

BRIDGE TO SCALE (JILINDE) PROJECT

Client costing questionnaire

This questionnaire should only be administered to PrEP clients

Identification number

SECTION A: IDENTIFICATION INFORMATION

Cluster Sub-county.....

County:

Facility Category (Enter Code) (1=Hosp. 2=HC, 3=Dispensary, 4= Youth friendly centre, 5 =DICES/DICs, 6 = private clinic, 7 = other)

Managing Authority (Enter Code) (1=GOK, 2=CSO, 3 =Private, 4=Other)

Date of interview..... (DD/MM/YY)

Name of Data Collector

Time Interview began: (Use 24 hours clock)

Time Int. Ended

Name of interviewer: Name Signature Date.....

Supervisor's review: Name Signature Date.....

A: Social Economic and Demographic Characteristics of Respondents

Q.	QUESTION	RESPONSE CODE														
1	How old were you at your last birthday?	Completed Years														
2	What is your marital status? (circle code)	<table border="1"> <tr> <td>Never married/ Single</td> <td>1</td> </tr> <tr> <td>Married/In-union</td> <td>2</td> </tr> <tr> <td>Living together</td> <td>3</td> </tr> <tr> <td>Widowed, Separated, Divorced</td> <td>4</td> </tr> </table> Write or circle code	Never married/ Single	1	Married/In-union	2	Living together	3	Widowed, Separated, Divorced	4						
Never married/ Single	1															
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3	What is highest level of formal education reached? (insert code) PROBE FOR THE HIGHEST YEAR COMPLETED	<table border="1"> <tr> <td>No grade completed (none)</td> <td>0</td> </tr> <tr> <td>Primary incomplete</td> <td>1</td> </tr> <tr> <td>Primary Complete</td> <td>2</td> </tr> <tr> <td>Secondary incomplete</td> <td>3</td> </tr> <tr> <td>Secondary Complete</td> <td>4</td> </tr> <tr> <td>College/Higher /Tertiary</td> <td>5</td> </tr> <tr> <td>No response</td> <td>99</td> </tr> </table>	No grade completed (none)	0	Primary incomplete	1	Primary Complete	2	Secondary incomplete	3	Secondary Complete	4	College/Higher /Tertiary	5	No response	99
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Primary incomplete	1															
Primary Complete	2															
Secondary incomplete	3															
Secondary Complete	4															
College/Higher /Tertiary	5															
No response	99															

4	Number of years completed at that level. (circle code)	<table border="1"> <tr> <td>Less than 1 year</td> <td>0</td> </tr> <tr> <td>Completed</td> <td>1</td> </tr> <tr> <td>Don't know</td> <td>98</td> </tr> </table> (Insert code)	Less than 1 year	0	Completed	1	Don't know	98											
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5	What is your religion? (circle code)	<table border="1"> <tr> <td>Roman Catholic</td> <td>1</td> </tr> <tr> <td>Protestant/Other Christian</td> <td>2</td> </tr> <tr> <td>Muslim</td> <td>3</td> </tr> <tr> <td>No Religion</td> <td>4</td> </tr> <tr> <td>Other (Specify)</td> <td>99</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Roman Catholic	1	Protestant/Other Christian	2	Muslim	3	No Religion	4	Other (Specify)	99							
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6	Do you do any of the following activities (Read the options? Multiple responses allowed) (Circle code)	<table border="1"> <tr> <td>Reads a newspaper at least once a week</td> <td>1</td> </tr> <tr> <td>Watches television at least once a week</td> <td>2</td> </tr> <tr> <td>Listens to the radio at least once a week</td> <td>3</td> </tr> <tr> <td>All three media at least once a week</td> <td>4</td> </tr> <tr> <td>No media at least once a week</td> <td>5</td> </tr> </table>	Reads a newspaper at least once a week	1	Watches television at least once a week	2	Listens to the radio at least once a week	3	All three media at least once a week	4	No media at least once a week	5							
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7	Are you currently employed? (Circle code)	<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table>	Yes	1	No	2													
Yes	1																		
No	2																		
8	If not, did you work at any time during the 6 months prior to this interview? (Circle code)	<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table>	Yes	1	No	2													
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9	If you worked at any time during the 6 months prior to this interview, what is your Occupation? (i.e. the job held or the kind of work performed during the reference period) (Circle code)	<table border="1"> <tr> <td>Professional/technical/managerial</td> <td>1.</td> </tr> <tr> <td>Clerical</td> <td>2.</td> </tr> <tr> <td>Sales and services</td> <td>3.</td> </tr> <tr> <td>Skilled manual</td> <td>4.</td> </tr> <tr> <td>Un-skilled manual</td> <td>5.</td> </tr> <tr> <td>Domestic service</td> <td>6.</td> </tr> <tr> <td>Commercial sex worker</td> <td>7.</td> </tr> <tr> <td>Others (specify).....</td> <td>8.</td> </tr> </table>	Professional/technical/managerial	1.	Clerical	2.	Sales and services	3.	Skilled manual	4.	Un-skilled manual	5.	Domestic service	6.	Commercial sex worker	7.	Others (specify).....	8.	
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Others (specify).....	8.																		
10	If married/staying together (Q2), is your partner currently employed? (Circle code)	<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table>	Yes	1	No	2													
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11	If not, did the spouse/partner work at any time during the 6 months prior to this interview? (Circle code)	<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table>	Yes	1	No	2													
Yes	1																		
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12	In case your partner/spouse worked at any time during the 6 months prior to this interview, what is his Occupation? (i.e. the job held or the kind of work performed during the reference period) (Circle code)	<table border="1"> <tr> <td>Professional/technical/managerial</td> <td>1.</td> </tr> <tr> <td>Clerical</td> <td>2.</td> </tr> <tr> <td>Sales and services</td> <td>3.</td> </tr> <tr> <td>Skilled manual</td> <td>4.</td> </tr> <tr> <td>Un-skilled manual</td> <td>5.</td> </tr> <tr> <td>Domestic service</td> <td>6.</td> </tr> <tr> <td>Commercial sex worker</td> <td>7.</td> </tr> <tr> <td>Others (specify).....</td> <td>8.</td> </tr> </table>	Professional/technical/managerial	1.	Clerical	2.	Sales and services	3.	Skilled manual	4.	Un-skilled manual	5.	Domestic service	6.	Commercial sex worker	7.	Others (specify).....	8.	
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13	What type of earnings were you paid? (Circle code)	<table border="1"> <tr> <td>Cash only</td> <td>1.</td> </tr> <tr> <td>Cash and in kind</td> <td>2.</td> </tr> <tr> <td>In-kind only</td> <td>3.</td> </tr> <tr> <td>Not paid</td> <td>4.</td> </tr> </table>	Cash only	1.	Cash and in kind	2.	In-kind only	3.	Not paid	4.									
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14	If you are working, how much do you earn per day from your work?	Kshs _____	
15	How many days per week do you work?	Days: _____	
16	What type of employer did you have?	Employed by family member	1
		Employed by Non-family member	2
		Self-employed	3
17	Do you have employment all year round? (Circle code)	All year round	1
		Seasonal	2
		Occasional	3
18	Does your household have: (Circle code)		YES NO
	a) Electricity	1	2
	b) Flush toilet	1	2
	c) Radio	1	2
	d) TV	1	2
	e) VCR video	1	2
	f) Telephone	1	2
	g) Car/pick-up truck	1	2
	h) Floor made of wood, ceramic tiles, Cement, Carpet.	1	2
19	Source of Water (Circle code)		Yes No
	Protected Shallow well or borehole	1	2
	Protected spring	1	2
	Rainwater	1	2
	Unprotected dug well /Unprotected spring	1	2
	Surface water	1	2
	Others (specify)		
20	Who owns the house you live in? (Circle code)	Self	1
		Husband	2
		Joint (Husband and self)	3
		Parents	4
		In-Laws	5
		Friend/Neighbour/Relatives	6
		Land Lord/Landlady	7
		Other (specify).....	8
21	Who provides monetary support for your family	Interviewee	1
		Spouse/Partner	2
		Children	3

	INCLUDES INCOME, GIFTS, ETC. (Circle code)	Other (specify).....	4
22	What is your family's TOTAL income per month? PROBE FOR ALL SOURCES ----- ----- ----- ----- -TOTAL INCOME (e.g. RENT, GIFTS, ETC.)	Total ALL SOURCES _____	
23	On average how much money <u>per month</u> do you get from the following activities/ items (Income)? Note that not all items may apply to your situation.	Commercial sex work	Kshs _____
		Other forms of employment (e.g. selling cloth, vegetables, and fruits).	Kshs _____
		Salary	Kshs _____
		Remittance from relatives and friends	Kshs _____
		Other (specify)	Kshs _____
		Borrowing	Kshs _____
		Income from fixed assets (e.g. housing, land lease, etc)	Kshs _____
		Others (specify).	Kshs _____
		Total	Kshs _____
24	About how much money (in Kenya shillings) did you spent LAST MONTH , on the following activities/items (EXPENDITURE)? Note that some of the items may not apply to your situation	Food and non-alcoholic beverages	Kshs _____
		House rent (if applicable)	Kshs _____
		clothing, beddings, footwear	Kshs _____
		Water, electricity, gas, and fuels (including firewood).	Kshs _____
		Furniture, house hold equipment, and routine maintenance of the house.	Kshs _____
		Health care/medical	Kshs _____
		Transport	Kshs _____
		Communication/including phone charges	Kshs _____
		Education (including fees, purchase of books, etc). Probe for monthly charges (easily extrapolated from quarterly/cost per term).	Kshs _____
		Payment of domestic workers.	Kshs _____
		Others (specify).	Kshs _____
Total	Kshs _____		
PrEP services			

READ TO CLIENT: I would now like to ask you some questions about your response to potential price levels for PrEP							
		Initial visit	Review visit 1	Review visit 2	Review visit 3	Review visit 4	

25	What are the main three reasons for your choosing this facility/site/service provider? 1. Close to home 2. Staff give good advice 3. Good staff attitude 4. Knew someone in the facility 5. Less waiting time 6. PrEP services available 7. Staff are qualified 8. Less costly 9. Do not have to pay 10. Cleaner facility/site 11. More privacy 12. Was referred 13. Other (specify) (Multiple answers acceptable)	Circle Code 1 2 3 4 5 6 7 8 9 10 11 12 13	Circle Code 1 2 3 4 5 6 7 8 9 10 11 12 13	Circle Code 1 2 3 4 5 6 7 8 9 10 11 12 13	Circle Code 1 2 3 4 5 6 7 8 9 10 11 12 13	Circle Code 1 2 3 4 5 6 7 8 9 10 11 12 13	
26	Which PrEP services did you receive during each of the visits? 1. Consultation 2. HIV testing and counselling 3. PrEP drugs 4. Liver function test 5. Urinalysis test 6. Serum creatinine and creatinine clearance test 7. Hepatitis B surface antigen test 8. Hepatitis C antibody 9. Rapid Plasma Reagin 10. Pregnancy testing	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	Circle Code 1 2 3 4 5 6 7 8 9 10	

27	Did you obtain PrEP services during the visit to this facility/site? 1. Yes (all)-Go to Q30 2. Yes (some of the PrEP services) 3. No – Go to Q29 8. Don't know-Go to Q31	Circle code 1 2 3 8	Circle code 1 2 3 8	Circle code 1 2 3 8	Circle code 1 2 3 8	Circle code 1 2 3 8	
28	If Yes to 27 (i.e. some of the needed PrEP services), what were the main reasons? 1. Services not available 2. Did not have money to pay for the services 3. Not finished PrEP drugs given during last visit 4. Decided to do without the PrEP drugs/services 5. Did not need PrEP drugs/services 6. Referred Multiple responses allowed	Circle code 1 2 3 4 5 6	Circle Code 1 2 3 4 5 6	Circle Code 1 2 3 4 5 6	Circle Code 1 2 3 4 5 6	Circle Code 1 2 3 4 5 6	
29	If No to Q27, 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 Multiple responses allowed	Circle code (s) 1 2 3 4 5 6	Circle code(s) 1 2 3 4 5 6	Circle code(s) 1 2 3 4 5 6	Circle code(s) 1 2 3 4 5 6	Circle code(s) 1 2 3 4 5 6	
30	Did you pay money for the services you received? 1. Yes 2. No (go to Q36) 8. Don't know (Go to 36)	Circle code 1 2 8	Circle code 1 2 8	Circle code 1 2 8	Circle code 1 2 8	Circle code 1 2 8	
		Initial visit	Review visit 1	Review visit 2	Review visit 3	Review visit 4	
31	How much money did <name> spend on services received? 1. Registration/Card 2. Consultation 3. HIV testing and counselling 4. PrEP drugs 5. Liver function test 6. Serum creatinine and creatinine clearance test 7. Hepatitis B surface antigen test 8. Rapid Plasma Reagin 9. Pregnancy testing 10. Medical Check up 11. Other (specify) 12. Overall* 13. Don't know (enter 99)	KSh 1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10..... 11..... 12..... 13.....	KSh 1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10..... 11..... 12..... 13.....	KSh 1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10..... 11..... 12..... 13.....	KSh 1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10..... 11..... 12..... 13.....	KSh 1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10..... 11..... 12..... 13.....	

	* Enter overall estimate (7) only if detail not remembered.																																																																			
32	Are there any other costs related to this provider, that you have not already mentioned		Other cost <table border="1"> <tr> <th>Item</th> <th>Cost</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Item	Cost											Other cost <table border="1"> <tr> <th>Item</th> <th>Cost</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Item	Cost											Other cost <table border="1"> <tr> <th>Item</th> <th>Cost</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Item	Cost											Other cost <table border="1"> <tr> <th>Item</th> <th>Cost</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Item	Cost											Other cost <table border="1"> <tr> <th>Item</th> <th>Cost</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Item	Cost											
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33	If you paid some money, what was the mode of payment?		Initial visit	Review visit 1	Review visit 2	Review visit 3	Review visit 4																																																													
	Mode of payment		Circle code(s)	Circle code(s)	Circle code(s)	Circle code(s)	Circle code(s)																																																													
	1	Cash	1	1	1	1	1																																																													
	2	Private insurance	2	2	2	2	2																																																													
	3	NHIF	3	3	3	3	3																																																													
	4	Given opportunity to pay later (credit)	4	4	4	4	4																																																													
	5	Waiver/exemption	5	5	5	5	5																																																													
	6	Paid in kind	6	6	6	6	6																																																													
	7	Don't know	7	7	7	7	7																																																													
			Initial visit	Review visit 1	Review visit 2	Review visit 3	Review visit 4																																																													
34	If you indicated in Q33 that you paid in kind, please list down the items and cost them using the prevailing market rates in that region <table border="0"> <tr> <td>Items</td> <td>Qty</td> </tr> <tr> <td>Unit Price</td> <td></td> </tr> <tr> <td>1.....</td> <td>-----</td> </tr> <tr> <td>2.....</td> <td>-----</td> </tr> <tr> <td>3.....</td> <td>-----</td> </tr> </table>		Items	Qty	Unit Price		1.....	-----	2.....	-----	3.....	-----	Total Value in KSh	Total Value in KSh	Total Value in KSh	Total Value in KSh	Total Value in KSh																																																			
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35	Where did you get the funds to pay for the services and how much was paid from each source [Record all that apply]		Initial visit	Review visit 1	Review visit 2	Review visit 3	Review visit 4																																																													
36	Source of funds		Amount in KSh	Amount in KSh	Amount in KSh	Amount in KSh	Amount in KSh																																																													
	Had own cash available																																																																			
	Was given money by (friends, family members & relatives- No repayment was expected)																																																																			
	Borrowed money																																																																			
	Sold household assets																																																																			
	Waived/exempted																																																																			
	Reimbursed by well wisher																																																																			
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	(Credit)						
	Others (specify)						
	Don't Know (Enter 00)						
		Initial visit	Review visit 1	Review visit 2	Review visit 3	Review visit 4	
37	How long did you wait between arrival and being seen by a clinician? For those who don't know enter 99	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	
38	How long did you spend after consultation and the point of exit? For those who don't know enter 99	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	
39	How much did you spend on transport to get to the PrEP service provider and back (return) in Ksh? For those who walked, please estimate the cost Enter 99 = for those who don't know	KSh _____	KSh _____	KSh _____	KSh _____	KSh _____	
40	How long did it take you to get to the service provider and back? Enter 99 = for those who don't know Interviewer – Exclude time spend in the service delivery point/site/facility	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	
41	Did any member of your household accompany You during your visit to the service delivery point/facility/site? Yes No	Circle Code 1 2	Circle Code 1 2	Circle Code 1 2	Circle Code 1 2	Circle Code 1 2	
42	If yes in Q41, for how many hours were you accompanied?	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	Hr/Min ____/____	
43	What distance did <name> cover in Km to get to the facility (One way) Enter 99 = for those who don't know	Kms _____	Kms _____	Kms _____	Kms _____	Kms _____	
		Initial visit	Review visit 1	Review visit 2	Review visit 3	Review visit 4	
44	What was your MAIN METHOD of transportation used to get to the health provider/service delivery point? 1. Public transport (e.g. Bus, Matatu) 2. Private (own means) 3. Taxi 4. Boat 5. Walked 6. Bicycle 7. Motor cycle 8. Other (specify)	Circle Code 1 2 3 4 5 6 7 8	Circle Code 1 2 3 4 5 6 7 8	Circle Code 1 2 3 4 5 6 7 8	Circle Code 1 2 3 4 5 6 7 8	Circle Code 1 2 3 4 5 6 7 8	
45	How much in total did you pay for transport for the journey to and back from this provider?	Kshs	Kshs	Kshs	Kshs	Kshs	

46	<p>Were you satisfied with the quality of care that he/she received from <name> health facility</p> <p>1. Yes 2. No 8 Don't Know</p>	<p>Circle code</p> <p>1 2 8</p>	<p>Circle code</p> <p>1 2 8</p>	<p>Circle code</p> <p>1 2 8</p>	<p>Circle code</p> <p>1 2 8</p>	<p>Circle code</p> <p>1 2 8</p>																	
			Initial visit	Review visit 1	Review visit 2	Review visit 3																	
	<p>How would you assess the following aspects of quality care in the health facility visited/.PrEP site?</p> <table border="1"> <tr><td>Very Satisfied</td><td>1</td></tr> <tr><td>Satisfied</td><td>2</td></tr> <tr><td>Satisfied</td><td>3</td></tr> <tr><td>Not satisfied</td><td>4</td></tr> <tr><td>Not at all satisfied</td><td>5</td></tr> <tr><td>Not at all satisfied</td><td>6</td></tr> <tr><td>Not at all satisfied</td><td>7</td></tr> <tr><td>Don't know</td><td>99</td></tr> </table>	Very Satisfied	1	Satisfied	2	Satisfied	3	Not satisfied	4	Not at all satisfied	5	Not at all satisfied	6	Not at all satisfied	7	Don't know	99		<div></div> <p>(Enter code)</p>	<div></div> <p>(Enter code)</p>	<div></div> <p>(Enter code)</p>	<div></div> <p>(Enter code)</p>	
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