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Sample Survey on		
ECONOMICS OF HEALTH CARE UTILISATION IN COOCH BEHAR & JALPAIGURI		
Research Scholar:	Confidential for Research Purpose only	Supervisor:
HOUSEHOLD QUESTIONNAIRE		

IDENTIFICATION - I					
District		Sub - Division:	Category	Mouza / Ward	Household No.
Cooch Behar: 1, Jalpaiguri: 2			Rural: 1, Urban: 2		
Name of the head of the household			Name of the respondent		
Date of Interview:			Name / Signature of the Investigator		

HOUSEHOLD CHARACTERISTICS – II				
Q No.	Questions and Coding categories	Answers		
Q 01	How many persons (including children) do usually live in your household?	Persons		<i>De facto</i>
		Female		
		Male		
Q 02	What type of family do you have?			
	Nuclear: 1, Otherwise: 0			
Q 03	What is your religion?			
	Hindu: 1, Muslim: 2, Christian: 3, Other: 4 (Specify)			
Q 04	What is your caste / tribe?			
	General: 1, OBC: 2, SC: 3, ST: 4			
Q 05	Type of house (Record by observation)			
	Pucca: 1, Semi Pucca: 2, Kuchcha: 3, Other: 4 (Specify)			
Q 06	How many living rooms are there in your house?			
Q 07	What type of toilet facility does your household have?			
	Sanitary: 1, Kuchcha: 2, Other: 3 (Specify)			
Q 08	Does your household own the following items?	Put \checkmark mark where applicable Ignore number of appliances available		
	Transistor / Cassette player / Audio system			
	TV / VCP			
	Refrigerator			
	Motorbike / Motor vehicle			
	Other: 9 (specify)			
Q 09	Does any of your household read any daily newspaper?			
	Yes: 1, Otherwise: 0			

BACKGROUND CHARACTERISTICS OF THE HOUSEHOLD POPULATION - III							
Q No.	Questions and Coding categories / Answer *						
Q 10	Would you please tell me something about the background characteristics of the household population?						
	Gender: Female: 1, Otherwise: 0						
	Age: As on last birth day (completed years)						
	Marital Status: Currently married: 1, Widower / Widower / Divorced / Separated: 2, Otherwise: 0						
	Relation to Head: Self: 1, Spouse: 2, Daughter / Son: 3, Otherwise: 4 (specify)						
	Education: Illiterate: 1, Up to primary: 2, Up to middle (class VIII): 3, Secondary and above: 4						
	Occupation: Cultivation: 1, Daily wage earner: 2, Salaried (Govt. / Semi Govt.): 3, Salaried (Private): 4, Self employed: 5, Retired / Elderly / Household work / Student / Unemployed: 6, Other: 7 (specify)						
	Any physical disability / special medical care: Yes: 1, Otherwise: 0 (Specify if Yes)						
Name	Gender	Age	Relation to Head	Education	Occupation	Marital Status	Any physical disability / special medical care
1							
2							
3							
4							
5							
6							
7							
8							
9							

* Use additional sheet if necessary

ECONOMIC PROFILE / AFFORDABILITY OF HOUSEHOLDS - IV			
Q No.	Questions and Coding categories	Answers	
Q 11	Would you please give me an approximate idea of monthly income of your household from all regular sources?		
Q 12	How much does your household spend on food (monthly)?		
Q 13	How much cultivable land does your household possess?		
Q 14	Would you please tell me about the livestock that your household possesses?	Milch animal	Draft animal
	Specify in numbers	Birds	Other
Q 15	How many fruit and other trees does your household have?	Fruit trees	Other trees
	Specify in numbers		
Q (16)	Had your household met any unusual very high expenditure* for any reason in last 5 years?		
	Yes: 1, Otherwise: 0		
Q (17)	Had your household disposed any (productive or unproductive) asset to meet any unusual very high expenditure* in last 5 years?		
	Yes: 1, Otherwise: 0		
Q 18	Does one or more members of your household have any health insurance policy?		
	Yes: 1, Otherwise: 0		
Q (19)	Was there any nuptial event in your household in last 5 years?		
	Yes: 1, Otherwise: 0		

Sample copy of a questionnaire used by me during the early phases of my research -
Amlan

* Relative concept, depends on per capita income; (..) Take care of reference period

MORBIDITY - V					
Q No.	Questions and Coding categories / Answers *				
Q 20	Would you please tell me whether any member of the households experienced any illness* since (reference period/date)?				
	Illness: Yes: 1, Otherwise: 0				
	No. of illness episode: Specify				
	Type of illness: Specify (will be coded later using ICD – 10 codes)				
	Severity: High: 1, Medium: 2, Low: 3				
Duration: Specify in days.					
Name	Illness	No. of illness episode	Type of illness	Severity	Duration
1					
2					
3					
4					
5					

* Use additional sheet if necessary; ♣ Including pregnancy and related matters

VITAL EVENTS - VI						
Q (21)	Was there any birth in your household in last 5 years?					
	Yes: 1, Otherwise: 0 (including still births)					
Q 22	If 'Yes' in Q 21, then would you please give me the details of the births?					
	Gender: Female: 1, Otherwise: 0					
	Place of delivery: Home: 1, Public hospital: 2, Nursing home / Private hospital: 3, Otherwise: 4					
Sl. No.	Gender	Place of delivery	Expenses			
1						
2						
3						
Q (23)	Was there any death in your household in last 5 years?					
	Yes: 1, Otherwise: 0					
Q 24	If 'Yes' in Q 23, then would you please give me the details of the deceased persons?					
	Gender: Female: 1, Otherwise: 0					
	Relation to Head: Spouse: 1, Daughter / Son: 2, Other: 3 (specify)					
	Cause of death: Specify (will be coded later using ICD – 10 codes)					
	Type of medical attention: Public Allopathic: 1, Private Allopathic: 2, Public Homeopathy: 3, Private Homeopathy: 4, Public Ayurveda: 5, Private Ayurveda: 6, Traditional (from Kabiraj / Baidya / Ojha / etc.): 7, Family: 8, Otherwise: 9 (Specify)					
Sl. No.	Gender	Age	Relation to Head	Cause of death	Types of all medical attention	Expenses
1						
2						
3						

(..) Take care of reference period

UTILISATION OF HEALTH CARE - VII						
Q No.	Question and Coding categories / Answer *					
Q 25	Did you or any other member of your household utilise any health care services since (reference period/date)?					
	Yes: 1, Otherwise: 0					
Q 26	If 'Yes' in Q 25, then what was the type of that care?					
	Curative: 1, Preventive: 2, Other: 3 (Specify)♦					
Q 27	Would you please tell me in details about utilisation of care by the morbid persons in your household in each illness episode?					
	Time gap: Specify in days					
	Type: Public: 1, Private: 2, Family: 3, Other: 4 (Specify)					
	Category of Health Facility: Sub Centre: 1, Primary Health Centre: 2, Community Health Centre / Village Hospital: 3, Sub Division Hospital: 4, District Hospital: 5, Any Specialized Hospital / Nursing Home: 6, Chemist's Shop: 7, Establishment of Kabiraj / Baidya / Ojha: 8, Other: 9 (Specify)					
	Source: Doctor: 1, Specialist: 2, Paramedical Staff: 3, Registered Medical Practitioner: 4, Chemist & Druggist: 5, Kabiraj / Baidya / Ojha: 6, Family: 7, Other: 8 (Specify)					
	System of Medicine: Allopathic: 1, Homeopathy: 2, Ayurvedic: 3, Traditional (from Kabiraj / Baidya / Ojha/ etc.): 4, Other: 5 (Specify)					
No. of Visits: Specify						
Name	Time gap between first symptom and utilisation	Type of Health Facility	Category of Health Facility	Source of seeking treatment	System of Medicine	No. of Visit
1						
2						
3						
Q 28	If morbid persons have not utilised any health services then what are the main reasons behind it?					
	Specify					

* Use additional sheet if necessary;

♦ Include validation services (medical fitness certificate, etc.) in this category

REASONS BEHIND CHOOSING A PARTICULAR TYPE CARE / SYSTEM OF MEDICINE - VIII			
Q No.	Questions and Coding categories / Answers *		
Q 29	Would you please tell me why members of your household chose this particular type of health care? (Ask to tell points as many as she / he can in descending order according to importance)		
	Public	Private	Family / Traditional / Other
	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
	4.	4.	4.
	5.	5.	5.
Q 30	Would you please tell me why members of your household chose this particular system of medicine? (Ask to tell points as many as she / he can in descending order according to importance)		
	Allopathic	Ayurveda	Homeopathy
	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
	4.	4.	4.
	5.	5.	5.

Sample copy of a questionnaire used by me during the early phases of my research -
Amlan

* Use additional sheet if necessary

AVAILABILITY OF HEALTH CARE - IX		
Q No.	Questions and Coding categories	Answers
Q 31	Is there any health facility available in your ward or mouza?	
	Yes: 1, Otherwise: 0	
Q 32	If 'Yes' in Q 31, what was (were) the facility (ies)?	
	Sub Centre: 1, Primary Health Centre: 2, Community Health Centre / Village Hospital: 3, District Hospital: 4, Any Specialized Hospital / Nursing Home: 5, Chemist's Shop: 6, Establishment of Kabiraj / Baidya / Ojha: 7, Other: 8 (Specify) (Consider multiple entries)	
Q 33	Is there any doctor / medical specialist / health professional available in your ward or mouza [♥] ?	
	Yes: 1, Otherwise: 0	
Q 34	Is there any pathological laboratory in your ward or mouza?	
	Yes: 1, Otherwise: 0	
Q 35	Is there any X-Ray laboratory in your ward or mouza?	
	Yes: 1, Otherwise: 0	
Q 36	Is there any ambulance or any other vehicle that can be used in emergency in your ward or mouza?	
	Yes: 1, Otherwise: 0	

♥ Qualified doctor and / or registered medical practitioner only

ACCESSIBILITY TO HEALTH CARE & ACTIVITY SET - X			
Q No.	Questions and Coding categories	Answer (Cells are for different patients and different episodes)	
Q 37	How much distance did your household cover to reach health facility? (Specify in Kilometers)		
Q 38	How much time did your household spend to reach health facility? Specify		
Q 39	How often any or more members of your household visit places in the following distance categories in a month*? Specify		
	<= 5 kms	<=25 kms	< 50 kms
Q (40)	Did any or more members of your household visit places in the following distance categories in last 3 years*? Specify		
	< 500 kms	> 500 kms	

* Ask names of the places (market place, thana, district head quarter, relatives' place, cities and towns) if the respondent is ignorant about distances; (..) Take care of reference period

QUALITY OF CARE - XI		
Q No.	Question and Coding categories	Answer (Cells are for different patients and different episodes)
Q 41	In case of hospitalisation, have your households been provided with a bed?	
	Yes: 1, Otherwise: 0	
Q 42	Did any member of your household share bed with other patients?	
	Yes: 1, Otherwise: 0	
Q 43	Have your households found the premises of the health facility clean?	
	Very clean: 1, Somewhat clean: 2, Not clean: 3	
	Did service provider talk about causes and consequences of the disease and also about its prevention?	
	Yes: 1, Otherwise: 0	
Q 44	Is your household satisfied after seeking treatment from the health facilities?	
	Yes: 1, Somewhat: 2, No: 3	

HEALTH CARE EXPENDITURE – XII									
Q No.	Question and Coding categories / Answer *								
Q 45	Would you please tell me in detail about the costs that your household incurred directly and indirectly for the illness?								
Name	Doctors Fee	Drugs	Tests	Special Diet	Transportation cost	Other costs	In case of hospitalisation: Total Cost [▲]	Loss of earnings to	
								Patient	Accompanying persons
1									
2									
3									

▲ Ignore the first 6 columns; * Use additional sheet if necessary

NUTRITION - XIII				
Q No.	Questions and Coding categories / Answers			
Q 46	How often do members of your household consume the following items etc.?			
	Put √ marks where applicable			
	Daily	Weekly	Occasionally	Never
Milk / Curd				
Pulses / Beans				
Green leafy vegetables				
Other vegetables				
Fruits				
Eggs				
Chicken / Meat				
Fish				
Sweets				