PN-ABP-

State University of New York at Stony Brook
Group Health Association of America (GHAA)
International Resources Group, Ltd. (IRG)

Health Care Financing in Latin America and the Caribbean Research Report No. 8

Household Survey of Health Services Consumption In Santo Domingo, Dominican Republic: Methodology and Preliminary Findings

Luis Carlos Gomez

AID Contract #LAC 0632-C-00-5137-00 Stony Brook, NY, September 1988

FOREWORD

This is the eighth in a series of technical reports on Health Care Financing in Latin America and the Caribbean (HCF/LAC), produced at SUNY/Stony Brook under contract with the United States Agency for International Development. The field research on which the report is based was conducted under a sub-contract with International Resources Group (IRG), Ltd., of Setauket, New York.

The household survey methodology and preliminary findings presented in this report conclude the first of two phases of research in the Dominican Republic under this project. The second phase, already underway, involves an analysis of the demand for health care, based primarily on the household survey data.

The author of the present report, IRG staff member Dr. Luis Carlos Gomez, a bio-statistician and survey expert, provided short-term technical assistance to USAID/Dominican Republic in March, 1987, in the design of a survey sample frame and the preparation of estimates of the resources required to carry out such a survey. The Mission subsequently requested the HCF/LAC project to assume technical and financial responsibility for both the household survey and subsequent demand analysis.

The household survey questionnaire was designed by Dr. Gomez with the assistance of Dr. Luis Locay of Stony Brook's Department of Economics, Dr. Jack Fiedler of Macro-Systems, Inc., Ms. Ethel Weeks of IRG, and a team of experts in the Dominican Republic. This team was organized through the Instituto de Estudios de Poblacion y Desarrollo (IEPD), a research arm of the Asociacion Dominicana Pro-Bienestar de la Familia, Inc. (PROFAMILIA), which served as subcontractor to IRG. Key members of this team were Lic. Nelson Ramirez, Director of IEPD; Lic. Maritza Molina, Director of the household survey, who selected and trained the interviewers and their supervisors and personally supervised all fieldwork as well as data entry and cleaning operations; Dra. Sonia Candelario, Director of Technical Systems in the Secretaria del Estado de Salud Publica y Asistencia Social (SESPAS); and Dr. Luis Betances, President of both the Igualas Medicas Dominicanas and the Asociacion de Clinicas y Hospitales Privadas of Santo Domingo.

The household survey was conducted in November, 1987, and a database was available for preliminary analysis within two months thereafter. The methodology and preliminary findings of the survey were discussed at the HCF/LAC project's third annual workshop, held in Antigua, Guatemala in March, 1988. All key members of the study team participated in this workshop. Subsequently, a preliminary draft report was prepared, which was subjected to intensive critique by public and private health sector leaders at two meetings held in Santo Domingo during May, 1988. Dr. Philip Musgrove, Regional Economic Advisor for the Pan American Health Organization and a member of the HCF/LAC Advisory Committee, also reviewed the preliminary draft. The present, final report reflects the comments received from these reviewers and at internal USAID/Dominican Republic briefings attended by Dr. Lee Hougen, Ms. Lisa Early, and other staff members.

In Chapter I, in which the conduct of the survey is described, the author refers to the large number of experienced survey interviewers, supervisors, and other technical specialists, employed by IEPD, who were involved in data gathering and processing. Throughout this period, from questionnaire design to discussions of preliminary results, key team members were joined on the study's Advisory Committee by Drs. Mauro Canario and Eduardo Ogando of the Robert R. Cabral Hospital; Lic. Marisela Duval, Lic. Silvenia Pepin, and Abgo. Pedro Rosado of SESPAS; and Dra. Maria Rodriguez R., who is in private medical practice. At Stony Brook, this final report in English was prepared by the project director and his HCF/LAC staff colleagues, Dr. Gretchen Gwynne and Mr. Chandra Shrestha, based on a draft in Spanish prepared by Dr. Gomez.

Dieter K. Zschock
Director, HCF/LAC

EXECUTIVE SUMMARY

This report presents a summary of the methodology and selected findings of a stratified, probabilistic household survey of 11,560 individuals selected from among the estimated 1.8 million inhabitants of Santo Domingo, capital of the Dominican Republic. Stratification was by socioeconomic residential characteristics. The survey, carried out in late 1987, was designed to identify patterns and determinants of public and private health services utilization by households. Socioeconomic variables (such as age, sex, economic activity, household assets, and income), the charges paid to providers for health services and medications, and access to health services coverage provided by social security, private health insurance, and the Armed Forces were identified.

Among the most noteworthy findings are the following:

- About 15 percent of the population obtained medical care during the two weeks prior to the household survey, although nearly 42 percent the population reported some symptom of illness.

- Ability to pay for health services was a constraint on utilization for only about 10-15 percent of those who reportedly were ill but did not seek care. Most had either administered a treatment themselves or decided that no remedy was needed.

- Over 60 percent of all outpatient and 70 percent of all inpatient health services utilization was by females -- much of it associated with pregnancy and childbirth. Adults utilized these services more than children.

- Beneficiary coverage through social security, private health insurance, and the Armed Forces accounted for about 23 percent of all health services utilization. There was some double coverage and cross-utilization of services among these three forms of coverage.

- Private health insurance coverage was relatively highest in the high socioeconomic residential

stratum of the population; social security coverage was highest in the middle stratum. However, some in the low stratum also had such coverage, and many more paid directly for private outpatient care.

- Among the more than 75 percent of the population not entitled to such preferential coverage, over half used private health services for outpatient care. The balance used services provided by SESPAS (Secretaria del Estado de Salud Publica y Asistencia, the State Secretariat of Health and Social Services).

- Inpatient services utilization, however, was predominantly in SESPAS hospitals, including utilization by many who were covered by social security, private health insurance, or the Armed Forces.

The survey database provides much useful new information on access to and utilization of health care across the whole spectrum of public and private provider and financing alternatives existing in Santo Domingo. This information requires careful interpretation and further analysis. One such analysis is a study, currently in progress, of the determinants of health services utilization, based on a more extensive investigation of utilization patterns and a review of the current structure of the health services delivery system in Santo Domingo.

TABLE OF CONTENTS

Page

EXECUTIVE SUMMARY.....i

LIST OF TABLES.....v

GLOSSARY OF ACRONYMS.....x

CHAPTER I: INTRODUCTION.....1

CHAPTER II: SURVEY METHODOLOGY.....3

A. Household Survey.....3
1. Study Universe.....3
2. Type of Sample.....4
3. Size and Accuracy of Sample.....4
4. Estimating Procedures.....6
5. Sampling Errors and Statistical Inference...7
6. The Survey Questionnaire.....7
7. Data Collection and Processing.....8

B. Inventory of Health Facilities.....9

CHAPTER III: HOUSEHOLD CHARACTERISTICS AND SELF-PERCEIVED HEALTH STATUS.....11

A. Household Characteristics.....11

B. Self-perceptions of Illness and Incapacity.....17

CHAPTER IV: HEALTH SERVICES COVERAGE AND UTILIZATION....48

A. Outpatient Care.....49
1. Utilization.....49
2. Coverage.....50

B. Inpatient Care.....52
1. Utilization.....52
2. Coverage.....52

CHAPTER V: CONCLUSIONS.....68

FOOTNOTES.....70

APPENDIX A: HOUSEHOLD SURVEY QUESTIONNAIRE.....71

APPENDIX B: HEALTH FACILITIES INVENTORY FORM.....101

APPENDIX C: FORM FOR INVENTORY OF PRIVATE DOCTORS AND DENTISTS' OFFICES.....103

APPENDIX D: PHARMACIES INVENTORY FORM.....104

BIBLIOGRAPHY.....105

LIST OF TABLES

TABLE II.1 SANTO DOMINGO HOUSEHOLD SURVEY: SAMPLE PLANNED, SELECTED, AND SURVEYED.....5

TABLE II.2 SANTO DOMINGO HOUSEHOLD SURVEY: FINAL WEIGHTS AND RESTORED UNIVERSE.....6

TABLE III.1 STRUCTURE OF THE POPULATION BY AGE AND SEX, SANTO DOMINGO (D.R.), 1987 (in percentages).....20

TABLE III.2 STRUCTURE OF THE POPULATION BY AGE AND SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987 (in percentages).....21

TABLE III.3 STRUCTURE OF THE POPULATION BY MARITAL STATUS, SOCIOECONOMIC RESIDENTIAL STRATUM, AND AGE, SANTO DOMINGO (D.R.), 1987 (in percentages).....22

TABLE III.4 STRUCTURE OF THE POPULATION, SIX YEARS AND OLDER, BY AGE AND HIGHEST LEVEL OF EDUCATION ATTAINED, SANTO DOMINGO (D.R.), 1987 (in percentages).....23

TABLE III.5 DISTRIBUTION OF THE POPULATION, SIX YEARS AND OLDER, BY HIGHEST LEVEL OF EDUCATION ATTAINED AND BY SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987.....24

TABLE III.6 LITERACY RATE BY AGE AND SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987 (in percentages).....25

TABLE III.7 DISTRIBUTION OF HOUSEHOLDS BY SOCIOECONOMIC RESIDENTIAL STRATUM, TYPE OF DWELLING, FORM OF HOLDING, WATER SERVICE AND TOILET FACILITIES, SANTO DOMINGO (D.R.), 1987.....26

TABLE III.8 NUMBER AND PROPORTION OF HOUSEHOLDS OWNING AUTOMOBILES, TELEVISION SETS AND REFRIGERATORS, BY SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987.....27

TABLE III.9 DISTRIBUTION OF HOUSEHOLDS BY MONTHLY HOUSEHOLD INCOME AND SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987.....28

TABLE III.10 WORKING AGE POPULATION BY SOCIOECONOMIC RESIDENTIAL STRATUM AND DIFFERENT OCCUPATIONAL VARIABLES, SANTO DOMINGO (D.R.), 1987 (in percentages) 29

TABLE III.11 WORKING AGE POPULATION BY AGE AND DIFFERENT OCCUPATIONAL VARIABLES, SANTO DOMINGO (D.R.), 1987 (in percentages) 30

TABLE III.12 WORKING AGE POPULATION BY HIGHEST LEVEL OF EDUCATION ATTAINED AND NONWORKING POPULATION BY EDUCATION AND ALTERNATE ACTIVITIES PURSUED, SANTO DOMINGO (D.R.), 1987 (in percentages) 31

TABLE III.13 DISTRIBUTION OF THE POPULATION WITH WORK CONTRACTS BY THE SIZE OF COMPANIES FOR WHICH THEY WORK, SANTO DOMINGO (D.R.), 1987 32

TABLE III.14 POPULATION, TWELVE YEARS AND OLDER, AFFILIATED WITH THE DOMINICAN SOCIAL SECURITY INSTITUTE (IDSS) OR WITH PRIVATE HEALTH INSURANCE, BY AGE, SANTO DOMINGO (D.R.)., 1987 33

TABLE III.15 POPULATION, TWELVE YEARS AND OLDER, AFFILIATED WITH THE DOMINICAN SOCIAL SECURITY INSTITUTE (IDSS) OR WITH PRIVATE HEALTH INSURANCE, BY LEVEL OF EDUCATION, SANTO DOMINGO (D.R.), 1987 ... 34

TABLE III.16 AFFILIATES AND DEPENDENTS OF AFFILIATES OF THE DOMINICAN SOCIAL SECURITY INSTITUTE (IDSS) AND PRIVATE HEALTH INSURANCE, BY SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987 .. 35

TABLE III.17 DISTRIBUTION OF PRIVATE HEALTH INSURANCE ENROLLEES BY TYPE OF HEALTH PLAN AND RESPONSIBILITY FOR PAYMENT, SANTO DOMINGO (D.R.), 1987 (in percentages) 36

TABLE III.18 PROPORTION OF THE POPULATION, TWELVE YEARS AND OLDER, ELIGIBLE TO USE THE HEALTH SERVICES OF THE ARMED FORCES, SANTO DOMINGO (D.R.), 1987 (in percentages) 37

TABLE III.19 BENEFICIARIES OF MEMBERSHIP HEALTH CARE ORGANIZATIONS, BY TYPE OF AFFILIATION, SOCIOECONOMIC RESIDENTIAL STRATUM, MONTHLY HOUSEHOLD INCOME, AGE AND SEX, SANTO DOMINGO (D.R.), 1987 38

TABLE III.20 BENEFICIARIES OF MEMBERSHIP HEALTH CARE ORGANIZATIONS, BY TYPE OF AFFILIATION, SOCIOECONOMIC RESIDENTIAL STRATUM, MONTHLY HOUSEHOLD INCOME, AGE AND SEX, SANTO DOMINGO (D.R.), 1987 (in percentages).....39

TABLE III.21 STRUCTURE OF HEALTH SERVICES COVERAGE, BY SEX, AGE AND MONTHLY HOUSEHOLD INCOME, SANTO DOMINGO (D.R.), 1987.....40

TABLE III.22 PREVALENCE OF SELECTED LEADING ILLNESSES PERCEIVED IN A TWO-WEEK PERIOD, BY SEX AND AGE, SANTO DOMINGO (D.R.), 1987 (in percentages).....41

TABLE III.23 PREVALENCE OF SELECTED LEADING ILLNESSES PERCEIVED IN A TWO-WEEK PERIOD, BY HIGHEST LEVEL OF EDUCATION ATTAINED, SANTO DOMINGO (D.R.), 1987 (in percentages).....42

TABLE III.24 PREVALENCE OF SELECTED LEADING ILLNESSES PERCEIVED IN A TWO-WEEK PERIOD, BY SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.)., 1987 (in percentages).....43

TABLE III.25 TIME WHEN LEADING ILLNESSES FIRST PERCEIVED, BY AGE, SANTO DOMINGO (D.R.), 1987 (in percentages).....44

TABLE III.26 DISTRIBUTION OF CASES WHERE ILLNESS WAS PERCEIVED MORE THAN TWO WEEKS AGO, BY TIME WHEN FIRST PERCEIVED AND BY AGE, SANTO DOMINGO (D.R.), 1987 (in percentages).....45

TABLE III.27 PROPORTION OF PERSONS WHO PERCEIVED AN ILLNESS AND WERE INCAPACITATED BY IT, BY SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987 (in percentages).....46

TABLE III.28 NUMBER OF DAYS ABSENT FROM WORK IN A TWO-WEEK PERIOD DUE TO PERCEIVED ILLNESS, BY SOCIO-ECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987.....47

TABLE IV.1 SELF-REPORTED ILLNESS IN A TWO-WEEK PERIOD, BY WHETHER OR NOT CARE WAS SOUGHT, SANTO DOMINGO (D.R.), 1987.....54

TABLE IV.2 NUMBER OF PERSONS WHO RECEIVED OUTPATIENT CARE AND NUMBER OF CONSULTATIONS IN A TWO-WEEK PERIOD, BY SEX, AGE AND SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.) 1987...55

TABLE IV.3 PRIMARY REASON FOR OBTAINING AN OUTPATIENT CONSULTATION, SANTO DOMINGO (D.R.), 1987.....56

TABLE IV.4 OUTPATIENT VISITS IN A TWO-WEEK PERIOD BY TYPE OF PROVIDER CONSULTED, SEX, AGE AND SOCIO-ECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987.....57

TABLE IV.5 UTILIZATION OF OUTPATIENT CARE OF PHYSICIANS, SANTO DOMINGO (D.R.), 1987.....58

TABLE IV.6 UTILIZATION OF OUTPATIENT CARE OF PHYSICIANS IN A TWO-WEEK PERIOD, BY SEX, AGE AND MONTHLY HOUSEHOLD INCOME, SANTO DOMINGO (D.R.), 1987.....59

TABLE IV.7 DISTRIBUTION OF PHYSICIAN CONSULTATIONS IN A TWO-WEEK PERIOD, BY SUBSECTOR CONSULTED AND TYPE OF AFFILIATION, SANTO DOMINGO (D.R.), (in percentages).....60

TABLE IV.8 DISTRIBUTION OF PHYSICIAN CONSULTATIONS IN A TWO-WEEK PERIOD, BY SUBSECTOR CONSULTED AND TYPE OF AFFILIATION, SANTO DOMINGO (D.R.), 1987.....61

TABLE IV.9 DISTRIBUTION OF PERSONS HOSPITALIZED 1986-1987, BY AGE AND SEX, SANTO DOMINGO (D.R.), 1987.....62

TABLE IV.10 NUMBER OF HOSPITALIZATIONS DURING 1986-1987, BY PRIMARY CAUSE OF HOSPITALIZATION AND SEX, SANTO DOMINGO (D.R.), 1987.....63

TABLE IV.11 UTILIZATION OF INPATIENT SERVICES DURING 1986 -1987, BY TYPE OF AFFILIATION, SANTO DOMINGO (D.R.), 1987.....64

TABLE IV.12 UTILIZATION OF INPATIENT CARE DURING 1986-1987, BY SEX, AGE AND MONTHLY HOUSEHOLD INCOME, SANTO DOMINGO (D.R.), 1987.....65

TABLE IV.13 DISTRIBUTION OF HOSPITALIZATIONS DURING 1986-1987, BY SUBSECTOR CONSULTED AND TYPE OF AFFILIATION, SANTO DOMINGO (D.R.), 1987 (A) (in percentages) 66

TABLE IV.14 DISTRIBUTION OF HOSPITALIZATIONS DURING 1986-1987, BY SUBSECTOR CONSULTED AND TYPE OF AFFILIATION, SANTO DOMINGO (D.R.), 1987 (B) (in percentages) 67

GLOSSARY OF ACRONYMS

HCF/LAC	Health Care Financing in Latin America and the Caribbean (USAID-funded contract administered by State University of New York at Stony Brook)
IDSS	Instituto Dominicano de Seguridad Social (Dominican Social Security Institute)
IEPD	Instituto de Estudios de Poblacion y Desarrollo (Institute of Population and Development Studies, Dominican Republic)
IRG	International Resources Group, Ltd.
ISSA	Integrated System for Survey Analysis
OMSA	Orientacion Mercadologica, S.A.
PROFAMILIA	Asociacion Dominicana Pro-Bienestar de la Familia, Inc.
USAID	US Agency for International Development
SESPAS	Secretaria del Estado de Salud Publica y Asistencia Social (State Secretariat of Health and Social Services, Dominican Republic)
SPSS	Statistical Package for the Social Sciences

CHAPTER I: INTRODUCTION

The Government of the Dominican Republic, through its Secretaria del Estado de Salud Publica y Asistencia Social (SESPAS) and Instituto Dominicano de Seguridad Social (IDSS), monitors the delivery of health care in the country, based on utilization and expenditure data derived primarily from institutional and budgetary information systems. Household survey-based data on the health-care-seeking behavior of the population, potentially of great benefit in such an endeavor, have not been available in the Dominican Republic prior to the work on which this report is based. Information on the population's "demand" for health care can help health planners and administrators to anticipate the effects of resources allocation decisions on health services utilization, to determine what services to expand or contract, to allocate the responsibility for providing health services among various public and private sector institutions, and to define effective and equitable cost sharing methods.

Economists define the "demand" for health care in terms of the relationship between the cost to consumers of using specific health services and/or medicines and other pharmaceutical supplies, and the actual utilization of these resources by consumers. This relationship, in turn, is conditioned by demographic, biological, sociocultural, economic, environmental and institutional factors. A study of the demand for health services thus requires data on household characteristics and behavior as these relate to self-perceived health status and decisions to utilize health services; on health services organization and utilization; and on financing mechanisms. Typically, these data are gathered via household surveys and from institutional sources.

To generate the database needed to analyze the demand for health services in Santo Domingo, a stratified, probabilistic sample survey of the total population of Santo Domingo was conducted, and an inventory of existing health care facilities (clinics, hospitals, doctors' and dentists' offices, and pharmacies) was compiled. In addition, information on health services characteristics is being assembled from primary and secondary sources. This report presents the methodology for and preliminary findings of the household survey, which was conducted in Santo Domingo between October and December, 1987. The

methodology is described in Chapter II. A discussion of the demographic and socioeconomic findings most relevant for the demand analysis are discussed in Chapter III, and a number of preliminary cross-tabulations of patterns of utilization of and access to health services in Santo Domingo are discussed in Chapter IV. Conclusions are presented in Chapter V.

The household survey questionnaire used is included in this report as Appendix A. The database, on floppy disks, is organized hierarchically; it has also been organized into files for specific analytic purposes to be used with the Statistical Package for the Social Sciences (SPSS). These and related materials are on file with two study subcontractors: International Resources Group, Ltd., 100 North Country Road, Setauket, NY, 11733; and Instituto de Estudios de Poblacion y Desarrollo (IEPD), 160 Dr. Pineyro, Apt. 3B, Santo Domingo, Dominican Republic. They are also available at USAID/Dominican Republic. Related materials include a list of all households participating in the research; the manual used by survey fieldworkers; the codebook used for all open-answer survey questions; and five data-processing manuals, containing (1) the codes for all questions in the survey questionnaire, (2) the data entry program for the survey, (3) the survey consistencies program, (4) the SPSS files for tabulations, and (5) the codes and data entry programs for the inventories of health facilities. A detailed description, in Spanish, of the methodology employed in the survey is also available (Gomez 1987).

The database, related materials, and this report represent the first stage of a two-stage research effort; the second stage, the actual demand analysis, is currently in progress. Thus the present survey report is non-analytical, presenting only a non-technical introduction to the survey methodology and cross-tabulations of some of the empirical findings. The statistical tables are discussed strictly in terms of what the data show. No statistical correlations are calculated here; the apparent relationships between variables in cross-tabulations do not necessarily imply causal interactions among them. The reader is cautioned not to draw inferences from the cross-tabulations, but rather to formulate hypotheses in his/her own mind, based on the data shown here, that should then be subjected to empirical analysis. The demand analysis now being conducted under this project will follow this approach, but anyone with appropriate skills can already test any hypothesis of interest to the extent that the database includes the relevant information.

CHAPTER II: SURVEY METHODOLOGY

This chapter summarizes the methodology employed in the Santo Domingo household survey. Greater technical detail is provided in Gomez 1987, and more general methodological considerations may be found in Gomez 1968, Grootaert 1986, IEPD 1987, Pabon et al. 1981, and INE 1984.

A. Household Survey

A probabilistic household sample survey was selected as the best mechanism for obtaining information on the behavior of the population of Santo Domingo vis-a-vis available health services, and on the determinants of this behavior. A fundamental premise of the effort was that an analysis of health services utilization must systematically consider the relative importance of various factors that can affect demand by households. Some of these factors pertain to individuals; some are attributes of the surrounding environment; and some reflect the supply of services available. The survey thus took into consideration demographic factors (such as age, sex, and labor force participation); biological factors (such as the perceived presence of illness and the disabilities it caused); sociocultural factors (such as respondents' perception of illness, their knowledge of available services, and their knowledge and utilization of these services); economic factors (such as residence, education, income, and the costs of health care to the household); environmental factors (such as the distance to health services and the means of transportation available); and institutional factors (such as perceptions of the accessibility and quality of different types of health care providers and the mechanisms of paying for their services).

1. Study Universe. The study universe was the civilian, non-institutional population of the National District of the Dominican Republic (Santo Domingo) during 1987, the year in which the survey took place. At that time, the estimated population of Santo Domingo was 1.8 million inhabitants, of which 1.5 million (roughly 83 percent) were described by convention as living in the "urban" zone. The remainder were described, also by convention, as "rural," although the characteristics of these two adjacent population segments did not differ markedly (1).

2. Type of Sample. Probabilistic sampling of the study population was selected as the survey methodology. Based on a residential stratification prepared by Orientacion Mercadologica, S.A. (OMSA) for PROFAMILIA (2), the population was divided into three socioeconomic residential strata (low, middle, and high), according to characteristics such as the proportion of households' expenditures for food, certain features of households' dwellings, the presence or absence of running water in dwellings, and households' ownership of automobile (see Gomez 1987:7-9). The probabilities that any given household within a single socioeconomic residential stratum would be selected were equal, but they differed from stratum to stratum since the sizes of the strata varied and since, for sampling efficiency, samples of similar size were required from each stratum.

Within each stratum, "clusters" of dwellings containing households to be interviewed were defined, based on "supervision areas" identified for the 1981 national census. Cluster size varied between 30 and 100 dwellings. Clusters were further divided into "segments" (subdivisions of supervision areas), also following the 1981 census, with an average size of about 14 households each. An average of six households was selected from each of 500 segments to provide the survey sample. The survey was thus planned to cover a total of 3,000 households, concentrated in 250 supervision areas.

3. Size and Accuracy of Sample. The sample was designed to permit independent analysis of low-frequency phenomena ($P = 0.05$) in three sub-universes (strata or sub-groups of the population), of intermediate-frequency phenomena ($0.05 < P < 0.20$) in at least two sub-divisions of each stratum, and of high-frequency phenomena ($P > 0.20$) in four or more sub-divisions of each stratum.

Ultimately, 2,537 of the three thousand households selected were actually surveyed: 571 from the high stratum, 967 from the middle stratum, and 999 from the low stratum. The relative standard errors (SE rel) expected with this sample (n) indicated that the premises established in the study design would be fully met (see Gomez 1987). Thus, in the highest stratum, which contained the smallest sub-sample, the following relative standard errors were obtained, which are satisfactory for proportions (P) of different magnitude:

High stratum: n = 571 households, 2,465 persons surveyed:

P	SE rel
0.05	0.10
0.10	0.08
0.20	0.05
0.30	0.04
0.50	0.03

With 95 percent certainty, a proportion of 0.05 obtained in the high stratum sample will have 0.06 and 0.04 as confidence limits. This means that the true proportion (P) in the universe of the high stratum will be between these limits, with a 5 percent level of significance. The relative accuracy of higher P's is therefore greater. For the middle and low strata, which had relatively larger surveyed samples, the relative standard errors will be even lower.

The surveyed sample of 2,537 households, containing 11,565 persons (Table II.1), was 84.5 percent of the selected sample -- an acceptable level of efficiency of data collection. Excellent results were obtained in the low and middle strata (90.5 and 91.1 percent coverage), but results in the high stratum (67.2 percent coverage) were only fair. This was due to interviewers' difficulties in obtaining access to respondents living at higher-level socioeconomic conditions, in spite of several strategies designed to obtain additional interviews (e.g., repeated visits, changes of surveyor, visits by supervisors, letters from IEPD).

Table II.1

SANTO DOMINGO HOUSEHOLD SURVEY:
SAMPLE PLANNED, SELECTED, AND SURVEYED

Stratum	Households			Persons			
	Planned	Selected	Surveyed	Planned	Selected	Surveyed Tot.	Surveyed Pct. of Selected
High	849	849	571	3,871	3,668	2,465	67.2
Middle	1,007	1,060	967	4,911	4,781	4,357	91.1
Low	1,074	1,103	999	4,898	5,239	4,743	90.5
TOTAL	3,000	3,012	2,537	13,680	13,688	11,565	84.5

4. Estimating Procedures. Within each socioeconomic residential stratum, the equal probability of selecting a given household or person allows the calculation, directly from the sampling results, of estimates such as rates, ratios, proportions, means, and measures of statistical relationships. The estimation of absolute values for the universe surveyed in each stratum can be made by weighting the sample values by the reciprocal of the probability of selection, adjusted by a factor that will recover the corresponding values in the survey and those not included in the sampling frame.

Any estimate for the set of the study universe (Santo Domingo) requires a prior adjustment of the sample values by the reciprocal of the probability of selection, because of the variation of such probability across the three strata.

The final weights applied to the results of the survey and the restored universe are shown in Table II.2.

Table II.2

SANTO DOMINGO HOUSEHOLD SURVEY:
FINAL WEIGHTS AND RESTORED UNIVERSE

Strata	Final Weights	Restored Universe		
		Households	Persons	
			Total	Percent
High	69	39,399	170,085	9.3
Middle	203	196,301	884,471	48.5
Low	162	161,838	768,366	42.2
TOTAL		397,538	1,822,922	100.0

The sampling of unequal clusters of this design allows estimating any mean ($\bar{y}$) or proportion (p) by means of the so-called ratio-estimators (r):

$$r = \frac{y}{x}$$

where

y = the accumulated value of the variable of study (which may be continuous or binominal), and

x = the sample size,

with both being random variables.

5. Sampling Errors and Statistical Inference. As in any investigation based on probabilistic sampling, the results of this survey approximately reflect the reality existing in the study universe. The level of accuracy of the results, assuming that any measurement and data processing errors have been corrected, is established by the "sampling error," an indicator of random variation which, in turn, is a function of the type and size of the sample, the selection method, and the frequency and natural variability of the phenomena studied. The sampling errors and the confidence limits in the results, therefore, are important for the correct interpretation of the sample data.

The approximate estimation of sampling or standard errors can be done by the "propagation of variances" method, suggested for large cluster samples. In this method, the variance of functions of variables can be expressed approximately in terms of variances and covariances of the variables.

6. The Survey Questionnaire. The content, design, and structure of the survey questionnaire (see Appendix A) were the result of a process in which earlier national surveys implemented in various countries were reviewed (Pabon et al. 1981; INE 1984, Grootaert 1986), analysts from various institutions (State University of New York at Stony Brook, World Bank, Pan American Health Organization, International Resources Group, Ltd.) were consulted, and the recommendations of the study's Advisory Committee, made up of representatives of the health sub-sectors in the Dominican Republic and of USAID officials in the country, were sought.

As a result of this process, a fieldwork manual was compiled that established ground rules for the organization and conduct of interviews, defined standards for quality and efficiency control, and discussed concepts and definitions pertaining to the interview procedure. Data from all members of selected households were to be included on the questionnaire (although not all questions were asked of all persons), with responses recorded on one or more questionnaire forms. Each form had the capacity to record

data from six respondents (see Appendix A); if a household had more than six members, two questionnaires were used. The questions were to be answered by every adult in each household, or by the head of the household or his/her spouse, or by an adult familiar with all members of the household. The interview for a household of 4-5 members was to take approximately one hour.

7. Data Collection and Processing. With technical assistance provided through International Resources Group, Ltd., IEPD was the entity responsible for collecting the data as well as for the initial phases of data processing. The IEPD survey team was composed of its Director, who coordinated the logistical and administrative aspects of the survey; a full-time Executive Director for the survey; a group of eight supervisors for a period of two months; 26 interviewers (for 5 weeks); 2 encoders (6 weeks); and 6 data punchers (5 weeks). Most of these individuals had had previous survey experience, acquired in national population surveys carried out in the Dominican Republic over the last few years.

Data collection took place between October 27 and November 28, 1987, with the coding and recording of the data on diskettes done virtually simultaneously.

Five field teams were set up for data collection, each one consisting of a supervisor and five interviewers. The schedule of work called for interviewers to survey an average of one "segment" (a portion of a "cluster" of dwellings; see Section 2, above), or an average of six households, per day per interviewer. The final result, 2,537 completed interviews, yields an actual average of 5.1 interviews per day per interviewer, which is quite acceptable within the context of the efficiency typically achieved in urban surveys in the Dominican Republic and other countries in the region.

On a daily basis, three encoders reviewed and codified those questions that had "open" answers (as opposed to those questions that had a set of precoded possible answers).

Computer operators recorded the collected information on diskettes, using four XT microcomputers with 640K of memory plus hard disk drives with 20 MB of memory. The equipment was in use for two 7-hour shifts per day. The ISSA (Integrated System for Survey Analysis) computer program was adapted for the data-entering process in such a way as to allow the data to be checked automatically and immediately for inconsistencies. When inconsistencies were encountered, continuation of the program required that the operator enter

corrected information. The database created with ISSA was then converted into a set of 12 files designed for the SPSS (Statistical Package for the Social Sciences) computer program, a simple and versatile program for the production of cross-tabulations and analyses.

Since the quality of the data was vitally important to the accuracy of the study, a quality-control regimen was established. This included a daily review of all completed questionnaires; a daily review of the amount of work that each interviewer had successfully accomplished; data revisions by the encoders, which were based on random re-interviews, by a special interviewer, of 10 percent of all households previously interviewed; and the compulsory checking and correcting of the data mandated by the ISSA program.

The re-interviews, involving 250 households, had two purposes. The first was psychological: the original interviewers knew that re-interviews would be done, but did not know which households would be selected or when the re-interviews would take place, which encouraged the interviewers to work accurately and honestly. The second purpose of re-interviewing was to generate a statistical indicator of quality, defined as the rate at which differences between the interview and the re-interview occurred for each question checked. The results of the comparison of interviews with re-interviews was quite satisfactory (see Gomez 1987:33), although when interpreting the figures it must be borne in mind that in a number of cases the re-interview was provided by a household member other than the person who had granted the initial interview, that most of the re-interviews took place five or more days after the initial interview, and that any variation among replies -- even a variation of one unit in a quantifiable reply (such as age) -- was considered to be a different answer.

B. Inventory of Health Facilities

To complement the household survey, an inventory of the health resources available to the survey population was conducted (see Appendices B, C, and D). This permitted an assessment of survey respondents' knowledge about the health resources available to them, as well as an understanding of the amount of influence that the objective characteristics of different health care facilities had on the health-care-seeking behavior of the population.

The objectives of the inventory were to identify all

health establishments providing outpatient or inpatient care in Santo Domingo, as well as all noninstitutional pharmacies and drug stores, and to collect detailed information on these hospitals, outpatient facilities, private clinics, pharmacies, and drug stores. Like the household survey data, these data were collected under the aegis of IEPD, this time through the office of the Directorate of Planning of SESPAS. The data processing was methodologically similar to the processing of the household survey data.

Information for the facilities inventory was obtained by means of two complementary strategies: the preparation of a list of all health care facilities of the types mentioned above, using all available secondary sources of information; and the implementation of a brief survey to collect complementary information. For this purpose, three forms were prepared, one for each type of facility studied (see Appendices B, C, and D for forms used). Data were obtained through visits, supplemented by telephone calls and letters. To record the information on diskettes, the ISSA data entry program, adjusted for this purpose, was again used. The provider survey will be used to match and verify household responses on providers utilized, and to complement an analysis of the health services delivery system that will be part of the forthcoming demand analysis.

CHAPTER III: HOUSEHOLD CHARACTERISTICS AND SELF-PERCEIVED HEALTH STATUS

This chapter describes the demographic and socioeconomic characteristics of the population of Santo Domingo (3), and the perceptions of members of the population about the amount of illness and incapacity they suffered during the two-week period preceding the household survey. The data on which the discussion is based are presented in Tables III.1 through III.28, assembled at the end of the chapter. As noted in Chapter II, the population was divided, for survey purposes, into three socioeconomic residential strata: low, medium, and high.

A. Household Characteristics

Table III.1 shows the age and sex distribution of the estimated 1.8 million people who lived in Santo Domingo in 1987. The higher proportion of females than males is surprisingly consistent across all age groupings.

Tables III.2 and III.3, in which the population is divided into socioeconomic residential strata, provide information on the age and marital status of residents of Santo Domingo by stratum. Table III.2 demonstrates that the age composition of the population is associated with socioeconomic residential characteristics: for instance, there are significantly higher proportions of children and significantly lower proportions of elderly people in the low stratum than in the high. This finding, while expected, provides additional justification for the division of the population into three socioeconomic residential strata. Table III.3 reveals an inverse relationship between stratum and marital status: in the low stratum, relatively fewer residents are formally married and relatively more are involved in common-law unions, while in the high stratum the opposite is observed. Table III.3 also shows that both formal marriages and common-law unions involve large proportions of the adult population only after age 25.

Tables III.4, III.5, and III.6 provide information on formal education and literacy in the population, beginning at age six. In Table III.4, educational achievement is shown both by age group and by the age composition of each level of educational attainment. It is notable that close to 18 percent of all those aged 6-14 have not yet attained any

formal education; this group constitutes 36 percent of all those aged 6 and older who have no education (lower half of Table III.4). Yet among those 15-24 years of age, only 4 percent (9 percent of all those over age 6 with no education) remain completely uneducated. This suggests that a large proportion of all children do not begin their elementary education until they are seven or eight years old.

In general, the educational profile of young residents of Santo Domingo is significantly higher than that of their elders. For example, those aged 15-24 represent 29 percent of the total population over age 6, but 47 percent of all those with some high school education and 36 percent of all those with some technical or college education. At the opposite end of the spectrum, those aged 45 and over represent only 15 percent of the total population over age 6, but 32 percent of those without any education.

Table III.5 reveals the expected relationship between socioeconomic residential stratum and level of educational attainment. Of residents in the low stratum, for instance, only 29 percent have some high school education, and less than 5 percent have any education beyond high school, while in the middle stratum, a much larger proportion -- 38 percent -- have some high school education, and 12 percent have gone on to some technical training or college education. In the high stratum, over 25 percent have some college education.

Table III.6, which reflects the population's self-perceived ability to read and write, shows that illiteracy is strongly associated with age: 25 percent of those aged 45 and older are illiterate, but among young and middle-aged adults, the illiteracy rate is only five and nine percent, respectively. Note that 28 percent of those aged 6-14 say they are unable to read and write. This substantiates the suggestion, implied by Table III.4, that many 6-14 year olds are not yet in school. Table III.6 also shows that literacy is associated with socioeconomic residential stratum: nearly 22 percent of those in the low stratum are illiterate, while in the high stratum only seven percent are similarly disadvantaged. (This 7 percent probably consists of the very young and the very old rather than working age adults.)

Tables III.7 and III.8 show cross-tabulations between socioeconomic residential stratum and the types of dwellings in which the population lives, the way in which those dwellings are held (ownership, rental, etc.), the presence or absence of running water and toilet facilities in dwellings, and the ownership of capital goods (automobiles,

television sets, and refrigerators). Most of the relationships revealed in these two tables are expected, and substantiate the survey's stratification as appropriate. Private toilets, for example, are available to less than a third of low-stratum residents, to 51 percent of those in the middle stratum, and to 78 percent of those in the high stratum; similarly, the availability of running water and the ownership of automobiles, television sets, and refrigerators all increase from the low to the high stratum. Note that running water, while less available to those in the low socioeconomic residential stratum than the high, is nevertheless available to 55 percent of those in the low stratum, and that among residents in the low stratum, more people (57 percent) own television sets than refrigerators (41 percent) or private toilets (only 30 percent).

Except for the fact that living in an apartment, rare among those in the low stratum, becomes more likely in the middle stratum and especially in the high, there is no apparent relationship between socioeconomic residential stratum and either the type of dwelling or the form in which it is held. In general, residence in a house predominates strongly over all other housing arrangements.

It was noted earlier that the educational level and age distribution of the population (Tables III.2 and III.3) provided a positive test of the validity of dividing the population into three socioeconomic residential strata. Similarly, Table III.9, which provides data on income within the three strata, shows that there is a strong association between total monthly household income and socioeconomic residential stratum. Dividing the total population into three income segments ($0-399 D.R., $400-799 D.R., and $800 D.R. and above), we find that 42 percent of households fall into the low-income segment, 33 percent into the middle-income, and 25 percent into the high-income segment. The distribution of income within each stratum reveals what one would expect: 51 percent of those in the low socioeconomic residential stratum also have low incomes, while relatively few (14 percent) living in the high stratum have low incomes. Among those living in the high stratum, 62 percent have high incomes, but among those in the low residential stratum 17 percent also have high incomes. The presence of low-income households in the high stratum, and high-income households in the low stratum, may at first appear anomalous; however, residential neighborhoods are not rigidly stratifiable, and one should expect to find a range of incomes in almost any neighborhood defined by a number of different socioeconomic characteristics.

Tables III.10 through III.12 document the occupational

status of the population 12 years old and older by socioeconomic residental stratum, age, and educational level. Table III.10, in which occupation is cross-tabulated with stratum, shows that in Santo Domingo a significantly higher proportion of high-stratum residents than middle- or low-stratum residents have jobs: 48, 39, and 36 percent, respectively. Among those who do not have jobs, studying and housework are the explanations most frequently cited, and the proportions of people involved in these activities are quite consistent across the strata. The proportion of those not currently employed but looking for jobs is highest (6 percent) in the low stratum and lowest (2.3 percent) in the high stratum, indicating that the poorest segment of the population has a higher rate of unemployment (as well as a lower rate of labor force participation) than the most affluent segment.

Not surprisingly, there are more salaried workers in the high socioeconomic residential stratum and more wage workers in the low (Table III.10). The finding that 19 percent of domestic workers fall into the high stratum suggests that these workers often live in their employers' homes. The very high proportion of independent workers (36 percent) in the low stratum, compared with a much smaller proportion of such workers (16 percent) in the high stratum, is also noteworty as an indicator of the different labor force characteristics among the three strata.

Like Table III.10, Table III.11, in which occupational variables are cross-tabulated with age, distinguishes wage-earning, blue-collar "workers" from salaried, white-collar "employees," and those who work in the public sector from those working independently and for private concerns. The table shows that, excepting children in the 5-14 age group, members of all three working-age groups are less apt to be workers (for private enterprise, government, or the family) than employees (in private enterprise, government, or domestic service); jobs in private enterprise are more frequently held by younger than older workers; the two younger age groups contain greater proportions of employees than the 45+ age group, and the proportion of independent workers increases systematically with age.

Table III.12 presents data on principal occupational activities of the population by level of educational attainment. Of those with no or only some elementary schooling, only 29 percent hold jobs; those with more education are far more likely to be employed. Moreover, those "looking for a job" also represent a lower proportion among the uneducated than the educated. To some extent, the explanation for lower labor force participation among the uneducated is that they

are currently in school (50 percent). Housework occupies nearly a third of the poorly educated without formal employment, and 37 percent of those with some high school education. Relatively few in the most highly-educated group perform housework.

Table III.13 provides data on the numbers of working people who hold work contracts. Half of those with formal contracts work in large companies (those with a hundred or more employees), and 32 percent work in small companies (those with fewer than 20 employees). In the case of medium-sized companies (20 to 99 employees), relatively few workers hold work contracts.

Tables III.14 through III.21 present information on the extent of the population's coverage by health services provided by the Dominican Social Security Institute (IDSS), through private insurance companies, and by the Armed Forces. These tables differentiate between "affiliates" (individuals who are enrolled in any one of the three alternative forms of coverage) and "dependents" (individuals who are covered by any one of the three programs by virtue of their relationship to an affiliate).

Of the working population 15 years of age or older (4), 22 percent have social security coverage, and 19 percent have private insurance coverage (Table III.14). Among dependents, however, a larger proportion have private insurance (15 percent) than IDSS coverage (6 percent). Note that coverage of dependents under IDSS generally includes only maternal and child care. Table III.15 cross-tabulates insurance coverage and education. In general, the poorly-educated are more likely to be covered by IDSS than by private insurance, while the well-educated are more apt to have private health insurance. Nevertheless, it is noteworthy that, in terms of absolute numbers, coverage by IDSS favors those with relatively low levels of educational attainment. Of all people covered by private insurance, approximately 60 percent fall into the lower two educational attainment levels.

Table III.16 shows the relationship between socio-economic residential stratum and type of health insurance coverage. Those affiliated with some insurance plan, either IDSS or private, are concentrated in the middle stratum: 58 percent of all IDSS affiliates, and 54 percent of all those who are privately insured, fall into this stratum. Covered dependents are even more heavily concentrated in this stratum: 70 percent of all IDSS dependents and 59 percent of dependents covered under private insurance are in the middle stratum. Although relatively fewer high-stratum or low-

stratum people are insured, either as affiliates or dependents, high-stratum people with coverage are much more apt to be affiliates or dependents of affiliates of a private insurance scheme than of IDSS (19 versus 9 percent), while low-stratum people are somewhat more apt to be covered by IDSS than private health insurance (30 versus 25 percent).

Table III.17 provides information on the health plans held by residents covered by private insurance, and the various mechanisms by which these plans are paid for. Family and individual insurance policies predominate in Santo Domingo; group plans represent less than 11 percent of all private health insurance. Nevertheless, in 37 percent of all cases it is the employer who pays for the insurance (versus 41 percent of cases in which the individual pays), showing that many employers are paying for individual rather than group coverage for their employees.

Table III.18, showing that 6 percent of the population aged 12 and over is eligible for health services coverage provided by the Armed Forces, can be used to augment the data in Table III.16 in order to approximate the total number of people in Santo Domingo with health services coverage provided by other than public services or directly-paid-for private care. Private insurance carriers cover about 235,000 people (Table III.16); IDSS covers another 185,000 (Table III.16), and the Armed Forces 93,000 (Table III.18), for a total of approximately 513,000 insured. This figure, however, somewhat overstates total insurance coverage due to double coverage (of individuals, but not necessarily of risks), a subject to which we return below.

Tables III.19 and III.20 bring together information on various types of health insurance coverage with data on socioeconomic residential stratum, income, age, and sex. The percentage figures presented in Table III.20 show that, of all people in Santo Domingo, 24 percent have access to some kind of health care by virtue of affiliation with IDSS, private health insurance or the Armed Forces or as a dependent of an affiliate, while 76 percent have no such access, and thus must depend on public health care or on private care for which they must pay directly. There is some double coverage: from Table III.19 it can be calculated that about 18 percent of IDSS affiliates have double coverage with private insurance, and 21 percent of those covered by private insurance also have access to IDSS medical care. The largest category of double-covered persons is male IDSS affiliates. Overall, however, the absolute number of people who are double-covered is small.

The largest category of the insured (Table III.20) is

IDSS affiliates, representing over 6 percent of all those with health insurance coverage. The smallest category, at less than 2 percent, is IDSS dependents. Private insurance covers 5 percent of all those who are insured by virtue of direct affiliation, and almost 6 percent of those insured by virtue of their dependent status.

By income, the proportions of social security coverage are quite similar across the three income levels; only affiliates in the middle-income range represent slightly higher proportions than high- and low-income affiliates (Table III.20). This is not the case with private insurance, where coverage rises systematically with income, both for affiliates and dependents. Note, however, that there is some private coverage, both for affiliates and dependents, even at the lowest income level. Private insurance accounts for about a fourth of non-government and non-Armed Forces coverage at the low-income level (2.0 + 1.8 divided by 14.7), compared with 39 percent of non-government, non-Armed Forces coverage at the middle-income level and 55 percent at the high-income level.

Table III.21, in which health services coverage is cross-tabulated with sex, age, and monthly household income, shows that proportionately more males (55 percent) than females (45 percent) are covered by health insurance. This relative imbalance, the opposite of the sex distribution of the population (see Table III.1), suggests that females are more dependent on public health services or directly-paid-for private care than males. When the structure of coverage is associated with age, the very young are the group least likely to have IDSS, private, or Armed Forces coverage, while those 25-44 are the most likely to be covered by these services. Note that all those without coverage (right-hand column) are either dependent on MOH or charity services, or must pay directly for private care.

B. Self-perceptions of Illness and Incapacity

Tables III.22 through III.28 reflect the population's perceptions of illness and incapacity over the two-week survey period. Women perceive that they are ill more often than men (Table III.22). Not unexpectedly, larger proportions of the very young and those over 45 perceive illness than those between ages 5 and 44. The health problems of the very young are apt to be respiratory and intestinal problems, while the elderly suffer relatively little from intestinal problems and somewhat more from dental and respiratory ailments. In general, the better-educated perceive themselves to be ill somewhat less often

than the less well educated (Table III.23).

Overall, there is no major difference in the amount of self-perceived illness among socioeconomic residential strata (Table III.24); nor is there any significant difference among the types of illness perceived, with the exception of intestinal and respiratory problems. There are notable reductions, concentrated among children, in the perception of respiratory and intestinal ailments from the low socioeconomic residential stratum to the high.

When questioned about the onset of illness prior to the two-week survey period (Table III.25), respondents in general felt that respiratory ailments are more short-lived than intestinal or dental problems (although it should be noted that the questionnaire did not distinguish among intestinal problems, despite the great variation by age in such problems, from diarrhea to chronic conditions). The elderly feel their intestinal and dental problems to be of long duration more often than members of younger groups; over half of those with long-term dental problems, for example, are 45 and over.

Table III.26 presents the age distribution of three leading ailments, in those cases in which the onset of illness occurred prior to the two-week survey period. It shows that if one of these ailments has been present for more than two weeks, it is likely to have been present for more than a year: half of those with respiratory diseases, 63 percent of those with intestinal diseases, and 53 percent of those with dental problems have suffered from their ailment for a year or more (5). The three illnesses are perceived to be of particularly long standing among the elderly. Of those over 45 years of age with an intestinal problem of more than two weeks in duration, 84 percent perceive this ailment to have been present for a year or more.

Dividing the percentage of people who perceive illness and are incapacitated by it (16.6 percent, from Table III.27) by the overall average percentage who feel ill (41.5 percent, from Table III.24), shows that 40 percent of all those who perceive illness feel that they are also incapacitated. Among those suffering from respiratory ailments, 21 percent feel incapacitated, as do 23 percent of diarrhea sufferers (a subset of all those with intestinal problems) and 16 percent of those with dental problems. Note that the incapacity due to these three leading illnesses is, in each case, less than the average perceived incapacity. The explanation for this is to be found within the "accidents" and "other diseases" categories.

Table III.28 shows that 97,700 people who felt ill during the two-week survey period missed some amount of work because of their illness. If this figure is divided by all those who felt ill (i.e., 756,000, based on the total population figure from Table III.1 and the 41.5 percent of people reporting a health problem during the survey period from Table III.24), the rate of absenteeism on the part of those who feel ill is about 13 percent. The average number of days lost from work due to absenteeism is slightly over five, a figure that is higher within the low socioeconomic residental stratum and declines systematically through the middle to the high stratum.

TABLE III.1

STRUCTURE OF THE POPULATION BY AGE AND SEX,
SANTO DOMINGO (D.R.), 1987
(in percentages)

Sex	Age (years)					Total
	0-4	5-14	15-24	25-44	45+	
Male	47.2	47.6	45.1	47.8	47.7	47.0
Female	52.8	52.4	54.9	52.2	52.3	53.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Male	11.7	23.7	23.2	27.7	13.7	100.0
Female	11.6	23.1	25.1	26.8	13.4	100.0
Total	11.7	23.3	24.2	27.3	13.5	100.0
Total population	212,870	425,500	441,877	496,250	246,425	1,822,922

Source: Survey questions 2 and 3.

TABLE III.2

STRUCTURE OF THE POPULATION BY AGE
AND SOCIOECONOMIC RESIDENTIAL STRATUM,
SANTO DOMINGO (D.R.), 1987
(in percentages)

Socioeconomic residential stratum	Age (years)					Total
	0-4	5-14	15-24	25-44	45+	
Low	13.3	26.1	23.1	26.2	11.3	100.0
Middle	11.0	22.1	24.8	27.7	14.4	100.0
High	8.2	17.1	26.5	29.4	18.8	100.0
Total	11.7	23.3	24.2	27.3	13.5	100.0

Source: Survey question 2 and information from the survey design regarding socioeconomic residential stratum.

TABLE III.3

STRUCTURE OF THE POPULATION BY MARITAL STATUS, SOCIOECONOMIC RESIDENTIAL STRATUM, AND AGE, SANTO DOMINGO (D.R.), 1987
(in percentages)

	Marital status					
	Single	Formally married	Common law unions	Separated/ Divorced	Widowed	Total
Socioeconomic residential stratum:						
Low	43.0	17.5	29.5	6.9	3.1	100.0
Middle	47.6	22.1	19.1	7.8	3.4	100.0
High	46.8	28.6	9.9	10.7	4.0	100.0
Total	45.8	20.9	22.3	7.7	3.3	100.0
Age (years):						
5-14	98.5	(0.2)	(0.2)	(1.1)	-	100.0
15-24	78.6	5.2	12.5	3.6	(0.1)	100.0
25-44	21.6	30.6	36.6	10.3	0.9	100.0
45+	7.7	40.5	22.6	13.5	15.7	100.0
Total	45.8	20.9	22.3	7.7	3.3	100.0

Source: Survey questions 2 and 4.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE III.4

STRUCTURE OF THE POPULATION, SIX YEARS AND OLDER,
BY AGE AND HIGHEST LEVEL OF EDUCATION ATTAINED,
SANTO DOMINGO (D.R.), 1987
(in percentages)

Age	Level of education attained				
	None	Some elementary	Some high school	Some technical or college	Total
Composition of age group by educational attainment					
6-14 (1)	17.5	73.6	8.9	-	100.0
15-24	3.9	26.7	56.1	13.3	100.0
25-44	8.4	34.2	39.0	18.4	100.0
45+	25.2	45.6	22.1	(7.1)	100.0
Total, all ages	11.9	43.5	33.9	10.7	100.0
Age composition by level of educational attainment					
6-14 (1)	36.2	41.6	6.4	-	24.6
15-24	9.3	17.6	47.3	35.6	28.6
25-44	22.2	24.8	36.3	54.3	31.5
45+	32.3	16.0	10.0	10.1	15.3
Total, all ages	100.0	100.0	100.0	100.0	100.0

Source: Survey questions 2 and 6b.

(1) - Question 6b, regarding educational attainment, was asked only of those 6 years and older. The corresponding age group has been adjusted accordingly.

Note: The figure in parentheses, taken by itself, is of very low statistical significance.

TABLE III.5

DISTRIBUTION OF THE POPULATION, SIX YEARS AND OLDER, BY HIGHEST LEVEL OF EDUCATION ATTAINED AND BY SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987

Level of education attained	Socioeconomic residential stratum						Overall total	
	Low		Middle		High			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
None	108,864	17.5	63,336	8.4	9,246	6.2	181,446	11.9
Some elementary school	304,722	48.9	310,793	41.4	45,954	31.0	661,469	43.5
Some high school	180,954	29.0	287,042	38.2	48,231	32.6	516,227	33.9
Some technical, but no college education	8,100	1.3	17,458	2.3	6,831	4.6	32,389	2.1
Some college education	20,736	3.3	72,065	9.6	37,743	25.5	130,544	8.6
Total	623,376	100.0	750,694	100.0	148,005	100.0	1,522,075	100.0

Source: Same as in Table III.4.

Note: Question 6b, regarding educational attainment, was asked only of those 6 years and older. The corresponding age group has been adjusted accordingly.

TABLE III.6

LITERACY RATE BY AGE AND
SOCIOECONOMIC RESIDENTIAL STRATUM,
SANTO DOMINGO (D.R.), 1987
(in percentages)

Variable	Able to read and write		
	Yes	No	Total
Age:			
6-14 (1)	72.4	27.6	100.0
15-24	95.1	4.9	100.0
25-44	91.1	8.9	100.0
45+	75.2	24.8	100.0
Socioeconomic residential stratum:			
Low	78.5	21.5	100.0
Middle	89.4	10.6	100.0
High	92.6	7.4	100.0
Total	85.2	14.8	100.0

Source: Survey questions 2 and 6a.

(1) - Question 6a, regarding ability to read and write, was asked only of those 6 years and older. The corresponding age group has been adjusted accordingly.

TABLE III.7

DISTRIBUTION OF HOUSEHOLDS BY SOCIOECONOMIC RESIDENTIAL STRATUM, TYPE OF DWELLING, FORM OF HOLDING, WATER SERVICE AND TOILET FACILITIES, SANTO DOMINGO (D.R.), 1987

Variables	Socioeconomic residential stratum			Combined total (1)	
	Low	Middle	High	Number	Percent
Type of dwelling: (Q. 25a)					
House	70.4	58.3	62.6	252,225	63.6
Apartment	5.1	11.2	25.6	40,191	10.1
Communal housing	21.5	28.5	11.1	95,043	24.0
Other	3.0	2.0	(0.7)	8,993	2.3
	100.0	100.0	100.0	396,452	100.0
Form of holding: (Q. 25b)					
Ownership	54.5	44.8	59.1	198,656	50.2
Rental	35.8	50.6	37.5	171,608	43.3
Borrowed	6.3	3.8	(3.0)	18,890	4.8
Other	3.4	(0.6)	(0.4)	6,864	1.7
	100.0	100.0	100.0	396,018	100.0
Water service: (Q. 25c)					
Yes	55.2	69.6	84.7	253,245	65.3
No	44.8	30.4	15.3	134,371	34.7
	100.0	100.0	100.0	387,616	100.0
Toilet facilities: (Q. 25e)					
Private toilet	30.1	50.8	77.8	178,240	45.1
Communal toilet	16.6	27.9	8.3	84,621	21.4
Private latrine	21.2	6.0	4.6	47,588	12.0
Communal latrine	21.6	14.4	8.2	66,059	16.7
None	10.5	(0.9)	(1.1)	19,089	4.8
	100.0	100.0	100.0	395,597	100.0

Source: Respective survey questions shown in parentheses.

(1) - Excludes 1,086 households without information on type of dwelling, 1,520 wihout information on form of holding, 9,922 without information on water and toilet facilities, and 1,941 without information on sanitation services.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE III.8

NUMBER AND PROPORTION OF HOUSEHOLDS OWNING
AUTOMOBILES, TELEVISION SETS AND REFRIGERATORS,
BY SOCIOECONOMIC RESIDENTIAL STRATUM,
SANTO DOMINGO (D.R.), 1987

Item	Socioeconomic residential stratum							
	Low		Middle		High		Overall total (1)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Automobile	14,580	9.1	36,743	18.7	20,285	52.0	71,609	18.1
Television set	91,854	57.0	148,393	75.7	32,430	83.2	272,677	68.8
Refrigerator	66,420	41.3	126,063	64.4	31,188	80.3	223,671	56.6

Source: Survey question 25f.

(1) - Excludes 1,589 households without information about automobiles, 1,427 without information about television sets, and 2,133 without information about refrigerators.

Note: Percentages of respective total population cohorts.

TABLE III.9

DISTRIBUTION OF HOUSEHOLDS BY MONTHLY HOUSEHOLD INCOME AND SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987

Total monthly household income (in D.R.$) (1)	Socioeconomic residential stratum (percentages)			All households (2)	
	Low	Middle	High	Number	Percent
0 - 199	15.1	11.1	2.9	45,313	11.9
200 - 299	18.1	13.7	4.8	55,411	14.6
300 - 399	17.3	15.5	6.1	58,049	15.3
400 - 599	21.6	19.3	12.6	74,345	19.6
600 - 799	11.2	14.6	11.7	49,192	13.0
800 - 1,299	9.9	15.7	17.0	51,048	13.5
1,300 - 1,999	4.9	6.4	12.0	23,979	6.3
2,000 +	1.9	3.7	32.9	21,889	5.8
Total	100.0	100.0	100.0	379,226	100.0

Source: Survey question 25g.

(1) - DR$ 1.00 = approx. US$ 0.29.
(2) - Excludes 18,312 households without information on monthly household income.

TABLE III.10

WORKING AGE POPULATION BY SOCIOECONOMIC RESIDENTIAL STRATUM AND DIFFERENT OCCUPATIONAL VARIABLES, SANTO DOMINGO (D.R.), 1967
(in percentages)

Variables	Socioeconomic residential stratum			Overall percentage
	Low	Middle	High	
Worked in the last two weeks? (Q. 20)				
Yes	36.2	39.1	48.2	38.8
No	63.8	60.9	51.8	61.2
	100.0	100.0	100.0	100.0
Occupational position (Q. 20f) (of those who worked) (1)				
Worker for private enterprise	14.6	14.4	6.4	13.5
Employee of private enterprise	28.0	38.6	38.6	34.5
Government worker	3.7	2.0	(1.2)	2.6
Government employee	9.4	12.1	10.4	10.9
Domestic worker	4.6	5.1	19.1	6.6
Employer	1.5	3.2	7.4	3.0
Independent worker	35.5	22.2	15.8	26.5
Family worker	2.7	2.4	(1.1)	2.4
	100.0	100.0	100.0	100.0
Activity in the last two weeks of those who did not work (Q. 20a)				
Has a job, but did not work	0.4	0.9	1.0	0.7
Looking for a job	6.0	4.2	2.3	4.8
Study	46.9	49.2	52.3	46.4
Housework	32.9	32.2	27.6	32.1
Landlord	(0.2)	(0.3)	(0.6)	0.3
Retired	0.9	1.4	3.0	1.3
Disabled, temporary	1.8	1.2	(1.2)	1.5
Disabled, permanent	0.6	0.9	1.0	0.8
Other	10.4	9.7	11.0	10.1
	100.0	100.0	100.0	100.0
Work contract (of those who worked) (Q. 22e)				
Yes	44.8	48.6	60.8	48.7
No	55.2	51.4	39.2	51.3
	100.0	100.0	100.0	100.0

Source: Respective survey questions shown in parentheses.

(1) - The term "worker" typically denotes a "blue-collar" job with wage compensation, while the term "employee" typically denotes a "white-collar" job with salary compensation.

Note: Figures in parenthases, taken by themselves, are of very low statistical significance.

TABLE III.11

WORKING AGE POPULATION BY AGE AND DIFFERENT OCCUPATIONAL VARIABLES, SANTO DOMINGO (D.R.), 1987
(in percentages)

Variables	Age (in years) 6 - 14	15 - 24	25 - 44	45 +	Overall percentage
Worked in the last two weeks?					
Yes	3.8	40.1	61.4	44.0	38.8
No	96.2	59.9	38.6	56.0	61.2
	100.0	100.0	100.0	100.0	100.0
Occupational position (of those who worked) (1)					
Worker for private enterprise	19.0	17.1	12.3	10.4	13.5
Employee of private enterprise	20.0	42.3	35.5	21.6	34.5
Government worker	-	1.9	2.6	3.8	2.6
Government employee	-	7.6	12.8	12.2	10.9
Domestic worker	15.3	9.9	5.3	3.5	6.6
Employer	1.3	(0.3)	3.2	7.2	3.0
Independent worker	26.0	17.5	27.2	39.3	26.5
Family worker	18.4	3.4	(1.1)	(2.0)	2.4
	100.0	100.0	100.0	100.0	100.0
Activity in the last two weeks of those who did not work:					
Has a job, but did not work	-	(0.5)	2.0	(1.0)	0.7
Looking for a job	(0.7)	6.8	10.1	4.5	4.8
Study	83.1	54.7	8.8	(0.9)	48.4
Housework	5.1	29.5	67.3	58.9	32.1
Landlord	-	(0.1)	(0.4)	(1.1)	0.3
Retired	0.1	-	0.3	8.2	1.3
Disabled, temporary	(0.3)	(0.5)	1.8	5.8	1.5
Disabled, permanent	(0.2)	(0.4)	(0.5)	3.5	0.8
Other	10.5	7.5	8.8	16.0	10.1
	100.0	100.0	100.0	100.0	100.0

Source: Same as in Table III.10, plus question 2 for age.

(1) - The term "worker" typically denotes a "blue-collar" job with wage compensation, while the term "employee" typically denotes a "white-collar" job with salary compensation.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE III.12

WORKING AGE POPULATION BY HIGHEST LEVEL OF EDUCATION ATTAINED
AND NONWORKING POPULATION BY EDUCATION
AND ALTERNATE ACTIVITIES PURSUED,
SANTO DOMINGO (D.R.), 1987
(in percentages)

Variables	Highest level of education attained			
	None or some elementary	Some high school	Some technical or college	Overall percentage
Worked in the last two weeks?				
Yes	29.2	45.2	62.0	38.8
No	70.8	54.8	38.0	61.2
	100.0	100.0	100.0	100.0
Activity in the last two weeks of those who did not work:				
Has a job, but did not work	(0.4)	(0.8)	(3.2)	0.7
Looking for a job	3.6	6.7	6.2	4.8
Study	50.0	44.2	58.9	48.4
Housework	31.3	37.4	19.2	32.1
Landlord	(0.1)	(0.6)	(0.3)	(0.3)
Retired	0.8	1.7	(2.2)	1.3
Disabled, temporary	1.6	1.2	(0.6)	1.5
Disabled, permanent	1.1	(0.3)	(0.1)	0.8
Other	11.1	7.1	9.3	10.1
	100.0	100.0	100.0	100.0

Source: Same as in Table III.10, plus question 6b for education attained.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE III.13

DISTRIBUTION OF THE POPULATION WITH WORK CONTRACTS BY THE SIZE OF COMPANIES FOR WHICH THEY WORK, SANTO DOMINGO (D.R.), 1987

Company size (number of workers)	Persons employed	
	Number	Percent
Less than 20	65,410	31.5
20 - 99	39,458	19.0
100 +	102,869	49.5
Did not respond	57,637	n.a.
Total	265,374	100.0

Source: Survey question 22f.

Note: The percentages are of the total excluding those who did not respond.

TABLE III.14

POPULATION, TWELVE YEARS AND OLDER, AFFILIATED WITH THE DOMINICAN SOCIAL SECURITY INSTITUTE (IDSS) OR WITH PRIVATE HEALTH INSURANCE, BY AGE, SANTO DOMINGO (D.R.), 1987
(Rates per 100)

	Institution					
	IDSS			Private insurance		
		Rates per 100 (a)			Rates per 100 (a)	
Age of affiliates	Number	Total population	Working population	Number	Total population	Working population
12-14	(2,600)	...	...	(3,327)	...	...
15-24	32,090	7.4	18.4	21,119	4.6	12.1
25-44	69,936	14.4	23.4	60,130	12.3	20.1
45+	27,436	11.3	25.6	25,912	10.6	24.2
Total	132,062	10.2	22.4	110,488	8.5	18.9
Dependents of affiliates	53,084	3.1	6.2	124,812	8.6	14.5

Source: Survey questions 2, 23a, 23a1, 23b and 23b3.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

... Not applicable because of statistical significance limitations.

a - Rates were calculated by dividing the number of affiliates and/or dependents by the appropriate cohort total, excluding those without information on affiliation and work.

TABLE III.15

POPULATION, TWELVE YEARS AND OLDER, AFFILIATED WITH THE DOMINICAN SOCIAL SECURITY INSTITUTE (IDSS) OR WITH PRIVATE HEALTH INSURANCE, BY LEVEL OF EDUCATION, SANTO DOMINGO (D.R.), 1987
(Rates per 100)

	Institution					
	IDSS			Private insurance		
		Rates per 100			Rates per 100	
Level of education attained	Number	Total population	Working population	Number	Total population	Working population
None or some elementary education	47,309	6.3	19.6	24,478	3.3	10.2
Some secondary education	54,891	10.8	23.6	40,856	8.0	17.6
Some technical or college education	22,636	14.3	22.4	42,874	26.9	42.5
	.....	.....	.....	.....	.....	.....
Total	124,836	8.8	21.7	108,274	7.6	18.8

Source: Same as in Table III.14, plus question 6b for education attained.

Note: Rates were calculated by dividing the number of affiliates and/or dependents by the appropriate cohort total, excluding those without information on affiliation and work.

TABLE III.16

AFFILIATES AND DEPENDENTS OF AFFILIATES OF
THE DOMINICAN SOCIAL SECURITY INSTITUTE (IDSS) AND PRIVATE HEALTH INSURANCE,
BY SOCIOECONOMIC RESIDENTIAL STRATUM,
SANTO DOMINGO (D.R.), 1987

Institution	Socioeconomic residential stratum											
	Low			Middle			High			Overall total		
	Number	Percent	Rate per 100	Number	Percent	Rate per 100	Number	Percent	Rate per 100	Number	Percent	Rate per 100
IDSS:												
Affiliates (12 years and older)	43,740	33.1	7.4	76,937	58.3	10.7	11,385	8.6	7.8	132,062	100.0	5.1
Dependents of affil. (all ages)	11,178	21.1	1.5	37,352	70.4	4.2	4,554	8.6	2.7	53,084	100.0	2.9
Total	54,918	29.7	...	114,289	61.7	...	15,939	8.6	...	185,146	100.0	...
Private insurance:												
Affiliates (12 years and older)	27,216	24.6	4.6	60,088	54.4	8.3	23,184	21.0	15.9	110,488	100.0	7.6
Dependents of affil. (all ages)	30,618	24.5	4.0	73,080	58.6	8.3	21,114	16.9	12.4	124,812	100.0	6.6
Total	57,834	24.6	...	133,168	56.6	...	44,298	18.8	...	235,300	100.0	...

Source: Same as in Table III.14.

... Not applicable since affiliates are twelve years and older and dependents are of all ages.

Note: Rates were calculated by dividing the number of affiliates and dependents of affiliates by the corresponding total population by stratum, excluding those without information on affiliation.

TABLE III.17

DISTRIBUTION OF PRIVATE HEALTH INSURANCE ENROLLEES BY TYPE OF HEALTH PLAN AND RESPONSIBILITY FOR PAYMENT, SANTO DOMINGO (D.R.), 1987
(in percentages)

Variables	Number	Percent
Type of plan: (Q. 23b2)		
Individual	32,670	31.3
Family	59,834	57.3
Group	11,278	10.8
Other	596	(0.6)
Total	104,378 (1)	100.0
Payment responsibility: (Q. 23b4)		
The insured	37,417	40.9
The company (employer)	33,355	36.5
Other	20,634	22.6
Total	91,406 (2)	100.0

Source: Respective survey questions shown in parentheses.

(1) - Does not include 6,110 directly insured without information about their insurance plan.
(2) - Does not include 19,082 directly insured without information about payment responsibility.

Note: Figure in parentheses, taken by itself, is of very low statistical significance.

TABLE III.18

PROPORTION OF THE POPULATION, TWELVE YEARS AND OLDER, ELIGIBLE TO USE THE HEALTH SERVICES OF THE ARMED FORCES, SANTO DOMINGO (D.R.), 1987
(in percentages)

Eligible to use the health services of the Armed Forces	Number	Percent
Yes	93,374	6.4
No	1,362,322	93.6
	.....	.....
Total	1,455,696	100.0

Source: Survey question 23d.

TABLE III.19

BENEFICIARIES OF MEMBERSHIP HEALTH CARE ORGANIZATIONS, BY TYPE OF AFFILIATION, SOCIOECONOMIC RESIDENTIAL STRATUM, MONTHLY HOUSEHOLD INCOME, AGE AND SEX, SANTO DOMINGO (D.R.), 1987

Variables	Type of affiliation							Total, affiliates and dependents of affil.	Neither affiliate nor dependent of affil.	Overall Total
	Affil. IDSS only	Affil. pvt. ins. only	Double affil. IDSS & pvt. insurance	Dependents of affiliates of IDSS only	Dependents of affil. of pvt. ins. only	Dependents of affil., double affiliated	Covered only by the Armed Forces			
Sex (Q.3)										
Male	77,784	49,320	18,396	13,342	38,598	2,961	30,346	231,347	585,894	817,241
Female	30,944	37,234	4,938	20,067	56,692	6,131	31,243	187,249	739,041	926,290
Age (Q.2)										
0-4	-	-	-	6,377	20,681	1,721	-	28,779	184,091	212,870
5-14	2,600	3,327	-	10,174	33,051	3,529	8,472	61,153	288,447	349,600
15-24	26,765	15,794	5,325	7,603	17,419	1,989	19,595	94,490	346,422	440,912
25-44	56,658	46,852	13,278	6,286	16,661	1,164	20,654	161,555	332,741	494,296
45+	22,705	21,181	4,731	2,967	7,478	689	12,868	72,619	173,234	245,853
Socioeconomic residential stratum										
Low	37,908	21,384	5,832	6,480	23,652	2,592	16,524	114,372	605,880	720,252
Middle	61,712	44,863	15,225	23,548	55,216	6,293	41,615	248,472	609,000	857,472
High	9,108	20,907	2,277	3,381	16,422	207	3,450	55,752	110,055	165,807
Total (1)	108,728	87,154	23,334	33,409	95,290	9,092	61,589	418,596	1,324,935	1,743,531
Monthly household income (Q. 25g) (D.R.$)										
<400	32,138	12,124	3,164	11,196	11,219	568	20,266	90,675	526,912	617,587
400-799	39,918	24,739	10,715	10,823	29,333	4,868	17,195	137,591	414,272	551,863
800+	32,693	45,356	8,615	10,367	49,245	2,641	21,878	170,795	316,704	487,499
Total (2)	104,749	82,219	22,494	32,386	89,797	8,077	59,339	399,061	1,257,888	1,656,949

Source: Respective survey questions shown in parentheses; also as in Tables III.14 and III.18.

(1) - Excludes 79,391 persons without information on affiliation.
(2) - Excludes an additional 86,562 persons without information on income.

TABLE III.20

BENEFICIARIES OF MEMBERSHIP HEALTH CARE ORGANIZATIONS, BY TYPE OF AFFILIATION, SOCIOECONOMIC RESIDENTIAL STRATUM, MONTHLY HOUSEHOLD INCOME, AGE AND SEX, SANTO DOMINGO (D.R.), 1987
(in percentages)

Variables	Type of affiliation							Total, affiliates and dependents of affil.	Neither affiliate nor dependent of affil.	Overall Total
	Affil. IDSS only	Affil. pvt. ins. only	Double affil. IDSS & pvt. insurance	Dependents of affiliates of IDSS only	Dependents of affil. of pvt. ins. only	Dependents of affil., double affiliated	Covered only by the Armed Forces			
Sex (Q.3)										
Male	9.5	6.1	2.3	1.6	4.7	0.4	3.7	26.3	71.7	100.0
Female	3.3	4.0	0.5	2.2	6.1	0.7	3.4	20.2	79.8	100.0
Age (Q.2)										
0-4	-	-	-	3.0	9.7	0.8	-	13.5	86.5	100.0
5-14	0.7	1.0	-	2.9	9.5	1.0	2.4	17.5	82.5	100.0
15-24	6.1	3.6	1.2	1.7	4.0	0.4	4.4	21.4	78.6	100.0
25-44	11.4	5.5	2.7	1.3	3.4	0.2	4.2	32.7	67.3	100.0
45+	9.2	8.6	1.5	1.2	3.1	0.3	5.2	29.5	70.5	100.0
Socioeconomic residential stratum										
Low	5.3	3.0	0.6	0.9	3.3	0.3	2.3	15.9	84.1	100.0
Middle	7.2	5.2	1.8	2.8	6.4	0.7	4.9	29.0	71.0	100.0
High	5.5	12.6	1.4	2.0	9.9	0.1	2.1	33.6	66.4	100.0
Total (1)	6.2	5.0	1.4	1.9	5.5	0.5	3.5	24.0	75.0	100.0
Monthly household income (Q. 25g) (D.R.$)										
<400	5.2	2.0	0.5	1.8	1.8	0.1	3.3	14.7	85.3	100.0
400-799	7.2	4.5	1.9	2.0	5.3	0.9	3.1	24.9	75.1	100.0
800+	6.7	9.3	1.8	2.1	10.1	0.5	4.5	35.0	65.0	100.0
Total (2)	6.3	5.0	1.3	2.0	5.4	0.5	3.6	24.1	75.9	100.0

Source: Respective survey questions shown in parentheses; also as in Tables III.14 and III.18.

(1) - Excludes 79,391 persons without information on affiliation.
(2) - Excludes an additional 86,582 persons without information on income.

TABLE III.21

STRUCTURE OF HEALTH SERVICES COVERAGE, BY SEX, AGE AND MONTHLY HOUSEHOLD INCOME, SANTO DOMINGO (D.R.), 1987

Variables	Affiliates and dependents of affil. of IDSS, private health insurance and the Armed Forces	Population with no coverage by IDSS, private health insurance or Armed Forces
Sex		
Male	55.3	44.2
Female	44.7	55.8
	100.0	100.0
Age		
0-4	6.9	13.9
5-14	14.6	21.8
15-24	22.6	26.1
25-44	38.6	25.1
45+	17.3	13.1
	100.0	100.0
Monthly household income (in D.R.$)		
(400	22.7	41.9
400-799	34.5	32.9
800+	42.8	25.2
	100.0	100.0

Source: Table III.19.

TABLE III.22

PREVALENCE OF SELECTED ILLNESSES PERCEIVED IN A TWO-WEEK PERIOD,
BY SEX AND AGE,
SANTO DOMINGO (D.R.), 1987
(Rates per 100)

Variables	Age (in years)					Overall rate
	0 - 4	5 - 14	15 - 24	25 - 44	45 +	
Total who felt ill (Q.7)	51.6	34.6	32.2	41.0	62.8	41.5
	Self-percieved illness by sex					
Male	54.1	32.6	25.8	33.4	53.8	36.7
Female	49.1	36.3	37.4	47.7	70.9	45.8
	Self-percieved illness by selected causes					
Respiratory diseases (Q.8a)	37.0	19.4	12.3	15.1	17.8	18.4
Intestinal diseases (Q.9a)	17.4	4.8	4.1	5.1	8.9	6.8
Dental Problems (Q.11a)	4.0	6.8	7.2	7.0	9.3	7.0
Accidents (Q.10a)	(0.9)	0.9	0.9	1.1	(1.0)	1.0

Source: Respective survey questions shown in parentheses, plus question 2 for age and 3 for sex.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

The denominators in the calculation of the rates exclude those without information on diseases.

TABLE III.23

PREVALENCE OF SELECTED ILLNESSES PERCEIVED IN A TWO-WEEK PERIOD, BY HIGHEST LEVEL OF EDUCATION ATTAINED, SANTO DOMINGO (D.R.), 1987
(Rates per 100)

Variables	Highest level of education attained			
	None or some elementary	Some high school	Some technical or college	Overall rate
Total who felt ill	48.0	38.8	35.7	40.3
Respiratory diseases	17.5	13.4	13.3	15.6
Intestinal diseases	6.0	4.4	4.6	5.3
Dental Problems	8.0	7.2	6.1	7.6
Accidents	0.9	1.0	(1.0)	1.0

Source: Same as in Table III.22, plus question 6h for education attained.

Note: The denominator in the calculation of each of the above specific rates excludes those respondents without information on the related educational variable.

Figure in parentheses, taken by itself, is of very low statistical significance.

TABLE III.24

PREVALENCE OF SELECTED ILLNESSES PERCEIVED IN A TWO-WEEK PERIOD, BY SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987
(Rate per 100)

Variables	Socioeconomic residential stratum			Overall rate
	Low	Middle	High	
Total who felt ill	41.5	42.1	38.9	41.5
Respiratory diseases	19.6	17.7	16.3	18.4
Intestinal diseases	7.2	6.9	4.1	6.8
Dental problems	6.3	7.9	5.6	7.0
Acc[illegible]	0.7	1.2	0.9	1.0

Source: Same as Table IV.22.

Note: Individual causes add up to more than total perception of illness due to multiple causes in some individuals.

The denominators in the calculation of the above rates exclude those without information on diseases.

TABLE III.25

TIME WHEN SELECTED ILLNESSES FIRST PERCEIVED, BY AGE,
SANTO DOMINGO (D.R.), 1987
(in percentages)

Time when illness first perceived	Age (in years) 0 - 4	5 - 14	15 - 24	25 - 44	45 +	Overall percentage
Respiratory disease (Q.8a)						
In the last two weeks (Q.8b)	89.2	72.2	72.5	82.4	77.7	84.1
Over two weeks ago (Q.8c)	10.8	27.8	27.5	17.6	22.3	15.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Intestinal disease (Q.9a)						
In the last two weeks (Q.9b)	83.2	72.3	75.9	66.6	65.3	73.2
Over two weeks ago (Q.9c)	16.8	27.7	24.1	33.4	34.7	26.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Dental problems (Q.11a)						
In the last two weeks (Q.11b	87.1	68.7	59.0	58.5	47.8	58.0
Over two weeks ago (Q.11c)	(12.9)	31.3	41.0	41.5	52.2	42.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

Sources: Respective survey questions shown in parentheses, plus question 2 for age.

Note: Figure in parentheses, taken by itself, is of very low statistical significance.

TABLE III.26

DISTRIBUTION OF CASES WHERE ILLNESS WAS PERCEIVED MORE THAN TWO WEEKS AGO, BY TIME WHEN FIRST PERCEIVED, AND BY AGE, SANTO DOMINGO (D.R.), 1987
(in percentages)

Time when illness first perceived	Age (in years) 0 - 4	5 - 14	15 - 24	25 - 44	45 +	Overall average
Respiratory diseases						
15 - 30 days	23.2	(10.2)	(8.4)	(7.2)	(18.4)	12.8
1 - 11 months	52.5	36.4	40.8	35.2	(29.6)	38.0
1 year or more	24.3	53.4	50.8	57.6	(52.0)	49.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Intestinal diseases						
15 - 30 days	(5.6)	(4.1)	(4.7)	(3.1)	(7.0)	4.9
1 - 11 months	57.2	34.5	38.3	28.3	9.2	32.1
1 year or more	37.2	61.4	57.0	68.6	83.8	63.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Dental problems						
15 - 30 days	17.2	(3.6)	(1.3)	(7.6)	(6.5)	(5.2)
1 - 11 months	51.7	51.9	39.5	41.3	37.1	42.0
1 year or more	31.1	44.5	59.2	51.1	56.4	52.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Same as in Table III.25.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE III.27

PROPORTION OF PERSONS WHO PERCEIVED AN ILLNESS AND WERE INCAPACITATED BY IT, SANTO DOMINGO (D.R.), 1987
(Rate per 100)

Variables	Rate
Total incapacitated (Q.14a)	16.6
Respiratory diseases (Q.14b2)	4.0
Diarrhea (Q.14b1)	1.6
Maternity complications (Q.14b5)	1.4
Dental problems (Q.14b4)	1.1
Accidents (Q.14b3)	0.6
Other diseases (Q.14b6)	7.8

Source: Respective survey questions shown in parentheses.

Note: The denominator in calculating the above rates is 605,790. This represents the number of persons who answered Q.14a, excluding those without information about the cause of incapacitation.

TABLE III.28

NUMBER OF DAYS ABSENT FROM WORK IN A TWO-WEEK PERIOD DUE TO PERCEIVED ILLNESS, BY SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.), 1987

Number of days absent from work	Socio-economic residential stratum							
	Low		Middle		High		Overall average	
	Persons	Days	Persons	Days	Persons	Days	Persons	Days
1	7,290	7,290	9,744	9,744	(1,311)	(1,311)	18,345	18,345
2	8,424	16,848	10,353	20,706	1,587	3,174	20,364	40,728
3	4,536	16,068	7,511	22,533	1,380	4,140	13,427	42,741
4 - 6	5,670	26,406	5,887	27,202	(1,242)	(5,865)	12,799	59,473
7 - 9	5,994	43,416	6,902	50,141	(690)	(5,037)	13,586	98,594
10 or more	8,262	109,350	9,744	125,454	(1,173)	(16,284)	19,179	251,088
Total	40,176	219,378	50,141	255,780	7,383	35,811	97,700	510,969
Average	5.5		5.1		4.9		5.2	

Source: Survey question 14c.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

CHAPTER IV: HEALTH SERVICES COVERAGE AND UTILIZATION

In the previous chapter, perceptions of illness and incapacitation among the population of Santo Domingo were discussed. This chapter describes the results of the household survey on the population's self-reported eligibility for and actual utilization of health services. The cross-tabulations of survey data on which the discussion is based are summarized in Tables IV.1 through IV.14, assembled at the end of the chapter.

In Table III.22, it was noted that nearly 42 percent of the population of Santo Domingo -- or some 756,500 people -- believed that they had experienced some symptom of illness in the two-week period preceding the household survey. Of this group, 501,000 people, or two-thirds of those who perceived themselves to have been ill during this period, reported that they had not sought health care for their ailments (Table IV.1). Thus, approximately 255,500 people who believed that they had had health problems during the survey period did seek some kind of health care, on either an outpatient or inpatient basis (see Appendix A, Q.16f, for the types of providers from whom care was reportedly sought). It is this group on which the present chapter focuses.

Of the 501,000 who perceived themselves to be ill but who did <u>not</u> seek health care, 192,000, or 43 percent, did not seek care because they felt it was unnecessary (Table IV.1). Another 111,000 people (25 percent) sought no care because they were able to self-administer the treatment they felt was needed, and 107,000 people (24 percent) cited "other reasons" for not seeking care. In about 8 percent of cases, health care was not sought because of a lack of money with which to pay for medications, and in 7 percent of cases it was not sought because of a lack of money for a consultation. Inability to pay, while a noteworthy constraint, is thus not among the major reasons why health care was not sought, probably because SESPAS offers care at very low or no cost to the patient (6). This finding is particularly interesting when we recall that 42 percent of the households in Santo Domingo can be defined as very poor, with monthly income totalling less than $400 D.R. (Table III.9).

A. Outpatient Care

1. Utilization. Tables IV.2 through IV.5 document the coverage of outpatient care obtained, over a two-week period, by those of the 255,500 ill, health-care-seeking residents who were treated on an outpatient basis. The percentage composition of patients by sex, both for the number of persons receiving care and the number of consultations received, is 62 to 38 (Table IV.2). Thus outpatient care considerably favors females, even given the preponderance of females over males in the population (Table III.1).

Table IV.2 also shows that adults, including the elderly, made more outpatient visits and received more consultations per person attended than did children aged 14 and under. People in the 25-44 age group, in particular, accounted for a disproportionately large share of total consultations, as well as a greater number of consultations per person. By socioeconomic residential stratum, middle-stratum people, who represent only 48.5 percent of the population (Table II.2), made a disproportionately large share of all outpatient visits: nearly 53 percent. The rest of the population was correspondingly below average.

The primary reason for obtaining an outpatient consultation in Santo Domingo during the survey period was illness (excluding dental problems), followed by preventive care, dental problems, accidents, and perinatal visits (Table IV.3). Proportionately, more males than females sought consultations for illness, accidents, and dental problems, but more females than males sought preventive care -- even when prenatal and perinatal visits are excluded.

The largest share by far of all outpatient visits were made to physicians (84 percent); dental visits and visits to other health care providers represented only 11 and 5 percent of all visits, respectively (Table IV.4). When physician visits are broken down by patients' ages, it is apparent that the very high proportion of children 0-4 who saw a physician, almost 93 percent, is at least in part accounted for by the fact that children at this age make few dental visits. In the 15-24 age group, in contrast, only 76 percent of consultations were provided by physicians; 18 percent of visits made by this age group were dental consultations. Patients in the low socioeconomic residental stratum saw physicians for 88 percent of their outpatient visits -- a proportion that is greater than the average of 83.8 percent because of these patients' correspondingly low

number of dental consultations. Since their dental needs are presumably as great as any other group's, this low rate of dental consultations requires explanation. The lower proportions of medical doctor contacts among members of the middle and upper strata are due to their larger proportions of dental visits.

2. Coverage. Since health care is predominantly provided by medical doctors, Tables IV.5 through IV.8 refer only to these providers.

Table IV.5 shows differences in the utilization of physician-provided outpatient care by the different types of health care coverage available to patients. The rate at which physicians' services were utilized in a two-week period by health insurance beneficiaries, both affiliates and their dependents (19 percent), was significantly higher than the rate at which these same services were utilized by patients who were not covered by any of these forms of coverage (13 percent). Those most likely to seek care were the double-covered dependents of affiliates, followed by dependents of affiliates with private insurance coverage: although the overall two-week utilization of physicians' visits was only 14 percent, 25 percent of affiliates and their dependents who had double coverage by IDSS and private health insurance had medical consultations. After double-covered users, the next highest rates of utilization were by IDSS affiliates (20 percent) and private insurance affiliates (again, 20 percent).

Table IV.6 illustrates the utilization of physicians' services, on an outpatient basis and over a two-week period, by sex, age, and income, on the part of covered ("affiliates and their dependents") and non-covered ("neither affiliate nor dependent") patients. The overall picture that emerges from this table is that those with IDSS, private, or Armed Forces coverage were more likely to utilize services than those without (overall utilization of services was 17 percent of the covered population and 12 percent of the non-covered population); females were more likely to utilize services than males (although the intensity of utilization by sex was similar for the two sexes: 1.29 consultations per male vs. 1.32 per female for the covered patients, and 1.17 per male vs. 1.20 per female for the non-covered patients); and there was little difference among income groups in the utilization of services.

Among the covered population, children in the 0-4 age group had the highest index of utilization (i.e., the number of persons utilizing services divided by the respective population cohort), at 40.4, followed by the elderly (those

45 and over) at 20.0. The index of utilization for the non-covered in these two age groups was also higher than that of other age groups.

The intensity of utilization (reflecting patients who made more than one visit to a physician in the two-week period) was greater than average for the working-age population (25 and over), and lowest for those aged 0-4, for both the covered and the non-covered groups. Among both the covered and non-covered, utilization by income was fairly even.

Table IV.7 shows the distribution of physician consultations by the subsector in which the consultation took place and insurance affiliation. Of those affiliates and dependents with IDSS coverage only, nearly 47 percent actually made use of IDSS services; 39 percent consulted private physicians. Not surprisingly, the large majority of those with private insurance only (89 percent) went to private physicians. Of those with Armed Forces coverage, 47 percent saw Armed Forces physicians, nearly one-third consulted private physicians, and 19 percent saw SESPAS physicians. Of those who had no coverage under IDSS, the Armed Forces, or private health insurance, over half (52 percent) went to private physicians, and 42 percent went to SESPAS doctors.

Focusing on those covered by IDSS only, and distinguishing between affiliates and dependents, the most likely patients to consult private physicians were the dependents of IDSS enrollees, presumably because IDSS covers dependents only for maternal and child health care.

Table IV.8, derived from Table IV.7, shows that of all patients who consulted SESPAS physicians, 89 percent did not have IDSS, private, or Armed Forces coverage. It also shows that of the patients who visited IDSS physicians, 26 percent were not covered by IDSS or private insurance; likewise, of those who consulted Armed Forces physicians, 39 percent were not covered by the corresponding services. Indeed, only 40 percent of those who went to Armed Forces physicians were actually eligible for Armed Forces care. Among patients who saw private physicians, 58 percent were without health insurance coverage, 25 percent had private health insurance, and 9 percent were covered by IDSS. Note that 62 percent of those who had IDSS consultations were eligible for care under IDSS, but 55 percent (almost 90 percent of those eligible) were affiliates and fewer than 7 percent were dependents. Presumably, IDSS dependents were unlikely to seek health care from IDSS because of its very restricted coverage of dependents.

B. Inpatient Care

1. Utilization. Table IV.9 shows the age and sex distribution of persons hospitalized in Santo Domingo during 1986-87. Females, representing 70 percent of those hospitalized, were much more intensive users of hospital care than males, at only 30 percent, although male hospitalized children (ages 0-14) outnumbered females. The vast majority (over two-thirds) of all hospitalizations involved adults aged 15-44, a finding that is demonstrably related to the high rate of adult female utilization. While utilization by males was fairly evenly distributed across the age spectrum, for females it was quite uneven.

Table IV.10 shows the leading causes of hospitalization in Santo Domingo. Illness, representing 51 percent of all hospitalizations, was the leading cause of hospitalization, although -- due to the number of female hospitalizations for reasons associated with childbirth -- there was a considerable difference between the sexes in this regard: 69 percent of male hospitalizations were for illness, vs. 44 percent of female hospitalizations. Pregnancy and childbirth accounted for the next largest category of hospitalizations, at 32 percent. The share of male hospitalizations due to accidents, at nearly 23 percent, far outweighed females' hospitalizations due to this cause, at only five percent.

2. Coverage. Table IV.11 documents households' reported hospitalizations in Santo Domingo over a two-year period, by subsectorial affiliation (7). Patients entitled to some form of coverage were more likely to be hospitalized than those who were neither affiliates nor their dependents. Dependents with double coverage were the most likely by far to be hospitalized, followed by those covered by private health insurance. While the IDSS beneficiary population represents 50 percent of total coverage, this group represents only 39 percent of those hospitalized. Conversely, private insurance represents only 40 percent of the beneficiary population, but accounts for over 50 percent of all hospitalizations.

When hospitalized patients are viewed by subsectorial affilition, sex, age, and income (Table IV.12), both covered and non-covered females were much more likely to be hospitalized than either covered or non-covered males. The 25-44 age group had the highest utilization, by both covered and non-covered patients. Inpatient services utilization remained quite constant across income groups; if anything, it was slightly higher for the low-income group than the

high.

Matching the place of hospitalization with eligibility for hospital care (Table IV.13) shows that of IDSS affiliates who were hospitalized, only 38 percent were hospitalized in IDSS facilities; 37 percent were hospitalized in private facilities instead (presumably because those eligible for care under IDSS can choose either to use IDSS facilities or to be reimbursed for services provided at other facilities). Of all patients eligible for hospitalization under the Armed Forces, only 34 percent were hospitalized in Armed Forces facilities; 26 percent were cared for in private hospitals, and 31 percent in SESPAS hospitals. Patients without coverage were about as likely to be treated in SESPAS as in private hospitals.

Table IV.14, derived from Table IV.3, shows that of all people who were hospitalized in SESPAS hospitals in 1986-87, nearly 90 percent were not eligible for hospital care under any other coverage (a finding similar to that observed for outpatient care). Of those who were privately hospitalized, only 26 percent were covered by private health insurance; almost 63 percent had no such coverage.

TABLE IV.1

SELF-REPORTED ILLNESS IN A TWO-WEEK PERIOD,
BY WHETHER OR NOT CARE WAS SOUGHT,
SANTO DOMINGO (D.R.), 1987

	Number	Percent
Self-reported health problem? (Q.7)		
Yes	756,369	41.5
No	1,064,523	58.5
	1,820,892	100.0
Those who sought health care: (Q.16a)		
All	279,334	
Those with health problems	255,635	33.8
Those with health problems who did not seek care	500,734 *	66.2
	756,369	100.0
Reason why health care was not sought:		
Inconvenient hours (Q.16c1)	30,848	6.9
Thought it was not necessary (Q.16c2)	192,435	42.7
Self-treatment proved adequate (Q.16c3)	111,148	24.9
Travel distance (Q.16c4)	12,754	2.9
Absence of medications (Q.16c5)	4,460	1.0
The care is demoralizing (Q.16c6)	2,287	0.5
No confidence in physicians (Q.16c7)	3,330	0.7
Poor quality (Q.16c8)	5,859	1.3
No money for medicines (Q.16c9)	36,500	8.2
Sought care but was not attended (Q.16c10)	2,531	0.6
No money for consultation (Q.16c11)	32,682	7.3
There are no doctors (Q.16c12)	7,808	1.7
Other reason (Q.16c13)	107,430	24.1

Source: Respective survey questions shown in parentheses.

* This number includes those without information and is provided here as an indicator of the size of the population segment. The actual number of those without information varies for each of the population segments across questions 16c1 through 16c13.

The percentages of those who did not seek care are of these varying particular population segments, i.e. excluding those without information for each question.

TABLE IV.2

NUMBER OF PERSONS WHO RECEIVED OUTPATIENT CARE AND NUMBER OF CONSULTATIONS IN A TWO-WEEK PERIOD, BY SEX, AGE AND SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.) 1987

Variables	Persons who received outpatient care		Consultations		Average number of consultations per person who received outpatient care	Coverage Percent
	Number	Percent	Number	Percent		
Sex						
Males	105,671	37.8	134,004	38.6	1.27	13
Females	173,663	62.2	213,163	61.4	1.23	18
Total	279,334	100.0	347,166	100.0	1.24	15
Age						
0-4	49,302	17.6	57,228	16.5	1.16	23
5-14	41,945	15.0	49,285	14.2	1.17	10
15-24	57,155	20.5	70,587	20.3	1.24	13
25-44	81,303	29.1	107,854	31.1	1.33	16
45+	49,629	17.8	62,212	17.9	1.25	20
Total	279,334	100.0	347,166	100.0	1.24	15
Residential socioeconomic stratum						
Low	106,434	38.1	129,924	37.4	1.22	14
Middle	147,784	52.9	187,572	54.0	1.27	17
High	25,116	9.0	29,670	8.5	1.18	15
Total	279,334	100.0	347,166	100.0	1.24	15

Source: Survey questions 2, 3, 16a and 16b.

TABLE IV.3

PRIMARY REASON FOR OBTAINING AN OUTPATIENT CONSULTATION, SANTO DOMINGO (D.R.), 1987

Reason	All		Males		Females	
	Number	Percent	Number	Percent	Number	Percent
Illness	241,383	70.2	96,051	72.5	145,332	68.7
Accident	10,708	3.1	8,059	6.1	2,649	1.3
Dental problem	27,543	8.0	10,814	8.2	16,729	7.9
Prenatal checkup, birth, post-natal checkup	10,478	3.0	-	-	10,478	5.0
Vaccination, or other illness prevention	(1,306)	(0.4)	(503)	(0.4)	(803)	(0.4)
	55,111	16.0	18,022	13.6	37,089	17.5
Totals (a)	343,917	100.0	132,443	100.0	211,474	100.0

Source: Survey question #5d.

(a) - Excludes 627 without information about reason.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE IV.4

OUTPATIENT VISITS IN A TWO-WEEK PERIOD BY TYPE OF PROVIDER CONSULTED, SEX, AGE AND SOCIOECONOMIC RESIDENTIAL STRATUM, SANTO DOMINGO (D.R.) 1987.

Variables	Provider type: Physician		Dentist		Other		Total, all providers	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Sex								
Male	110,339	83.3	15,027	11.3	7,105	5.4	132,471	100.0
Female	177,862	84.0	23,672	11.2	10,091	4.8	211,625	100.0
Total	288,201	83.8	38,699	11.2	17,196	5.0	344,096	100.0
Age								
0-4	52,062	92.8	700	1.3	3,328	5.9	56,094	100.0
5-14	41,136	84.1	6,500	13.3	(1,315)	(2.7)	49,013	100.0
15-24	53,913	76.0	12,509	18.0	4,187	6.0	69,609	100.0
25-44	90,349	84.0	12,191	11.3	5,038	4.7	107,578	100.0
45+	51,679	83.6	6,792	11.0	3,330	5.4	61,802	100.0
Total	288,201	83.8	38,699	11.2	17,196	5.0	344,096	100.0
Socioeconomic residential stratum								
Low	113,238	88.0	9,720	7.6	5,670	4.4	128,628	100.0
Middle	151,641	81.3	24,563	13.2	10,353	5.5	186,557	100.0
High	23,322	80.7	4,416	15.3	(1,173)	(4.1)	28,911	100.0
Total	288,201	83.8	38,699	11.2	17,196	5.0	344,096	100.0

Source: Survey questions 2, 3 and 16f.

(a) - Excludes 3,070 without information on type of provider.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE IV.5

UTILIZATION OF OUTPATIENT CARE OF PHYSICIANS,
SANTO DOMINGO (D.R.), 1987

Type of affiliation	Those who sought care at least once			Utilization					
	Last 2 weeks (1)	Prior 11.5 months (2)	Annual total (3)	Total population (4)	Number of consultations in last 2 weeks (5)	Index of 2-week utilization (1/4)	Index of annual utilization (percent) (3/4)	Intensity of utilization (5/1)	Consultations per beneficiary last 2 weeks (5/4)
Affiliates of:									
IDSS only	19,397	42,722	62,119	100,228	26,982	19.4	62.0	1.39	0.27
Pvt. ins. only	12,617	41,048	53,665	81,446	15,124	15.5	65.9	1.20	0.19
IDSS and pvt. ins.	4,865	10,099	14,964	22,239	6,342	21.9	67.3	1.30	0.29
Dependents of affiliates:									
IDSS affil. only	6,869	15,964	22,833	32,245	8,452	21.3	70.8	1.23	0.26
Pvt. ins. affil. only	21,830	44,382	66,212	89,443	28,230	24.4	74.0	1.29	0.32
IDSS and pvt. ins.	2,840	3,896	6,738	8,524	3,611	33.3	79.0	1.27	0.42
Affiliates and dependents:									
IDSS only	26,266	58,686	84,952	132,473	35,434	19.8	64.1	1.35	0.27
Pvt. ins. only	34,447	85,430	119,877	170,889	43,354	20.2	70.1	1.26	0.25
IDSS and pvt. ins.	7,705	13,997	21,702	30,763	9,953	25.0	70.5	1.29	0.32
Armed Forces	6,632	22,489	29,121	54,054	9,083	12.3	53.9	1.37	0.17
Total, affiliates and dependents of IDSS, pvt. ins. and Armed Forces	75,050	180,602	255,652	388,179	97,824	19.3	65.9	1.30	0.25
Neither affiliate nor dependents	154,899	519,448	674,347	1,225,072	183,915	12.6	55.0	1.19	0.15
No information about affiliation	5,449	24,207	29,656	72,890	6,462	7.5	40.7	1.19	0.09
Overall Total	235,398	724,257	959,655	1,686,141 (a)	288,201	14.0	56.9	1.22	0.17

Source: Survey questions 16f, 23a, 23a1, 23b, 23b3, and 23d.

(a) - Excludes those without information on consultations in the last 2 weeks, without information on who consulted, and without information on the last consultation (with some of these deficiencies overlapping).

TABLE IV.6

UTILIZATION OF OUTPATIENT CARE OF PHYSICIANS IN A TWO-WEEK PERIOD, BY SEX, AGE AND MONTHLY HOUSEHOLD INCOME, SANTO DOMINGO (D.R.), 1987.

Variables	Affiliates and their dependents of IDSS, private health insurance or the Armed Forces						Neither affiliate nor dependent of IDSS, private health insurance or the Armed Forces					
	Beneficiary population (a)	Number of persons seeking care	Number of consultations	Index of utilization	Intensity of utilization	Consultations per beneficiary	Non-beneficiary population	Number of persons seeking care	Number of consultations	Index of utilization	Intensity of utilization	Consultations per beneficiary
	1	2	3	2/1	3/2	3/1	7	8	9	8/7	9/8	9/7
Sex												
Male	228,356	37,152	47,792	16.3	1.29	0.21	575,706	50,894	59,597	8.8	1.17	0.10
Female	185,301	37,898	50,082	20.5	1.32	0.27	731,214	104,005	124,318	14.2	1.20	0.17
Total	413,657	75,050	97,874	18.1	1.30	0.24	1,306,920	154,899	183,915	11.9	1.19	0.14
Age												
0-4	28,211	11,384	13,064	40.4	1.15	0.46	181,320	34,298	38,998	18.9	1.14	0.22
5-14	60,138	9,974	11,565	16.6	1.16	0.19	283,948	20,091	23,151	7.1	1.15	0.08
15-24	93,447	13,808	17,870	14.8	1.29	0.19	342,422	30,115	35,043	8.8	1.16	0.10
25-44	160,013	25,506	37,910	15.9	1.49	0.24	328,132	42,377	52,439	12.9	1.24	0.16
45+	71,848	14,378	17,395	20.0	1.21	0.24	171,098	28,024	34,284	16.4	1.22	0.20
Total	413,657	75,050	97,824	18.1	1.30	0.24	1,306,920	154,899	183,915	11.9	1.19	0.14
Monthly household income (in D.R.$)												
< 400	89,377	15,997	22,713	17.8	1.43	0.25	516,872	63,076	77,955	12.2	1.24	0.15
400-799	137,023	25,047	32,284	18.3	1.29	0.24	411,177	44,708	50,660	10.9	1.13	0.12
800+	167,722	30,768	38,880	18.3	1.26	0.23	314,337	39,477	45,859	12.6	1.16	0.15
No infor.	19,535	3,338	3,947	17.1	1.18	0.20	64,533	7,638	9,391	11.8	1.23	0.15
Total	413,657	75,050	97,824	18.1	1.30	0.24	1,306,920	154,899	183,915	11.9	1.19	0.14

Source: Same as Table IV.5; plus question 2 for age, 3 for sex, and 25g for monthly household income.

TABLE IV.7

DISTRIBUTION OF PHYSICIAN CONSULTATIONS IN A TWO-WEEK PERIOD, BY SUBSECTOR CONSULTED AND TYPE OF AFFILIATION, SANTO DOMINGO (D.R.), 1987.

Type of affiliation	Subsector consulted				All sectors
	SESPAS	IDSS	Armed Forces	Private	
Affiliates and their dependents:					
IDSS only	10.8	46.5	(4.0)	38.7	100.0
Pvt.ins. only	6.3	(3.5)	(1.3)	88.9	100.0
IDSS and pvt.ins.	(2.0)	(14.7)	(2.0)	81.3	100.0
Armed Forces	19.2	(2.3)	46.6	31.9	100.0
Neither affiliate nor dependent	41.8	4.1	2.5	51.6	100.0
Without information	52.8	(3.4)	5.4	38.4	100.0
Overall	25.2	7.2	3.3	54.3	90.0
IDSS only:					
Affiliates	10.7	54.3	(2.6)	32.4	100.0
Dependents of affil.	11.1	21.2	(8.4)	59.3	100.0

Source: Same as Table IV.5; plus question 16g for subsector.

Note: SESPAS is the Ministry of Health and Social Services.

Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE IV.8

DISTRIBUTION OF PHYSICIAN CONSULTATIONS IN A TWO-WEEK PERIOD, BY SUBSECTOR CONSULTED AND TYPE OF AFFILIATION, SANTO DOMINGO (D.R.), 1987.

Type of affiliation	Subsector consulted					
	SESPAS	IDSS	Armed Forces	Private	Without information	Overall average
Affiliates and dependents of affil.:						
IDSS only	4.8	61.9	13.2	9.0	(5.3)	12.6
Pvt.ins. only	3.4	(5.7)	(5.3)	25.4	(6.3)	15.4
IDSS and pvt.ins.	(0.3)	(5.7)	(2.0)	5.5	-	3.5
Armed Forces	(2.2)	(0.8)	40.1	(1.9)	(0.9)	3.2
Neither affiliate nor dependent	89.3	25.9	39.4	58.1	87.5	65.3
Total, percent	100.0	100.0	100.0	100.0	100.0	100.0
IDSS only:						
Affiliates	3.0	55.3	(6.6)	5.8	(3.4)	
Dependents of affil.	(1.2)	(6.6)	(6.6)	(3.3)	(1.8)	

Source: Same as Table IV.7.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE IV.9

DISTRIBUTION OF PERSONS HOSPITALIZED BY AGE AND SEX,
SANTO DOMINGO (D.R.), 1987.

Age	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
0-4	11,188	18.1	10,610	7.2	21,798	10.4
5-14	9,100	14.7	6,776	4.6	15,882	7.6
15-24	9,022	14.6	48,187	32.7	57,209	27.3
25-44	19,604	31.7	63,485	43.1	83,089	39.7
45+	12,938	20.9	18,306	12.4	31,238	14.9
Total	61,852	100.0	147,364	100.0	209,216	100.0
Row percent	29.6		70.4		100.0	

Source: Survey question 19a; plus question 8 for age and 2 for sex.

TABLE IV.10

NUMBER OF HOSPITALIZATIONS DURING 1986-1987,
BY PRIMARY CAUSE OF HOSPITALIZATION AND SEX,
SANTO DOMINGO (D.R.), 1987

Primary cause of hospitalization	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Pregnancy/birth	-	-	73,708	45.3 (100.0)	73,708	32.0 (100.0)
Illness	46,717	63.1 (39.6)	71,283	43.8 (60.4)	118,000	51.2 (100.0)
Accident	15,323	22.7 (65.7)	8,003	4.9 (34.3)	23,326	10.1 (100.0)
Other reason	5,552	8.2 (36.1)	9,872	6.1 (63.9)	15,454	6.7 (100.0)
Total number of persons	67,592	100.0 (29.3)	162,866	100.0 (70.7)	230,488	100.0 (100.0)

Source: Survey question 19c; plus question 3 for sex.

Note: Figures in parentheses are percentages across rows.

TABLE IV.11

UTILIZATION OF INPATIENT SERVICES DURING 1986-1987,
BY TYPE OF AFFILIATION,
SANTO DOMINGO (D.R.), 1987.

Type of affiliation	Number of persons hospitalized	Percentage	Number of hospitalizations	Percentage	Beneficiary population (a)	Percentage
Affiliates of:						
IDSS only	12,268	5.9	13,797	6.0	108,525	6.0
Pvt.ins. only	16,196	7.7	17,988	7.8	86,789	4.8
IDSS and pvt.ins.	(2,779)	1.3	2,986	1.3	23,334	1.3
Subtotal	31,242	14.9	34,771	15.1	218,648	12.1
Dependents of affiliates of:						
IDSS only	4,489	2.1	4,899	2.1	33,640	1.9
Pvt.ins. only	15,756	7.5	17,118	7.4	84,433	4.7
IDSS and pvt.ins.	2,885	1.4	3,453	1.5	7,846	0.4
Subtotal	23,130	11.1	25,470	11.0	125,919	6.9
Armed Forces	7,716	3.7	8,649	3.7	61,468	3.4
Subtotal	62,091	29.7	68,890	29.9	406,035	22.4
Neither affiliate nor dependent	144,465	69.1	158,800	68.8	1,327,398	73.2
Without information	(2,660)	1.3	2,950	1.3	79,231	4.4
Total	209,216	100.0	230,650	100.0	1,812,664	100.0

Source: Survey questions 19a, 23a, 23a1, 23b, 23b3, and 23d.

(a) - Excludes 10,258 persons without information about hospitalization.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE IV.12

UTILIZATION OF INPATIENT CARE DURING 1986-1987, BY SEX, AGE AND MONTHLY HOUSEHOLD INCOME, SANTO DOMINGO (D.R.), 1987.

Variables	Affiliates and their dependents of IDSS, private health insurance or the Armed Forces			Neither affiliate nor dependent of IDSS, private health insurance or the Armed Forces		
	Beneficiary population (a)	Number of persons hospitalized	Number of hospitalizations	Beneficiary population	Number of persons hospitalized	Number of hospitalizations
Sex						
Male	224,130	24,522	26,703	587,319	35,862	39,382
Female	181,905	37,569	42,187	740,079	108,603	119,418
Total	406,035	62,091	68,890	1,327,398	144,465	158,800
Age						
0-4	25,067	4,178	4,178	185,259	17,620	18,674
5-14	57,972	5,897	6,441	288,160	7,463	7,949
15-24	92,348	11,257	11,987	346,735	45,883	48,483
25-44	160,229	29,589	32,616	332,702	53,431	60,320
45+	70,419	11,170	13,668	174,542	20,068	23,374
Total	406,035	62,091	68,890	1,327,398	144,465	158,800
Monthly household income (in D.R.$)						
(400	88,451	14,031	15,085	527,190	60,223	66,488
400-799	133,043	20,848	22,884	414,788	44,119	47,732
800+	165,209	24,556	27,900	319,848	33,198	36,681
No infor.	19,322	2,656	3,021	65,572	6,925	7,899
Total	406,025	62,091	68,890	1,327,398	144,465	158,800

Source: Same as Table IV.11; plus question 2 for age, 3 for sex, and 25g for monthly household income.

Note: The slight difference between the total number of insured plus uninsured reflected in this table, versus the figure presented in Table IV.10, is accounted for by different proportions of non-responses to questions 19e, 23a, 23b, and 23c.

(a) - Excludes those without information on hospitalization.

TABLE IV.13

DISTRIBUTION OF HOSPITALIZATIONS DURING 1986-1987,
BY SUBSECTOR CONSULTED AND TYPE OF AFFILIATION,
SANTO DOMINGO (D.R.), 1987 - A
(in percentages)

Type of affiliation	Subsector hospitalized				All sectors
	SESPAS	IDSS	Armed Forces	Private	
Affiliates and dependents of affil.:					
IDSS only	16.3	42.4	(7.4)	33.9	100.0
Pvt.ins. only	(5.2)	9.1	(4.1)	81.6	100.0
IDSS and pvt.ins.	(10.0)	(19.7)	--	70.3	100.0
Armed Forces	(30.9)	(8.9)	34.2	(26.0)	100.0
Neither affiliate nor dependent	46.1	5.7	2.5	45.7	100.0
Without information	(58.5)	(2.5)	(5.9)	(33.1)	100.0
Overall	35.7	9.8	4.4	50.1	100.0
IDSS only:					
Affiliates	(16.5)	38.2	(8.7)	36.6	100.0
Dependents of affil.	(15.7)	(53.8)	(4.1)	(26.4)	100.0

Source: Base as Table IV.12; plus question 19i for subsector.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

TABLE IV.14

DISTRIBUTION OF HOSPITALIZATIONS DURING 1986-1987,
BY SUBSECTOR CONSULTED AND TYPE OF AFFILIATION,
SANTO DOMINGO (D.R.), 1987 - B
(in percentages)

Type of affiliation	Subsector hospitalized					All sectors
	SESPAS	IDSS	Armed Forces	Private	Without information	
Affiliates and dependents of affil.:						
IDSS only	3.9	36.7	(14.5)	5.8	(2.6)	8.2
Pvt.ins. only	(2.3)	14.4	(14.6)	25.5	(10.7)	15.4
IDSS and pvt.ins.	(0.8)	(5.9)	--	(4.1)	(0.5)	2.9
Armed Forces	3.5	(3.6)	31.3	(2.1)	--	3.8
Neither affiliate nor dependent	89.5	39.4	39.6	62.5	86.2	69.8
Overall	100.0	100.0	100.0	100.0	100.0	100.0
IDSS only:						
Affiliates	2.6	37.7	10.9	4.5	8.4	64.1
Dependents of affil.	0.8	11.5	2.8	3.1	1.2	19.4

Source: Same as Table IV.13.

Note: Figures in parentheses, taken by themselves, are of very low statistical significance.

CHAPTER V: CONCLUSIONS

The Santo Domingo household survey was completed successfully, with only minor (if time-consuming) problems encountered in data gathering, processing and cleaning. The database that now exists represents a new source of information for health sector officials and foreign donor representatives, as they seek to improve health services accessibility and the efficiency of health services utilization in both the public and private subsectors. The analysis of household demand for health care, currently in progress, is the first major attempt to use this new database -- together with previously existing institutional information sources -- to study patterns of health services utilization in Santo Domingo, and to determine the factors that influence household decisions about health services utilization.

The cross-tabulations presented in Chapters III and IV of this report represent a purely descriptive and illustrative use of the database, yet they are likely to be of immediate interest to those for whom this report and the subsequent demand analysis are primarily intended. This was evidenced in Santo Domingo in May, 1988, by the large numbers of participants and incisive discussions at two meetings with public and private health sector leaders, at which the author presented an earlier version of this report. Indeed, the comments and suggestions offered by participants at these meetings were instrumental in revising this report into its present form.

These discussions of the preliminary report also made it abundantly clear that the report's findings -- for example, on respective and overlapping population coverage by the major public and private health services providers -- will raise not only important policy issues but also, potentially, some controversy as well. This observation is intended to reinforce the important point, made in Chapter I, that caution is required in interpreting the survey data. Inferences that one might draw from the findings presented here should not be assumed to be factual but rather hypothetical, and thus in need of further analysis.

This caveat notwithstanding, the overall picture that emerges from this survey of the "consumer's perspective" is that about 15 percent of the population of Santo Domingo seeks health care in any given two-week period, and that

health services are for the most part financially accessible to those who need them. Most of the health care obtained by the population is provided by medical doctors. Both these findings are particularly noteworthy in light of the fact that most households in Santo Domingo have very low incomes. Self-reported income, however, must be compared to assets, such as ownership of dwellings, refrigerators, television sets, and automobiles. The information on asset ownership modifies, to some extent, the impression of severe poverty in Santo Domingo.

Social security, private health insurance companies, and the Armed Forces provide health services for close to one-fourth of the population of Santo Domingo; of those who do not have the benefit of such coverage, over half use private health services for outpatient care. Nevertheless, utilization of SESPAS services is extensive -- including use by those entitled to the other forms of coverage. Most importantly, SESPAS is the dominant provider of hospital services. Further analysis of these findings should help in rationalizing access to and utilization of health services in Santo Domingo.

FOOTNOTES

1. The total population figure is based on two estimates: one for the urban zone made by the National Statistics Office (ONE) and one for the rural zone made by the study team.

2. Original data from the files of OMSA. PROFAMILIA is the organization that carried out the household survey with technical assistance provided by the author.

3. For the sake of greater relevance, estimates in this chapter based on the household survey population have been adjusted to reflect the whole population.

4. Note that the population 15 years and older is used here as the denominator, rather than 12 years and older.

5. In the case of children, the table undoubtedly reflects those were frequently rather than continuously ill with colds, diarrhea, and dental problems.

6. According to a recent study of hospital fees in the Dominican Republic (Lewis 1987), public hospitals do collect user fees for various types of services. It is not evident from the Lewis study who pays and who is exempted.

7. While the rate of decrease was not linear, the study population recalled significantly more hospitalizations in recent than in distant months, suggesting a recall problem. Thus the sectoral composition of the groups of those hospitalized can be accepted, but recollections of hospitalization should not be used to calculate utilization ratios or the total number of hospitalizations reported (to obtain annual or biannual totals).

APPENDIX A

****

E N C U E S T A S O B R E D E M A N D A D E

S E R V I C I O S D E S A L U D

****

El cuestionario debe ser contestado por cada uno de los adultos del hogar, o por el jefe del hogar o su conyuge, o por un adulto que conozca la informacion de los miembros del hogar.

I. IDENTIFICACION Y CONTROL

FORMULARIO No. _____ DE ____

1. U N I D A D S E L E C C I O N A D A

ZONA	BARRIO	AREA	SEGMENTO	VIVIENDA	HOGAR

2. TOTAL PERSONAS RESIDENTES (que duermen) EN EL HOGAR (Incluyendo no parientes y empleados)

[,]

3. NOMBRE DEL JEFE DEL HOGAR _____

4. DIRECCION DEL HOGAR _____

5. TELEFONO _____

6. REGISTRO DE VISITAS

VISITA NO.	DIA	MES	HORA Iniciacion	HORA Terminacion

CODIGOS Final [,] Resultado [,]

7. REGISTRO DE ENTREVISTAS

ENTREVISTA		RAZONES DE NO ENTREVISTA					
		Tipo A			Tipo B		Tipo C
Completa	Incompleta	Rehusaron	Momenta. ausentes	Temporalm. ausentes	Residen en otro lugar	Vivienda vacia	Otros
1	2	3	4	5	6	7	8

8. Nombre Supervisor _____ Codigo _____

9. Nombre Entrevistador _____ Codigo _____

10. Nombre del Codificador _____ Codigo _____

11. Nombre del Digitador _____ Codigo _____

PROCEDA A LLENAR LA COMPOSICION DEL HOGAR (Pregunta 1) EN EL SIGUIENTE ORDEN: Jefe del hogar, conyuge, hijos de mayor a menor edad, otros parientes, servicio domestico y otras personas.

COMPOSICION DEL HOGAR	[,] Persona No.	[,] Persona No.	[,] Persona No.
1. Nombres de las personas que forman este hogar	_____	_____	_____
1a. Contesto personalmente	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No
2. Edad	1[ ] Meses 2[ ] Años [,] Numero de _____	1[ ] Meses 2[ ] Años [,] Numero de _____	1[ ] Meses 2[ ] Años [,] Numero de _____
3. Sexo	1 [ ] Masculino 2 [ ] Femenino	1 [ ] Masculino 2 [ ] Femenino	1 [ ] Masculino 2 [ ] Femenino
Preguntar a las personas de 12 o mas años			
4. Estado civil o conyugal (Para los menores de 12 anos marcar Soltero)	1 [ ] Casado 2 [ ] Soltero 3 [ ] Separado o divorciado 4 [ ] Viudo 5 [ ] Union libre o conviviente	1 [ ] Casado 2 [ ] Soltero 3 [ ] Separado o divorciado 4 [ ] Viudo 5 [ ] Union libre o conviviente	1 [ ] Casado 2 [ ] Soltero 3 [ ] Separado o divorciado 4 [ ] Viudo 5 [ ] Union libre o conviviente
5. Relacion con el jefe del hogar	1 [ ] Jefe del hogar 2 [ ] Conyuge 3 [ ] Hijo(a) 4 [ ] Padre o madre 5 [ ] Hermano(a) 6 [ ] Otro pariente 7 [ ] Servicio Domestico 8 [ ] Otro	1 [ ] Jefe del hogar 2 [ ] Conyuge 3 [ ] Hijo(a) 4 [ ] Padre o madre 5 [ ] Hermano(a) 6 [ ] Otro pariente 7 [ ] Servicio Domestico 8 [ ] Otro	1 [ ] Jefe del hogar 2 [ ] Conyuge 3 [ ] Hijo(a) 4 [ ] Padre o madre 5 [ ] Hermano(a) 6 [ ] Otro pariente 7 [ ] Servicio Domestico 8 [ ] Otro

PARA PERSONAS DE 6 O MAS AÑOS, SI ES MENOR DE 6 AÑOS PASE A 7

6a. Sabe usted leer y escribir?.	1 [ ] Si 2 [ ] No 9 [ ] NR.	1 [ ] Si 2 [ ] No 9 [ ] NR.	1 [ ] Si 2 [ ] No 9 [ ] NR.
6b. Cual es el ultimo curso (año) de estudios que usted aprobo?.	[0,0] [ ] Ninguno [1,] [ ] Primaria [2,] [ ] Secundaria [3,] [ ] Tecnica no universitaria [4,] [ ] Superior universitaria [9,9] [ ] N.R.	[0,0] [ ] Ninguno [1,] [ ] Primaria [2,] [ ] Secundaria [3,] [ ] Tecnica no universitaria [4,] [ ] Superior universitaria [9,9] [ ] N.R.	[0,0] [ ] Ninguno [1,] [ ] Primaria [2,] [ ] Secundaria [3,] [ ] Tecnica no universitaria [4,] [ ] Superior universitaria [9,9] [ ] N.R.

PARA TODAS LAS PERSONAS

Leer despacio:

7. Durante los ultimos 15 dias tuvo usted alguna enfermedad, malestar, accidente o algun problema relacionado con su dentadura, es decir quier problema de salud?	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR. (pase a 13)	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR. (pase a 13)	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR. (pase a 13)

Cual o cuales fueron estas enfermedades o problemas?

8a. Enfermedad respiratoria (gripe, pecho apretado, catarro)?	1 [ ] Si 2 [ ] No (pase a 9a) 9 [ ] NR (pase a 9a)	1 [ ] Si 2 [ ] No (pase a 9a) 9 [ ] NR (pase a 9a)	1 [ ] Si 2 [ ] No (pase a 9a) 9 [ ] NR (pase a 9a)
8b. Esta enfermedad le comenzó durante los ultimos 15 dias?	1 [ ] Si (pase a 9a) 2 [ ] No	1 [ ] Si (pase a 9a) 2 [ ] No	1 [ ] Si (pase a 9a) 2 [ ] No
8c. Cuanto tiempo hace que le comenzo la enfermedad?	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____

9a. Enfermedad intestinal o digestiva (flojo, disenteria, colerin)?	1 [ ] Si 2 [ ] No (pase a 10a) 9 [ ] NR (pase a 10a)	1 [ ] Si 2 [ ] No (pase a 10a) 9 [ ] NR (pase a 10a)	1 [ ] Si 2 [ ] No (pase a 10a) 9 [ ] NR (pase a 10a)
9b. La enfermedad le comenzo la semana pasada o antepasada?	1 [ ] Si (pase a 10a) 2 [ ] No	1 [ ] Si (pase a 10a) 2 [ ] No	1 [ ] Si (pase a 10a) 2 [ ] No
9c. Cuanto tiempo hace que le comenzo la enfermedad?	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de_____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de_____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____
10a. Accidente o envenenamiento (excepto gota y epilepsia)?	1 [ ] Si 2 [ ] No (pase a 11a) 9 [ ] NR (pase a 11a)	1 [ ] Si 2 [ ] No (pase a 11a) 9 [ ] NR (pase a 11a)	1 [ ] Si 2 [ ] No (pase a 11a) 9 [ ] NR (pase a 11a)

10b. Cuales fueron las lesiones y partes del cuerpo afectadas ?

Lesiones	Si	No	Si	No	Si	No
1. Heridas o cortaduras	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
2. Luxaciones o torceduras	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
3. Lesiones o golpes	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
4. Quemaduras	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
5. Fracturas o roturas	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
6. Efectos toxicos	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
7. Ahogamiento	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
8. Hemorragias	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
9. Otros	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]

Partes del cuerpo afectadas	Si	No	Si	No	Si	No
1. Cabeza y pescuezo	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
2. Ojos	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
3. Cuerpo, torax, pecho y espalda	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
4. Manos	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
5. Brazos y hombros	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
6. Pies	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]
7. Piernas	1[ ]	2[ ]	1[ ]	2[ ]	1[ ]	2[ ]

10c. Cual fue la causa del accidente?			
Cuerpo extraño.....	01 [ ]	01 [ ]	01 [ ]
Caida.....	02 [ ]	02 [ ]	02 [ ]
Intrumento cortante o punzante (cuchillo, machete, vidrio, clavo).....	03 [ ]	03 [ ]	03 [ ]
Lanzamiento o caida de objetos.....	04 [ ]	04 [ ]	04 [ ]
Vehiculo de transporte.....	05 [ ]	05 [ ]	05 [ ]
Fuego o sustancia quemante.....	06 [ ]	06 [ ]	06 [ ]
Envenenamiento o intoxicacion por alimento.....	07 [ ]	07 [ ]	07 [ ]
Animal.....	08 [ ]	08 [ ]	08 [ ]
Arma de fuego.....	09 [ ]	09 [ ]	09 [ ]
Electricidad o corrientazo....	10 [ ]	10 [ ]	10 [ ]
Otro.....	11 [ ]	11 [ ]	11 [ ]

10d. Donde ocurrio el accidente?			
Casa..... 1	1 [ ]	1 [ ]	1 [ ]
Calle, carretera..... 2	2 [ ]	2 [ ]	2 [ ]
Campo, finca..... 3	3 [ ]	3 [ ]	3 [ ]
Local industrial..... 4	4 [ ]	4 [ ]	4 [ ]
Edificio publico..... 5	5 [ ]	5 [ ]	5 [ ]
Lugar de recreo..... 6	6 [ ]	6 [ ]	6 [ ]
Otro. Especifique..... 7	7 [ ]	7 [ ]	7 [ ]
_____			
10d.1 Ocurrio el accidente mientras ejecutaba su trabajo u ocupacion habitual?	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No
10e. Describa como ocurrio el accidente.	_____ _____ _____ _____ [,]	_____ _____ _____ _____ [,]	_____ _____ _____ _____ [,]
11a. Problema de dientes, dolor de muelas u otro problema de la boca?	1 [ ] Si Especificar: _____ 2 [ ] No (pase a 12a) 9 [ ] NR (pase a 12a)	1 [ ] Si Especificar: _____ 2 [ ] No (pase a 12a) 9 [ ] NR (pase a 12a)	1 [ ] Si Especificar: _____ 2 [ ] No (pase a 12a) 9 [ ] NR (pase a 12a)
11b. El problema le comenzo durante los ultimos 15 dias?	1 [ ] Si (pase a 12a) 2 [ ] No	1 [ ] Si (pase a 12a) 2 [ ] No	1 [ ] Si (pase a 12a) 2 [ ] No
11c. Cuanto tiempo hace que le comenzo el problema?	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____
12a. Tuvo otra enfermedad?	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR (pase a 13)	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR (pase a 13)	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR (pase a 13)
12b. Cual enfermedad? (Nombre y/o sintomas)	_____ _____[,]	_____ _____[,]	_____ _____[,]
12c. La enfermedad le comenzo durante los ultimos 15 dias?	1 [ ] Si (pase a 12e) 2 [ ] No	1 [ ] Si (pase a 12e) 2 [ ] No	1 [ ] Si (pase a 12e) 2 [ ] No
12d. Cuanto tiempo hace que le comenzo la enfermedad?	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de _____

12e.Tuvo otra enfermedad?	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR (pase a 13)	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR (pase a 13)	1 [ ] Si 2 [ ] No (pase a 13) 9 [ ] NR (pase a 13)
12f.Cual enfermedad? (Nombre /o sintomas)	_____ _____[,]	_____ _____[,]	_____ _____[,]
12g.La enfermedad le comenzo la semana pasada o antepasada?	1 [ ] Si (pase a 13) 2 [ ] No	1 [ ] Si (pase a 13) 2 [ ] No	1 [ ] Si (pase a 13) 2 [ ] No
12h.Cuanto tiempo hace que le comenzo la enfermedad?	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de_____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de_____	1 [ ] Menos de 1 mes 2 [ ] Menos de 1 año 3 [ ] Mas de 1 año [,] Numero de_____
ece usted o ha padecido los ultimos tres meses quna de las siguientes ermedades? tes de marcar lea la ta)	1 [ ] Si 2 [ ] No (pase a 14a) 9 [ ] NR (pase a 14a)	1 [ ] Si 2 [ ] No (pase a 14a) 9 [ ] NR (pase a 14a)	1 [ ] Si 2 [ ] No (pase a 14a) 9 [ ] NR (pase a 14a)
LA LISTA DE ENFERMEDADES CRONICAS)			
etes - exceso de azu en la sangre	1[ ]	1[ ]	1[ ]
erculosis - malogrado, edor cronico	2[ ]	2[ ]	2[ ]
ca	3[ ]	3[ ]	3[ ]
ilepsia, convulsiones	4[ ]	4[ ]	4[ ]
pertension, tension alta	5[ ]	5[ ]	5[ ]
sma, pecho apretado	6[ ]	6[ ]	6[ ]
rtritis, reumatismo	7[ ]	7[ ]	7[ ]
8 Tumores, cancer	8[ ]	8[ ]	8[ ]
9 Ausencia de uno o varios de los dedos (de pies y manos) o de los miembros superiores (manos, brazos) o inferiores (pies, piernas) Especificar:	9_____	9_____	9_____
10Cojera permanente	10[ ]	10[ ]	10[ ]
11Ceguera permanente	11[ ]	11[ ]	11[ ]
12Sordera permanente	12[ ]	12[ ]	12[ ]
13Otra, especificar:	13_____	13_____	13_____

SI EL ENTREVISTADO PRESENTA ALGUNA(S) DE ESTAS ENFERMEDADES O PROBLEMAS CRONICOS, VUELVA A LA PREGUNTA 12a O 12e. Y VERIFIQUE PREGUNTA 7 (debe ser SI)

PARA LOS DE 6 AÑOS O MAS QUE TUVIERON ALGUN PROBLEMA DE SALUD (Dijeron que si en preguntas 7 o 13):
SI NO PRESENTA ALGUN TIPO DE ENFERMEDAD O PROBLEMA DE SALUD (NO en pregunta 7 y NO en pregunta 13) PASE A 16a

Leer despacio

14a. Durante los ultimos 15 dias, dejo usted de asistir al trabajo, al estudio, o dejo de realizar sus actividades ordinarias (parte o todo el tiempo) debido a las enfermedades o problemas señalados antes?	1 [ ] Si 2 [ ] No (pase a 15a) 9 [ ] NR. (pase a 15a)	1 [ ] Si 2 [ ] No (pase a 15a) 9 [ ] NR. (pase a 15a)	1 [ ] Si 2 [ ] No (pase a 15a) 9 [ ] NR. (pase a 15a)
14b. Debido a cuales enfermedades o problemas?	Si No NR.	Si No NR.	Si No NR.
1 Intestinal	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]
2 Respiratorio	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]
3 Accidente	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]
4 Problemas de los dientes o de la boca	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]
5 Problemas de embarazo, parto o postparto	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]
6 Otras 1	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]
2	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]
3	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]	1 [ ] 2 [ ] 9 [ ]
14c. Cuantos dias?	[,] No. de dias	[,] No. de dias	[,] No. de dias
14d. Cuantos dias de los ultimos 15 dias tuvo que permanecer en cama, todo el dia o la mayor parte del dia?	[,] No. de dias	[,] No. de dias	[,] No. de dias
15a. Dejo de percibir algun dinero o pago durante los ultimos 15 dias como consecuencia de su problema salud o enfermedad?	1 [ ] Si 2 [ ] No (pase a 16a) 9 [ ] NR	1 [ ] Si 2 [ ] No (pase a 16a) 9 [ ] NR	1 [ ] Si 2 [ ] No (pase a 16a) 9 [ ] NR.
15b. Cuanto dejo de cobrar (en total)?	$ [, ,] $ [9,9,9] NR [ ]	$ [, ,] $ [9,9,9] NR [ ]	$ [, ,] $ [9,9,9] NR [ ]

PARA TODAS LAS PERSONAS

Leer despacio

16a. Durante los ultimos 15 dias consulto usted a alguna persona o servicio de salud por razones de salud o enfermedad?	1 [ ] Si 2 [ ] No (pase a 16c) 9 [ ] NR (pase a 16c)	1 [ ] Si 2 [ ] No (pase a 16c) 9 [ ] NR (pase a 16c)	1 [ ] Si 2 [ ] No (pase a 16c) 9 [ ] NR (pase a 16c)

Persona se refiere a medico, dentista, enfermera, boticario, promotor, comadrona, partera, curandero, brujo, amigo, etc. Servicio de salud se refiere a cualquier tipo de servicio de salud como hospital, clinica, consultorio, centro de salud, dispensario, farmacia, etc.

16b. Cuantas veces consulto?	[,] No. de veces	[,] No. de veces	[,] No. de veces

PASE A LLENAR TABLA 1 (Pregunta 16d)

. SI LA PERSONA NO TUVO ALGUN PROBLEMA DE SALUD (NO en pregunta 7 y NO en pregunta 13) PASE A 17a
. SI LA PERSONA ESTUVO ENFERMA EN LOS ULTIMOS 15 DIAS Y NO CONSULTO CONTINUE CON 16c

16c. Cuales fueron las razones de no consulta?

	Si	No	Si	No	Si	No
1 Horario inconveniente	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
2 No penso que era necesario	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
3 Soluciono el mismo (o algun miembro de su familia) su problema	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
4 Servicios de salud muy lejos	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
5 Ausencia de medicamentos	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
6 Atencion muy demorada	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
7 No confio en los medicos	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
8 Mala calidad del servicio	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
9 No tiene dinero para medicinas	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
10 Solicite atencion a _____ y no fui atendido	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
11 No tiene dinero para pagar la consulta	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
12 No hay medicos	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
13 Otro, especificar	1 [ ]	2 [ ]	1 [ ]	2 [ ]	1 [ ]	2 [ ]
	_____		_____		_____	

PARA TODOS, PASE A 17a

T A B L A 1
CONSULTAS EN LAS ULTIMAS DOS SEMANAS

(Si mas de una, empiece con la mas reciente y termine por la mas antigua)

	Persona No. [,] Consulta No.[,]	Persona No. [,] Consulta No.[,]	Persona No. [,] Consulta No.[,]
16d.Cual fue el motivo de la consulta?	1 [ ] Enfermedad _____ [,]	1 [ ] Enfermedad _____ [,]	1 [ ] Enfermedad _____ [,]
	2 [ ] Accidente	2 [ ] Accidente	2 [ ] Accidente
	3 [ ] Problema dental	3 [ ] Problema dental	3 [ ] Problema dental
	4 [ ] Embarazo,parto,post parto	4 [ ] Embarazo,parto,post parto	4 [ ] Embarazo,parto,post parto
	5 [ ] Vacunacion	5 [ ] Vacunacion	5 [ ] Vacunacion
	6 [ ] Control, chequeo	6 [ ] Control, chequeo	6 [ ] Control, chequeo
16e.Donde tuvo lugar la consulta?	1 [ ] Hospital,clinica o policlinica	1 [ ] Hospital,clinica o policlinica	1 [ ] Hospital,clinica o policlinica
	2 [ ] Subcentro de Salud	2 [ ] Subcentro de Salud	2 [ ] Subcentro de Salud
	3 [ ] Clinica Rural o periferica	3 [ ] Clinica Rural o periferica	3 [ ] Clinica Rural o periferica
	4 [ ] Consultorio de una entidad, parroquia,etc	4 [ ] Consultorio de una entidad, parroquia,etc	4 [ ] Consultorio de una entidad, parroquia,etc
	5 [ ] Consultorio privado	5 [ ] Consultorio privado	5 [ ] Consultorio privado
	6 [ ] Farmacia, botica	6 [ ] Farmacia, botica	6 [ ] Farmacia, botica
	7 [ ] La casa (del paciente)	7 [ ] La casa (del paciente)	7 [ ] La casa (del paciente)
	8 [ ] Otro.Especifique _____	8 [ ] Otro.Especifique _____	8 [ ] Otro.Especifique _____
16f.A quien consulto?	1 [ ] Medico	1 [ ] Medico	1 [ ] Medico
	2 [ ] Odontologo,dentista	2 [ ] Odontologo,dentista	2 [ ] Odontologo,dentista
	3 [ ] Enfermera	3 [ ] Enfermera	3 [ ] Enfermera
	4 [ ] Farmaceutico,boticario	4 [ ] Farmaceutico,boticario	4 [ ] Farmaceutico boticario
	5 [ ] Promotora de salud	5 [ ] Promotora de salud	5 [ ] Promotora de salud
	6 [ ] Comadrona,partera	6 [ ] Comadrona,partera	6 [ ] Comadrona,partera
	7 [ ] Curandero, brujo	7 [ ] Curandero, brujo	7 [ ] Curandero, brujo
	8 [ ] Otro.Especifique _____	8 [ ] Otro.Especifique _____	8 [ ] Otro.Especifique _____
16g.Nombre del servicio de salud o lugar de atencion (si tiene)	_____ [, , ,]	_____ [, , ,]	_____ [, , ,]
16h.Direccion aproximada del lugar de atencion (si es diferente de su casa)?	1 [ ] Misma area	1 [ ] Misma area	1 [ ] Misma area
	2 [ ] Otra area mismo barrio	2 [ ] Otra area mismo barrio	2 [ ] Otra area mismo barrio
	3 [ ] Otro barrio	3 [ ] Otro barrio	3 [ ] Otro barrio
	4 [ ] Otro sitio del pais	4 [ ] Otro sitio del pais	4 [ ] Otro sitio del pais
	5 [ ] Fuera del pais	5 [ ] Fuera del pais	5 [ ] Fuera del pais

	Persona No. [,] Consulta No.[,]	Persona No. [,] Consulta No.[,]	Persona No. [,] Consulta No.[,]
16i.Pago usted directamente por esta consulta?	1 [ ] Si 2 [ ] No (pase a 16k) Si fuera del país pase a la siguiente consulta	1 [ ] Si 2 [ ] No (pase a 16k) Si fuera del país pase a la siguiente consulta	1 [ ] Si 2 [ ] No (pase a 16k) Si fuera del país pase a la siguiente consulta
16j.Cuanto pago usted directamente (u otra persona del hogar o cercana a usted) por la consulta, las medicinas recetadas y los examenes complementarios solicitados (radiografias, examenes y analisis de laboratorio, etc.)	Por la consulta $ [, , ,] NS.NR.[9,9,9,9] [ ] Por las medicinas $ [, , ,] NS.NR.[9,9,9,9] [ ] Por los examenes complement. $ [, , ,] NS.NR.[9,9,9,9] [ ] Total pagado $ [, , ,](pase a 16l) NS.NR.[9,9,9,9] [ ]	Por la consulta $ [, , ,] NS.NR.[9,9,9,9] [ ] Por las medicinas $ [, , ,] NS.NR.[9,9,9,9] [ ] Por los examenes complement. $ [, , ,] NS.NR.[9,9,9,9] [ ] Total pagado $ [, , ,](pase a 16l) NS.NR.[9,9,9,9] [ ]	Por la consulta $ [, , ,] NS.NR.[9,9,9,9] [ ] Por las medicinas $ [, , ,] NS.NR.[9,9,9,9] [ ] Por los examenes complement. $ [, , ,] NS.NR.[9,9,9,9] [ ] Total pagado $ [, , ,](pase a 16l) NS.NR.[9,9,9,9] [ ]

LOS QUE CONSULTARON FUERA DEL PAIS PASEN A LA SIGUIENTE CONSULTA, LOS DEMAS PASEN A 16 l

16k.Porque no pago directamente el servicio prestado?	1[ ] Es un servicio de Salud Publica 2[ ] Es un servicio del Seguro Social 3[ ] Es un servicio de las Fuerzas Armadas 4[ ] Seguro Privado (nombre) [,] 5[ ] Lo pagare despues 6[ ] No tengo dinero 7[ ] Es una institucion de beneficencia 8[ ] Otra razon.Especificar	1[ ] Es un servicio de Salud Publica 2[ ] Es un servicio del Seguro Social 3[ ] Es un servicio de las Fuerzas Armadas 4[ ] Seguro Privado (nombre) [,] 5[ ] Lo pagare despues 6[ ] No tengo dinero 7[ ] Es una institucion de beneficencia 8[ ] Otra razon.Especificar	1[ ] Es un servicio de Salud Publica 2[ ] Es un servicio del Seguro Social 3[ ] Es un servicio de las Fuerzas Armadas 4[ ] Seguro Privado (nombre) [,] 5[ ] Lo pagare despues 6[ ] No tengo dinero 7[ ] Es una institucion de beneficencia 8[ ] Otra razon.Especificar
16l.Quedo debiendo usted parte del pago?	1 [ ] Si 2 [ ] No (pase a 16n)	1 [ ] Si 2 [ ] No (pase a 16n)	1 [ ] Si 2 [ ] No (pase a 16n)
16m.Cuanto quedo debiendo?	$[, , ,] Por consulta $[, , ,] Por medicinas $[, , ,] Por examenes y analisis complementarios $[, , ,] Total a pagar	$[, , ,] Por consulta $[, , ,] Por medicinas $[, , ,] Por examenes y analisis complementarios $[, , ,] Total a pagar	$[, , ,] Por consulta $[, , ,] Por medicinas $[, , ,] Por examenes y analisis complementarios $[, , ,] Total a pagar
16n.Desde que lugar se movilizo hasta el sitio de la consulta?	1 [ ] Mi casa 2 [ ] Mi trabajo 3 [ ] Otro.Especificar	1 [ ] Mi casa 2 [ ] Mi trabajo 3 [ ] Otro.Especificar	1 [ ] Mi casa 2 [ ] Mi trabajo 3 [ ] Otro.Especificar

	Persona No. [,] Consulta No.[,]	Persona No. [,] Consulta No.[,]	Persona No. [,] Consulta No.[,]

CUANDO EL LUBAR DE LA CONSULTA NO ES EL PROPIO DOMICILIO

16ñ.Cuanto tiempo le tomo trasladarse al sitio de la consulta?	1 [ ] Minutos 2 [ ] Horas [,] No. de ____	1 [ ] Minutos 2 [ ] Horas [,] No. de ____	1 [ ] Minutos 2 [ ] Horas [,] No. de ____
16o.En que medio de transporte se movilizo hasta el lugar de la consulta?	1 [ ] A pie 2 [ ] En automovil 3 [ ] En autobus o guagua 4 [ ] En motoconcho 5 [ ] Otro o combinaciones Especificar _____	1 [ ] A pie 2 [ ] En automovil 3 [ ] En autobus o guagua 4 [ ] En motoconcho 5 [ ] Otro o combinaciones Especificar _____	1 [ ] A pie 2 [ ] En automovil 3 [ ] En autobus o guagua 4 [ ] En motoconcho 5 [ ] Otro o combinaciones Especificar _____
16p.Pago usted por la movilizacion?	1 [ ] Si 2 [ ] No (pase a 16r)	1 [ ] Si 2 [ ] No (pase a 16r)	1 [ ] Si 2 [ ] No (pase a 16r)
16q.Cuanto pago (por usted y por la persona que lo acompano) de ida y vuelta?	$[, , ,] Pesos.centavos NR [9,9,9,9] [ ]	$[, , ,] Pesos.centavos NR [9,9,9,9] [ ]	$[, , ,] Pesos.centavos NR [9,9,9,9] [ ]
16r.Cuanto tiempo tuvo que esperar hasta que lo atendieron?	1 [ ] Minutos 2 [ ] Horas [,] Numero de_____	1 [ ] Minutos 2 [ ] Horas [,] Numero de_____	1 [ ] Minutos 2 [ ] Horas [,] Numero de_____

PARA TODAS LAS CONSULTAS DE PERSONAS DE 6 Y MAS AÑOS

16s.Si trabaja o tiene alguna actividad remunerada: dejo de recibir algun pago o ganancia durante el tiempo de la consulta?	1 [ ] Si 2 [ ] No (pase a 16u) 3 [ ] No gana dinero (pase a 16u)	1 [ ] Si 2 [ ] No (pase a 16u) 3 [ ] No gana dinero (pase a 16u)	1 [ ] Si 2 [ ] No (pase a 16u) 3 [ ] No gana dinero (pase a 16u)
16t.Cuanto dejo de recibir o ganar?	$[, , ,] NR.[9,9,9,9] [ ]	$[, , ,] NR.[9,9,9,9] [ ]	$[, , ,] NR.[9,9,9,9] [ ]

	Persona No. [,] Consulta No.[,]	Persona No. [,] Consulta No.[,]	Persona No. [,] Consulta No.[,]

PARA LAS CONSULTAS INSTITUCIONALES, ES DECIR REALIZADA EN HOSPITAL, CLINICA, SUBCENTRO DE SALUD, CLINICA RURAL O PERIFERICA, CONSULTORIO O DISPENSARIO INSTITUCIONAL Y PARA LAS CONSULTAS MEDICA Y ODONTOLOGICAS REALIZADAS EN CONSULTORIO PRIVADO.

16u.Cual es su opinion sobre: Lea por favor	Favorable	Indiferente (dudoso)	Desfavorable	Favorable	Indiferente (dudoso)	Desfavorable	Favorable	Indiferente (dudoso)	Desfavorable
1 El grado de accesibilidad o cercania del lugar de consulta	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
2 El tiempo de espera	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
3 La eficiencia del personal que realizo la recepcion (que lo recibio)	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
4 La comodidad del sitio de espera	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
5 La comodidad del consultorio donde fue atendido	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
6 El trato recibido del personal auxiliar que lo atendio	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
7 La preparacion o capacidad del personal auxiliar que lo atendio (sabe lo que hace)	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
8 El trato recibido del medico, odontologo o enfermera que le brindo la principal atencion	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
9 La preparacion o capacidad del medico,odontologo o enfermera que le brindo la principal atencion (sabe lo que hace)	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
10 La disponibilidad de medicinas y elementos medicos adecuados	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
11 La disponibilidad de equipos medicos	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
12 El costo del servicio recibido	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
13 El efecto en su estado de salud de la atencion recibida	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]

CERCIORESE DE HABER LLENADO LA TABLA PARA TODAS LAS CONSULTAS DE LA MISMA PERSONA

- SI ES MUJER DE 15 A 49 AÑOS PASE A 18c
- SI ES MENOR DE 6 AÑOS PASE A 18a
- LOS DEMAS PASEN A 19a

REVISE LA TABLA DE CONSULTA: SI CONSULTO AL MEDICO PASE A 18a

PARA TODAS LAS PERSONAS QUE NO CONSULTARON AL MEDICO EN LOS ULTIMOS 15 DIAS

17a. Cuanto hace que consulto a un medico por ultima vez? (en cualquier lugar)	1[ ] Menos de 1 mes 2[ ] Menos de un año 3[ ] Mas de un año(pase 18a) [,] Numero de_____ 4[ ] Nunca (pase a 18a) 9[ ] NS.NR.(pase a 18a)	1[ ] Menos de 1 mes 2[ ] Menos de un año 3[ ] Mas de un año(pase 18a) [,] Numero de_____ 4[ ] Nunca (pase a 18a) 9[ ] NS.NR.(pase a 18a)	1[ ] Menos de 1 mes 2[ ] Menos de un año 3[ ] Mas de un año(pase 18a) [,] Numero de_____ 4[ ] Nunca (pase a 18a) 9[ ] NS.NR.(pase a 18a)
17b. Si hace menos de 1 año, cual fue el motivo de la consulta?	1[ ] Enfermedad respiratoria 2[ ] Enfermedad intestinal 3[ ] Accidente 4[ ] Problemas de embarazo, parto y postparto 5[ ] Otra enfermedad.Especificar_____ 6[ ] Vacunacion 7[ ] Control o chequeo 8[ ] Otra razon, especificar _____	1[ ] Enfermedad respiratoria 2[ ] Enfermedad intestinal 3[ ] Accidente 4[ ] Problemas de embarazo, parto y postparto 5[ ] Otra enfermedad.Especificar_____ 6[ ] Vacunacion 7[ ] Control o chequeo 8[ ] Otra razon, especificar _____	1[ ] Enfermedad respiratoria 2[ ] Enfermedad intestinal 3[ ] Accidente 4[ ] Problemas de embarazo, parto y postparto 5[ ] Otra enfermedad.Especificar_____ 6[ ] Vacunacion 7[ ] Control o chequeo 8[ ] Otra razon, especificar _____
17c. Donde tuvo lugar la consulta?	1 [ ] Hospital,clinica o policlinica 2 [ ] Centro de Salud 3 [ ] Clinica Rural o periferica 4 [ ] Consultorio o dispensario de una entidad, parroquia, etc. 5 [ ] Consultorio privado 6 [ ] Farmacia, botica 7 [ ] La casa (del paciente) 8 [ ] Otro.Especifique _____	1 [ ] Hospital,clinica o policlinica 2 [ ] Centro de Salud 3 [ ] Clinica Rural o periferica 4 [ ] Consultorio o dispensario de una entidad, parroquia, etc. 5 [ ] Consultorio privado 6 [ ] Farmacia, botica 7 [ ] La casa (del paciente) 8 [ ] Otro.Especifique _____	1 [ ] Hospital,clinica o policlinica 2 [ ] Centro de Salud 3 [ ] Clinica Rural o periferica 4 [ ] Consultorio o dispensario de una entidad, parroquia, etc. 5 [ ] Consultorio privado 6 [ ] Farmacia, botica 7 [ ] La casa (del paciente) 8 [ ] Otro.Especifique _____
17d. Nombre de la institucion o lugar de atencion(si tiene)	_____ [, , ,]	_____ [, , ,]	_____ [, , ,]
17e. Direccion del lugar de atencion (si es diferente de su casa)	_____ 1 [ ] Misma area 2 [ ] Otra area mismo barrio 3 [ ] Otro barrio 4 [ ] Otro sitio del pais 5 [ ] fuera del pais	_____ 1 [ ] Misma area 2 [ ] Otra area mismo barrio 3 [ ] Otro barrio 4 [ ] Otro sitio del pais 5 [ ] fuera del pais	_____ 1 [ ] Misma area 2 [ ] Otra area mismo barrio 3 [ ] Otro barrio 4 [ ] Otro sitio del pais 5 [ ] fuera del pais
17f. Si consulto fuera de su casa: es el establecimiento consultado el lugar al que regularmente acude por razones de salud o enfermedad?	1 [ ] Si 2 [ ] No 9 [ ] NS	1 [ ] Si 2 [ ] No 9 [ ] NS	1 [ ] Si 2 [ ] No 9 [ ] NS

REVISE LA TABLA DE CONSULTAS: SI CONSULTO A UN ODONTOLOGO PASE A 18c

18a. Cuanto hace que consulto a un odontologo o dentista por ultima vez?	1[ ] Menos de 1 mes 2[ ] Menos de un año 3[ ] Mas de un año(pase a18c) [,] Numero de_____ 4[ ] Nunca (pase a 18c) 9[ ] NS.NR.(pase a 18c)	1[ ] Menos de 1 mes 2[ ] Menos de un año 3[ ] Mas de un año(pase a18c) [,] Numero de_____ 4[ ] Nunca (pase a 18c) 9[ ] NS.NR.(pase a 18c)	1[ ] Menos de 1 mes 2[ ] Menos de un año 3[ ] Mas de un año(pase a18c) [,] Numero de_____ 4[ ] Nunca (pase a 18c) 9[ ] NS.NR.(pase a 18c)
18b. Si hace menos de un año cual fue el motivo de la co consulta?	Si No	Si No	Si No
1 Extraccion dental o sacada de dientes o muelas	1 [ ] 2 [ ]	1 [ ] 2 [ ]	1 [ ] 2 [ ]
2 Obturacion dental (empastes)	1 [ ] 2 [ ]	1 [ ] 2 [ ]	1 [ ] 2 [ ]
3 Protesis dental (caja o puente)	1 [ ] 2 [ ]	1 [ ] 2 [ ]	1 [ ] 2 [ ]
4 Otros procedimientos	1 [ ] 2 [ ]	1 [ ] 2 [ ]	1 [ ] 2 [ ]

. SI ES MUJER DE 15 A 49 AÑOS PASE A 18c

. SI ES MENOR DE 6 AÑOS PASE A 18m

. LOS DEMAS PASEN A 19a.

PARA LAS MUJERES ENTRE 15 Y 49 AÑOS DE EDAD, LOS DEMAS PASEN A 18m

18c.Ha tenido ud. un niño nacido vivo, o un nacido muerto, o una perdida o aborto durante el presente ano (a partir de Enero de 1987?	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NR.NS (pase a 19a)	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NR.NS (pase a 19a)	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NR.NS (pase a 19a)
18d.Cual fue el resultado de su embarazo?	1[ ] nacido vivo 2[ ] nacido muerto (pase a 18g) 3[ ] perdida o aborto (pase a 18g)	1[ ] nacido vivo 2[ ] nacido muerto (pase a 18g) 3[ ] perdida o aborto (pase a 18g)	1[ ] nacido vivo 2[ ] nacido muerto (pase a 18g) 3[ ] perdida o aborto (pase a 18g)
18e.Vive usted con el niño?	1[ ] Si (pase a 18k) 2[ ] No Codigo del niño: [,]	1[ ] Si (pase a 18k) 2[ ] No Codigo del niño: [,]	1[ ] Si (pase a 18k) 2[ ] No Codigo del niño: [,]
18f.Si no vive con ud. que le paso?	1[ ] Vive en otro sitio 2[ ] Murio 9[ ] No sabe	1[ ] Vive en otro sitio 2[ ] Murio 9[ ] No sabe	1[ ] Vive en otro sitio 2[ ] Murio 9[ ] No sabe
18h.Le dio ud. pecho al niño?	1[ ] Si 2[ ] No (pase a 18g) 3[ ] Le esta dando(pase a 18g)	1[ ] Si 2[ ] No (pase a 18g) 3[ ] Le esta dando(pase a 18g)	1[ ] Si 2[ ] No (pase a 18g) 3[ ] Le esta dando(pase a 18g)
18i.Durante cuantos meses?	[,]	[,]	[,]
18g.Tuvo ud. algun tipo de atencion o servicio de salud prenatal para control de su embarazo?	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NS (pase a 19a)	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NS (pase a 19a)	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NS (pase a 19a)
19h.Numero de veces	[,]	[,]	[,]
18i.En que mes del embarazo fue la primera atencion consulta o control?	[ ]	[ ]	[ ]
18j.Quien o quienes la controlaron durante su embarazo y cuantas veces?	No. de veces (Si no controlo poner 0 8 y mas = 8) 1 [ ] Medico 2 [ ] Enfermera 3 [ ] Farmaceutico, boticario 4 [ ] Promotora 5 [ ] Comadrona,partera 6 [ ] Curandero,brujo 7 [ ] Otro	No. de veces (Si no controlo poner 0 8 y mas = 8) 1 [ ] Medico 2 [ ] Enfermera 3 [ ] Farmaceutico, boticario 4 [ ] Promotora 5 [ ] Comadrona,partera 6 [ ] Curandero,brujo 7 [ ] Otro	No. de veces (Si no controlo poner 0 8 y mas = 8) 1 [ ] Medico 2 [ ] Enfermera 3 [ ] Farmaceutico, boticario 4 [ ] Promotora 5 [ ] Comadrona,partera 6 [ ] Curandero,brujo 7 [ ] Otro

PARA LOS NIÑOS MENORES DE 6 AÑOS, LOS DEMAS PASEN A 19a

Pregunte a la madre o al adulto responsable del niño:

18m. Tiene la tarjeta de control de vacunas de _____	1 [ ] Si 2 [ ] No (pase a 18q)	1 [ ] Si 2 [ ] No (pase a 18q)	1 [ ] Si 2 [ ] No (pase a 18q)
18n. Si la tiene, la puedo ver por favor?	1 [ ] La vio 2 [ ] No la vio (pase a la 18q)	1 [ ] La vio 2 [ ] No la vio (pase a la 18q)	1 [ ] La vio 2 [ ] No la vio (pase a la 18q)

18o. Si vio la tarjeta, anote las fechas de vacunacion de la tarjeta de control de vacunacion de la siguiente forma:

	1 Si 2 No	Dia Mes Ano	1 Si 2 No	Dia Mes Ano	1 Si 2 No	Dia Mes Ano
1 BCG (Tuberculosis)	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
2 DPT1 (difteria, tosferina y tetanos)	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
3 Polio 1	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
4 DPT 2	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
5 Polio 2	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
6 DPT 3	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
7 Polio 3	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
8 Sarampion	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]

PASE A 19a

18q. Si no tiene tarjeta, esta vacunado el niño contra alguna enfermedad?	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NS (pase a 19a)	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NS (pase a 19a)	1[ ] Si 2[ ] No (pase a 19a) 9[ ] NS (pase a 19a)

18r. Cuando recibio la ultima vacunacion contra las siguientes enfermedades:

	1 Si 2 No	Dia Mes Ano	1 Si 2 No	Dia Mes Ano	1 Si 2 No	Dia Mes Ano
1 Tuberculosis	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
2 DPT o la triple (difteria, tosferina, tetanos)	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
3 Polio	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]
4 Sarampion	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]	[ ]	[,] [,] [,]

PARA TODAS LAS PERSONAS

19a. En el transcurso del año 1986 y lo que va corrido de 1987 estuvo usted hospitalizado o internado?	1 [ ] Si 2 [ ] No (pase a 19c) 9 [ ] NR. (pase a 19c)	1 [ ] Si 2 [ ] No (pase a 19c) 9 [ ] NR. (pase a 19c)	1 [ ] Si 2 [ ] No (pase a 19c) 9 [ ] NR. (pase a 19c)
19b. Cuantas veces estuvo hospitalizado o internado?	[ ] No. de veces	[ ] No. de veces	[ ] No. de veces

****
PASE A LLENAR TABLA 2 (PREGUNTA 19d)
****

19c. Cuanto hace que estuvo hospitalizado por ultima vez?	[,] No. de años [0,0] [ ] Nunca [9,9] [ ] NS.NR.	[,] No. de años [0,0] [ ] Nunca [9,9] [ ] NS,NR.	[,] No. de años [0,0] [ ] Nunca [9,9] [ ] NS.NR.

. PARA LOS NIÑOS MENORES DE 6 AÑOS TERMINA AQUI LA ENTREVISTA.
. PARA LOS DE 6 Y MAS AÑOS PASE A 20a

TABLA 2
HOSPITALIZACIONES O INTERNAMIENTO

EN 1986 Y 1987 (Empezando por la mas reciente y terminando en la mas antigua)

	Persona No.[,] Hospitalizacion No.[,]	Persona No.[,] Hospitalizacion No.[,]	Persona No. [,] Hospitalizacion No.[,]
19d. En que fecha estuvo hospitalizado o internado?	[,] Mes [ ] Año	[,] Mes [ ] Año	[,] Mes [ ] Año
19e. Cual fue la causa principal de la hospitalizacion o internamiento?	1 [ ] Embarazo-parto 2 [ ] Accidente (emergencia) 3 [ ] Enfermedad. Especificar _____ 4 [ ] Otra razon. Especificar _____	1 [ ] Embarazo-parto 2 [ ] Accidente (emergencia) 3 [ ] Enfermedad. Especificar _____ 4 [ ] Otra razon. Especificar _____	1 [ ] Embarazo-parto 2 [ ] Accidente (emergencia) 3 [ ] Enfermedad. Especificar _____ 4 [ ] Otra razon. Especificar _____
19f. Durante esta hospitalizacion le hicieron alguna operacion o cirugia?	1 [ ] Si 2 [ ] No (Pase a 19h)	1 [ ] Si 2 [ ] No (pase a 19h)	1 [ ] Si 2 [ ] No (pase a 19h)
19g. Qué tipo de operacion o cirugia	_____ [ ]	_____ [ ]	_____ [ ]
19h. Cuantas noches pasó en en el hospital?	[,] No. de noches [9,9] NS. NR. [ ]	[,] No. de noches [9,9] NS. NR. [ ]	[,] No. de noches [9,9] NS. NR. [ ]
19i. En que hospital o clinica fue hospitalizado?	Nombre _____ [, , , ,] Direc: _____	Nombre _____ [, , , ,] Direc: _____	Nombre _____ [, , , ,] Direc: _____
	1 [ ] Misma area 2 [ ] Otra area mismo barrio 3 [ ] Otro barrio 4 [ ] Otro sitio del pais 5 [ ] Fuera del pais	1 [ ] Misma area 2 [ ] Otra area mismo barrio 3 [ ] Otro barrio 4 [ ] Otro sitio del pais 5 [ ] Fuera del pais	1 [ ] Misma area 2 [ ] Otra area mismo barrio 3 [ ] Otro barrio 4 [ ] Otro sitio del pais 5 [ ] Fuera del pais
19j. Pago usted directamente (u otra persona del hogar o cercana de usted) por la hospitalizacion o internamiento?	1 [ ] Si 2 [ ] No (Pase a 19n) Si fuera del pais pase a siguiente hospitalizacion 9 [ ] NR.	1 [ ] Si 2 [ ] No (Pase a 19n) Si fuera del pais pase a siguiente hospitalizacion 9 [ ] NR.	1 [ ] Si 2 [ ] No (Pase a 19n) Si fuera del pais pase a siguiente hospitalizacion 9 [ ] NR.
19k. Cuanto pago directamente (u otra persona del hogar cercana de Ud.) por la hospitalizacion o internamiento? SI FUERA DEL PAIS, PASE A LA SIGUIENTE HOSPITALIZACION	$[, , , ,] NR. [9,9,9,9,9] [ ]	$[, , , ,] NR. [9,9,9,9,9] [ ]	$[, , , ,] NR. [9,9,9,9,9] [ ]

	Persona No. [,] Hospitalizacion No.[,]	Persona No. [,] Hospitalizacion No.[,]	Persona No. [,] Hospitalizacion No.[,]
19l.Quedo debiendo usted parte del pago?	1 [ ] Si 2 [ ] No (pase a 19ñ) 9 [ ] NR.(pase a 19ñ)	1 [ ] Si 2 [ ] No (pase a 19ñ) 9 [ ] NR.(pase a 19ñ)	1 [ ] Si 2 [ ] No (pase a 19ñ) 9 [ ] NR.(pase a 19ñ)
19m.Cuanto quedo debiendo?	$[, , , ,](pase a 19ñ) NR.[9,9,9,9,9][ ](pase a 19ñ)	$[, , , ,](pase a 19ñ) NR.[9,9,9,9,9][ ](pase a 19ñ)	$[, , , ,](pase a 19ñ) NR.[9,9,9,9,9][ ](pase a 19ñ)
19n.Porque no pago directamente el servicio de hospitalizacion o internamiento?	1[ ] Es un servicio de Salud Publica 2[ ] Es un servicio del Seguro Social 3[ ] Es un servicio de las Fuerzas Armadas 4[ ] Tengo un seguro privado (nombre) _____[ ] 5[ ] Lo pagare despues 6[ ] No tengo dinero 7[ ] Es una institucion de beneficencia 8[ ] Otra razon.Especificar _____	1[ ] Es un servicio de Salud Publica 2[ ] Es un servicio del Seguro Social 3[ ] Es un servicio de las Fuerzas Armadas 4[ ] Tengo un seguro privado (nombre) _____[ ] 5[ ] Lo pagare despues 6[ ] No tengo dinero 7[ ] Es una institucion de beneficencia 8[ ] Otra razon.Especificar _____	1[ ] Es un servicio de Salud Publica 2[ ] Es un servicio del Seguro Social 3[ ] Es un servicio de las Fuerzas Armadas 4[ ] Tengo un seguro privado (nombre) _____[ ] 5[ ] Lo pagare despues 6[ ] No tengo dinero 7[ ] Es una institucion de beneficencia 8[ ] Otra razon.Especificar _____
19ñ.Cuanto tiempo le tomo la movilizacion desde su casa hasta el hospital o clinica para la hospitalizacion o internamiento?	1[ ] Minutos 2[ ] Horas [,] No. de _____ 9[ ] NS.NR.	1[ ] Minutos 2[ ] Horas [,] No. de _____ 9[ ] NS.NR.	1[ ] Minutos 2[ ] Horas [,] No. de _____ 9[ ] NS.NR.
19o.En qué medio de transporte se movilizo hasta el hospital o clinica?	1 [ ] A pie 2 [ ] En automovil 3 [ ] En autobus o guagua 4 [ ] En motoconcho 5 [ ] Otro y combinaciones. Especificar _____	1 [ ] A pie 2 [ ] En automovil 3 [ ] En autobus o guagua 4 [ ] En motoconcho 5 [ ] Otro y combinaciones. Especificar _____	1 [ ] A pie 2 [ ] En automovil 3 [ ] En autobus o guagua 4 [ ] En motoconcho 5 [ ] Otro y combinaciones. Especificar _____
19p.Pago usted por su movilizacion (transporte o viaje)?	1 [ ] Si 2 [ ] No 9 [ ] NR.	1 [ ] Si 2 [ ] No 9 [ ] NR.	1 [ ] Si 2 [ ] No 9 [ ] NR.
19q.Cuanto pago?	$[, , . ,] Pesos .Centavos NR.[9,9,9.9,9] [ ]	$[, , . ,] Pesos .Centavos NR.[9,9,9.9,9] [ ]	$[, , . ,] Pesos .Centavos NR.[9,9,9.9,9] [ ]

	Persona No. [,] Hospitalizacion No.[,]	Persona No. [,] Hospitalizacion No.[,]	Persona No. [,] Hospitalizacion No.[,]
19r. Fué hospitalizado o internado por:	1 [ ] Consulta, previo registro de la oficina de admision. 2 [ ] Emergencias 3 [ ] Otro. Especificar _____	1 [ ] Consulta, previo registro de la oficina de admision. 2 [ ] Emergencias 3 [ ] Otro. Especificar _____	1 [ ] Consulta, previo registro de la oficina de admision. 2 [ ] Emergencias 3 [ ] Otro. Especificar _____
19s. Cuanto tiempo tuvo que esperar para que le consiguieran una cama hospitalaria?	1 [ ] Minutos 2 [ ] Horas 3 [ ] Dias [,] Numero de _____ 9 [ ] NS. NR.	1 [ ] Minutos 2 [ ] Horas 3 [ ] Dias [,] Numero de _____ 9 [ ] NS. NR.	1 [ ] Minutos 2 [ ] Horas 3 [ ] Dias [,] Numero de _____ 9 [ ] NS. NR.

PARA LOS NINOS MENORES DE 6 AÑOS, TERMINA AQUI LA ENTREVISTA

19t. Si tuvo algun trabajo o actividad remunerada, dejo de recibir algun pago o ganancia durante el tiempo de la hospitalizacion o internamiento?	1 [ ] Si 2 [ ] No (pase a 19v) 3 [ ] No tuvo actividad remunerada (pase a 19v)	1 [ ] Si 2 [ ] No (pase a 19v) 3 [ ] No tuvo actividad remunerada (pase a 19v)	1 [ ] Si 2 [ ] No (pase a 19v) 3 [ ] No tuvo actividad remunerada (pase a 19v)
19u. Cuanto dinero dejo de recibir o ganar?	$[, , ,] [ ] NR.[9,9,9,9] [ ]	$[, , ,] [ ] NR.[9,9,9,9] [ ]	$[, , ,] [ ] NR.[9,9,9,9] [ ]

	Persona No. [,] Hospitalizacion No.[,]	Persona No. [,] Hospitalizacion No.[,]	Persona No. [,] Hospitalizacion No.[,]

PARA LOS ADULTOS HOSPITALIZADOS O PARA LOS ACOMPAÑANTES DE MENORES DE 15 AÑOS

Lea por favor

19v.Cual es su opinion sobre:	Favorable	Indiferente (dudoso)	Desfavorable	Favorable	Indiferente (dudoso)	Desfavorable	Favorable	Indiferente (dudoso)	Desfavorable
1 La facilidad y rapidez del tramite de admision	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
2 La preparacion o capacidad del personal que lo atendio en el tramite de admision	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
3 La comodidad y calidad de la habitacion	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
4 La calidad de la alimentacion	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
5 El trato recibido del personal auxiliar que lo atendio	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
6 La preparacion o capacidad del personal auxiliar que lo atendio	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
7 El trato recibido de los medicos	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
8 La preparacion o capacidad de los medicos que lo atendieron	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
9 La disponibilidad de medicinas y elementos medicos adecuados	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
10 La disponibilidad de equipos medicos	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]
11 El costo de la hospitalizacion o internamiento	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]	1[ ]	2[ ]	3[ ]

CERCIORESE DE HABER COMPLETADO LA TABLA 2 PARA TODAS LAS HOSPITALIZACIONES

. PARA MENORES DE 6 AÑOS TERMINA AQUI LA ENTREVISTA
. PARA LOS DE 6 AÑOS Y MAS PASE A 20

PARA PERSONAS DE 6 O MAS AÑOS

20. Estuvo usted trabajando durante los ultimos 15 dias?	1 [ ] Si (pase a 20c) 2 [ ] No	1 [ ] Si (pase a 20c) 2 [ ] No	1 [ ] Si (pase a 20c) 2 [ ] No
20a. En que actividad ocupo usted la mayor parte del tiempo los ultimos 15 dias?	1 [ ] No trabajo pero tenia trabajo (ir a 20c) 2 [ ] Buscando trabajo 3 [ ] Estudiando 4 [ ] Oficios del hogar 5 [ ] Rentista 6 [ ] Pensionado, jubilado 7 [ ] Incapacitado transitorio 8 [ ] Invalido 9 [ ] Otro	1 [ ] No trabajo pero tenia trabajo (ir a 20c) 2 [ ] Buscando trabajo 3 [ ] Estudiando 4 [ ] Oficios del hogar 5 [ ] Rentista 6 [ ] Pensionado, jubilado 7 [ ] Incapacitado transitorio 8 [ ] Invalido 9 [ ] Otro	1 [ ] No trabajo pero tenia trabajo (ir a 20c) 2 [ ] Buscando trabajo 3 [ ] Estudiando 4 [ ] Oficios del hogar 5 [ ] Rentista 6 [ ] Pensionado, jubilado 7 [ ] Incapacitado transitorio 8 [ ] Invalido 9 [ ] Otro
20b. Ademas de la actividad mencionada, realizo en esas semanas algun otro trabajo remunerado (o sin remunerar en un negocio familiar)?	1 [ ] Si 2 [ ] No (pase a 20i) 9 [ ] NR. (pase a 20i)	1 [ ] Si 2 [ ] No (pase a 20i) 9 [ ] NR. (pase a 20i)	1 [ ] Si 2 [ ] No (pase a 20i) 9 [ ] NR. (pase a 20i)
20c. Cuantas horas trabajo en la <u>ultima</u> semana trabajada?.	[,] Numero de horas [9,9] NR. [ ]	[,] Numero de horas [9,9] NR. [ ]	[,] Numero de horas [9,9] NR. [ ]
20d. Cual fue la ocupacion, oficio, profesion o clase de trabajo que desempeno principalmente durante los ulmos 15 dias?	_____ [,] _____	_____ [,] _____	_____ [,] _____
20e. A que se dedica principalmente la empresa o establecimiento en el que realizo su trabajo?	1 [ ] Agricultura, silvicultura, caza o pesca 2 [ ] Industria manufacturera 3 [ ] Comercio, restaur. y hoteles. 4 [ ] Servicios publicos, comunales, sociales y personales. 5 [ ] Resto de ramas de actividad. 9 [ ] NR.	1 [ ] Agricultura, silvicultura, caza o pesca 2 [ ] Industria manufacturera 3 [ ] Comercio, restaur. y hoteles. 4 [ ] Servicios publicos, comunales, sociales y personales. 5 [ ] Resto de ramas de actividad. 9 [ ] NR.	1 [ ] Agricultura, silvicultura, caza o pesca 2 [ ] Industria manufacturera 3 [ ] Comercio, restaur. y hoteles. 4 [ ] Servicios publicos, comunales, sociales y personales. 5 [ ] Resto de ramas de actividad. 9 [ ] NR.

20f.En este trabajo, usted se desempeña como: <u>Lee las alternativas</u>	1 [ ] Obrero de entidad particular 2 [ ] Empleado de entidad particular 3 [ ] Obrero de gobierno 4 [ ] Empleado de gobierno 5 [ ] Empleado doméstico 6 [ ] Patron 7 [ ] Trabajador por cuenta propia 8 [ ] Trabajador familiar sin remuneracion 9 [ ] NR.	1 [ ] Obrero de entidad particular 2 [ ] Empleado de entidad particular 3 [ ] Obrero de gobierno 4 [ ] Empleado de gobierno 5 [ ] Empleado doméstico 6 [ ] Patron 7 [ ] Trabajador por cuenta propia 8 [ ] Trabjador familiar sin remuneracion 9 [ ] NR.	1 [ ] Obrero de entidad particular 2 [ ] Empleado de entidad particular 3 [ ] Obrero de gobierno 4 [ ] Empleado de gobierno 5 [ ] Empleado doméstico 6 [ ] Patron 7 [ ] Trabajador por cuenta propia 8 [ ] Trabajador familiar sin remuneracion 9 [ ] NR.
20g.Cuantos de los meses del presente año ha desempeñado esta ocupacion?	[,] meses	[,] meses	[,] meses
20h.Es este un trabajo que se realiza solo en determinadas epocas del año (temporero)?	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No
20h.1.Cuanto le pagan en dinero en especie por este trabajo?	$[, , , ,] $[9,9,9,9,9] NR [ ]	$[, , , ,] $[9,9,9,9,9] NR [ ]	$[, , , ,] $[9,9,9,9,9] NR [ ]
20h.2.Cada cuanto tiempo le pagan?	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual
20i.Ha realizado algun otro trabajo o chiripa en los ultimos 7 dias?	1 [ ] Si 2 [ ] No (pase a 21d)	1 [ ] Si 2 [ ] No (pase a 21d)	1 [ ] Si 2 [ ] No (pase a 21d)
20j.En su chiripa ha trabajado usted por cuenta propia o como familiar no remunerado?	1 [ ] Por cuenta propia 2 [ ] Como familiar no remunerado	1 [ ] Por cuenta propia 2 [ ] Como familiar no remunerado	1 [ ] Por cuenta propia 2 [ ] Como familiar no remunerado
21a.Le pagan o le van a pagar en dinero o en especie por esta chiripa?	1 [ ] Si 2 [ ] No (pase a 22b)	1 [ ] Si 2 [ ] No (pase a 22b)	1 [ ] Si 2 [ ] No (pase a 22b)
21b.Cuanto le pagan en dinero o en especie por esta chiripa? (Calcule el valor en especie)	$ [, , , ,] [9,9,9,9,9] NR.[ ]	$[, , , ,] $ [9,9,9,9,9] NR. [ ]	$ [, , , ,] $ [9,9,9,9,9] NR. [ ]

21c.Cada cuanto tiempo le pagan?	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual

PARA LOS QUE NO TIENEN TRABAJO FIJO O EMPLEO, PASAR A 22b

21d.Le dan sueldos o salarios adicionales o extras en este trabajo?	1 [ ] Si 2 [ ] No (pase a 21h)	1 [ ] Si 2 [ ] No (pase a 21h)	1 [ ] Si 2 [ ] No (pase a 21h)
21e.Cuantos sueldos o salarios adicionales o extras recibe usted?	[,] Numero	[.] Numero	[,] Numero
21f.Cuanto le pagan?	$ [, , , ,] $ [9,9,9,9,9] NR	$[, , , ,] $ [9,9,9,9,9] NR	$ [, , , ,] $ [9,9,9,9,9] NR
21g.Cada cuanto le pagan?	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual

21h.Recibe ud. algun pago o beneficio especial como los siguientes:

	Si	No	NS	Cuanto por mes ($)	Si	No	NS	Cuanto por mes ($)	Si	No	NS	Cuanto por mes ($)
1 Refrigerios o comidas gratuitas	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]
2 Comestibles para ser preparados en casa	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]
3 Vivienda gratis o subsidiada	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]
4 Vestidos gratis o subsidiados	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]
5 Transporte gratis o subsidiado	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]
6 Vehiculo personal gratis o subsidiado	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]
7 Otros especificar	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]	[ ]	[ ]	[ ]	[, , , ,]
	_____				_____				_____			

21v.Le dan algo mas como remuneracion en este trabajo ademas de lo que le he mencionado?	1 [ ] Si 2 [ ] No (pase a 21y)	1 [ ] Si 2 [ ] No (pase a 21y)	1 [ ] Si 2 [ ] No (pase a 21y)
21w.Cuanto vale esa forma de remuneracion?	$[, , , ,] $ [9,9,9,9,9] NR. [ ]	$[, , , ,] $ [9,9,9,9,9] NR. [ ]	$ [, , , ,] $ [9,9,9,9,9] NR. [ ]
21x.Cada cuanto le pagan?	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual

21y. Le dan vacaciones pagadas en este trabajo?	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No
21z. Tiene licencia pagada por enfermedad?	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No
22a. Tiene derecho a una pension de retiro o jubilacion en este trabajo?	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No	1 [ ] Si 2 [ ] No
22b. Recibe usted entradas o pagos por otros conceptos rentas, pensiones, donaciones, dinero de familiares, regalos, etc?	1 [ ] Si 2 [ ] No (pase a 22e) 9 [ ] NR. (pase a 22e)	1 [ ] Si 2 [ ] No (pase a 22e) 9 [ ] NR. (pase a 22e)	1 [ ] Si 2 [ ] No (pase a 22e) 9 [ ] NR. (pase a 22e)
22c. Anote el ingreso por estos conceptos.	$ [, , , ,] $ [9,9,9,9,9] NR [ ]	$ [, , , ,] $ [9,9,9,9,9] NR. [ ]	$ [, , , ,] $ [9,9,9,9,9] NR. [ ]
22d. Con qué frecuencia lo recibe?	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual	1 [ ] Diario 2 [ ] Semanal 3 [ ] Quincenal 4 [ ] Mensual 5 [ ] Anual

PARA QUIENES TRBAJARON, O NO TRABAJARON PERO TIENEN TRABAJO, EL RESTO PASE A 23a

22e. Tiene usted contrato, nombramiento o algun tipo de arreglo laboral con una empresa, institucion o establecimiento?	1 [ ] Si 2 [ ] No (pase a 23a) 9 [ ] NS (pase a 23a)	1 [ ] Si 2 [ ] No (pase a 23a) 9 [ ] NS (pase a 23a)	1 [ ] Si 2 [ ] No (pase a 23a) 9 [ ] NS (pase a 23a)
22f. Cuantos trabajadores y empleados tiene esa empresa aproximadamente?	1 [ ] Menos de 10 (pase a 23a) 2 [ ] De 10 a 19 (pase a 23a) 3 [ ] De 20 a 29 4 [ ] De 30 a 39 5 [ ] De 40 a 59 6 [ ] De 60 a 79 7 [ ] De 80 a 99 8 [ ] De 100 y mas 9 [ ] No sabe, no respondio (pase a 23a)	1 [ ] Menos de 10 (pase a 23a) 2 [ ] De 10 a 19 (pase a 23a) 3 [ ] De 20 a 29 4 [ ] De 30 a 39 5 [ ] De 40 a 59 6 [ ] De 60 a 79 7 [ ] De 80 a 99 8 [ ] De 100 y mas 9 [ ] No sabe, no respondio (pase a 23a)	1 [ ] Menos de 10 (pase a 23a) 2 [ ] De 10 a 19 (pase a 23a) 3 [ ] De 20 a 29 4 [ ] De 30 a 39 5 [ ] De 40 a 59 6 [ ] De 60 a 79 7 [ ] De 80 a 99 8 [ ] De 100 y mas 9 [ ] No sabe, no respondio (pase a 23a)
22g. Cual es el nombre y direccion de la empresa?	Nombre_____ Direccion_____ [, , ,]	Nombre_____ Direccion_____ [, , ,]	Nombre_____ Direccion_____ [, , ,]

22h. Esta usted afiliado a algun:

	Si	No	NS	Si	No	NS	Si	No	NS
1 Sindicato	1 [ ]	2 [ ]	9 [ ]	1 [ ]	2 [ ]	9 [ ]	1 [ ]	2 [ ]	9 [ ]
2 Asociacion	1 [ ]	2 [ ]	9 [ ]	1 [ ]	2 [ ]	9 [ ]	1 [ ]	2 [ ]	9 [ ]
3 Cooperativa	1 [ ]	2 [ ]	9 [ ]	1 [ ]	2 [ ]	9 [ ]	1 [ ]	2 [ ]	9 [ ]
4 Otra, especificar	1 [ ]	2 [ ]	9 [ ]	1 [ ]	2 [ ]	9 [ ]	1 [ ]	2 [ ]	9 [ ]

_____

SI NO HAY NINGUNA RESPUESTA "SI" PASE A 22j

22i. Cual es el nombre del sindicato, asociacion, cooperativa o entidad?	_____ [, , ,]	_____ [, , ,]	_____ [, , ,]
22j. Pertenece usted a algu asociacion profesional o laboral no relaciona da con la empresa?	1 [ ] Si 2 [ ] No (pase a 23a) 9 [ ] No sabe (pase a 23a)	1 [ ] Si 2 [ ] No (pase a 23a) 9 [ ] No sabe (pase a 23a)	1 [ ] Si 2 [ ] No (pase a 23a) 9 [ ] No sabe (pase a 23a)
22k. Cuantas personas estan afiliadas a tal asocia cion?	1 [ ] Menos de 20 2 [ ] De 20 a 29 3 [ ] De 30 a 39 4 [ ] De 40 a 59 5 [ ] De 60 a 79 6 [ ] De 80 a 99 7 [ ] De 100 y mas 9 [ ] No sabe	1 [ ] Menos de 20 2 [ ] De 20 a 29 3 [ ] De 30 a 39 4 [ ] De 40 a 59 5 [ ] De 60 a 79 6 [ ] De 80 a 99 7 [ ] De 100 y mas 9 [ ] No sabe	1 [ ] Menos de 20 2 [ ] De 20 a 29 3 [ ] De 30 a 39 4 [ ] De 40 a 59 5 [ ] De 60 a 79 6 [ ] De 80 a 99 7 [ ] De 100 y mas 9 [ ] No sabe

PARA TODAS LAS PERSONAS DE 12 Y MAS AÑOS

S E G U R I D A D S O C I A L

23a. Esta usted asegurado en el Instituto Dominicano de Seguro Social (IDSS)?	1 [ ] Si 2 [ ] No (pase a 23b) 9 [ ] No sabe (pase a 23b)	1 [ ] Si 2 [ ] No (pase a 23b) 9 [ ] No sabe (pase a 23b)	1 [ ] Si 2 [ ] No (pase a 23b) 9 [ ] No sabe (pase a 23b)
23a.1. Que otros miembros de su familia tienen derecho a los servicios se salud del Seguro Social?	Nombre / Codigo _____ [,] _____ [,] _____ [,] _____ [,] _____ [,]	Nombre / Codigo _____ [,] _____ [,] _____ [,] _____ [,] _____ [,]	Nombre / Codigo _____ [,] _____ [,] _____ [,] _____ [,] _____ [,]
23b. Esta usted afiliado a algun seguro medico privado?	1 [ ] Si 2 [ ] No (pase a 23d) 9 [ ] No sabe	1 [ ] Si 2 [ ] No (pase a 23d) 9 [ ] No sabe	1 [ ] Si 2 [ ] No (pase a 23d) 9 [ ] No sabe
23b.1 A cual seguro medico? (Nombre de la Compania)	_____ [,]	_____ [,]	_____ [,]
23b.2 Cual es el plan (o el tipo) de su seguro medico privado?	1 [ ] Individual, para ud. solo (pase a 23b.4) 2 [ ] Familiar (para ud. y otros miembros de su familia) 3 [ ] Colectivo, con o sin su familia, para ud. y los trabajadores de su empresa (pase a 23b.4) 4 [ ] Otro (pase a 23b.4) 9 [ ] No sabe (pase a 23b.4)	1 [ ] Individual, para ud. solo (pase a 23b.4) 2 [ ] Familiar (para ud. y otros miembros de su familia) 3 [ ] Colectivo, con o sin su familia, para ud. y los trabajadores de su empresa (pase a 23b.4) 4 [ ] Otro (pase a 23b.4) 9 [ ] No sabe (pase a 23b.4)	1 [ ] Individual, para ud. solo (pase a 23b.4) 2 [ ] Familiar (para ud. y otros miembros de su familia) 3 [ ] Colectivo, con o sin su familia, para ud. y los trabajadores de su empresa (pase a 23b.4) 4 [ ] Otro (pase a 23b.4) 9 [ ] No sabe (pase a 23b.4)
23b.3 Que otros miembros de la familia estan afiliados al seguro medico que ud. tiene?	Nombre / Codigo a_____ [,] b_____ [,] c_____ [,] d_____ [,]	Nombre / Codigo a_____ [,] b_____ [,] c_____ [,] d_____ [,]	Nombre / Codigo a_____ [,] b_____ [,] c_____ [,] d_____ [,]
23b.4 Quien paga su seguro medico privado?	1 [ ] Usted mismo 2 [ ] La empresa donde ud. trabaja 3 [ ] Usted y su empresa 9 [ ] No sabe	1 [ ] Usted mismo 2 [ ] La empresa donde ud. trabaja 3 [ ] Usted y su empresa 9 [ ] No sabe	1 [ ] Usted mismo 2 [ ] La empresa donde ud. trabaja 3 [ ] Usted y su empresa 9 [ ] No sabe
23c. Cuanto debe pagar mensualmente, incluyendo los descuentos que le hacen del salario?	$ [, ,] $ [9,9,9] NR [ ]	$ [, ,] $ [9,9,9] NR. [ ]	$ [, ,] $ [9,9,9] NR. [ ]
23d. Puede usted utilizar los servicios de las Fuerzas Armadas?	1 [ ] Si 2 [ ] No 9 [ ] No sabe	1 [ ] Si 2 [ ] No 9 [ ] No sabe	1 [ ] Si 2 [ ] No 9 [ ] No sabe

PARA EL JEFE DEL HOGAR O EL ADULTO PRINCIPAL QUE RESPONDA LA ENCUESTA
NOMBRE_____ CODIGO [,]

V I V I E N D A

25a.Tipo de vivienda
1 [ ] Casa
2 [ ] Apartamenteo
3 [ ] Pieza o cuarto
4 [ ] Choza o rancho de desechos
5 [ ] Cuarteria
6 [ ] Barracon
7 [ ] Otro
_____

25b.Como es la forma de tenencia?
1 [ ] Propia
2 [ ] Alquilada
3 [ ] Prestada
4 [ ] Otra. Especificar
_____

25c.Tiene servicio de agua por acueducto o llave?
1 [ ] Si
2 [ ] No

25d.Tipo de conexion:
1 [ ] Fuera de la vivienda
2 [ ] Dentro de la vivienda

25e.Como es el servicio sanitario?

1 [ ] Inodoro privado o independiente
2 [ ] Inodoro comun
3 [ ] Letrina privada o independiente
4 [ ] Letrina comun
5 [ ] No tiene servicio

25f.Tiene usted:

	Si	No
1 automovil	[ ]	[ ]
2 television	[ ]	[ ]
3 nevera	[ ]	[ ]

25g.Indique por favor en que categoria se ubica el ingreso total de todas los mienbros del hogar en un mes (eg: ultimo mes)

1.Menos de $200 al mes [ ]

2. De 200 a 299 [ ]

3. 300 a 399 [ ]

4. 400 a 599 [ ]

5. 600 a 799 [ ]

6. 800 a 1,299 [ ]

7. 1,300 a 1,999 [ ]

8. 2,000 y mas [ ]

9. NS [ ]

26a. Recuerda usted uno o varios medicos particulares a los cuales ha ido a tratarse o iria en caso de tener algun problema de salud (Ud. o algun miembro de su familia)?

1 [ ] Si
2 [ ] No (pase a 26c)
9 [ ] NS.NR. (pase a 26c)

26b. Quiénes son esos médicos?

Nombre	Especialidad M.S.	Direccion del consultorio MS.	Tiempo de movilizacion desde la casa	Medio de transporte	Consultado antes Si	Consultado antes No	Consultado antes NR.	Si consulto antes, la familia, lo hace regularmente? Si	No	NR.
_____	[, , ,] _____	[,] _____	[, , , , ,]	[,] No. minutos	_____ [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
_____	[, , ,] _____	[,] _____	[, , , , ,]	[,] No. minutos	_____ [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
_____	[, , ,] _____	[,] _____	[, , , , ,]	[,] No. minutos	_____ [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

26c. Conoce usted alguno otro o varios medicos particulares que tenga el consultorio cerca de su casa (mismo barrio o sector) aunque no lo haya consultado antes?

1 [ ] Si
2 [ ] No (pase a 26e)
9 [ ] NS.NR. (pase a 26e)

26d. Quiénes son esos médicos?

Nombre	Especialidad M.S.	Direccion del consultorio MS.	Tiempo de movilizacion desde la casa	Medio de transporte	Consultado antes Si	Consultado antes No	Consultado antes NR.	Si consulto antes, la familia, lo hace regularmente? Si	No	NR.
_____	[, , ,] _____	[,] _____	[, , , , ,]	[,] No. minutos	_____ [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
_____	[, , ,] _____	[,] _____	[, , , , ,]	[,] No. minutos	_____ [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
_____	[, , ,] _____	[,] _____	[, , , , ,]	[,] No. minutos	_____ [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

26e. Recuerda usted los centros de salud, clinicas rurales o perifericas, dispensarios u hospitales que hay relativamente cerca de su casa (menos de 20 minutos) y que pudiesen ser visitados para solicitar consulta externa?

1 [ ] Si
2 [ ] No (pase a 26g)
9 [ ] NS.NR. (pase a 26g)

f.Cuales son?

Nombre	Direccion	N.S.	Servicios ambulatorios que presta	Si	No	NS.	Horarios regulares (hora militar) De	A	Dias festivos Si	No	NS.	Tiempo de Movilizacion desde su casa
[, , ,]	[, , , ,]		1 Emergencias	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			2 Atencion materna (control embarazo,parto o postnatal)	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	No. de Minutos
			3 Atencion infantil	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			4 Enfermedades contagiosas	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	[,]
			5 Enfermedad general	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			6 Vacunacion	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			7 Atencion dental	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			8 Otros	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
[, , ,]	[, , , ,]		1 Emergencias	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			2 Atencion materna (control embarazo,parto o postnatal)	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	No. de Minutos
			3 Atencion infantil	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			4 Enfermedades contagiosas	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	[,]
			5 Enfermedad general	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			6 Vacunacion	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			7 Atencion dental	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			8 Otros	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
[, , ,]	[, , , ,]		1 Emergencias	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			2 Atencion materna (control embarazo,parto o postnatal)	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	No. de Minutos
			3 Atencion infantil	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			4 Enfermedades contagiosas	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	[,]
			5 Enfermedad general	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			6 Vacunacion	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			7 Atencion dental	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	
			8 Otros	[ ]	[ ]	[ ]	[,]	[,]	[ ]	[ ]	[ ]	

.....

g.Recuerda los hospitales o clinicas (con camas) relativamente cercanas para usted y que podrian ser utilizadas en caso de requerirse una hospitalizacion o internacion

1 [ ] Si

2 [ ] No (pase a 26i)

9 [ ] NS.NR. (pase a 26i)

26h.Cuales son?

Nombre	Direccion	Servicios de hospitalizacion	Si	No	Ns.	Tiempo de movilizacion desde el hogar
		Medicina general	[ ]	[ ]	[ ]	
		Maternidad o parto	[ ]	[ ]	[ ]	
		Pedatria	[ ]	[ ]	[ ]	[,] minutos
		Cirugia	[ ]	[ ]	[ ]	
		Otros	[ ]	[ ]	[ ]	
		Medicina general	[ ]	[ ]	[ ]	
		Maternidad o parto	[ ]	[ ]	[ ]	
		Pedatria	[ ]	[ ]	[ ]	[,] minutos
		Cirugia	[ ]	[ ]	[ ]	
		Otros	[ ]	[ ]	[ ]	
		Medicina general	[ ]	[ ]	[ ]	
		Maternidad o parto	[ ]	[ ]	[ ]	
		Pedatria	[ ]	[ ]	[ ]	[,] minutos
		Cirugia	[ ]	[ ]	[ ]	
		Otros	[ ]	[ ]	[ ]	

26i.Recuerda usted las farmacias relativamente cercanas a su casa (menos de 20 minutos) que podrian ser utilizadas?

1 [ ] Si

2 [ ] No (Termina la entrevista)

9 [ ] NS

26j.Cuales son?

Nombre	Direccion	Horario regular De	Horario regular A	Dias festivos Si	Dias festivos No	Dias festivos NS	Tiempo de movilizacion desde su casa
[, , ,]	[, , , ,]	[,]	[,]	[ ]	[ ]	[ ]	[,] minutos
[, , ,]	[, , , ,]	[,]	[,]	[ ]	[ ]	[ ]	[,] minutos
[, , ,]	[, , , ,]	[,]	[,]	[ ]	[ ]	[ ]	[,] minutos

MUCHAS GRACIAS POR SU COLABORACION

APPENDIX B

REPUBLICA DOMINICANA

PROYECTO MCF-LAC

INVENTARIO DE ESTABLECIMIENTOS DE SALUD

1. IDENTIFICACION

CODIGO

NOMBRE DEL ESTABLECIMIENTO _____

DIRECCION _____ CIUDAD _____

SUBSECTOR

PUBLICO		PRIVADO	
SESPAS	1	ICPL	5
IDSS	2	ISPL	6
FA Y PM	3	RELIGIOSOS	7
OTRO	4	VOLUNTARIOS	8
CUAL _____		OTRO	9
		CUAL _____	

TIPO DE ESTABLECIMIENTO

HOSPITAL	1
SUBCENTRO	2
CLINICA	3
CLINICA PERIFERICA	4
CLINICA RURAL	5
POLICLINICA	6
CONSULTORIOS	7
OTRO	8
CUAL	

2. SERVICIOS HOSPITALARIOS

ESPECIALIDADES	N°DE CAMAS ACTUAL	PRECIO-DIA/CAMA PRIVADO	PRECIO-DIA/CAMA COLECTIVO
. PEDIATRIA			
. GINECOBS.			
. MEDIC. INT.			
. CIRUGIA			
. MEDICINA GRAL.			
. OTRAS ESPEC.			
T O T A L			

3. SERVICIOS AMBULATORIOS

CONSULTA MEDICA	HORAS MEDICAS CONT. X DIA	HORAS ENFERMERIA CONT. X DIA	DIAS DE ATENCION L M M J V S D	HORARIO DE	A	PRECIOS
. MEDIC. GRAL.						
. MEDIC. INT.						
. PEDIATRIA						
. GINECOLOGIA						
. OBSTETRICIA						
. CIRUGIA						
. EMERGENCIA						
. OTRA						
(CUAL) _____						
REHABILITACION						
VACUNACION						
CONTROL NIÑO SANO						
(CREC. Y DES.)						
CONTROL EMB.						
TRAUMATIS.						
OTRO						
(CUAL) _____						

GENERAL	HORAS ODONTOLOGO	HORAS PERS. AUX. ODONTOL. X DIA
ODONTOLOGIA		

4. SERVICIOS DE APOYO

LABORATORIO CLINICO	DIAS DE ATENCION L M M J V S D	HORARIO DE	A	PRECIOS
. BACTERIOLOGIA				
. HEMATOLOGIA				
. PARASITOLOGIA				
. INMUNOLOGIA				
. QUIMICA SANGUINEA				
. OTRO				
. (CUAL) _____				
RAYOS X				
FARMACIA				
BOTICA				

5. DELEGACION DE FUNCIONES ASISTENCIALES

Anotar si en la Institución existe algún tipo de delegación de funciones* de la que se indican a continuación. En caso afirmativo especificar tales funciones:

	SI	NO	FUNCIONES
. DE MEDICO A ENFERMERA	☐	☐	_____
. DE MEDICO A AUXILIAR DE ENFERMERIA	☐	☐	_____
. DE ODONTOLOGO A AUXILIAR DE ODONTOLOGIA	☐	☐	_____

* Se refiere a funciones tradicionalmente desempeñadas por el personal de mayor categoría profesional.

ENTREVISTADO POR: _____ FECHA: _____

APPENDIX C

INVENTARIO DE CONSULTORIO MEDICOS Y ODONTOLOGICOS
PRIVADOS-NO INSTITUCIONALES

I. IDENTIFICACION

CODIGO

NOMBRE DEL CONSULTORIO

DIRECCION CIUDAD

TIPO DE CONSULTORIO MEDICO 1
ODONTOLOGICO 2

2. SERVICIOS DE CONSULTA

CONSULTA MEDICA	HORAS DE ATENCION DIARIA	DIAS DE ATENCION L M M J V S D	HORARIO DE	A	PRECIOS
. MEDIC. GENERAL					
. MEDIC. INTERNA					
. PEDIATRIA					
. GINEC. Y OBST.					
. CIRUGIA					
. OTRA					
CUAL _____					
CONSULTA ODONTOLOGICA					
. GENERAL					

3. SERVICIOS DE APOYO

LABORATORIO CLINICO:	DIAS DE ATENCION L M M J V S D	HORARIO DE	A	PRECIOS
. BACTERIOLOGIA				
. HEMATOLOGIA				
. PARASITOLOGIA				
. INMUNOLOGIA				
. QUIMICA SANGUINEA				
. OTRO				
(CUAL)_____				
RAYOS X				
FARMACIA				

ENTREVISTADO POR:_____ FECHA_____

APPENDIX D

INVENTARIO DE FARMACIAS Y BOTICAS POPULARES

1. IDENTIFICACION

NOMBRE O RAZON SOCIAL _____ CODIGO ☐☐☐☐☐☐

DIRECCION _____ CIUDAD _____

2. CARACTERISTICAS DE LA FARMACIA

TIPO DE ESTABLECIMIENTO

FARMACIA ☐

BOTICA POPULAR ☐

TAMAÑO ☐

1 a 2 EMPLEADOS 1

3 a 5 EMPLEADOS 2

6 a 10 EMPLEADOS 3

MAS de 10 EMPLEADOS 4

3. TIPO DE SERVICIOS

VENTAS	SI	NO	DIAS DE ATENCION I M M J V S D	HORARIO DE	A
. MEDICAMENTOS DE PATENTES Y/O MARCAS	☐	☐			
. PREPARACIONES MAGISTRALES	☐	☐			
. MATERIALES DE CURACION Y SIMILARES	☐	☐			
. ALIMENTOS EMPAQUETADOS	☐	☐			
. COSMETICOS	☐	☐			
. OTRO _____ CUAL _____	☐	☐			
DIRECCION TECNICA DE FARMACEUTICO GRADUADO	☐	☐			
OTROS SERVICIOS					
. INYECTOLOGIA	☐	☐			
. VENTAS A DOMICILIO	☐	☐			

ENTREVISTADO POR: _____ FECHA: _____

BIBLIOGRAPHY

Gomez, Luis Carlos
1968. La Muestra de la Investigacion Nacional de Morbilidad. Bogota, Colombia: Ministerio de Salud y Asociacion Colombiana de Facultades de Medicina.

1987. Metodologia. (Longer, more technical version of material presented in Chapter II. Available from HCF/LAC or IEPD.)

Grootaert, Christian
1986. Measuring and Analysing Levels of Living in Developing Countries: An Annotated Questionnaire (Living Standards Measurement Study Working Paper No. 24). Washington, DC: World Bank.

IEPD (Instituto de Estudios de Poblacion y Desarrollo)
1987. Poblacion y Salud en la Republica Domincana. Santo Domingo, Dominican Republic: IEPD.

INE (Instituto Nacional de Estadistica, Government of Peru)
1984. Cuestionario de Hogares. Encuesta Nacional de Nutricion y Salud del Peru. Lima, Peru.

Lewis, Maureen A.
1987 (October). A Study of Hospital Fees in the Dominican Republic. Washington, DC: The Urban Institute.

Pabon, Aurelio, et al.
1981 (Julio). Manual de Entrevistas Domiciliarias (Estudio Nacional de Salud de Colombia). Bogota, Colombia: MINSALUD, INS, ASCOFAME.