Equity and Health Care Financing in Indonesia (ENHANCE) study

QUESTIONNAIRE FOR HOUSEHOLD SURVEY

BACKGROUND DATA

Q1. Household ID: _____ (4 digits starting from 0001)

Q2. Village unique ID: _____

Q3. Enumerator ID: _____

Q4. Location of house

1 Urban area

2 Rural area

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Enumerator Introduction [Hello, my name is____and I am from_____. 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 (i.e. they live most of the year under the same roof and share meals). This person should be very familiar with each family members health status and their use of health services.

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 and if you are unable to answer then ask to suspend the interview so you can call your supervisor for help**)

0 No

SECTION 1: HOUSEHOLD LIVING STANDARD INFORMATION

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

1 Bamboo
2 Wood stem
3 Bamboo matting
4 Wood
5 Brick
6 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/palm leaf/sod
2 Wood/sirap
3 Bamboo
4 Zink
5 Asbestos
6 Tile
7 Concrete
8 Metal tiles
9 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 Open well in dwelling or on premises
4 Open public well
5 Protected well in dwelling or on premises
6 Protected public well
7 Spring
8 Rivers/stream
9 Pond/lake
10 Dam
11 Rain water

12 Tanker truck

13 Bottled water

14 Refill water

15 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 Private with septic tank

2 Private without septic tank

3 Shared/public

4 River/stream/creek

5 Pit

6 Yard/bush/forest

7 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 Biogas

4 Kerosene

5 Coal/lignite

6 Charcoal

7 Firewood

8 Straw/shrubs/grass

9 Agricultural crop

10 Animal dung

11 No food cooked in household

12 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 <u>working</u> order.

Q14a. Does your household have?

a. Electricity	1. Yes	0. No
b. Radio	1. Yes	0. No
c. TV	1. Yes	0. No
d. Telephone	1. Yes	0. No
e. Hand phone	1. Yes	0. No
f. Refrigerator	1. Yes	0. No
g. Bicycle	1. Yes	0. No
h. Motorcycle	1. Yes	0. No
i. Rowboat	1. Yes	0. No
j. Motorboat	1. Yes	0. No
k. Animal-drawn cart	1. Yes	0. No
l. Car/van/truck	1. Yes	0. No
m. Ship	1. Yes	0. No
n. Bank account	1. Yes	0. No
o. Agricultural land	1. Yes	0. No

If yes to o), How many meter squared of agricultural land do members of this household own?

____ **Meter squared (97 if don't know)**

Q14b. How many of the following animals does this household own?

a. Cattle?

b. Milk cows/bulls?

c. Horses, donkeys or mules?

d. Goat, sheep?

e. Pig?

f. Poultry?

Q15. Health Insurance ownership of person 01

1 PBI/KIS (insurance for the poor)

2 Non PBI (PPU) (termasuk kartu Askes/*gov't employee, formal workers*

3 Non PBI (mandiri/PBPU)/*personally paid*

4 Non PBI (Bukan Pekerja) termasuk pensiunan,/include retiree

5 Jamkesda *(Local govt insurance)*

6 Asuransi swasta *(private Insurance*)

7 Perusahaan kantor /self-managed insurance (jaminan kesehatan dikelola sendiri)

8 None

9 Other

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

— —

— —

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

1 PKH (Family Hope program = CCT)

2 BLT (Unconditional cash transfer)

3 Rastra (Food assistance)

4 Kartu Indonesia Pintar (Education assistance)

5 Other **(If not other, skip next Q)**

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

Q18. How well-off do you think this household is compared to other households in your neighborhood ? (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? *Prompt: people who live most of the year under the same roof and share meals)* (WRITE THE FULL NAME)

PERSON CODE **FULL NAME**

01……
02……
03……
04……
05……
06……
07……
08……
09……
10……
11……
12……
13……
14……
15……

— —

Q21. Where was Person 01… born? (**Choose one**)

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

Q21a. If other, please specify where you were born

— —

Q22. 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)**

Q22a. If other, please specify your marital status

— —
— —

Q23. What is the age at the next birthday of Person 01…?

_____(97 if Don't Know)

Q24. What is the gender of Person 01…? **(Choose one**)

1 Male
2 Female

Q25. What is the highest level of education of Person 01…? (**Choose one**)

1 Without school experience
2 Some elementary school
3 Completed elementary school
4 Junior high school graduate
5 Senior high school graduate
6 University graduate
7 Other

Q25a. If other, please specify your highest level of education

— —
— —

Q26. What is the current main occupation of Person 01…? (**Choose one**)

1 Self-employed in small business
2 Self-employed with unpaid family/temporary worker
3 Self-employed with permanent worker
4 Government worker
5 Private worker
6 Casual worker in agriculture
7 Casual worker not in agriculture
8 Unemployed
9 Retiree/pensioner
10 Student/learner
11 Child
12 Other **(If not other, skip next Q)**

Q26a. If other please specify your current occupation

— —
— —

Q27. 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)**

Q27a. 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

Q28. In the **past month,** were you or any member of the household ill or injured? (PROBE)

1 Yes

0 No (***Skip to Q50***)

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

Q29. 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].

Q30. 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)

— _________ _____

— ________ _ _ _ _ _ _ _ _ _ _

Q31. 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)**

Q31a. If yes, how many times has - [Person 1...] visited a public hospital in the past month as an outpatient?

_____(97 if Don't Know)

Q32. 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)**

Q32a. 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)

Q33. 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)**

Q33a. 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)

Q34. Did [Person 1...] visit a **private pharmacy/drug store** 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 pharmacy in the past month as an outpatient?

_____(97 if Don't Know)

Q35. Did [Person 1...] visit a private GP**/nurse/midwife** in the past month?

1 Yes

0 No **(Skip next Q)**

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

Q35a. If yes, how many times has [Person 1...] visited this trained health worker in the past month?

_____(97 if Don't Know)

Q36. 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)**

Q36a. If yes, how many times has - [Person 1….] visited a private dentist in the past month?

_____(97 if Don't Know)

Q37. 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)**

Q37a. 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)

Q38. 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/drug store

5 Private GP/Nurse/midwife

6 Private dentist

7 Treatment/care provided at your home by a visiting provider

97 Don't know

Q38a. What is the name of the health facility?

_____

Q38b. How far is the health facility located? (in km)

_____

Q39. How did [Person 1...] travel to see the provider/facility? (**Choose one**)

1 Walking

2 Cycling

3 Cart

4 Motorcycle

5 Car

6 Bus/

7 Boat

8 No travel (in case of treatment/care at home only) (**Skip next Q**)

97 Don't Know

Q40. How long did it take [Person 1...] to travel from home to the facility? (in mintutes)

__ __

(97 if Don't Know)

Q41. Did [Person 1...] have to pay anything (including payment to the provider/facility, transportation and food…) for this visit out-of-own pocket? Probe: any kind of out-of-pocket payments (expenses for medical care that aren't reimbursed by insurance. **Out**-of-**pocket costs** include deductibles, coinsurance, and copayments for covered services plus all **costs** for services that aren't covered)

0 No **(Skip next Q47)**

1 Yes

97 Don't Know **(Skip next Q47)**

Q42. If yes, how much **IN TOTAL** did [Person 1...] or the household pay out-of-pocket for this most recent treatment/care?

IDR_____._____(*97 if Don't Know and convert in-kind payment into monetary value*)

Q43. How much was spent on each of the following:

1 Formal payment for service fees

2 Informal payment (gratitude, etc.)

3 Medicines/Lab tests/x-ray… additional to service fees

4 Transportation

5 Other **(If not other, skip next Q)**

97 Don't Know

Q46a. If other, please specify any other items the money paid for

— —

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].

Q44. 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**)

Q45. If yes, how many people in this household have been hospitalised in the past 12 month?

_____(97 if Don't Know)

Q46. 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)

__ __

Q47. 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

Q48. Was [Person 1...] admitted to a public or private facility? (**Choose one**)

1 Public facility (national/provincial/district hospital/health center)

2 Private facility

97 Don't Know

Q48a. What is the name of the hospital for the most recent admission?

_____

Q48b. How far is the health facility located from home? (in km)?

_____

Q49. How long did [Person 1...] stay in the hospital? [No. of nights spent in the hospital]

_____days (97 if Don't Know)

Q49. 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 61)

Q50. If yes, how much **IN TOTAL** did [Person 1...] pay out-of-pocket for this hospitalization?

IDR_____._____(*97 if Don't Know and convert in-kind payment into monetary value*)

Q51. How much was spent on each of the following:

1 Formal payment for service fees

2 Informal payment (gratitude, etc.)

3 Medicines/Lab tests/x-ray… additional to service fees

4 Transportation

5 Other **(If not other, skip next Q)**

97 Don't Know

Q51a. If other, please specify any other items the money paid for

— —

Q52. How did [Person 1...] travel to the hospital? (**Choose one)**

1 Walking

2 Cycling

3 Cart

4 Motorcycle

5 Car/taxi

6 Bus

7 No travel (in case of treatment/care at home only) (**Skip next Q**)

97 Don't Know

Q53. How long did it take [Person 1...] to travel from home to the facility?

__ __ 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 Q51

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

Q54. 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**)

Q55. 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)

— —

— —

Q56. 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 Could not afford the transportation costs

4 Busy/could not get time off work

5 No wanted/trusted health facility/provider around or the trusted/wanted health facility/provider too far

6 Other (**If not other, skip next Q**)

97 Don't Know

Q56a. 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. This includes any services not captured by inpatient and outpatient services such as immunizations.]

Q57. 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

Q58. 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)

Q659. 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)

— —

Q60. Where is the **MOST RECENT** treatment/care of [Person 1...] received from (**Choose one**):

8	Public hospital (National/Provincial/District)
9	Health centre/health post
10	Private hospital/clinic
11	Private pharmacy/drug store
12	Private GP/Nurse/midwife
13	Private dentist
14	Treatment/care provided at your home by a visiting provider
97	Don't know

Q60a. What is the name of the provider/facility?

_____

Q60b. How far is the health facility located? (in km)?

_____

Q61. 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**)

Q62. If yes, how much **IN TOTAL** did [Person 1...] pay out-of-pocket for these services?

IDR_____._____(*97 if Don't Know and convert in-kind payment into monetary value*)

Q63. How much was spent on each of the following:

1 Formal payment for service fees

2 Informal payment (gratitude, etc.)

3 Medicines/Lab tests/x-ray… additional to service fees

4 Transportation

5 Other **(If not other, skip next Q)**

97 Don't Know

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 Q68

SECTION 4: HEALTH CARE RELATED BORROWING AND DEBT

Q64. 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

Q64a. 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?

Q65. 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?

Q66. What was the amount of the loan used for health care related payments?

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

Q67. Was the loan with interests?

1 Yes

0 No (**Skip to Q81**)

Q67a. If with interests, how much was the interest?

IDR_____ . (97 if don't know)

Q68. For what period of time does your household have to pay off the loan?_____
Months_____Days.

Q69. 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

Q69a. If yes, how much? IDR_____(97 if don't know)

SECTION 6: SELF-RATED HEALTH (for respondent)

Q70. In general, how is your health? (**Choose one**)

1 Very healthy

2 Somewhat healthy

3 Somewhat unhealthy

4 Unhealthy

Q71. During the last 4 weeks, how many days of your primary daily activities did you miss due to poor health?

Days_____ (97 if don't know)

Q72. In the last 4 weeks, how many days have you stayed in bed due to poor health?

Days_____ (97 if don't know)

Q73. Compared with your health 12 months ago, would you say that your health is [...] ? (**Choose one**)

1 Much better now

2 Somewhat better now

3 About the same

4 Somewhat worse

5 Much worse

Q74. How do you expect your health to be in next year ? (**Choose one**)

1 Much better

2 Somewhat better

3 About the same

4 Somewhat worse

5 Much worse

Q75. Compared to another person of your age and sex, would you say that your health is [...] ? (**Choose one**)

1 Very healthy

2 Somewhat healthy

3 Somewhat unhealthy

4 Unhealthy

Q77. Knowing your current condition, do you expect you will be able to do the same activities as you do today in the next 5 years ? (**Choose one**)

1 Yes

0 No

END OF SURVEY - THANK YOU!