

**SECTION 3: HEALTH**

**PART A: Disability and health problems during the Past 2 weeks**

RESPONDENTS: All members of the household

N O  I D	1. ID No of respo ndent	2. Does “..” suffer from a major disability which affects his/her life in general?  If yes, what type of disability?  Without Disability..... 1 →Q5 Visual disability... ..2 Deaf and/or mute..... 3 Disability in the arms.. 4 Disability in the legs ... 5 Mental disability... ..6 Trauma..... ..7 Very old..... ..8 Other, specify..... ..9	3. How long has “..” suffered from this disability?  .If from Birth Put 97 AND →Q5		4. What was the cause of this disability?  Sickness... .1 Accident.....2 War..... 3 Genocide... 4 Land Mine.. 5 Age.....6 Other, specify.....7 .....7 Don't Know.8	5. Over the last 2 weeks, has “..” suffered from any health problems?  Yes... 1  No.... 2 ⇒ Q10	6. What is the nature of the problem(if there are more than one, record the most serious)  Malaria .....1 Internal parasites.....2 Respiratory infection ..3 Skin disease .....4 Accident/injury.....5 Diarrhoea.....6 Dental problem .....7 Gynaecological .....8 Other, Specify.....9	7. How long has “..” suffered from this problem?		8. Was “..” unable leave the house due to this problem over the course of the last two weeks?  Yes.... 1  No .... 2 ⇒ Q10	9. How many days?	10. Does “..” carry health insurance?  RAMA..... 1 Mutual insurance 2 Employer..... 3 MMI..... 4 Other insurance, specify .....5 None ..... 6	11. Over the last 2 weeks, has “..” consulted anyone in the medical profession, paramedical or a healer or visited a medical establishment?  Yes.....1 No .....2 == > Q18 Don't know. ....3 == >Q18	12. What was the main reason of this consultation?  General visit or preventive.....1 Sickness.....2 Injury.....3 Sickness and injury.....4 Vaccination....5 Prenatal care..6 Postnatal care.7  (In case of multiple consultations mention the latest)	13. Who did “..” consult?  Doctor..... 1 Nurse..... 2 Pharmacist .3 Mid-wife..... 4 Community health worker..... 5 Traditional Birthing worker .6 Healer.....7 Optician..... 8 Dentist..... 9 Other (specify)..10	
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**SECTION 3: HEALTH**

**PART A: Health conditions in the past 2 weeks (continued)**

Required: All members of the household

N O I D	14. Where did the consultation take place?	15. Was this a public or private institution?	16. How much did /will the household pay for the consultation ?	17. How much did or will "...s medical insurance or employer pay for the consultation?	18. Over the past 2 weeks, has "... had any medical examinations or tests?	19. How much money did or will "... pay for these examination s?	20. How much did or will "...s medical insurance or employer pay for the examinations ?	21. Over the past 2 weeks, has ".." been admitted over night to stay at hospital or other medical establishm ent?	22. How much did or will "... pay for these hospital services?	23. How much did or will "...s medical insurance or employer pay?	24. Has "... purchased any medicines or medical supplies over the last 2 weeks?	25. How much did or will "... pay for these medicines and supplies?	26. How much did or will "...s medical insurance or employer pay ?	27. Over the past 2 weeks, how much has "... Paid for transportatio n, for travelling to consultations , medical exams or hospitalizatio n?	28. What is the total payment made by "... For healthcare in general if it is not possible to separate the payments.	29. How much in total did/will "...s insurance or employer pay for his/her healthcare?	
	Consultant's home..... 1 Patient's home..... 2 Hospital..... 3 Pharmacy..... 4 Clinic..... 5 Dispensary..... 6 Health care centre..... 7 Other, specify..... 8	Public ..... 1 Private ... 2 Semi-Private.... 3	(Exclude any medications ,exams and transport costs)	(FOR THOSE WHO RESPOND 1,2,3,4,5 TO Q10)  IF NOT KNOWN PUT '0'	Yes. 1 No.....2 =>Q21 Don't know... 3 =>Q21	(Exclude any consultation , medications , and transport costs)	(FOR THOSE WHO RESPOND 1,2,3,4,5 TO Q10)  IF NOT KNOWN PUT '0'  If they won't contribute anything, write "9"	Yes.....1 No .....2 =>Q24 Don't know => Q24	(Exclude any medications ,exams and transport costs)	(FOR THOSE WHO RESPOND 1,2,3,4,5 TO Q10)  IF NOT KNOWN PUT '0'  If they won't contribute anything, write "9"	Yes.....1 No .....2 =>Q27 Don't know 3 => Q27  If the response is "No" on Q11, Q18, Q21, Q24, Go to Part B	Amount (FRW)	Amount (FRW)	Amount (FRW)	Amount (FRW)	Amount (FRW)	Amount (FRW)
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**SECTION 3: HEALTH**

**PART B: Health and preventative vaccination over the past 12 months**

RESPONDENTS: Children less than 5 years of age. To be answered by the mother or the person most knowledgeable about the child.

N O  I D	1.	2.	3.	4.				5.				6.	7.	8.
	ID No of repondent	Has "...." been vaccinated?	Can you show "...." vaccination card / book?	<b>Examine the information in the book or ask the person in case there is no book.</b>				Has "...." been vaccinated in the last 12 months?				Where did the last vaccination take place?	How much <b>did or will</b> the household pay for the last vaccination?	Why was "...." never vaccinated?
		Yes ..... 1 No..... 2 ⇒ Q8	Yes..... 1 No ..... 2	Yes..... 1 No ..... 2	Yes, complete dose..... 1 Yes, incomplete dose..... 2 No ..... 3 Don't know ..... 4 Not applicable..... 5				Yes, complete dose ..... 1 Yes, incomplete..... 2 No ..... 3 Don't know ..... 4 Not applicable..... 5				Hospital ..... 1 Health centre..... 2 School..... 3 Mobile unit..... 4 Vaccination campaign.. 5 Private clinic..... 6 Other ..... 7	⇒ Next person
			Type de vaccination				Type de vaccination					Amount		
			BCG	Polio	DTC/ pentervale nt	Measles	BCG	Polio	DTC/ pentervalen t	Measle s				
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