

**University of New South Wales, Australia**

**A System-Wide Analysis of Health Financing Equity in Cambodia  
(CHEF)**

**QUESTIONNAIRE FOR HOUSEHOLD INTERVIEW**

## BACKGROUND DATA

- Q1. Household ID:                                   \_\_ \_\_ \_\_ \_\_ (4 digits starting from 0001)
- Q2. Village unique ID                           \_\_ \_\_ \_\_ (3 digits starting from 001-200)
- Q3. Enumerator ID                               \_\_ \_\_ \_\_ (2 digits starting from 01-25)
- Q4. Location of house
- 1     Urban area
  - 2     Rural area

=====

Enumerator Introduction [Hello, my name is \_\_\_\_ and I am from the National Institute of Public Health. Your household has been randomly selected to participate in a study on the use of health services. We would like to speak with the person responsible for health care decisions in this household. The information you give will be kept confidential and no personal details will appear in any records. The interview will take about 45 minutes. You do not have to answer a question if you don't want to and you can stop the interview at any time. Please feel free to have another member of this household with you, if you like. We appreciate your assistance].

***Enumerator, please be sure that the person you're interviewing is the head of household and/or his/her spouse or any adult member of the household.***

*Household members are all usual residents of the household (live under the same roof and share meals) and had not been absent for more than 6 months or those who had stayed in the household the night before the interview.*

- Q5. Are you willing to take part?
- 1     Yes
  - 0     No (**Stop the interview and go to the next closest household**)
- Q6. If yes, do you have any questions before we start?
- 1     Yes (**Take note of any questions they have on paper**)
  - 0     No

## SECTION 1: HOUSEHOLD LIVING STANDARD INFORMATION

Q7. What are the outer walls mainly made of? (Can enter by observation) **(Choose one)**

- 1 Bamboo, Thatch/leaves, Grass
- 2 Wood or Plywood
- 3 Concrete, brick, stone
- 4 Galvanized iron or aluminium or other metal sheets
- 5 Fibrous cement/Asbestos
- 6 Makeshift, mixed materials
- 7 Clay/dung with straw
- 8 Other **(If not other, skip next Q)**

Q7a. If other, please specify what the outer walls are mainly made of

-----  
-----

Q8. What is the main material of the roof? (Can enter by observation) **(Choose one)**

1. Thatch/leaves/grass
- 2 Tiles
- 3 Fibrous cement
- 4 Galvanized iron or aluminium or other metal sheets
- 5 Salvaged materials
- 6 Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement
- 7 Mixed but predominantly made of thatch/leave/grass or salvaged materials
- 8 Concrete
- 9 Plastic sheet
- 10 Other **(If not other, skip next Q)**

Q8a. If other, please specify what the main material of the roof is

-----  
-----

Q9. How many rooms in the dwelling unit are used by the household (other than kitchen, toilet and bathrooms)?

\_\_\_\_\_ rooms (If the house has no separate room, consider as having one room)

- Q10. What is the main source of drinking water for your household? (**Choose one**)
- 1 Piped in dwelling or on premises
  - 2 Public tap
  - 3 Tubed/piped well or borehole
  - 4 Protected dug well (having the following: lining, headwall, platform, cover)
  - 5 Unprotected dug well
  - 6 Pond, river or stream (fetch water from pond, river, stream)
  - 7 Pond, river or stream (pump to the house)
  - 8 Rainwater tank
  - 9 Water bought from tanker truck or vendor
  - 10 Bottled water
  - 11 Other (**If not other, skip next Q**)

Q10a. If other, please specify source of drinking water

-----  
-----

- Q11. What toilet facility does your household have within the premises? (In the area close to the dwelling) (**Choose one**)
- 1 Flush toilet
  - 2 Pit latrine
  - 3 Bucket
  - 4 Latrine overhanging field/water
  - 5 No toilet facility/ bush/field
  - 6 Other (**If not other, skip next Q**)

Q11a. If other, please specify

-----  
-----

- Q12. What toilet facility does your household usually use?
- 1 Toilet that we have
  - 2 Public toilet/pit latrine or shared with others (any type)
  - 3 Open land
  - 4 Other (**If not other, skip next Q**)

Q12a. If other, please specify

-----  
-----

Q13. What is your main energy source for cooking? (Choose one)

- 1 Electricity
- 2 Liquefied petroleum gas LPG/natural gas
- 3 Kerosene
- 4 Charcoal
- 5 Firewood
- 6 Other (**If not other, skip next Q**)

Q13a. If other, please specify main energy source

-----  
-----

***I am going to read out a list of things that are found in some households, please tell me whether you have them in this household and whether they are in a working order.***

Q14. Does your household have?

- |                       |        |       |
|-----------------------|--------|-------|
| a. Radio              | 1. Yes | 0. No |
| b. Video/VCD/DVD      | 1. Yes | 0. No |
| c. TV                 | 1. Yes | 0. No |
| d. Cell phone         | 1. Yes | 0. No |
| e. Sewing machine     | 1. Yes | 0. No |
| f. Refrigerator       | 1. Yes | 0. No |
| g. Fan (electric)     | 1. Yes | 0. No |
| h. Air conditioner    | 1. Yes | 0. No |
| i. Computer/printer   | 1. Yes | 0. No |
| j. Internet at home   | 1. Yes | 0. No |
| k. Bank Account       | 1. Yes | 0. No |
| l. Car/van/truck      | 1. Yes | 0. No |
| m. Motorcycle         | 1. Yes | 0. No |
| n. Boat with motor    | 1. Yes | 0. No |
| o. Boat without motor | 1. Yes | 0. No |
| p. Horse cart/ox cart | 1. Yes | 0. No |

Q15. Does this household or any household members hold any of the following cards that can be used to receive assistance for health care? (Ask to see the card(s). If not possible, probe and then circle the appropriate answer(s). Multiple answers possible)

- 1. Equity Card (ID Poor card issued by the Ministry of Planning)
- 2. Priority Access Card (Post ID card issued by the Ministry of Health)
- 3. Vouchers (coupons) for reproductive health
- 4. Community-Based Health Insurance (CBHI) card
- 5. Other (**If not other, skip next Q**)

Q15a. If other, please specify the type of the card

-----  
-----

Q16 Are there members of this household currently receiving any of the following government grants or income? (Multiple answers possible)

- 1 Retirement stipend
- 2 Disability/death benefits for military
- 3 Social support for the poor
- 4 Other **(If not other, skip next Q)**
- 97 Don't know

Q16a. If other, please specify the type of grant/scheme

-----  
-----

Q17. Approximately, how much did this household spend in the past month on the following items (referring to the expenses for daily need of household, not for business, e.g. expenses for fuel used for moto-taxi/taxi are not included)?

- a-Food US\$..... (put 97 if don't know)
- b-Schooling US\$..... (put 97 if don't know)
- c-Electricity US\$.....(put 97 if don't know)
- d-Water US\$.....(put 97 if don't know)
- e-Transportation US\$.....(put 97 if don't know)
- f-Fuel (if own transport) US\$.....(put 97 if don't know)
- g-Health care US\$.....(put 97 if don't know)
- h-Social events (e.g. weddings & funerals) US\$.....(put 97 if don't know)

Q18. How well-off do you think this household is compared to other households in Cambodia? (Choose one)

- 1 Well-off
- 2 Comfortable
- 3 Just managing
- 4 Struggling
- 97 Don't Know

## SECTION 2: BASIC DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION

*(Start with the respondent and then move to other members of the household).*

Q19. How many people are in this household - including you?      \_\_\_ \_\_\_

Q20. Please provide the name of every member of this household starting with you? (WRITE THE FULL NAME)

PERSON CODE	FULL NAME
01.....	
02.....	
03.....	
04.....	
05.....	
06.....	
07.....	
08.....	
09.....	
10.....	
11.....	
12.....	
13.....	
14.....	
15.....	

Q21. What is the ethnic group of Person 01...? (**Choose one**)

- 1 Khmer
- 2 Khmer ethnic minority (*Jarai, Tampoun, Kreung, Phnong...*)
- 3 Cham
- 4 Chinese
- 5 Other (**If not other, skip next Q**)

Q21a. If other, please specify your ethnic group  
-----  
-----

Q22. Where was Person 01... born? (**Choose one**)

- 1 Cambodia
- 2 Another Asian country
- 3 Other (**If not other, skip next Q**)

Q22a. If other, please specify where you were born  
-----  
-----

Q23. What is the marital status of Person 01...? (**Choose one**)

- 1 Married
- 2 Living with partner
- 3 Widow/widower
- 4 Divorced or separated
- 5 Single (never married)
- 6 Other (**If not other, skip next Q**)

Q23a. If other, please specify your marital status

-----  
-----

Q24. What is the age at the next birthday of Person 01...?

\_\_\_ (97 if Don't Know)

Q25. What is the gender of Person 01...? (**Choose one**)

- 1 Male
- 2 Female

Q26. What is the highest level of education of Person 01...? (**Choose one**)

- 1 Pre-school
- 2 Some primary school
- 3 Completed primary school
- 4 Some secondary school
- 5 Completed secondary school
- 6 Completed diploma
- 7 Completed degree or higher
- 8 None
- 9 Other (**If not other, skip next Q**)

Q26a. If other, please specify your highest level of education

-----  
-----



- Q27. What is the current main occupation of Person 01...? (**Choose one**)
- 1 Civil servant
  - 2 Self-employed in small business (including mot-taxi/tutuk drivers)
  - 3 Self-employed in large business
  - 4 Self-employed small-scale farmer
  - 5 Self-employed large-scale farmer with employees
  - 6 Employee of private company/NGO
  - 7 Casual worker
  - 8 Unemployed
  - 9 Unpaid family/household worker
  - 10 Retiree/pensioner
  - 11 Student/learner/child
  - 12 Other (**If not other, skip next Q**)

Q27a. If other please specify your current occupation

-----  
-----

- Q28. What is the relationship of Person 01... to the head of this household? (**Choose one**)
- 1 Head of Household
  - 2 Husband/wife/partner
  - 3 Son/daughter/step/adopted child
  - 4 Brother/sister/stepbrother/stepsister
  - 5 Father/mother/stepfather/stepmother
  - 6 Grandparent/ great grandparent
  - 7 Grandchild/ great grandchild
  - 8 Other relative (e.g. in-law, aunt or uncle)
  - 9 Non-relative (lodger, tenant, friend)
  - 10 Other (**If not other, skip next Q**)

Q28a. If other, please specify relationship to head of household

-----  
-----

### SECTION 3: MORBIDITY, HEALTH SERVICE USE AND HEALTH EXPENDITURE

#### SECTION 3.1: MORBIDITY AND HEALTH SERVICE USE IN THE PAST MONTH AND RELATED EXPENDITURE

Q29. In the **past month**, were you or any member of the household ill (including those with chronic diseases and abortion) or injured?

1 Yes

0 No (**Skip to Q50**)

97 Don't Know (**Skip to Q50**)

Q30. If yes, **how many persons**, including you?

\_\_\_ (97 if Don't Know)

**Now let me ask you about health service use in the past month as an outpatient by these ill/injured members. You'd first respond for yourself and then for any other members of this household.**

**[Outpatient is where you normally get treated and come home the same day without staying overnight].**

Q31. What is the name of this household member [Person 1...] who has received outpatient care in the **past month**? (Write Person ID ONLY: 01, 02...15)

-----  
-----

Q32. Did - [Person 1...] visit a **public hospital** in the past month as an outpatient?

1 Yes

0 No (**Skip next Q**)

97 Don't know (**Skip next Q**)

Q32a. If yes, how many times has - [Person 1...] visited a public hospital in the past month as an outpatient?

\_\_\_ (97 if Don't Know)

Q33. Did [Person 1...] visit a **health centre/health post** in the past month as an outpatient?

1 Yes

0 No (**Skip next Q**)

97 Don't Know (**Skip next Q**)

Q33a. If yes, how many times has [Person 1...] visited a health centre/health post in the past month as an outpatient?

\_\_\_ (97 if Don't Know)

- Q34. Did - [Person 1...] visit a **private hospital/clinic** in the **past month** as an outpatient?
- 1 Yes
  - 0 No (**Skip next Q**)
  - 97 Don't Know (**Skip next Q**)
- Q34a. If yes, how many times has [Person 1...] visited a private hospital/clinic in the past month as an outpatient?
- \_\_\_ \_\_\_ (97 if Don't Know)
- Q35. Did [Person 1...] visit a **private pharmacy** in the past month as an outpatient?
- 1 Yes
  - 0 No (**Skip next Q**)
  - 97 Don't Know (**Skip next Q**)
- Q35a. If yes, how many times has [Person 1...] visited a private pharmacy in the past month as an outpatient?
- \_\_\_ \_\_\_ (97 if Don't Know)
- Q36. Did [Person 1...] visit a **home/cabinet of trained health worker/nurse** in the past month?
- 1 Yes
  - 0 No (**Skip next Q**)
  - 97 Don't Know (**Skip next Q**)
- Q36a. If yes, how many times has [Person 1...] visited this trained health worker in the past month?
- \_\_\_ \_\_\_ (97 if Don't Know)
- Q37. Did [Person 1...] visit a **private dentist** in the past month?
- 1 Yes
  - 0 No (**Skip next Q**)
  - 97 Don't Know (**Skip next Q**)
- Q37a. If yes, how many times has - [Person 1....] visited a private dentist in the past month?
- \_\_\_ \_\_\_ (97 if Don't Know)
- Q38. Did [Person 1...] visit a **small drug-store/chemist** in the past month?
- 1 Yes
  - 0 No (**Skip next Q**)
  - 97 Don't Know (**Skip next Q**)
- Q38a. If yes, how many times has [Person 1...] visited a small drug-store/chemist in the past month?
- \_\_\_ \_\_\_ (97 if Don't Know)
- Q39. Did [Person 1...] visit a **Kru Khmer/magician/monk/religious leader** in the past month?
- 1 Yes
  - 0 No (**Skip next Q**)
  - 97 Don't Know (**Skip next Q**)
- Q39a. If yes, how many times has [Person 1...] visited a Kru Khmer/magician in the past month?
- \_\_\_ \_\_\_ (97 if Don't Know)

Q40. Did [Person 1...] receive any treatment/care provided by a visiting provider at your home in the past month?

- 1 Yes
- 0 No (**Skip next Q**)
- 97 Don't Know (**Skip next Q**)

Q40a. If yes, how many times has [Person 1...] received such treatment/care provided by a visiting provider at your home in the past month?

\_\_\_ (97 if Don't Know)

**Q41.** Where is the **MOST RECENT** treatment/care of [Person 1...] received from (**Choose one**):

- 1 Public hospital (National/Provincial/District)
- 2 Health centre/health post
- 3 Private hospital/clinic
- 4 Private pharmacy
- 5 Home/cabinet of trained health worker/nurse
- 6 Private dentist
- 7 Small drug-store/chemist
- 8 Kru Khmer/magician/monk/religious leader
- 9 Treatment/care provided at your home by a visiting provider
- 97 Don't know

Q42. Did [Person 1...] have to pay anything (including payment to the provider/facility, transportation and food...) for this visit out-of-own pocket?

- 1 Yes
- 0 No (**Skip to Q47**)
- 97 Don't Know (**Skip to Q47**)

Q43. If yes, how much **IN TOTAL** did [Person 1...] or the household pay out-of-pocket for this most recent treatment/care?

US\$ \_\_\_ . \_\_\_ (97 if Don't Know and convert in-kind payment into monetary value)

Q44. How much of the total amount was spent for payment to health provider/facility?

US\$ \_\_\_ . \_\_\_ (97 if Don't Know)

Q45. What was most of the money paid to health provider/facility by [Person 1...] spent on? (**Choose one**)

- 1 Medicines from private pharmacy
- 2 Formal payment for service fees
- 3 Informal payment (gratitude, etc.)
- 4 Medicines/Lab tests/x-ray... additional to service fees
- 5 Other (**If not other, skip next Q**)
- 97 Don't Know

Q45a. If other, please specify any other items the money paid for

-----  
-----

Q46. How much of the total amount was spent for transportation?

US\$ \_\_\_\_\_ . \_\_\_\_\_ (97 if Don't Know)

Q47. Did [Person 1...] receive any (financial) assistance (or benefit) from the following health financing schemes for his/her most recent visit? (**Choose one**)

- 1 Free service [no charge]
- 2 User fee exemption (The patient was exempted from fee payment)
- 3 Health Equity Funds (HEF)
- 4 Health vouchers
- 5 Community-based health insurance (CBHI)
- 6 Other (**If not other, skip next Q**)
- 97 Don't Know

Q47a. If other, please specify other reasons

-----  
-----

Q48. How did [Person 1...] travel to see the provider/facility? (**Choose one**)

- 1 Walking
- 2 Cycling
- 3 Cart pulled by a motorcycle (*Remork*)
- 4 Cart pulled by animal (Ox cart or horse cart)
- 5 Motorcycle
- 6 Locally made car (*Koyun*)
- 7 Bus
- 8 Taxi
- 9 No travel (in case of treatment/care at home only) (**Skip next Q**)
- 97 Don't Know

Q49. How long did it take [Person 1...] to travel from home to the facility?

\_\_\_\_\_ Hours \_\_\_\_\_ Minutes

(97 if Don't Know)

***If more than one person ill/injured in the past month, continue to [Person 2, 3...] by starting with question on name as in Q31***

**SECTION 3.2: HOSPITAL ADMISSION (INPATIENT CARE) IN THE PAST 12 MONTHS AND RELATED EXPENDITURE**

[I'd like to ask few questions about any hospital admissions in the past 12 months for all members of this household including you].

Q50. Has anybody in this household been admitted to a hospital or any health facility in the past 12 months?

- 1 Yes
- 0 No (**Skip to Q64**)
- 97 Don't Know (**Skip to Q64**)

Q51. If yes, how many people in this household have been hospitalised in the past 12 month?

\_\_\_ (97 if Don't Know)

Q52. What is the name of this household member who has been hospitalised in the past 12 months- [Person 1...]? (Write Person ID ONLY: 01, 02,...15)

-----  
-----

Q53. How many times in the past 12 months has [Person 1....] been hospitalised for at least one night?

\_\_\_ (97 if Don't Know)

***If many admissions in the past 12 months, identify the MOST RECENT admission, and ask more questions about it as follows***

Q54. Was [Person 1...] admitted to a public or private hospital? (**Choose one**)

- 1 Public hospital (national/provincial/district hospital)
- 2 Private for-profit hospital
- 3 Private not-for-profit hospital
- 97 Don't Know

Q55. How long did [Person 1...] stay in the hospital? [No. of nights spent in the hospital]

\_\_\_ days (97 if Don't Know)

Q56. Did [Person 1...] have to pay anything out-of-pocket for this hospitalization (including payment to the provider/facility, transportation and food...)?

- 1 Yes
- 0 No (**Skip to Q61**)
- 97 Don't Know (**Skip to Q61**)

Q57. If yes, how much **IN TOTAL** did [Person 1...] pay out-of-pocket for this hospitalization?  
US\$ \_\_\_\_ . \_\_\_\_ (97 if Don't Know and convert in-kind payment into monetary value)

Q58. How much of the total amount was spent for payment to health provider/facility?  
US\$ \_\_\_\_ . \_\_\_\_ (97 if Don't Know)

Q59. What was most of the money paid to health provider/facility by [Person 1...] spent on?  
(Choose one)

- 1 Medicines from private pharmacies
- 2 Formal payment for hospitalization fees
- 3 Informal payment (gratitude, etc.)
- 4 Medicines/Lab tests/x-ray...additional to hospitalization fees
- 5 Other (**If not other, skip next Q**)
- 97 Don't Know

Q59a. If other, please specify other items the money paid by [Person 1...] was spent on  
-----  
-----

Q60. How much of the total amount was spent for transportation?  
US\$ \_\_\_\_ . \_\_\_\_ (97 if Don't Know)

Q61. Did [Person 1...] receive any (financial) assistance (or benefit) from the following health financing schemes for this hospitalization? (**Choose one**)

- 1 Free service [no charge]
- 2 User fee exemption (The patient was exempted from fee payment)
- 3 Health Equity Funds (HEF)
- 4 Health vouchers
- 5 Community-based health insurance (CBHI)
- 6 Other (**If not other, skip next Q**)
- 97 Don't Know

Q61a. If other, please specify other reasons  
-----  
-----

Q62. How did [Person 1...] travel to the hospital? (**Choose one**)

- 1 Walking
- 2 Cycling
- 3 Cart pulled by a motorcycle (*Remork*)
- 4 Cart pulled by animal (Ox cart or horse cart)
- 5 Motorcycle
- 6 Locally made car (*Koyun*)
- 7 Bus
- 8 Taxi
- 9 No travel (in case of treatment/care at home only) (**Skip next Q**)
- 97 Don't Know (**Skip next Q**)

Q63. How long did it take [Person 1...] to travel from home to the facility?

\_\_\_ \_\_\_ \_\_\_ Hours \_\_\_ \_\_\_ \_\_\_ Minutes

(97 if Don't Know)

***If more than one person hospitalized in the past 12 months, continue to [Person 2, 3...] by starting with question on name as in Q52***



**SECTION 3.3: DELAYED TREATMENT AND NON USE OF HEALTH CARE**

Q64. In the **last 12 months**, have you or any members of this household **NOT sought** health care when being sick and then the sickness got worse?

- 1 Yes
- 0 No (**Skip to Q67**)
- 97 Don't Know (**Skip to Q67**)

Q65. What is the name of this household member who did not seek health care when he/she was first ill and the illness got worse - [Person 1...]? (Write Person ID ONLY: 01, 02,...15)

-----  
-----

Q66. Why did [Person 1...] not seek health care immediately? (**Choose one**)

- 1 Thought it was not serious
- 2 Could not afford health service and other related costs
- 3 Busy/could not get time off work
- 4 No wanted/trusted health facility/provider around or the trusted/wanted health facility/provider too far
- 5 Other (**If not other, skip next Q**)
- 97 Don't Know

Q66a. Please specify any other reason for [Person 1...] not seeking care immediately

-----  
-----

***If more than one person delayed or did not seek care in the past 12 months, continue to [Person 2, 3...] by starting with question on name as in Q65***

**SECTION 3.4: PREVENTIVE MATERNAL AND CHILD HEALTH SERVICE USE IN THE PAST 12 MONTHS AND RELATED EXPENDITURE**

[I'd like to ask few questions about preventive maternal and child health service used by any members of this household including you].

- Q67. Has anybody in this household used any of the following services in the past 12 months?
- a. Family planning services 1. Yes 0. No
  - b. Antenatal care 1. Yes 0. No
  - c. Normal delivery and associated services 1. Yes 0. No
  - d. Postnatal care 1. Yes 0. No
  - e. Vaccination services for women and children 1. Yes 0. No

**If No or Don't Know for all the services skip to SECTION 4**

Q68. If yes, how many people in this household have used at least one of these services in the past 12 month?

\_\_\_ \_\_\_ (97 if Don't Know)

Q69. What is the name of this household member who has used at least one of these services in the past 12 months- [Person 1...]? (Write Person ID ONLY: 01, 02,...15)

-----  
-----

Q70. Which type of provider/facility did [Person 1...] most often receive these services from? (Choose one)

- 1 Public hospital (National/Provincial/District)
- 2 Health centre/health post
- 3 Private hospital/clinic
- 4 Private pharmacy
- 5 Home/cabinet of trained health worker/nurse
- 6 Small drug-store/chemist
- 7 Community health workers/TBA
- 8 At your home by a visiting provider
- 97 Don't know

Q71. Did [Person 1...] have to pay anything out-of-pocket for these services (including payment to the provider/facility, transportation and food...)?

- 1 Yes
- 0 No (Skip to Q76)
- 97 Don't Know (Skip to Q76)

Q72. If yes, how much **IN TOTAL** did [Person 1...] pay out-of-pocket for these services?

US\$ \_\_\_\_ . \_\_\_\_ (97 if Don't Know and convert in-kind payment into monetary value)

Q73. How much of the total amount was spent for payment to service provider/facility?

US\$ \_\_\_\_ . \_\_\_\_ (97 if Don't Know)

Q74. What was most of the money paid to service provider/facility by [Person 1...] spent on?

(Choose one)

- 1 Medicines from private pharmacies
- 2 Formal payment for service fees
- 3 Informal payment (gratitude, etc.)
- 4 Medicines/Lab tests/x-ray...additional to service fees
- 5 Other (If not other, skip next Q)
- 97 Don't Know

Q74a. Please specify other items the money was spent on

-----  
-----

Q75. How much of the total amount was spent for transportation?

US\$ \_\_\_\_ . \_\_\_\_ (97 if Don't Know)

Q76. Did [Person 1...] receive any (financial) assistance (or benefit) from the following health financing schemes for this service? (Choose one)

- 1 Free service [no charge]
- 2 User fee exemption (The patient was exempted from fee payment)
- 3 Health Equity Funds (HEF)
- 4 Health vouchers
- 5 Community-based health insurance (CBHI)
- 6 Other (If not other, skip next Q)
- 97 Don't Know

Q76a. If other, please specify other reasons

-----  
-----

***If more than one person using these preventive services in the past 12 months, continue to [Person 2, 3...] by starting with question on name as in Q69***

## SECTION 4: SATISFACTION RATING

Q77. The interviewer to verify with above answers if the respondent have experience with using any **PUBLIC** health service either for your own health needs or for someone else?

- 1 Yes
- 0 No (**Skip to SECTION 5**)

***Now I want to ask about your experience using PUBLIC health services. We are interested to know how satisfied or unsatisfied you were with your use of the services. We will use a four point scale where 1 is very satisfied and 4 is very dissatisfied.***

Q78. Can you please remind me, have you been to any **public outpatient facility** (e.g. health centre) in the **past month**? (An outpatient facility is where you don't stay overnight)

- 1 Yes
- 0 No (Skip to **Q79**)

Q78a. How satisfied were you with the **cleanliness** in the facility? (**Choose one**)

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 97 Don't Know

Q78b. How satisfied were you that your health issues were **kept confidential** by the facility staff? (**Choose one**)

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 97 Don't Know

Q78c. How satisfied were you that you were treated with **respect and friendliness** by the facility staff? (**Choose one**)

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 97 Don't Know

Q78d. If you received medicines, how satisfied were you that the **medicine** helped to improve your health? (**Choose one**)

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 97 Don't Know

Q78e. How satisfied were you that you received prompt medical attention without **waiting** unnecessarily? (**Choose one**)

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 97 Don't Know

Q78f. How satisfied were you with the **overall quality of care** you received? (**Choose one**)

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 97 Don't Know

- Q79. Again, please remind me, have you visited any **PUBLIC** health facility (e.g. a hospital) **as an inpatient** in the **past 12 months**? (An inpatient facility is where you stay overnight)
- 1 Yes
  - 0 No (**Skip to SECTION 5**)
  - 97 Don't Know (**Skip to SECTION 5**)
- Q79a. How satisfied were you that the facility was **clean**? (**Choose one**)
- 1 Very satisfied
  - 2 Satisfied
  - 3 Dissatisfied
  - 4 Very dissatisfied
  - 97 Don't Know
- Q79b. How satisfied were you that your health problems were **kept confidential** by the facility staff? (**Choose one**)
- 1 Very satisfied
  - 2 Satisfied
  - 3 Dissatisfied
  - 4 Very dissatisfied
  - 97 Don't Know
- Q79c. How satisfied were you that you were treated with **respect and friendliness** by the facility staff? (**Choose one**)
- 1 Very satisfied
  - 2 Satisfied
  - 3 Dissatisfied
  - 4 Very dissatisfied
  - 97 Don't Know
- Q79d. If you received medicines, how satisfied were you the **medicine** helped to improve your health? (**Choose one**)
- 1 Very satisfied
  - 2 Satisfied
  - 3 Dissatisfied
  - 4 Very dissatisfied
  - 97 Don't Know
- Q79e. How satisfied were you that you received prompt medical attention without **waiting** unnecessarily? (**Choose one**)
- 1 Very satisfied
  - 2 Satisfied
  - 3 Dissatisfied
  - 4 Very dissatisfied
  - 97 Don't Know

Q79f. How satisfied were you with the **overall quality of care** you received in this hospital?  
(Choose one)

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 97 Don't Know

## SECTION 5: HEALTH CARE RELATED BORROWING AND DEBT

Q80. For households whose member(s) have used health care services as recorded in SECTION 3, did your household have to borrow money or make use of loan for other purposes to pay for health care related costs?

- 1 Yes
- 0 No (**Stop the interview and thanks**)

Q80a. If Yes, was it:

- 1 A loan purposively for health care related payments?
- 0 A loan for other purposes but partly or totally used for health care related payments?

Q80b. Was it used for payments related to:

- 1 Treatment/care in the past month?
- 2 Hospitalization (inpatient care) in the past 12 month?
- 3 Preventive maternal and child care in the past 12 months?

Q80c. What was the amount of the loan used for health care related payments?

US\$ \_\_\_\_\_ . \_\_\_\_\_ (97 if don't know and convert the loan in kind into monetary value)

Q80d. Was the loan with interests?

- 1 Yes
- 0 No (**Skip to Q81**)

Q80e. If with interests, how much money does your household have to pay for the total of interests?

US\$ \_\_\_\_\_ . \_\_\_\_\_ (97 if don't know)

Q80f. For what period of time does your household have to pay off the total (the initial loan + interests)? \_\_\_\_\_ Months \_\_\_\_\_ Days.

Q81. Does your household still currently owe money (have any debt) to other households or any financial institutions because of payment for health care of your household members?

- 1 Yes
- 0 No (**End the interview and thanks**)

Q81a. If Yes, how much?

US\$ \_\_\_\_\_ , \_\_\_\_\_ (97 if don't know)

**END OF SURVEY - THANK YOU!**