

Instructions(निर्देश)-OOPE

Instructions for Completing the primary healthcare usage and out-of-pocket expenditure survey for free healthcare services.

Thank you for taking the time to participate in our survey. Please follow these instructions carefully when filling out the form:

- 1. Provide Accurate Information:** Answer each question truthfully to help us understand your experiences with primary care in healthcare.
- 2. Complete All Required Fields:** Some fields are mandatory and marked with an **asterisk (*)**. Ensure these fields are filled out before submitting.
- 3. Use Clear and Concise Language:** When responding to open-ended questions, please keep your answers brief and to the point.
- 4. Select All Applicable Options:** For questions with multiple-choice or checkbox options, select all responses that apply to your experience.
- 5. Double-Check Your Responses:** Review your answers before submitting to ensure accuracy.

Your input will help us improve on expenditure for primary care in healthcare services for everyone.

Thank you for your valuable feedback!

* Indicates required question

Demographic Information (जनसांख्यिकीय जानकारी)

This section aims to understand the background of individuals using primary care in healthcare. It includes demographic questions about age, gender, education, income, employment status, and household composition to analyze how these factors affect healthcare out-of-pocket expenditure usage and affordability.


Thank you for your cooperation.

1. **Name ***

नाम

2. **Age ***


उम्र

 Dropdown*Mark only one oval.*

- ☐ 18-24 years
- ☐ 25-34 years
- ☐ 35-44 years
- ☐ 45-54 years
- ☐ >55

3. **Gender ***


लिंग

 Dropdown*Mark only one oval.*

- ☐ Male
- ☐ Female
- ☐ Other

4. **Marital Status ***


वैवाहिक स्थिति

 Dropdown*Mark only one oval.*

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Widow/Widower

5. **Literacy level ***

साक्षरता स्तर

 Dropdown*Mark only one oval.*

- ☐ Illiterate
- ☐ Primary
- ☐ Secondary
- ☐ Senior Secondary
- ☐ Graduate and above

6. **Residence Type ***


निवास का प्रकार

Mark only one oval.

- ☐ Rented
- ☐ Own land

7. **Living District location? ***

रहने वाले जिले का स्थान?

 Dropdown*Mark only one oval.*

- ☐ North-Delhi
- ☐ East-Delhi
- ☐ West-Delhi
- ☐ South-Delhi
- ☐ North-East Delhi
- ☐ North-West Delhi
- ☐ South-West Delhi
- ☐ South-East Delhi
- ☐ Central
- ☐ Shahdara
- ☐ New Delhi

8. **Household Size (members in a family) ***

घरेलू आकार

9. **What is your family's total annual income from all sources?** *

(include Income from salary, wages, business, rent, pensions, and other earnings.)

आपके परिवार की सभी स्रोतों से कुल वार्षिक आय क्या है?

(वेतन, मज़दूरी, व्यवसाय, किराया, पेंशन और अन्य कमाई से आय शामिल करें।)

Dropdown

Mark only one oval.

- ☐ Less than ₹ 1 lakh
- ☐ ₹ 1 lakh to ₹ 2.5 lakh
- ☐ ₹ 2.5 lakh to ₹ 5 lakh
- ☐ ₹ 5 lakh to ₹ 8 lakh
- ☐ More than ₹ 8 lakh

10. **Monthly spending on individual healthcare expenditure.** *

व्यक्तिगत स्वास्थ्य देखभाल व्यय पर मासिक खर्च।

Dropdown

Mark only one oval.

- ☐ ₹500 or Less
- ☐ ₹501 - ₹1000
- ☐ ₹1001 - ₹1500
- ☐ ₹1501 - ₹2000
- ☐ More than ₹2000

11. **Monthly spending on entire family healthcare expenditure. ***

पूरे परिवार के स्वास्थ्य देखभाल व्यय पर मासिक खर्च।

⌵ Dropdown

Mark only one oval.

- ☐ ₹1,000 or Less
- ☐ ₹1,001 - ₹2,000
- ☐ ₹2,001 - ₹3,000
- ☐ ₹3,001 - ₹4,000
- ☐ More than ₹4,000

12. **Have you taken any health insurance? ***

क्या आपने कोई स्वास्थ्य बीमा लिया है?

⌵ Dropdown

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

13. **For primary care services, where do you visit? ***

स्वास्थ्य देखभाल में प्राथमिक देखभाल के लिए, आप कहाँ जाते हैं?

Tick all that apply.

- ☐ Home remedies (family/friend suggestions)
- ☐ Self Prescription (through Internet or any other sources)
- ☐ Unregistered practitioner
- ☐ Private clinic
- ☐ Private hospital
- ☐ Government hospital
- ☐ Government Dispensary
- ☐ Government Polyclinic
- ☐ Mohalla Clinic

14. Give a rating from 1 to 5 for these facilities in primary care; rate these based on your experiences with the use of the below-mentioned primary care.

प्राथमिक देखभाल में इन सुविधाओं के लिए 1 से 5 तक रेटिंग दें; नीचे उल्लिखित प्राथमिक देखभाल के उपयोग के साथ अपने अनुभवों के आधार पर इन्हें रेट करें।

Mark only one oval per row.

	1 No Importance	2 Low Importance	3 Moderate Importance	4 High Importance	5 Very High Importance
Home remedies (family/friend suggestions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Prescription (through internet or any other sources)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unregister Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government dispensary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government polyclinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mohalla clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Which Language you are comfortable with? *

आप किस भाषा के साथ सहज हैं?

Mark only one oval.

☐

English

Skip to question 16

☐

Hindi

General perception and survey questionnaire.

Kindly respond to the following with the best of your belief and truthfulness. It will help us understand some attributes that eventually help us develop and evolve the system to improve services for primary care in healthcare out-of-pocket expenditure.

For each determinant, please evaluate the extent to show how much these determinants influence out-of-pocket expenditure in visiting primary care in healthcare.

Use the following scale:

- **1** = No Importance
- **2** = Low Importance
- **3** = Moderate Importance
- **4** = High Importance
- **5** = Very High Importance

16. **Rate the following from 1 to 5 based on how much demographic determinants affect out-of-pocket expenses (OOPE):**

*

Mark only one oval per row.

	1 No Importance	2 Low Importance	3 Moderate Importance	4 High Importance	5 Very High Importance
Marital Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Structure (Male-headed/Female-headed household)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residence (Rented/Own Land)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vicinity (Distance to Nearest Healthcare Provider)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance impact OOPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. **Rate the following from 1 to 5 based on how much personal experiences and behavior determinants affect out-of-pocket expenses (OOPE):**

*

Mark only one oval per row.

	1 No Importance	2 Low Importance	3 Moderate Importance	4 High Importance	5 Very High Importance
Dependence on private healthcare facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of government facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of medicine in government facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illness Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicable Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of diagnostic services in government facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mode of transportation (bike, car, bus, cab, auto- rickshaw)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust on facilities (quality and renowned Ness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. **Rate the following from 1 to 5 based on how much financial determinants affect out-of-pocket expenses (OOPE):**

*

Mark only one oval per row.

	1 No Importance	2 Low Importance	3 Moderate Importance	4 High Importance	5 Very High Importance
Expenses on Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expenses on Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expense on Doctor's consultation fee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending on Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of (absenteeism or missed business opportunities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration fee at clinic/hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expenses on diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultation time (due to queue patient visit private facility to save time and it cost)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bribes provokes (early service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Borrowings
(e.g. selling

(e.g., Selling
Assets, Loans)
(e.g., Selling
assets, Loans)



19. **How far do you travel to reach the primary care clinic/hospital you visit? ***

Mark only one oval.

- ☐ Less than 1 KM
- ☐ 1-3 KM
- ☐ More than 3 KM

20. **How frequently do you visit the primary healthcare clinic/hospital you visit in a month? ***

Mark only one oval.

- ☐ Never
- ☐ Once
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or More times

21. **What is your usual waiting time before being attended to at the clinic/hospital? ***

Mark only one oval.

- ☐ 5 minutes or Less
- ☐ 5-10 minutes
- ☐ 10-15 minutes
- ☐ 15-20 minutes
- ☐ More than 20 minutes

22. **What is your usual waiting time after being attended to at the clinic/hospital to collect medicine/tests?** *

Mark only one oval.

- ☐ 2 minutes or Less
- ☐ 2-5 minutes
- ☐ 5-8 minutes
- ☐ 8-11 minutes
- ☐ More than 11 minutes

23. **What is the usual time taken during consultation/diagnosis at a primary healthcare clinic/hospital that you visit?** *

Mark only one oval.

- ☐ 2 minutes Less
- ☐ 3-5 minutes
- ☐ 5-7 minutes
- ☐ 7-9 minutes
- ☐ More than 9 minutes

24. **Rate the following on a scale of 0-4.**

*

Use the following scale: to rate how significant these are as per your experience.

1 = No

2 = Low

3 = Moderate

4 = High

5 = Very High

Mark only one oval per row.

	1 No Importance	2 Low Importance	3 Moderate Importance	4 High Importance	5 Very High Importance
How well pharmacist explain you about medicine at clinic/hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the cleanliness and overall environment of the clinic/hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with the overall services provided by the clinic/hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with the doctor who treated you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Did you have to buy medicines outside the clinic/hospital that you visit for your primary healthcare? *
- If yes, specify the associated cost.
- If no, simply enter zero (0) instead.
-


26. Did you have to buy medical equipment/devices outside the clinic/hospital that you visit for your primary healthcare? *
- If yes, specify the associated cost.
- If no, simply enter zero (0) instead.
-

27. Did you have to buy tests/X-rays outside the clinic/hospital that you visit for your primary healthcare? *
- If yes, specify the associated cost.
- If no, simply enter zero (0) instead.
-

28. Which services have you availed of at your primary care clinic/hospital? *


Tick all that apply.

- ☐ Medicine
- ☐ Diagnostics
- ☐ Doctor consultations

29. How much did you spend on transportation per visit (in INR) on ^{*}  Dropdown
your visit to primary healthcare that you visit?

Mark only one oval.

- ☐ ₹0-₹10
☐ ₹11-₹30
☐ ₹31-₹50
☐ ₹51-₹100
☐ More than ₹100

30. How much do you feel you save on doctor consultation fees by ^{*}  Dropdown
visiting a government primary care clinic/hospital per visit?

Mark only one oval.

- ☐ ₹100 or Less
☐ ₹100-₹200
☐ ₹200-₹500
☐ ₹500-₹1000
☐ More than ₹1000

31. Did you or your caregiver spend money on food while visiting the primary ^{*}
care clinic that you visit?

If yes, specify the cost.


If no, simply put zero (0) instead.

32. Did you or your caregiver have to leave work during the visits? ^{*}

If yes, specify the cost.

If no, simply put zero(0) instead.

33. **What cost does the clinic/hospital charge you for a consultation per visit?**

*  Dropdown

Mark only one oval.

- ☐ ₹50 or less
- ☐ ₹51-₹150
- ☐ ₹151-₹250
- ☐ ₹251-₹350
- ☐ More than ₹350

34. **What services do you feel are missing or could be improved at the public clinic/hospital?**


*

Tick all that apply.

- ☐ Pathology tests
- ☐ Medicine availability
- ☐ Waiting time
- ☐ Other: _____

35. **Why don't you visit a public clinic/hospital? ***

36. **How long have you been using the primary care facility that you usually use for primary healthcare?**

*  Dropdown

Mark only one oval.

- ☐ 1 months or Less
- ☐ 1-4 months
- ☐ 4-8 months
- ☐ 8-12 months
- ☐ More than 12 months

37. **Have you visited quacks after using any government clinic/hospital for your primary care use in healthcare? ***
If yes, how many times do you visit there?
If no, simply put zero(0) instead.
-

38. **How would you rate your health? ***

1 2 3 4 5



Skip to section 4 (Thank you for your contribution.)

Thank you for your contribution.

Thank you for taking the time to complete this survey. Your valuable insights will play a crucial role in our research, contributing to a deeper understanding of out-of-pocket expenditure.

This work will help reduce out-of-pocket expenditure.

We appreciate your participation and commitment to advancing this research.

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