

## Household Expenditure Survey

# HOUSEHOLD EXPENDITURE SURVEY

VELLORE

MARCH 2019

### Section 1

#### Household Identification Details (1 of 2)

### Survey date

Enter today's date:

yyyy-mm-dd

---

### Survey phase

Choose the current phase of data collection

- ☐ First
- ☐ Second
- ☐ Third

### Area

Select if the cluster/area is from urban or rural region

☐ Urban ☐ Rural

### Cluster code

In each phase, there are 6 Rural and 4 Urban clusters, adding to a total of 10 clusters per phase; with 3 phase, it is 30 clusters

### Fieldworker name

Choose your name, from the list

☐ fieldworker1 ☐ fieldworker2 ☐ fieldworker3 ☐ fieldworker4 ☐ fieldworker5 ☐ fieldworker6

**Read the following**

*Greetings. My name is and I work with the CMC, Vellore. We are conducting a survey about health and expenditures in our communities. We would very much appreciate your participation in this survey. The information you provide will help the Government to plan and improve health services. The interview usually takes about 30 minutes to complete. I will record your responses on this gadget/phone.*

*Whatever information you provide will be kept confidential and will not be shown to other persons.*

*Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.*

*At this time, do you want to ask me anything about the survey?*

*Do you agree to participate in this survey?*

☐ Yes

☐ No

**Section 1****Household Identification Details (2 of 2)****Name of Respondent in Household**

*First name (space) last name*

---

**Ward (urban) or Village (rural)**

---

**Street name**

---

**Door no**

---

Address of the respondent:

**GPS**

latitude (x.y °)

---

longitude (x.y °)

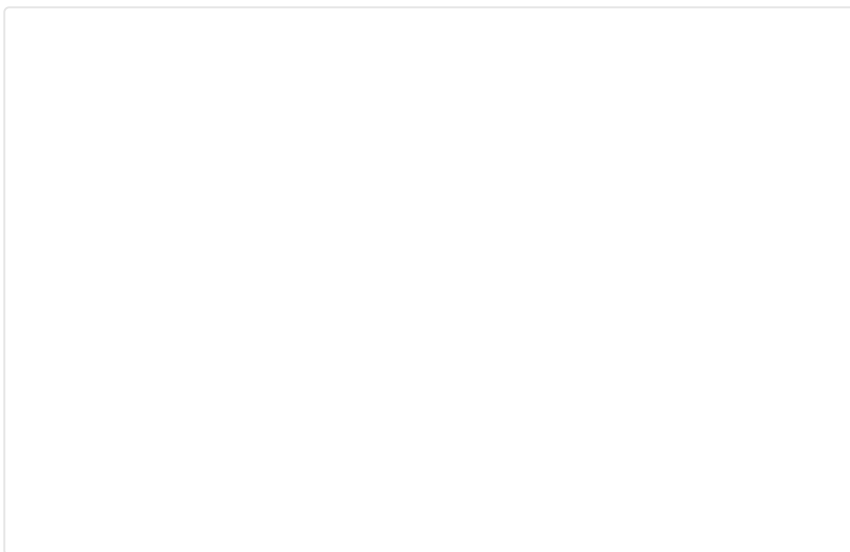
---

altitude (m)

---

accuracy (m)

---

**Contact number for household***Do not use "0" or "+91" before the mobile number*

---

**If we are not able to reach you for some reason, would you provide an alternative person to contact you: Name***First name (space) last name*

---

**Relationship**☐ Family (within  
household)☐ Relative☐ Friend☐ Neighbor☐ Co-worker☐ Other**Specify other.**

---

**Contact number of the person***Do not use "0" or "+91" before the mobile number*

---

**Household serial no***Refer to the order of recruitment on a given day*

---

ID

*A unique value through combination of survey phase, setting, cluster, fieldworker and sno*

---

We will now send out a validation/thank you message to this number

**msg to be sent to respondent**

Hello, Thank you for participating in the survey!

---

**Tap to send a message to**

---

**Number of members in the family**

2

---

Household roster (Fill-in the following information for every member of the household);  
Begin with the **Head** of the family.

**Section 2**  
**Demographics**

Unique ID for household member

1

**1. What is the #'s name?**

*First name Last name*

---

**2. What is his relationship to the head of the family?**

- ☐ Head
- ☐ Spouse
- ☐ Children
- ☐ Parent
- ☐ In-laws
- ☐ Other

**Specify other.**

---

**3. What is the 's date of birth?**

yyyy-mm-dd

---

**4. What age group does belong to?**

*If DOB is not known, choose one of the three age groups and probe for an approximate age*

- ☐ Less than 5 years
- ☐ 5 years to less than 18 years
- ☐ 18 years to less than 60 years (Adult)
- ☐ 60 years and above

**5. Age in months ( )**

*For aged less than 5-years, age should be between 1-59 months*

---

**6. Age in years ( )**

*(>=5 yrs to <18 yrs)*

---

**7. Age in years ( )**

*(18 yrs to 59 yrs)*

---

**8. Age in years ( )**

*(60 yrs and above)*

---

**9. What is ' gender?**

- ☐ Male
- ☐ Female

**10. What is 's marital status?**

- ☐ Never
- ☐ Married
- ☐ Divorced / Separated
- ☐ Widowed

**11. What is 's religion?**

- ☐ Hindu
- ☐ Muslim
- ☐ Christian

**12. What is 's education?**

- ☐ No
- ☐ 1-5
- ☐ 6-10
- ☐ 11-12
- ☐ Diploma
- ☐ Undergraduate Degree (College or University)
- ☐ Post-Graduate (College or University)

**13.What is 's work status?**

- ☐ Employed
- ☐ Not employed

**14.If employed, who is 's employer?**

- ☐ Government
- ☐ Private
- ☐ A NGO
- ☐ Self-Business
- ☐ Informal (agriculture, street vendors, daily wages)
- ☐ Other

**Specify other.**

---

**15. What was 's main occupation?**

*Record occupation as stated/described by the respondent*

---

**16.If not employed, then what is the main reason for unemployment?**

- ☐ Housewife
- ☐ Retired
- ☐ In School / Pre-school child
- ☐ Awaiting job
- ☐ Disabled
- ☐ Other

**Specify other.**

---

**17.How often 's get paid from this occupation?**

- ☐ daily
- ☐ weekly
- ☐ monthly

**18..How much was the last net salary or wage (after deductions) for every ?**

*This is a personal question. It might require probing and explanation of the purpose of the study.*

- ☐ <500
- ☐ 500-1000
- ☐ 1000-5000
- ☐ 5000-10000
- ☐ 10000-25000
- ☐ 25000-50000
- ☐ 50000+

**19.Do have any of the following?**

- ☐ No
- ☐ Loss of vision
- ☐ Loss of hearing
- ☐ Unable to use arm or hand
- ☐ Unable to walk
- ☐ In ability to remember
- ☐ In ability to chew
- ☐ Other

Specify other.

---

**20. Has ever been told by a doctor that he has any of the following disease (or) health problems (or) taking medications on a regular basis?**

*Do not read out the options, but probe to begin with. The presented option are major categories. If respondent has other problems, include them in the other category.*

- ☐ No
- ☐ Asthma or respiratory conditions
- ☐ Arthritis or (joint pains)
- ☐ Depression
- ☐ Diabetes
- ☐ Hypertension
- ☐ Lipid abnormalities (High cholesterol levels)
- ☐ Heart conditions
- ☐ Liver conditions
- ☐ Cancer
- ☐ Other

Specify other.

---

**21. In general, how would rate his health today?**



**22. Is covered by any health insurance scheme?**

- ☐ No
- ☐ Government
- ☐ Employer
- ☐ Private

Unique ID for household member \_\_2

**1. What is the #2's name?**

*First name Last name*

2

---

2



**2. What is his relationship to the head of the family?**

- ☐ Head
- ☐ Spouse
- ☐ Children
- ☐ Parent
- ☐ In-laws
- ☐ Other

**Specify other.**

---

**3. What is the 2's date of birth?**

yyyy-mm-dd

---

**4. What age group does belong to?**

*If DOB is not known, choose one of the three age groups and probe for an approximate age*

- ☐ Less than 5 years
- ☐ 5 years to less than 18 years
- ☐ 18 years to less than 60 years (Adult)
- ☐ 60 years and above

**5. Age in months ( )**

*For aged less than 5-years, age should be between 1-59 months*

---

**6. Age in years ( )**

*(>=5 yrs to <18 yrs)*

---

**7. Age in years ( )**

*(18 yrs to 59 yrs)*

---

**8. Age in years ( )**

*(60 yrs and above)*

---

**9. What is 2' gender?**

- ☐ Male
- ☐ Female

**10. What is 2' s marital status?**

- ☐ Never
- ☐ Married
- ☐ Divorced / Separated
- ☐ Widowed

**11. What is 2's religion?**

- ☐ Hindu
- ☐ Muslim
- ☐ Christian

**12. What is 2's education?**

- ☐ No
- ☐ 1-5
- ☐ 6-10
- ☐ 11-12
- ☐ Diploma
- ☐ Undergraduate Degree (College or University)
- ☐ Post-Graduate (College or University)

**13.What is 2's work status?**

- ☐ Employed
- ☐ Not employed

**14.If employed, who is 's employer?**

- ☐ Government
- ☐ Private
- ☐ A NGO
- ☐ Self-Business
- ☐ Informal (agriculture, street vendors, daily wages)
- ☐ Other

**Specify other.**

---

**15. What was 's main occupation?**

*Record occupation as stated/described by the respondent*

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**16.If not employed, then what is the main reason for unemployment?**

- ☐ Housewife
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- ☐ Awaiting job
- ☐ Disabled
- ☐ Other

**Specify other.**

---

**17.How often 's get paid from this occupation?**

- ☐ daily
- ☐ weekly
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**18..How much was the last net salary or wage (after deductions) for every ?**

*This is a personal question. It might require probing and explanation of the purpose of the study.*

- ☐ <500
- ☐ 500-1000
- ☐ 1000-5000
- ☐ 5000-10000
- ☐ 10000-25000
- ☐ 25000-50000
- ☐ 50000+

**19. Do 2 have any of the following?**

- ☐ No
- ☐ Loss of vision
- ☐ Loss of hearing
- ☐ Unable to use arm or hand
- ☐ Unable to walk
- ☐ In ability to remember
- ☐ In ability to chew
- ☐ Other

Specify other.

**20. Has ever 2 been told by a doctor that he has any of the following disease (or) health problems (or) taking medications on a regular basis?**

*Do not read out the options, but probe to begin with. The presented options are major categories. If respondent has other problems, include them in the other category.*

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- ☐ Asthma or respiratory conditions
- ☐ Arthritis or (joint pains)
- ☐ Depression
- ☐ Diabetes
- ☐ Hypertension
- ☐ Lipid abnormalities (High cholesterol levels)
- ☐ Heart conditions
- ☐ Liver conditions
- ☐ Cancer
- ☐ Other

Specify other.

**21. In general, how would 2 rate his health today?**

**22. Is 2 covered by any health insurance scheme?**

- ☐ No
- ☐ Government
- ☐ Employer
- ☐ Private

**For internal checking of household members, their names and IDs**

The members of this family are . Ask if the respondent can confirm?

Their within household line-member IDs

*This is for internal identification purposes only*

<br/>

*Each members name is matched with his/her corresponding ID numbers*

Number of family members:

**Section 3****History of acute illness and health care utilization**

Display the individual household member ID (for reference) , \_\_

1

**1. Has been ill in the last 3 months?**

*3 month from the date of survey. Help them with a 3-month reference, if needed. Tell them the last 3 month period*

- ☐ Yes
- ☐ No

**2. If yes, how many times in total was ill/sick in the last 3 months?**

---

**3. When was the last time was ill within the last 3 months?**

*Most recent illness episode in the last 3 month period*

- ☐ In the last 7 days
- ☐ In the last 30 days or one month
- ☐ Between one and 3 months

**4. What was this illness (refer to this last or most recent)?**

*Ask them to name the diagnosis, if known. Else ask them for symptoms; if more than one, enter each separated by a semicolon*

---

**5. For this illness, did seek health care or medical advice?**

- ☐ Yes
- ☐ No

**6. If no, why did not seek health care?**

- ☐ Hospital is far from home (Distance)
- ☐ Drugs/Doctors/Nurses are not available
- ☐ High treatment cost
- ☐ Very bad past experience
- ☐ Cannot take time off from work
- ☐ Do not know where to go
- ☐ Thought was not sick enough

**» Visits to health care facilities in the past 3 months****1. If yes, where did seek health care?**

Community Health  
Center

Primary Health Center

District Government  
Hospital

Private  
doctor/clinic/Hospital

Traditional healer  
(ayurveda, siddha, unani)

Pharmacy or Medical  
shop

Other

Specify other.

---

**2. Is this usual place for health care?**

- ☐ Yes
- ☐ No

**3. How far is this health facility from your house? (in km)**

Write down in kilometers; round off if in decimal

---

**4. How did get there?**

Own vehicle

Public transportation

Taxi/Auto

Ambulance

Walked

Other

Specify other.

---

**5. How did pay for services during his visit?**

☐ Out of pocket      ☐ Insurance      ☐ Both

**6. How much did pay for Registration or Consulation fee?**

*Direct medical expenditures*

*Fee paid to medical doctors, specialists, traditional practioners for their services*

0

---

**7. How much did pay for Medicines?**

*Direct medical expenditures*

0

---

**8. How much did pay for Devices or any Equipments?**

*Direct medical expenditure*

*Spectacles, hearing-aids, BP monitors*

0

---

**9. How much did pay for Day-Surgical procedures?**

*Direct medical expenditures*

*Stiches, Excisions or any other that occur at the OPD*

0

---

**10. How much did pay for Laboratory Tests for Diagnosis?**

*Direct medical expenditures*

0

---

**11. How much did pay for Blood Charges?**

*Direct medical expenditures*

*need for blood*

0

---

**12. How much did pay for Ambulance Services?**

*Direct medical expenditures*

0

---

**13. How much did pay for Dietary changes?**

*Direct medical expenditures*

0

---

**14. How much did pay for Travelling to health facility?***Direct non-medical expenditures*0  

---

**15. How much did pay for Lodging or Meals during the visit to health facility?***Direct non-medical expenditures*0  

---

**16. Any other expenditures during this visit**0  

---

Total paid:

**17. What was the outcome from this visit. Did your health**

- ☐ Improved
- ☐ No change
- ☐ Worsened
- ☐ Required further visit or hospitalization
- ☐ Death
- ☐ Other

**Specify other.**  
  

---

**18. If required further visits, how many visits in total did make?***Including this visit*  
  

---

**19. How much in total did paid for treatment of this illness?***Including all visits for this illness; a total*0  

---



**20. How did or household pay for these expenditures***Source for payment*

- ☐ Income or Salary
- ☐ Savings
- ☐ Sold assets / Jewelry
- ☐ Borrowed money with no interest
- ☐ Borrowed money with interest
- ☐ Other

**Specify other.****21. Has or household did any of the following to pay for health expenditures?**

- ☐ Reduce food expenditures to pay for illness
- ☐ Remove child from school to pay for illness
- ☐ Additional work to pay for illness

**22. Did illness cause loss of time in school or at work***Indirect medical expenditures*

- ☐ Yes
- ☐ No

**23. If yes, the total number of days lost***Indirect medical expenditures***24. Did illness increase anxiety/stress among household members***Indirect medical expenditures*

- ☐ Yes
- ☐ No

**25. If yes, then rate in scale from 1 to 10***Indirect medical expenditures*

-

|

|

|

|

|

|

|

|

|

|

1

10

**26. Did illness cause any social discrimination?***Indirect medical expenditures*

- ☐ Yes
- ☐ No

2

Display the individual household member ID (for reference) 2, \_\_2

**1. Has 2 been ill in the last 3 months?***3 month from the date of survey. Help them with a 3-month reference, if needed. Tell them the last 3 month period*

- ☐ Yes
- ☐ No

**2. If yes, how many times in total 2 was ill/sick in the last 3 months?**

---

**3. When was the last time 2 was ill within the last 3 months?***Most recent illness episode in the last 3 month period*

- ☐ In the last 7 days
- ☐ In the last 30 days or one month
- ☐ Between one and 3 months

**4. What was this illness (refer to this last or most recent)?***Ask them to name the diagnosis, if known. Else ask them for symptoms; if more than one, enter each separated by a semicolon*

---

**5. For this illness, did 2 seek health care or medical advice?**

- ☐ Yes
- ☐ No

**6. If no, why did 2 not seek health care?**

- ☐ Hospital is far from home (Distance)
- ☐ Drugs/Doctors/Nurses are not available
- ☐ High treatment cost
- ☐ Very bad past experience
- ☐ Cannot take time off from work
- ☐ Do not know where to go
- ☐ Thought was not sick enough

**» Visits to health care facilities in the past 3 months****1. If yes, where did 2 seek health care?**

- |   |   |   |                                |
|---|---|---|--------------------------------|
| <input type="checkbox"/> Community Health Center        | <input type="checkbox"/> Primary Health Center                        | <input type="checkbox"/> District Government Hospital |                                |
| <input type="checkbox"/> Private doctor/clinic/Hospital | <input type="checkbox"/> Traditional healer (ayurveda, siddha, unani) | <input type="checkbox"/> Pharmacy or Medical shop     | <input type="checkbox"/> Other |

Specify other.

**2. Is this 2 usual place for health care?**

- ☐ Yes
- ☐ No

**3. How far is this health facility from your house? (in km)**

Write down in kilometers; round off if in decimal

**4. How did 2 get there?**

- ☐ Own vehicle    ☐ Public transportation    ☐ Taxi/Auto    ☐ Ambulance    ☐ Walked    ☐ Other

Specify other.

**5. How did 2 pay for services during his visit?**

- ☐ Out of pocket    ☐ Insurance    ☐ Both

**6. How much did 2 pay for Registration or Consulation fee?***Direct medical expenditures**Fee paid to medical doctors, specialists, traditional practioners for their services*

0

**7. How much did 2 pay for Medicines?***Direct medical expenditures*

0

**8. How much did 2 pay for Devices or any Equipments?***Direct medical expenditure**Spectacles, hearing-aids, BP monitors*

0

**9. How much did 2 pay for Day-Surgical procedures?***Direct medical expenditures**Stiches, Excisions or any other that occur at the OPD*

0

**10. How much did 2 pay for Laboratory Tests for Diagnosis?***Direct medical expenditures*

0

**11. How much did 2 pay for Blood Charges?***Direct medical expenditures**need for blood*

0

**12. How much did 2 pay for Ambulance Services?***Direct medical expenditures*

0

**13. How much did 2 pay for Dietary changes?***Direct medical expenditures*

0

**14. How much did 2 pay for Travelling to health facility?***Direct non-medical expenditures*

0

**15. How much did 2 pay for **Lodging or Meals** during the visit to health facility?***Direct non-medical expenditures*

---

0

---

**16. Any other expenditures during this visit**

---

0

---

Total paid:

**17. What was the outcome from this visit. Did your health**

- ☐ Improved
- ☐ No change
- ☐ Worsened
- ☐ Required further visit or hospitalization
- ☐ Death
- ☐ Other

**Specify other.**

---

**18. If required further visits, how many visits in total did 2 make?***Including this visit*

---

**19. How much in total did 2 paid for treatment of this illness?***Including all visits for this illness; a total*

---

0

---

**20. How did 2 or household pay for these expenditures***Source for payment*

- ☐ Income or Salary
- ☐ Savings
- ☐ Sold assets / Jewelry
- ☐ Borrowed money with no interest
- ☐ Borrowed money with interest
- ☐ Other

Specify other.

---

**21. Has 2 or household did any of the following to pay for health expenditures?**

- ☐ Reduce food expenditures to pay for illness
- ☐ Remove child from school to pay for illness
- ☐ Additional work to pay for illness

**22. Did 2 illness cause loss of time in school or at work**

*Indirect medical expenditures*

- ☐ Yes
- ☐ No

**23. If yes, the total number of days lost**

*Indirect medical expenditures*

---

**24. Did 2 illness increase anxiety/stress among household members**

*Indirect medical expenditures*

- ☐ Yes
- ☐ No

**25. If yes, then rate in scale from 1 to 10**

*Indirect medical expenditures*

-



**26. Did 2 illness cause any social discrimination?**

*Indirect medical expenditures*

- ☐ Yes
- ☐ No

Total health care in the family: 0

**Section 4****Hospital Admissions\_ 12months**

1

Display the individual HH ID \_\_

**1. Was admitted in the last 12 months?**

*One year from the time of data collection*

☐ Yes

☐ No

**2. If yes, how many times in total were hospitalized in the last one year?**

---

**3. When was the last time was hospitalized?**

*Most recent admission; just month and year is adequate*

☐ In the last 30 days or one month

☐ In the last 3 months

☐ In the last 6 months

☐ Between 6 and 12 months

**» Regarding the most recent admission****1. Why was admitted?**

*Ask them for a diagnosis if known.*

*Else, ask them for symptom or sign and record upto 3 main symptoms each separated by a semicolon;*

---

**2. Where did admitted?**

☐ Private hospital

☐ Public or Government hospitals

☐ NGO or mission hospitals

**3. How many nights did admitted?**

---

**4. How did get to the hospital?**

- ☐ Own vehicle
- ☐ Public transportation
- ☐ Taxi/Auto
- ☐ Ambulance
- ☐ Walked
- ☐ Other

Specify other.

---

**5. How far is this hospital from your house (in km)?**  

---

**6. How did your household pay for these expenditures?**

- ☐ Out of pocket
- ☐ Insurance
- ☐ Both

**7. How much did pay for Bed Charges?**

*Direct medical expenditures  
Room rentals; lodging charges*

0

---

**8. How much did pay for Registration or Consulation fee?**

*Direct medical expenditures  
Fee paid to doctors, specialists etc.,*

0

---

**9. How much did pay for Medicines?**

*Direct medical expenditures*

0

---

**10. How much did pay for Devices or any Equipments?**

*Direct medical expenditures  
Monitors, Hearing aids, Pace-makers, etc*

0

---



**11. How much did pay for Blood Charges?**

*Direct medical expenditures  
need for blood*

---

**12. How much did pay for Surgical Procedures?**

*Direct medical expenditures*

0

---

**13. How much did pay for Laboratory tests for Diagnosis?**

*Direct medical expenditures*

0

---

**14. How much did pay for Ambulance Services?**

*Direct medical expenditures*

0

---

**15. How much did pay for Dietary changes?**

*Direct medical expenditures*

0

---

**16. How much did pay for Travelling to health facility?**

*Direct non-medical expenditures*

0

---

**17. How much did pay for Lodging or Meals during hospitalizaation?**

*Direct non-medical expenditures*

0

---

**18. Any others expenditures directly related toward receiving this service?**

0

---

Total paid:

**19. How did your household pay for these expenditures***source for payment*

- ☐ Income or Salary
- ☐ Savings
- ☐ Sold assets / Jewelry
- ☐ Borrowed money with no interest
- ☐ Borrowed money with interest
- ☐ Other

**Specify other.****20. Has or household did any of the following to pay for health expenditures?**

- ☐ Reduce food expenditures to pay for illness
- ☐ Remove child from school to pay for illness
- ☐ Additional work to pay for illness

**21. What was the outcome from this hospitalization. Did health**

- ☐ Improved
- ☐ No change
- ☐ Worsened
- ☐ Required further visit or hospitalization
- ☐ Death
- ☐ Other

**Specify other.****22. If required further visits, how many visits in total did make?****23. How much in total did paid for treatment of this illness?***Including all visits for this illness; a total*

0

**24. Did hospitalization cause loss of time in school or at work***Indirect medical expenditures*☐ Yes☐ No**25. If yes, the total number of days lost***Indirect medical expenditures*

---

**26. Did hospitalization increase anxiety/stress among household members***Indirect medical expenditures*☐ Yes☐ No**27. If yes, then rate in scale from 1 to 10***Indirect medical expenditures*

-

**28. Did hospitalization/illness cause any disability ?***Indirect medical expenditures*☐ Yes☐ No**29. Did illness cause any social discrimination?***Indirect medical expenditures*☐ Yes☐ No

2

Display the individual HH ID \_\_2

**1.Was 2 admitted in the last 12 months?***One year from the time of data collection*☐ Yes☐ No

**2.If yes, how many times in total 2 were hospitalized in the last one year?**

---

**3.When was the last time 2 was hospitalized?***Most recent admission; just month and year is adequate*

- ☐ In the last 30 days or one month
- ☐ In the last 3 months
- ☐ In the last 6 months
- ☐ Between 6 and 12 months

**» Regarding the most recent admission****1. Why was 2 admitted?***Ask them for a diagnosis if known.**Else, ask them for symptom or sign and record upto 3 main symptoms each separated by a semicolon;*

---

**2. Where did 2 admitted?**

- ☐ Private hospital
- ☐ Public or Government hospitals
- ☐ NGO or mission hospitals

**3. How many nights did 2 admitted?**

---

**4. How did 2 get to the hospital?**

- ☐ Own vehicle
- ☐ Public transportation
- ☐ Taxi/Auto
- ☐ Ambulance
- ☐ Walked
- ☐ Other

**Specify other.**

---

**5. How far is this hospital from your house (in km)?**

---

**6. How did your household pay for these expenditures?**

- ☐ Out of pocket
- ☐ Insurance
- ☐ Both

**7. How much did 2 pay for Bed Charges?**

*Direct medical expenditures  
Room rentals; lodging charges*

0

---

**8. How much did 2 pay for Registration or Consultation fee?**

*Direct medical expenditures  
Fee paid to doctors, specialists etc.,*

0

---

**9. How much did 2 pay for Medicines?**

*Direct medical expenditures*

0

---

**10. How much did 2 pay for Devices or any Equipments?**

*Direct medical expenditures  
Monitors, Hearing aids, Pace-makers, etc*

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**11. How much did 2 pay for Blood Charges?**

*Direct medical expenditures  
need for blood*

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**12. How much did 2 pay for Surgical Procedures?**

*Direct medical expenditures*

0

---

**13. How much did 2 pay for Laboratory tests for Diagnosis?**

*Direct medical expenditures*

0

---

**14. How much did 2 pay for Ambulance Services?**

*Direct medical expenditures*

0

---

**15. How much did 2 pay for Dietary changes?***Direct medical expenditures*0  

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**16. How much did 2 pay for Travelling to health facility?***Direct non-medical expenditures*0  

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**17. How much did 2 pay for Lodging or Meals during hospitalizaation?***Direct non-medical expenditures*0  

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**18. Any others expenditures directly related toward receiving this service?**0  

---

Total paid:

**19. How did your household pay for these expenditures***source forpayment*

- ☐ Income or Salary
- ☐ Savings
- ☐ Sold assets / Jewelry
- ☐ Borrowed money with no interest
- ☐ Borrowed money with interest
- ☐ Other

**Specify other.**  

---

**20. Has 2 or household did any of the following to pay for health expenditures?**

- ☐ Reduce food expenditures to pay for illness
- ☐ Remove child from school to pay for illness
- ☐ Additional work to pay for illness

**21. What was the outcome from this hospitalization. Did 2 health**

- ☐ Improved
- ☐ No change
- ☐ Worsened
- ☐ Required further visit or hospitalization
- ☐ Death
- ☐ Other

**Specify other.**

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**22. If required further visits, how many visits in total did 2 make?**

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**23. How much in total did 2 paid for treatment of this illness?**

*Including all visits for this illness; a total*

0

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**24. Did 2 hospitalization cause loss of time in school or at work**

*Indirect medical expenditures*

- ☐ Yes
- ☐ No

**25. If yes, the total number of days lost**

*Indirect medical expenditures*

---

**26. Did 2 hospitalization increase anxiety/stress among household members**

*Indirect medical expenditures*

- ☐ Yes
- ☐ No

**27. If yes, then rate in scale from 1 to 10***Indirect medical expenditures*

-

|  
1

|

|

|

|

|

|

|

|

|  
10

**28. Did 2 hospitalization/illness cause any disability ?***Indirect medical expenditures*☐ Yes☐ No**29. Did 2 illness cause any social discrimination?***Indirect medical expenditures*☐ Yes☐ No**Section 5**  
**SES**



**Please tell me which of the following your household owns. Does your household own..**

*Read out all and select all that apply*

- ☐ Own house
- ☐ Pucca (high quality materials for floor, roof and walls)
- ☐ Piped water inside the house or plot (Water supply)
- ☐ Toilet facility inside the house or plot
- ☐ LPG-Gas stove
- ☐ A built-in kitchen sink
- ☐ Live stock (farm animals - goats, chicken, pigs, cattle)
- ☐ Smartphone
- ☐ Washing machine
- ☐ Refrigerator
- ☐ Television
- ☐ Two-wheeler
- ☐ Tractor-truck
- ☐ Car
- ☐ Gardener/Driver/Maid
- ☐ Internet connection (mobile or modem)

## Section 6

### Consumption expenditures

#### » Food expenses

##### 1. How often does your household buy

##### **Staple Foods ?**

*Rice, Wheat, Pulses and Other Cereals and Grains*

- ☐ daily
- ☐ weekly
- ☐ monthly

##### 2. In the last , how much did your household spend on **Staple Foods?**

0

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3. How often does your household buy  
**Meat, Poultry & Fish products?**

*Chicken, Mutton, Fish, Beef Pork, etc.*

- ☐ daily
- ☐ weekly
- ☐ monthly

4. In the last , how much did your household spend on **Meat, Poultry and Fish Products?**

0

---

5. How often does your household buy  
**Diary related Products?**

*Milk, Curd, Butter, Ghee, Cheese, etc*

- ☐ daily
- ☐ weekly
- ☐ monthly

6. In the last , how much did your household spend on **Diary related Products?**

0

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7. How often does your household buy  
**Vegetables or Fruits?**

- ☐ daily
- ☐ weekly
- ☐ monthly

8. In the last , how much did your household spend on **Vegetables or Fruits?**

0

---

9. How often does your household buy  
**Cooking oils?**

*Sunflower oils, palm oils, olive oil etc*

- ☐ daily
- ☐ weekly
- ☐ monthly

10. In the last , how much did your household spend on **Cooking oils?**

0

---

11. How often does your household buy

**Sugars and Spices?**

*Sugar, Honey, Chocolates, Candy, etc., Salt, Pepper, Vinegar, etc*

- ☐ daily
- ☐ weekly
- ☐ monthly

12. In the last , how much did your household spend on **Sugars and Spices?**

\_\_\_\_\_

13. How often does your household buy

**Non-Alcoholic Beverages?**

*Tea, Coffee, Juices, Softdrinks, etc.*

- ☐ daily
- ☐ weekly
- ☐ monthly

14. In the last , how much did your household spend on **Non-Alcoholic Beverages?**

0  
\_\_\_\_\_

15. How often does your household eat outside from

**Restaurants, Hotels etc...?**

- ☐ daily
- ☐ weekly
- ☐ monthly

16. In the last , how much did your household spend on \*eating outside in **Restaurants, Hotels, etc.?**

0  
\_\_\_\_\_

17. In the last month, how much did your household spend on **Tobacco Products?**

*Cigarettes, Bidis, etc*

0  
\_\_\_\_\_

18. In the last month, how much did your household spend on **Alcoholic-Beverages?**

*Liquor, Wine, Beer, etc*

0  
\_\_\_\_\_

» Housing Utilities

1. In the last month, how much did your household pay for **Rent?**

0

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2. In the last month, how much did your household pay for any **Housing Loan Payments?**

0

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3. In the last month, how much did your household pay for any **Cooking Fuel or Gas?**

*LPG, Kerosene, Wood etc.,*

0

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4. In the last month, how much did your household pay for **Water?**

*Buying water for drinking or for other purposes*

0

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5. In the last month, how much did your household pay for **Communication ?**

*Mobile recharges, internet café etc.*

0

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6. In the last month, how much did your household pay for **Clothing and Footwear, Jewelry and Watches?**

*For men, women, and children*

0

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7. In the last month, how much did your household pay for **Transportations?**

*Local bus, Auto/Taxis, Train, Flights fares, Petrol, Diesel, parking charges, etc.*

0

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8. In the last month, how much did your household spend on visiting **Healthcare facilities for medical treatment?**

*Visits to clinics, hospitals, or medical pharmacy and incurred charges; other than what was mentioned before in the OPD and hospitalization sections*

0

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9. In the last month, how much did your household pay for **Recreation and Entertainment ?**

*Subscription to Cable connections, Clubs, Movies, Music, Books, Magazines, Sports, Toys*

» Large & Infrequent expenditures

**1. In the last one-year, how much did your household spend on Education Fees and Supplies ?***Books, Tuition, Registration, Uniforms, Bus fees, Field trips etc.*

0

**2. In the last one-year, how much did your household spend on Durable Goods, Furnitures and Appliances?***Televisions, refrigerators, washing machines, phones, chairs, tables, etc.*

0

**3. In the last one-year, how much did your household spend on Vehicles and Maintenance purchases/upkeep/repairs?***Trucks, cars, motorcycles, scooters, bicycles*

0

**4. In the last one-year, how much did your household spend on Premiums for insurance (Excluding for health) ?***Personal, vehicle, house, life, etc.*

0

**4. In the last one-year, how much did your household spend on Premiums for health insurance ?***Health insurance premiums***5. In the last one-year, how much did your household spend on Rituals, gifts or ceremonies?***Funerals, birthdays, religious festivals weddings, etc.*

0

**6. In the last one-year, how much did your household spend on Taxes?***Vehicle, house, water, income, etc*

0

**7. In the last one-year, how much did your household spend on Health care items or Equipments?***Eye-glasses, hearing aids, dental care, BP/Sugar monitors), excluding what was reported in OPD and hospitalization sections*

0

**8. In the last one-year, how much did your household spend on Hospitalizations/Admissions?***Overnight stays in hospitals, excluding what was reported in OPD and hospitalizations*

0

9. On average, how much does your household **spend per month?**

*Average monthly expenditure*

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Thank you!