tin Cans	3	FINISHED ROOFING	Asbestos Sheet.....	4	Concrete.....	5	Tiles	6	OTHER	Specify.....	7
NATURAL ROOFING	Thatch/Palm Leaf (Makuti).....	1																				
RUDIMENTARY ROOFING	Corrugated Iron (Mabati).....	2																				
	Tin Cans	3																				
FINISHED ROOFING	Asbestos Sheet.....	4																				
	Concrete.....	5																				
	Tiles	6																				
OTHER	Specify.....	7																				
89	What is your main source of cooking fuel ? Circle the appropriate code	1. Firewood 2. Charcoal 3. Kerosene /paraffin 4. Gas 5. Electricity 6. Other (specify) _____																				
90	What is your main source of lighting ?	1 Electricity 2 Kerosene 3 Gas 4 Candle 5 Firewood 6 Solar 7 Other (specify) _____																				

91	Does your household have any of the following items?			
	(Circle all that apply)		Yes	No
		1. Radio	1	2
		2. Television	1	2
		3. Bicycle	1	2
		4. Motorcycle.....	1	2
		5. Car	1	2
		6. Telephone/mobile	1	2
		7. Refrigerator	1	2
		8. Ox/Plough	1	2
		9. Ox/donkey drawn Cart	1	2

93	What type of toilet facility does the household use?	Flush or Pour Flush Toilet.....	1	<div>Enter code</div> <input type="text"/>
		Traditional Pit Latrine.....	2	
		Ventilated Improved Pit Latrine (VIP).....	3	
		No Facility/Bush/Field	4	
		Bucket Latrine.....	5	
		Other (Specify).....	6	

22

96	<u>Monthly household expenditures</u>	
	How much did household spend <u>last month</u> on the following?	Amount (KSh)
	1) Cosmetics	
	2) Soap and detergents	
	3) Hair dressing	
	4) Cigarettes/Pipes	
	5) Rent	
	6) Electricity	
	7) Water	
	8) Kerosene	
	9) Telephone (landline and mobile)	
	10) Transport	
	11) Charcoal	
	12) Fire wood	
	13) Cooking gas	
	14) Remittances (in cash and kind)	
	15) Fuel (e.g. petrol, diesel etc)	
16) Others (Specify)		
Total amount	
97	<u>Annual household expenditures</u>	
	How much did your household spend in the <u>past one year</u> on the following?	Amount (KSh)
	1) Education (registration, uniforms, books, tuition, exam fees)	
	2) Maintenance and repairs of buildings and vehicles	
	3) Holiday	
	4) Clothing and footwear	
	5) Wedding/dowry	
	6) Funerals	
	7) Major purchases/constructions (vehicles, land, house, furniture etc)	
	8) Others (specify)	
Total amount	

SECTION H: HOUSEHOLD INCOME: (This section is for Household members who are supporting Household budget)

98. How much income did this household receive during the **past 12 months (1 year)** from the following sources?

Source	Income in KSh
1. Public and parastatal salaries	
2. Private sector salary	
3. Business/enterprises including jua kali	
4. Rent received	
5. Remittances e.g. dowry	
6. Pensions	
7. Interest earned (dividend, interest from bank deposits etc)	
8. Sale of cash crops	
9. Sale of food crops	
10. Sale of livestock and livestock products	
11. Other farming income	
12. Consultancy	
13. Others (specify)	
Total amount

THE END