ST. KITTS AND NEVIS
MINISTRY OF HEALTH

NATIONAL HEALTH ACCOUNTS (NHA)
HOUSEHOLD HEALTH EXPENDITURE AND UTILIZATION SURVEY (2013)

ENUMERATOR INSTRUCTION

USE ONLY BLACK INK BALL POINT PEN

IMPORTANT!!! Place an X in the box for choice options ☒

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

1	2	3	4	5	6	7	8	9	0

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

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SECTION 1: QUESTIONNAIRE IDENTIFICATION INFORMATION

PARISH	ED NUMBER	HOUSEHOLD NO	BUILDING NUMBER	DWELLING NUMBER	VILLAGE NUMBER

Name of Interviewer: _____ **Interviewer Code** ☐☐☐☐

Signature: _____ **Date:** ☐☐ / ☐☐ / ☐☐ (*dd* / *mm* / *yy*)

Name of Supervisor: _____ **Supervisor Code** ☐☐☐☐

Signature: _____ **Date:** ☐☐ / ☐☐ / ☐☐ (*dd* / *mm* / *yy*)

INTERVIEWER RECORD OF VISITS

Visit Number	Date (DD/MM/YY)	Time Started	Time Ended	Duration (in minutes)
1	☐☐ / ☐☐ / ☐☐			☐☐☐
2	☐☐ / ☐☐ / ☐☐			☐☐☐
3	☐☐ / ☐☐ / ☐☐			☐☐☐
4	☐☐ / ☐☐ / ☐☐			☐☐☐

Interview Status: ☐ 1 Completed ☐ 2 Partially completed ☐ 3 Refused ☐ 4 No contact
☐ 5 Vacant unit ☐ 6 Closed unit ☐ 7 No suitable Respondent at Home

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STRICTLY CONFIDENTIAL INFORMATION

SECTION 2: INTRODUCTION AND CONSENT

This questionnaire is addressed to the heads of households and all eligible adult household members present.

Read the following out loud to the respondent/s present : Hello.

My name is _____ and I am conducting research for the St. Kitts and Nevis Ministry of Health, The University of the West Indies and Abt Associates. We are conducting a survey on people's health care use and health care spending in St. Kitts and Nevis. This survey is being funded by the U.S. Agency for International Development and is part of a National Health Accounts (NHA) exercise that is measuring total health spending in the country. The information collected from this survey could help improve the health care system in the country.

If you agree to participate, I will ask you questions about the types of health services you have used in the past 6 months and the amount you have spent on those services. I will also ask you about your child/children's health status and health care use. The interview should take about 20-30 minutes. Your participation is entirely voluntary. You can choose not to participate if you do not want to. Choosing not to participate will not affect your access to health care, support groups, or other services and will not result in adverse consequences now or in the future. Also, you can refuse to answer any question and you can stop the interview at any time.

We will not record your name, and we will keep your information confidential to the best of our ability. We are interviewing about 800 households and your answers will be combined with those from about 800 other similar persons in the country. If you have any questions about this study, you can contact the HEU, Centre for Health Economics and The University of the West Indies, St. Augustine at (868) 645-7351, Ms. Kishma Cranstoun of the Ministry of Health St. Kitts and Nevis at (869)467-1136 or Dr. Laurel Hatt of Abt Associates at +1(301)347-5608.

Household Member Number	a. Do you have any questions right now?	b. Are you wiling to proceed with this interview?
01	☐ 1 Yes ☐ 2 No	☐ 1 Yes ☐ 2 No
02	☐ 1 Yes ☐ 2 No	☐ 1 Yes ☐ 2 No
03	☐ 1 Yes ☐ 2 No	☐ 1 Yes ☐ 2 No
04	☐ 1 Yes ☐ 2 No	☐ 1 Yes ☐ 2 No
05	☐ 1 Yes ☐ 2 No	☐ 1 Yes ☐ 2 No
06	☐ 1 Yes ☐ 2 No	☐ 1 Yes ☐ 2 No

If the respondent/s is /are willing to participate, then thank him/her/them and continue to Section 3. If not, then thank him/her/ them and stop.

Remember to mark choice boxes like this ☒

SECTION 3: COMPOSITION OF HOUSEHOLD AND ITS CHARACTERISTICS

1. **Household Member Number**	2. Please tell me the members of your household, starting with the eldest.	**3. Sex** Is [HOUSEHOLD MEMBER] male or female?	**4. Relationship to Head of Household** What is the relationship of the [HOUSEHOLD MEMBER] to the household head? *1. Head of Household (HOH) 2. Wife/Husband/Partner (WHP) 3. Son or Daughter (SOD) 4. Son-in-law or Daughter in-law (S-DIL) 5. Grandchild (GC) 6. Parent (P) 7. Parent in-law (PIL) 8. Sister/Brother (S/B) 9. Other Relatives (OR) 10. Adopted/Foster/ Stepchild/orphan (ADP) 11. Not related (NR) 12. Other (specify) (O) 98. Don't Know (DK)*	**5. Residence** Does [HOUSEHOLD MEMBER] usually live here?	**6. Age** How old was [HOUSEHOLD MEMBER] at his/ her last birthday? **Under Age 1 record as 0**
01 02	_____	☐ 1 Female ☐ 2 Male	☐ 1 HOH ☐ 2 WHP ☐ 3 SOD ☐ 4 S-DIL ☐ 5 GC ☐ 6 P ☐ 7 PIL ☐ 8 S/B ☐ 9 OR ☐ 10 ADP ☐ 11 NR ☐ 12 O ☐ 98 DK	☐ 1 Yes ☐ 2 No	☐☐☐
03 04	_____	☐ 1 Female ☐ 2 Male	☐ 1 HOH ☐ 2 WHP ☐ 3 SOD ☐ 4 S-DIL ☐ 5 GC ☐ 6 P ☐ 7 PIL ☐ 8 S/B ☐ 9 OR ☐ 10 ADP ☐ 11 NR ☐ 12 O ☐ 98 DK	☐ 1 Yes ☐ 2 No	☐☐☐
05 06	_____	☐ 1 Female ☐ 2 Male	☐ 1 HOH ☐ 2 WHP ☐ 3 SOD ☐ 4 S-DIL ☐ 5 GC ☐ 6 P ☐ 7 PIL ☐ 8 S/B ☐ 9 OR ☐ 10 ADP ☐ 11 NR ☐ 12 O ☐ 98 DK	☐ 1 Yes ☐ 2 No	☐☐☐
	_____	☐ 1 Female ☐ 2 Male	☐ 1 HOH ☐ 2 WHP ☐ 3 SOD ☐ 4 S-DIL ☐ 5 GC ☐ 6 P ☐ 7 PIL ☐ 8 S/B ☐ 9 OR ☐ 10 ADP ☐ 11 NR ☐ 12 O ☐ 98 DK	☐ 1 Yes ☐ 2 No	☐☐☐
	_____	☐ 1 Female ☐ 2 Male	☐ 1 HOH ☐ 2 WHP ☐ 3 SOD ☐ 4 S-DIL ☐ 5 GC ☐ 6 P ☐ 7 PIL ☐ 8 S/B ☐ 9 OR ☐ 10 ADP ☐ 11 NR ☐ 12 O ☐ 98 DK	☐ 1 Yes ☐ 2 No	☐☐☐
	_____	☐ 1 Female ☐ 2 Male	☐ 1 HOH ☐ 2 WHP ☐ 3 SOD ☐ 4 S-DIL ☐ 5 GC ☐ 6 P ☐ 7 PIL ☐ 8 S/B ☐ 9 OR ☐ 10 ADP ☐ 11 NR ☐ 12 O ☐ 98 DK	☐ 1 Yes ☐ 2 No	☐☐☐

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Remember to mark choice boxes like this ☒

SECTION 3: COMPOSITION OF HOUSEHOLD AND ITS CHARACTERISTICS (cont'd)

Household Member Number	7. Marital/Union Status What is [HOUSEHOLD MEMBER]'s current status? *1. Never Married (NM)* *2. Married and living with spouse (M)* *3. Widowed (W)* *4. Legally Separated (LS)* *5. Divorced (D)* *6. Common-law and living with partner (CL)* *7. Visiting partner (VP)* *8. No longer living with common-law partner (NLCP)* *9. Never had a spouse nor common-law partner (NS/P)* *98 Don't know (DK)* *99 Not stated (NS)*	CURRENT/RECENT SCHOOL ATTENDANCE (Ages 5-24 years) 8. Did [HOUSEHOLD MEMBER] attend school at any time during the 2011-2012 school year? *1. Yes* *2. No* **IF NO SKIP TO 10.**	9. During 2011-2012 school year, what level [is/was] [HOUSEHOLD MEMBER] attending? LEVEL: *1. Primary* *2. Secondary* *3. Higher* *98. Don't Know*	EMPLOYMENT AND REMUNERATION 10. What is [HOUSEHOLD MEMBER]'s employment status in the last 12 months? *1. Full time employment (FT)* *2. Part time employment (PT)* *3. On Leave /Sick leave (OL)* *4. Seeking work (SW)* *5. Retired (Ret)* *6. Homemaker (HM)* *7. Student (ST)* *8. Not working, not looking for work (NLW)* *9. Other (Specify)* *98. Don't know (DK)* **(MULTIPLE RESPONSES ALLOWED)** ***IF 1, 2, OR 3 SELECTED, GO TO Q. 11. OTHERWISE GO TO Q. 12.***	11. If answer to 10 was **1, 2 or 3** then ask: What has been [HOUSEHOLD MEMBER]'s **MAIN** occupation in the **last 12 months?**
01	☐ 1 NM ☐ 2 M ☐ 3 W ☐ 4 LS ☐ 5 D ☐ 6 CL ☐ 7 VP ☐ 8 NLCP ☐ 9 NS/P ☐ 98 DK ☐ 99 NS	☐ 1 Yes ☐ 2 No	☐ 1 Primary ☐ 2 Secondary ☐ 3 Higher ☐ 98 Don't know	☐ 1 FT ☐ 2 PT ☐ 3 OL ☐ 4 SW ☐ 5 RET ☐ 6 HM ☐ 7 ST ☐ 8 NLW ☐ 9 Other ☐ 98 DK	_____
02	☐ 1 NM ☐ 2 M ☐ 3 W ☐ 4 LS ☐ 5 D ☐ 6 CL ☐ 7 VP ☐ 8 NLCP ☐ 9 NS/P ☐ 98 DK ☐ 99 NS	☐ 1 Yes ☐ 2 No	☐ 1 Primary ☐ 2 Secondary ☐ 3 Higher ☐ 98 Don't know	☐ 1 FT ☐ 2 PT ☐ 3 OL ☐ 4 SW ☐ 5 RET ☐ 6 HM ☐ 7 ST ☐ 8 NLW ☐ 9 Other ☐ 98 DK	_____
03	☐ 1 NM ☐ 2 M ☐ 3 W ☐ 4 LS ☐ 5 D ☐ 6 CL ☐ 7 VP ☐ 8 NLCP ☐ 9 NS/P ☐ 98 DK ☐ 99 NS	☐ 1 Yes ☐ 2 No	☐ 1 Primary ☐ 2 Secondary ☐ 3 Higher ☐ 98 Don't know	☐ 1 FT ☐ 2 PT ☐ 3 OL ☐ 4 SW ☐ 5 RET ☐ 6 HM ☐ 7 ST ☐ 8 NLW ☐ 9 Other ☐ 98 DK	_____
04	☐ 1 NM ☐ 2 M ☐ 3 W ☐ 4 LS ☐ 5 D ☐ 6 CL ☐ 7 VP ☐ 8 NLCP ☐ 9 NS/P ☐ 98 DK ☐ 99 NS	☐ 1 Yes ☐ 2 No	☐ 1 Primary ☐ 2 Secondary ☐ 3 Higher ☐ 98 Don't know	☐ 1 FT ☐ 2 PT ☐ 3 OL ☐ 4 SW ☐ 5 RET ☐ 6 HM ☐ 7 ST ☐ 8 NLW ☐ 9 Other ☐ 98 DK	_____
05	☐ 1 NM ☐ 2 M ☐ 3 W ☐ 4 LS ☐ 5 D ☐ 6 CL ☐ 7 VP ☐ 8 NLCP ☐ 9 NS/P ☐ 98 DK ☐ 99 NS	☐ 1 Yes ☐ 2 No	☐ 1 Primary ☐ 2 Secondary ☐ 3 Higher ☐ 98 Don't know	☐ 1 FT ☐ 2 PT ☐ 3 OL ☐ 4 SW ☐ 5 RET ☐ 6 HM ☐ 7 ST ☐ 8 NLW ☐ 9 Other ☐ 98 DK	_____
06	☐ 1 NM ☐ 2 M ☐ 3 W ☐ 4 LS ☐ 5 D ☐ 6 CL ☐ 7 VP ☐ 8 NLCP ☐ 9 NS/P ☐ 98 DK ☐ 99 NS	☐ 1 Yes ☐ 2 No	☐ 1 Primary ☐ 2 Secondary ☐ 3 Higher ☐ 98 Don't know	☐ 1 FT ☐ 2 PT ☐ 3 OL ☐ 4 SW ☐ 5 RET ☐ 6 HM ☐ 7 ST ☐ 8 NLW ☐ 9 Other ☐ 98 DK	_____

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Remember to mark choice boxes like this ☒

SECTION 3: COMPOSITION OF HOUSEHOLD AND ITS CHARACTERISTICS (cont'd)

Household Member Number	12. Was [HOUSEHOLD MEMBER] ill or injured in the last four weeks? *1. Yes* **GO TO Q13a)** *2. No* **(GO TO SECTION 4B)** *98. Don't Know* **(GO TO SECTION 4B)**	13a. Did [HOUSEHOLD MEMBER] visit or consult a health care provider or visit a facility? *1. Yes* **(GO TO Q13b)** *2. No* **GO TO Q15)** *98. Don't Know* **(GO TO Q38)**	13b. How many outpatient visits were made during the last four weeks?	14a. On these occasions, was any money paid? *1. Yes* *2. No* *98. Don't Know*	14b. Was [HOUSEHOLD MEMBER] admitted overnight? *1. Yes* **GO TO SECTION 4A)** *2. No* **(GO TO SECTION 4B)** *98. Don't know* **(GO TO Q38)**	15. If No to Q13: What was [HOUSEHOLD MEMBER]'s main reasons for not seeking care? **Interviewer not to read choices out loud but code responses appropriately.** *1. Not serious illness (NSI)* *2. Lacked money (LM)* *3. Self-medication (SM)* *4. Poor quality service (PQS)* *5. High Cost of Care (HCC)* *6. Religious /cultural reasons (RR)* *7. Fear of discovering serious illness (F)* *8. Considered illness self-limiting (ISL)* *9. Long distance to provider (LDP)* *10. Other (_____specify)* **(MULTIPLE RESPONSES ALLOWED)** **(GO TO Q38)**
01	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐☐	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 NSI ☐ 2 LM ☐ 3 SM ☐ 4 PQS ☐ 5 HCC ☐ 6 RR ☐ 7 F ☐ 8 ISL ☐ 9 LDP ☐ 10 Other _____
02	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐☐	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 NSI ☐ 2 LM ☐ 3 SM ☐ 4 PQS ☐ 5 HCC ☐ 6 RR ☐ 7 F ☐ 8 ISL ☐ 9 LDP ☐ 10 Other _____
03	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐☐	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 NSI ☐ 2 LM ☐ 3 SM ☐ 4 PQS ☐ 5 HCC ☐ 6 RR ☐ 7 F ☐ 8 ISL ☐ 9 LDP ☐ 10 Other _____
04	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐☐	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 NSI ☐ 2 LM ☐ 3 SM ☐ 4 PQS ☐ 5 HCC ☐ 6 RR ☐ 7 F ☐ 8 ISL ☐ 9 LDP ☐ 10 Other _____
05	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐☐	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 NSI ☐ 2 LM ☐ 3 SM ☐ 4 PQS ☐ 5 HCC ☐ 6 RR ☐ 7 F ☐ 8 ISL ☐ 9 LDP ☐ 10 Other _____
06	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐☐	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 Yes ☐ 2 No ☐ 98 DK	☐ 1 NSI ☐ 2 LM ☐ 3 SM ☐ 4 PQS ☐ 5 HCC ☐ 6 RR ☐ 7 F ☐ 8 ISL ☐ 9 LDP ☐ 10 Other _____

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Remember to mark choice boxes like this ☒

SECTION 4A INPATIENT ADMISSION IN THE LAST SIX MONTHS

Based on Column 14b, enter the number of household members eligible for inpatient survey ☐☐

Answer questions for all eligible household members. **IF THERE ARE MORE THAN 4 INPATIENTS, USE ADDITIONAL QUESTIONNAIRES.** Take detailed information for 2 incidences of inpatient care for each eligible household member. Ask all questions for the two most recent in patient visits.

Now I would like to ask some questions about the two most recent inpatient visits made by each eligible household member for the past six months.

Household Member Number	**Household Member**	16. How many times was [HOUSEHOLD MEMBER] admitted in the past 6 months?	17. How long was [HOUSEHOLD MEMBER] admitted?	18. Was this inpatient stay on St. Kitts, on Nevis or overseas? *1. St. Kitts* *2. Nevis* *3. Overseas (OVS) (Specify)*	19.What type of health facility did [HOUSEHOLD MEMBER] visit? 1. *National/Referral Hospital (NRH)* *2. District Hospital (DH)* *3. Private Hospital (PH)* *4. NGO Facility (NGOF)* *5. Other (specify)*
☐☐	_____	☐☐	Adm 1 ☐☐☐ days Adm 2 ☐☐☐ days	☐ 1 St. Kitts ☐ 2 Nevis ☐ 3 Other _____	☐ 1 NRH ☐ 2 DH ☐ 3 PH ☐ 4 NGOF ☐ 5 Other _____
☐☐	_____	☐☐	Adm 1 ☐☐☐ days Adm 2 ☐☐☐ days	☐ 1 St. Kitts ☐ 2 Nevis ☐ 3 Other _____	☐ 1 NRH ☐ 2 DH ☐ 3 PH ☐ 4 NGOF ☐ 5 Other _____
☐☐	_____	☐☐	Adm 1 ☐☐☐ days Adm 2 ☐☐☐ days	☐ 1 St. Kitts ☐ 2 Nevis ☐ 3 Other _____	☐ 1 NRH ☐ 2 DH ☐ 3 PH ☐ 4 NGOF ☐ 5 Other _____
☐☐	_____	☐☐	Adm 1 ☐☐☐ days Adm 2 ☐☐☐ days	☐ 1 St. Kitts ☐ 2 Nevis ☐ 3 Other _____	☐ 1 NRH ☐ 2 DH ☐ 3 PH ☐ 4 NGOF ☐ 5 Other _____
☐☐	_____	☐☐	Adm 1 ☐☐☐ days Adm 2 ☐☐☐ days	☐ 1 St. Kitts ☐ 2 Nevis ☐ 3 Other _____	☐ 1 NRH ☐ 2 DH ☐ 3 PH ☐ 4 NGOF ☐ 5 Other _____
☐☐	_____	☐☐	Adm 1 ☐☐☐ days Adm 2 ☐☐☐ days	☐ 1 St. Kitts ☐ 2 Nevis ☐ 3 Other _____	☐ 1 NRH ☐ 2 DH ☐ 3 PH ☐ 4 NGOF ☐ 5 Other _____

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Remember to mark choice boxes like this ☒

SECTION 4A: INPATIENT ADMISSION IN THE LAST SIX MONTHS (cont'd)

Now I would like to ask some questions about the two most recent inpatient visits made by each eligible household member for the PAST SIX MONTHS.

Household Member Number	Household Member	20. What were the main reasons for [HOUSEHOLD MEMBER] seeking admission: **(MULTIPLE RESPONSES ALLOWED)** **Enumerator to probe to ensure no reason is missed.**	
		a) Illness *1. Diabetes (Diab)* *2. Diseases of Respiratory system including pneumonia (DRS)* *3. Cardiovascular disease including heart attack or stroke (CVD)* *4. Cancer* *5. Accidents and injuries (Acc)* *6. Other (Specify)*	***b) Services*** *10. Caesarean Delivery (C-Sec)* *11. Vaginal delivery (Vag Deliver)* *12. Other Services (specify)*
☐☐	_____	☐ 1 Diab ☐ 2 DRS ☐ 3 CVD ☐ 4 Cancer ☐ 5 Acc ☐ 6 Other _____	☐ 10 C-Sec ☐ 11 Vag Deliver ☐ 12 Other _____
☐☐	_____	☐ 1 Diab ☐ 2 DRS ☐ 3 CVD ☐ 4 Cancer ☐ 5 Acc ☐ 6 Other _____	☐ 10 C-Sec ☐ 11 Vag Deliver ☐ 12 Other _____
☐☐	_____	☐ 1 Diab ☐ 2 DRS ☐ 3 CVD ☐ 4 Cancer ☐ 5 Acc ☐ 6 Other _____	☐ 10 C-Sec ☐ 11 Vag Deliver ☐ 12 Other _____
☐☐	_____	☐ 1 Diab ☐ 2 DRS ☐ 3 CVD ☐ 4 Cancer ☐ 5 Acc ☐ 6 Other _____	☐ 10 C-Sec ☐ 11 Vag Deliver ☐ 12 Other _____
☐☐	_____	☐ 1 Diab ☐ 2 DRS ☐ 3 CVD ☐ 4 Cancer ☐ 5 Acc ☐ 6 Other _____	☐ 10 C-Sec ☐ 11 Vag Deliver ☐ 12 Other _____
☐☐	_____	☐ 1 Diab ☐ 2 DRS ☐ 3 CVD ☐ 4 Cancer ☐ 5 Acc ☐ 6 Other _____	☐ 10 C-Sec ☐ 11 Vag Deliver ☐ 12 Other _____

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SECTION 4A: INPATIENT ADMISSION IN THE LAST SIX MONTHS (cont'd)

Now I would like to ask some questions about the two most recent inpatient visits made by each eligible household member for the PAST SIX MONTHS.

Household Member Number	Household Member	21a. For [HOUSEHOLD MEMBER] to receive care, how much was spent overall for this inpatient episode? (excluding medication) **Interviewer: Amounts paid by item should correspond to each admission.** **(DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR).**
☐☐	_____	Adm 1 ☐☐☐☐☐ EC$ Adm 2 ☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	Adm 1 ☐☐☐☐☐ EC$ Adm 2 ☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	Adm 1 ☐☐☐☐☐ EC$ Adm 2 ☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	Adm 1 ☐☐☐☐☐ EC$ Adm 2 ☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	Adm 1 ☐☐☐☐☐ EC$ Adm 2 ☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	Adm 1 ☐☐☐☐☐ EC$ Adm 2 ☐☐☐☐☐ EC$ ☐ 98 Don't know

Remember to mark choice boxes like this ☒

SECTION 4A: INPATIENT ADMISSION IN THE LAST SIX MONTHS (cont'd)

Now I would like to ask some questions about the two most recent inpatient visits made by each eligible household member for the PAST SIX MONTHS.

Household Member Number	Household Member	21b. In addition, how much did you pay for the following items? (DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR). *1. Lodging and food for caregiver* *2. Airfare/boat transportation* *3. Lodging and food for self* *4. Other (specify)* *99. Not stated*	
		A. Admission 1	**B. Admission 2**
☐☐	_____	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99
☐☐	_____	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99
☐☐	_____	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99
☐☐	_____	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99
☐☐	_____	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99
☐☐	_____	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99	☐ 1 ☐☐☐☐☐ EC$ ☐ 2 ☐☐☐☐☐ EC$ ☐ 3 ☐☐☐☐☐ EC$ ☐ 4 ☐☐☐☐☐ EC$ ☐ 99

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SECTION 4A: INPATIENT ADMISSION IN THE LAST SIX MONTHS (cont'd)

Now I would like to ask some questions about the two most recent inpatient visits made by each eligible household member for the PAST SIX MONTHS.

Household Member Number	Household Member	22.How were the services [HOUSEHOLD MEMBER] received paid for? *1. Out-of-pocket* **(GO TO Q24)** *2. Reimbursed by employer* *3. Reimbursed by insurance* *4. Other (specify)* **(GO TO Q24)** *98. Don't know* **(GO TO Q24)** **Interviewer: read options out-loud.** **(MULTIPLE RESPONSES ALLOWED)**	23. If 2 or 3 to Q22: How much was reimbursed? **Interviewer: Record full amount.** **If no response, select 98.** **(DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR).**
☐☐	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 _____ ☐ 98	☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 _____ ☐ 98	☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 _____ ☐ 98	☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 _____ ☐ 98	☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 _____ ☐ 98	☐☐☐☐☐ EC$ ☐ 98 Don't know
☐☐	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 _____ ☐ 98	☐☐☐☐☐ EC$ ☐ 98 Don't know

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SECTION 4A: INPATIENT ADMISSION IN THE LAST SIX MONTHS (cont'd)

Now I would like to ask some questions about the two most recent inpatient visits made by each eligible household member for the PAST SIX MONTHS.

Household Member Number	**Household Member**	24.Was [HOUSEHOLD MEMBER] prescribed medication? *1. Yes* **(GO TO Q25)** *2. No* *98. Don't Know*	25. **If YES to 24** Did [HOUSEHOLD MEMBER] receive or obtain medications prescribed? *1. Yes* ***(GO TO Q26)*** *2. No* *98. Don't Know*	26. **If YES to 25** How much did [HOUSEHOLD MEMBER] pay for medications? **(DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR).**
☐☐	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐☐☐☐☐ EC$
☐☐	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐☐☐☐☐ EC$
☐☐	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐☐☐☐☐ EC$
☐☐	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐☐☐☐☐ EC$
☐☐	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐☐☐☐☐ EC$
☐☐	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐☐☐☐☐ EC$

Remember to mark choice boxes like this ☒

SECTION 4B: UTILIZATION OF OUTPATIENT AND OTHER HEALTH RELATED SERVICES IN PAST FOUR WEEKS

Select household member based on the most recent outpatient visit for the household. ☐☐ No. of household member

Now I would like to ask some questions about the most recent outpatient visit in the PAST FOUR WEEKS.

27. How many outpatient visits did [HOUSEHOLD MEMBER] make in the past four weeks: ☐☐☐

28. For how many of these visits was money paid? ☐☐☐

We will now ask questions about the last time [HOUSEHOLD MEMBER] received outpatient care:

29. Was care sought on island or overseas?

☐ 1 St. Kitts ☐ 2 Nevis ☐ 3 Overseas

30. What type of health facility did [HOUSEHOLD MEMBER] visit?

☐ 1 National/Referral Hospital ☐ 2 District Hospital

☐ 3 Government Health Centre ☐ 4 Private Hospital

☐ 5 Private Clinic ☐ 6 NGO Clinic

☐ 7 Other (specify) _____

31. What were the MAIN reasons for [HOUSEHOLD MEMBER] seeking care:
(Enumerator to probe to ensure no reason is missed.)

☐ 1 Diabetes
☐ 2 Diseases of Respiratory system including pneumonia
☐ 3 Cardiovascular disease, stroke
☐ 4 Cancer/tumor
☐ 5 Skin diseases
☐ 6 Diarrhoea
☐ 7 Accidents and injuries
☐ 8 Asthma, allergic respiratory disease
☐ 9 Migraine
☐ 10 Stress, sleep problems, or mental health issues
☐ 11 Other (Specify) _____

SERVICES

☐ 1 Physical check-up (prevention)
☐ 2 Immunizations (prevention)
☐ 3 Prenatal/antenatal care
☐ 4 Dental
☐ 5 Physiotherapy
☐ 6 Other Services (specify) _____

32. For [HOUSEHOLD MEMBER] to receive care, how much was spent overall for this outpatient episode?
(DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR).

☐☐☐☐☐ EC$ ☐ 98 Don't know

33. How were the services which [HOUSEHOLD MEMBER] received, paid for?

☐ 1 Out-of pocket **(GO TO Q35)**
☐ 2 Reimbursed by employer
☐ 3 Reimbursed by insurance
☐ 4 Other (specify) _____ **(GO TO Q35)**
☐ 98 Don't know **(GO TO Q35)**

34. If 2 or 3 to Q33: How much was reimbursed?
(DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR).

☐☐☐☐☐ EC$ ☐ 98 Don't know

35. Was [HOUSEHOLD MEMBER] prescribed medication?

☐ 1 Yes **(GO TO Q36)**
☐ 2 No **(GO TO Q38)**
☐ 98 Don't know **(GO TO Q38)**

36. Did [HOUSEHOLD MEMBER] receive medications prescribed?

☐ 1 Yes **(GO TO Q37)**
☐ 2 No **(GO TO Q38)**
☐ 98 Don't know **(GO TO Q38)**

37. How much did [HOUSEHOLD MEMBER] pay for medications?

☐☐☐☐☐ EC$ ☐ 98 Don't know

38. Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for all members of your household?

☐☐☐☐☐ EC$ ☐ 98 Don't know

Remember to mark choice boxes like this ☒

SECTION 5: ACCESS TO HEALTH INSURANCE

Questions 39-42 to be answered for each household member.

Household Member Number	**Household Member First Name**	39. Is [HOUSEHOLD MEMBER] covered with a health insurance?. *1. Yes* **(GO TO Q40)** *2. No* **(GO TO SECTION 6)** *98. Don't Know* **(GO TO SECTION 6)**	40. What type of Insurance? *1. Private individual insurance (PII)* *2. Employer insurance scheme, (EIS)* *3. Government Health Insurance (GHI)* *4. Other (specify)* **(MULTIPLE RESPONSES ALLOWED)**	41. Who pays for insurance contributions/ premiums? *1. Household head (HH)* *2. Employer (Emp)* *3. Self* *4. Other (specify)* **(MULTIPLE RESPONSES ALLOWED)**	42. What medical services are covered by [HOUSEHOLD MEMBER]'s health insurance? *1. Inpatient (IP)* *2. Out patient (OP)* *3. Overseas (OVS)* *4. Medical ambulance services (MAS)* *5. Others (specify)* *98. Don't Know (DK)* **(MULTIPLE RESPONSES ALLOWED)**
01	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 PII ☐ 2 EIS ☐ 3 GHI ☐ 4 Other _____	☐ 1 HH ☐ 2 Emp ☐ 3 Self ☐ 4 Other _____	☐ 1 IP ☐ 2 OP ☐ 3 OVS ☐ 4 MAS ☐ 5 Other ☐ 98 DK _____
02	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 PII ☐ 2 EIS ☐ 3 GHI ☐ 4 Other _____	☐ 1 HH ☐ 2 Emp ☐ 3 Self ☐ 4 Other _____	☐ 1 IP ☐ 2 OP ☐ 3 OVS ☐ 4 MAS ☐ 5 Other ☐ 98 DK _____
03	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 PII ☐ 2 EIS ☐ 3 GHI ☐ 4 Other _____	☐ 1 HH ☐ 2 Emp ☐ 3 Self ☐ 4 Other _____	☐ 1 IP ☐ 2 OP ☐ 3 OVS ☐ 4 MAS ☐ 5 Other ☐ 98 DK _____
04	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 PII ☐ 2 EIS ☐ 3 GHI ☐ 4 Other _____	☐ 1 HH ☐ 2 Emp ☐ 3 Self ☐ 4 Other _____	☐ 1 IP ☐ 2 OP ☐ 3 OVS ☐ 4 MAS ☐ 5 Other ☐ 98 DK _____
05	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 PII ☐ 2 EIS ☐ 3 GHI ☐ 4 Other _____	☐ 1 HH ☐ 2 Emp ☐ 3 Self ☐ 4 Other _____	☐ 1 IP ☐ 2 OP ☐ 3 OVS ☐ 4 MAS ☐ 5 Other ☐ 98 DK _____
06	_____	☐ 1 Yes ☐ 2 No ☐ 98 Don't know	☐ 1 PII ☐ 2 EIS ☐ 3 GHI ☐ 4 Other _____	☐ 1 HH ☐ 2 Emp ☐ 3 Self ☐ 4 Other _____	☐ 1 IP ☐ 2 OP ☐ 3 OVS ☐ 4 MAS ☐ 5 Other ☐ 98 DK _____

SECTION 6: HOUSING CONDITIONS AND HOUSEHOLD ASSETS

43. What is the total number of rooms in your dwelling? ☐☐☐

TYPE OF DWELLING

44. How would you describe the type of dwelling unit that your household occupies ?

- ☐ 1 Separate house - Single level
- ☐ 2 Separate house - Two storey/level
- ☐ 3 Town House/condominium
- ☐ 4 Double House/duplex
- ☐ 5 Apartment
- ☐ 6 Attached/detached room
- ☐ 7 Other
- ☐ 99 Not stated

45. What type of tenancy do you hold with respect to this dwelling unit

- ☐ 1 Owner occupied
- ☐ 2 Rented/leased unfurnished
- ☐ 3 Rented/leased furnished
- ☐ 4 Rent free
- ☐ 5 Squatted
- ☐ 6 Other

46. What type of stove does your household have?

- ☐ 1 Gas stove
- ☐ 2 Electric stove
- ☐ 3 Coal
- ☐ 4 Kerosene

47. What other kitchen item(s) do(es) your household have? (**MULTIPLE RESPONSES ALLOWED**)

- ☐ 1 Microwave oven
- ☐ 2 Refrigerator
- ☐ 3 Deep freezer

48. What is the MAIN source of lighting for your dwelling? (SINGLE RESPONSE)

- ☐ 1. Electricity - Public
- ☐ 2. Electricity - Private generator
- ☐ 3. Gas lantern
- ☐ 4. Kerosene
- ☐ 5. Solar
- ☐ 6. None
- ☐ 7. Other (specify) _____

49. What entertainment item(s) is/are in your household? (**MULTIPLE RESPONSES ALLOWED**)

- ☐ 1 Radio
- ☐ 2 Television
- ☐ 3 DVD Player
- ☐ 4 Game Console

(SKIP TO Q51 IF THE HOUSEHOLD DOES NOT HAVE A TV)

50. What TV facility does the household have? (SINGLE RESPONSE)

- ☐ 1 Direct TV
- ☐ 2 Cable TV
- ☐ 3 Basic TV
- ☐ 4 Other

51. What telephone facilities does your household have? (**MULTIPLE RESPONSES ALLOWED**)

- ☐ 1 Telephone-Fixed Line
- ☐ 2 Mobile Phone
- ☐ 3 Other
- ☐ 4 None

52. Does anyone in your household have a personal computer?

- ☐ 1 Yes **(GO TO Q53)**
- ☐ 2 No **(GO TO Q54)**
- ☐ 98 Don't know **(GO TO Q54)**

53. Does your household have access to the Internet?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 98 Don't know

54. What is your MAIN source of water supply ? (SINGLE RESPONSE)

- ☐ 1 Public piped into dwelling
- ☐ 2 Public piped into yard
- ☐ 3 Private piped into dwelling
- ☐ 4 Private catchment not piped
- ☐ 5 Public stand pipe
- ☐ 6 Truck borne
- ☐ 7 Other
- ☐ 99 Not Stated

55. What is the MAIN type of toilet facility used by this household?(SINGLE RESPONSE)

- ☐ 1 WC linked to sewer
- ☐ 2 Septic tank
- ☐ 3 Pit/latrine
- ☐ 4 Other
- ☐ 5 None
- ☐ 99 Not stated

56. Does your dwelling have security system installed?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 99 Not stated

SECTION 7: HOUSEHOLD EXPENDITURE

I would like to ask you questions about your household expenses. (Include the contributions of the members of the household to the budget. DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR.)

57. How much does your household spend per month on the following key foods and beverages?

	EXPENDITURE IN EC$
1. Oil and fats (include vegetable etc)	
2. Cereals (including maize, maize and wheat flour, beans, rice etc)	
3. Dairy produce e.g. Milk and eggs	
4. Fish	
5. Meat/liver	
6. Sugar/ tea/coffee	
7. Bread	
8. Spices	
9. Vegetables	
10. Fruits	
11. Roots (sweet potatoes, yams etc)	
12. Soft drinks (soda, Juice etc)	
13. Beer and Wines (includes wines, beers, spirits, etc)	
14. Meals consumed outside	
[If you can't give a break down, please enter the total amount spent on food] TOTAL	

MONTHLY HOUSEHOLD EXPENDITURE
(Include the contributions of the members of the household to the budget. DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR.)

58. How much does your household spend per month on the following: (*DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR).*

	EXPENDITURE IN EC$
1. Rent or mortgage	
2. Electricity	
3. Water	
4. Kerosene or other cooking fuels	
5. Telephone, including mobile phones	
6. Transport (car and gasoline, bus, taxi, etc.)	
7. Remittances (in cash and kind)	
8. Personal care items, like cosmetics, hairdressing	
9. Entertainment	

Remember to mark choice boxes like this ☒

SECTION 7: HOUSEHOLD EXPENDITURE (cont'd)

MONTHLY HOUSEHOLD EXPENDITURE

58. How much does your household spend PER MONTH on the following:	
	EXPENDITURE IN EC$
10. Cigarettes and alcohol	
11. Others (specify) _____	
TOTAL	

ANNUAL HOUSEHOLD EXPENDITURE
(Include the contributions of the members of the household to the budget. DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR.)

59. How much did your household spend in the PAST YEAR on the following:	
	EXPENDITURE IN EC$
1. Education (registration, uniforms, books, tuition, exam fees)	
2. Maintenance and repairs of buildings and vehicles	
3. Off-island travel, including holidays	
4. Clothing and footwear	
5. Weddings	
6. Funerals	
7. Major purchases/constructions (vehicles, land, house, furniture etc)	
8. Others (specify) _____	
TOTAL	

SECTION 8: HOUSEHOLD INCOME (*DO NOT RECORD CENTS. ROUND TO NEAREST DOLLAR.)*

60. How much income did this household receive during the PAST 12 MONTHS (1 year) from the following sources?	
	EXPENDITURE IN EC$
1. Government salaries or wages	
2. Private sector salaries or wages	
3. Profits from a business you own	
4. Consultancy	
5. Rent received (e.g. land rates)	
6. Remittances from others	
7. Pensions	
8 .Interest earned (dividend, interest from bank deposits etc)	
9. Farming income (sale of crops, livestock, etc)	
10. Sale of a large asset (house, car, jewelry)	
11. Others (specify) _____	
TOTAL	

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COMMENTS

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I Thank you for taking the time to complete our survey and agreeing to be a part of this very important national study.

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