



# WORLD HEALTH SURVEY

2002

A – Household Questionnaire

**World Health Organization, Evidence and Information for Policy**

# WORLD HEALTH SURVEY

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## World Health Survey

### 0000. COVERSHEET

<b>Q0001</b>	Research Centre Number	_ / _ / _				
<b>Q0002</b>	Household ID	_ / _ / _ / _ / _				
<b>Q0003</b>	Is this the initial or retest interview?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">Initial</td> <td style="width: 15px; text-align: center;">Retest</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Initial	Retest	1	2
	Initial	Retest				
1	2					
Q0003a If retest interview, indicate number of days between initial and retest _____						
<b>Q0004</b>	Rotation Code	_				
<b>Q0005</b>	Interviewer ID	_ / _ / _				
<b>Q0006</b>	Name of interviewer					
<b>Q0007</b>	Total number of calls:					
<b>Q0008</b>	Date of final results:	_ / _ / _ dd mm yy				
<b>Q0009</b>	Final result code:	_____				
	Signature of Supervisor:					

<b>Q0010</b>	Date of editing:	_ / _ / _ dd mm yy	
<b>Q0011</b>	<u>Data entry</u>	1st data entry	2nd data entry
	Data entry information:	_ / _ / _ dd mm yy	_ / _ / _ dd mm yy
	Signature of Supervisor:		

**0100. Sampling Information (To be filled in by the supervisor)**

<b>Sampling</b>				
<b>Q0100</b>	Primary Sampling Unit (PSU) Name/Code			
<b>Q0101</b>	Secondary Sampling Unit (SSU) Name/Code			
<b>Q0102</b>	Tertiary Sampling Unit (TSU) Name/Code			
<b>Q0103</b>	Quarternary Sampling Unit (QSU) Name/Code			
<b>Additional Information</b>				
<b>Q0104</b>	Setting	Urban	Peri-urban /Semi-urban	Rural
		1	2	3
		Other	Specify: -----	
		4		

**0200. Geocoding Information**

<b>Q0200</b>	<b>Latitude:</b>	N/S	Degrees	Decimal Degrees
		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Q0201</b>	<b>Longitude:</b>	E/W	Degrees	Decimal Degrees
		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Q0202</b>	<b>Waypoint:</b>	Center of gravity of the cluster	In front of the household	Nearby location (park, parking lot, etc.)
		1	2	3

### 0300. Recontact information

	<p>A survey supervisor may be <u>calling or visiting you again</u> to <u>verify this interview</u> or to <u>collect additional information</u> in the future.</p> <p>For these reasons I would like to <u>verify your name</u> and <u>address</u> and <u>contact details</u>.</p>		
<b>Q0300</b>	<p>What is your <u>full name</u>? <b>(verify spelling and write clearly)</b></p> <p>First name <input type="text"/></p> <p>Last name <input type="text"/></p>		
<b>Q0301</b>	<p>What is your <u>address</u>?</p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>Postal code <input type="text"/></p>		
<b>Q0302</b>	<p>What is your <u>telephone number</u>? <b>(if no telephone, leave blank)</b></p> <p><input type="text"/></p>		
<b>Q0303</b>	Is your phone number listed in the telephone directory?	Yes 1	No 5
<b>Q0304</b>	If we cannot contact you for whatever reason, could you tell us who we could contact, who will know how to get in touch with you?	Yes 1	No 5
	<p>What is this person's relationship to you?</p> <p>Name <input type="text"/></p> <p>Relationship <input type="text"/></p> <p>Address <input type="text"/></p>		

**0350. Contact record**

Number of calls	Q0350 CALL #1			Q0351 CALL #2			Q0352 CALL #3			Q0353 CALL #4			Q0354 CALL #5		
A. Date (day / month / year)	__ / __ / ____			__ / __ / ____			__ / __ / ____			__ / __ / ____			__ / __ / ____		
B. Day of week															
C. Exact time began															
D. Interviewer I.D.															
E. Contact with	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3									
F. Mode of contact	Personal 1		Telephone 2	Personal 1		Telephone 2									
G. Tel. Number if obtained															
H. Household Unit listing obtained	Yes 1		No 5	Yes 1		No 5									
I. Detailed description of contact or attempt to contact															
J. Result code															
<b>Number of calls</b>	<b>Q0355 CALL #6</b>			<b>Q0356 CALL #7</b>			<b>Q0357 CALL #8</b>			<b>Q0358 CALL #9</b>			<b>Q0359 CALL #10</b>		
A. Date (day / month / year)	__ / __ / ____			__ / __ / ____			__ / __ / ____			__ / __ / ____			__ / __ / ____		
B. Day of week															
C. Exact time began															
D. Interviewer I.D.															
E. Contact with	Respondent 1	Informant 2	No One 3	Respondent 1	Informant 2	No One 3									
F. Mode of contact	Personal 1		Telephone 2	Personal 1		Telephone 2									
G. Tel. Number if obtained															
H. HU listing obtained	Yes 1		No 5	Yes 1		No 5									
I. Detailed description of contact or attempt to contact															
J. Result code															

0400. Household roster										Time Begin __ : __
<p>In order to determine whom to interview, I need to know who lives at this address. Let me assure you that any information you provide is strictly confidential. I would like the age, sex, education, marital status and relationship to you of each of the members of this household who live here. Please include people who may presently be in an institution due to their health (hospital, nursing home etc.) for a short or long period.            All the males in the household should be entered first, from oldest to youngest. All the females should then be entered, from the oldest to the youngest female.            Don't forget to include yourself in the appropriate order.</p>										
Line Number	A Household member First and last name	B * Household member's relationship to Informant	C Age	D** Education	E*** Marital status	F**** Ever worked or trained in a health-related field	G Eligible person	H Person number	I Selected "R"	
						1=Yes 5=No				
<b>M</b>	Q0400									
<b>A</b>	Q0401									
<b>L</b>	Q0402									
<b>E</b>	Q0403									
<b>S</b>	Q0404									
	Q0405									
	Q0406									
<b>F</b>	Q0407									
<b>E</b>	Q0408									
<b>M</b>	Q0409									
<b>A</b>	Q0410									
<b>L</b>	Q0411									
<b>E</b>	Q0412									
<b>S</b>	Q0413									
*Codes for B 01 = himself /herself      02 = wife or husband      03 = son or daughter      04 = son or daughter -in-law      05 = grand child 06 = parent      07 = parent-in-law      08 = brother or sister      09 = co-wife      10 = grandparent 11 = other relative      12 = not related      13 = don't know										
**Codes for D 01 = no formal schooling      02 = less than primary school      03 = primary school completed      04 = secondary school completed 05 = high school (or equivalent) completed      06 = college / pre-university / university completed      07 = post graduate degree completed										
***Codes for E 01 = never married      02 = currently married      03 = separated      04 = divorced      05 = widowed      06 = cohabiting										
**** Specification for F This column identifies any adult members of the household who have ever worked or been trained in a health-related field. Each household member who has ever worked/trained in a health-related field should be marked as "yes" in this column. The interviewer should prompt by giving examples of health workers: "This could be someone who has received a medical degree, or who worked in a hospital or health clinic (either caring for patients or doing anything else), or who dispenses medicines to people suffering from a health problem". The short questionnaire on Health Occupations (section 0900) should then be asked directly to each individual so identified, using additional copies of the questionnaire if more than one person has been identified here.										
You have said there are (REPEAT LISTING); does that include everyone living here at the present time or who is in an institution because of their health? IF NO, CORRECT LISTING Now, I will use a selection procedure - I am going to number the persons in household to determine whom we need to interview - (it will take a second)										

**0450. KISH Tables**

<b>Q0450</b>	Enter Kish Table Code (A,B1,B2,C,D,E1,E2 or F)	
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**INSTRUCTIONS FOR SELECTING RESPONDENT FOR INDIVIDUAL QUESTIONNAIRE**

- a) Enter a check mark (✓) in column G for each person eligible for selection. Eligible persons are presently age 18 or older. If the age in column C below 18+ years, DO NOT enter a check mark in column G.
- b) In column H assign a sequential number of each eligible person checked in column G. First number eligible MALES from eldest to youngest and continue the numbering with eligible FEMALES, from eldest to youngest.
- c) Use the appropriate selection table (see example below) to select a respondent. In the first column circle the total number of eligible persons (highest number assigned in col. H). The corresponding number in the second column of the selection table denotes the person selected to be interviewed. Enter "R" in column I for this person.  
Note that the appropriate selection table indicated in the Respondent Allocation Table must be used from the appendices.
- d) **IF NO ONE AGE 18 OR OLDER IN HOUSEHOLD ROSTER, THEN NO ELIGIBLE RESPONDENT**

**USE APPROPRIATE KISH TABLE AS PER THE ROTATION CODE ASSIGNED TO THIS RESPONDENT**

<b>Selection Table A*</b>	
If the number of eligible persons is:	Interview the person numbered:
1	1
2	1
3	1
4	1
5	1
6 or +	1

\*Table A given as an example. Please ensure that the appropriate Kish table is used

## 0500. Household Questionnaire

To be asked to all households.

<b>Q0500</b>	Who is the <u>person</u> who <u>provides the main economic support</u> for the household? <b>Record Line Number from Household Roster</b>	
<b>Q0501</b>	<b>Note to Interviewer:</b> <b>Determine who is the 'Household Informant'</b> <b>Record their Line Number from the Household Roster</b>  <i>The "Household Informant" should be the person in the household who is most knowledgeable about the health, employment, financial condition, expenditures and health insurance of members of the household.</i>	

The Household Questionnaire is to be administered to the "Household Informant", identified in Q0501.



WORLD HEALTH SURVEY

0550. Household Informant Consent Form

Dear Participant,

You have been identified as the most knowledgeable respondent in your household. We would like to interview you. This survey is conducted by the World Health Organization and will be carried out by professional interviewers from (name of institution). This survey is currently taking place in several countries around the world.

The interview will take approximately 20 minutes. I will ask you questions about:

- Details about members of your household,
• Insurance, expenditures and assets.

The information you provide will only be used to understand the main things that affect peoples' health in different countries.

The information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Your name, address, and other personal information will be removed from the questionnaire, and only a code will be used to connect your name and your answers without identifying you. The Survey Team may contact you again only if it is necessary to complete the information on the survey or to collect additional information at a later point in time.

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire. If you have any questions about this survey you may ask me or contact (name of institution and contact details) or (Principal Investigator at site).

Signing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

Q0550. Who was the Household Consent Form read by? 1. Read by Respondent [ ] 2. Read by Interviewer [ ]

Q0551. Was the Household Consent Form Agreed to and Signed / but Not Signed or Refused? 1. Agreed and Signed [ ] 2. Agreed, but Not Signed [ ] 7. Refused [ ]

Respondent: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

The Household Questionnaire is to be administered to the "Household Informant", identified in Q0501.

**0560. Malaria Prevention: Use of (bed) nets**

<b>Q0560</b>	Do you have a <u>mosquito (bed) net</u> in the house?	<b>1.</b> Yes	<b>5.</b> No	<b>8.</b> DK	If No or DK: Go to Q0570
<b>Q0561</b>	Were the (bed) nets treated with <u>insecticide</u> , a product that kills insects?	<b>1.</b> Yes	<b>5.</b> No	<b>8.</b> DK	If No or DK: Go to Q0563
<b>Q0562</b>	<i>If Yes:</i> When was the <u>last time</u> the (bed) nets were (re-) treated with this product?	<b>1.</b> Within the last 6 months	<b>2.</b> 7 months-12 months ago	<b>3.</b> More than 1 year ago	<b>8.</b> DK
<b>Q0563</b>	Can you please tell me how many <u>children aged under 5 years</u> live in this household?  <b>Interviewer: Enter the number of children in the box. If no child under age 5 in household, enter "0". Correct number of children in household and update roster if necessary.</b>	_____			If No children under age 5 in household: Go to Q0565
<b>Q0564</b>	How many of these children slept under a mosquito (bed) net <u>last night</u> ?	_____			<b>88.</b> DK
<b>Q0565</b>	Can you please tell me how many <u>women</u> who live in this household are currently <u>pregnant</u> ?  <b>Interviewer: If no women are currently pregnant, enter "0".</b>	_____			<b>88.</b> DK
<b>Q0566</b>	How many of the pregnant women in this household slept under a mosquito (bed) net <u>last night</u> ?	_____			<b>88.</b> DK
<b>Q0567</b>	How many <u>other persons</u> who live in this household slept under a mosquito (bed) net <u>last night</u> ? (That is, all the other household members except for young children or pregnant women.)	_____			<b>88.</b> DK

## 0570. Household Care

<b>Q0570</b>	Is there anyone in your house who is in an <u>institution</u> (hospital, after care home, home for the aged, hospice etc.) due to their <u>health condition</u> ?  <b>Note to interviewer: If that person is picked randomly as the respondent they will be interviewed in the institution (if the condition is chronic and return to home in the near future is unlikely) or upon return to home (if the condition is acute and return to home is likely in the next 2 weeks).</b>	<b>1. Yes</b>	<b>5. No</b>		
	<i>If Yes:</i> <b>RECORD LINE NUMBERS from Household Roster of all household members currently in an institution due to their health condition</b>	1.			
		2.			
		3.			
		4.			
		5.			
<b>Q0571</b>	Is there anyone in your home, a child or adult, who <u>needs care</u> because of a long-term physical or mental illness or disability, or is getting old and weak?	<b>1. Yes</b>	<b>5. No</b>	If No: Go to Next Section	
<b>Q0572</b>	How much care does this person need?	<b>1. Needs help/ watching all the time (day and night)</b>			
		<b>2. Cannot be without help/ watching or be left alone at home for more than an hour</b>			
		<b>3. Can be left on his/her own at home for several hours but requires accompaniment when leaving home</b>			
		<b>4. Needs some help at home and sometimes needs to be accompanied when leaving home</b>			

**Time End:** \_\_\_ : \_\_\_

## 0600. Health Insurance

Time Begin: \_\_ : \_\_

I would like to ask you some questions about health insurance. When we say someone is "covered by health insurance", we mean that he or she is enrolled with an organization that pays for health care costs if he or she gets sick or injured.

ASK THE QUESTIONS FOR EACH HOUSEHOLD MEMBER IN THE SAME ORDER AS THE HOUSEHOLD ROSTER, WITH ONE ROW PER HOUSEHOLD MEMBER

Line Number from Household Roster	<b>A</b> Is this person covered by any kind of health insurance plan?  1 = YES 5 = NO  If No: Go to next person	<b>B</b> Is this person covered by any <u>mandatory</u> health insurance plans?  ENTER code (See below)	<b>C</b> Is this person covered by any <u>voluntary</u> health insurance plans?  ENTER code (See below)  If None:Go to E	<b>D</b> How much does your household pay for this person's <u>voluntary</u> health insurance <u>each year</u> ?	<b>E</b> Is this person covered by insurance <u>only</u> because of his/her relationship to someone else who has health insurance?  1 = YES 5 = NO  If No: Go to Next person	<b>F</b> Who is enrolled in the insurance plan that gives this person health insurance?  INDICATE <u>Line Number</u> from Household Roster of Person if he/she is in the Household  If Person not in Household ENTER "999"
Q0600 (0400 in roster)						
Q0601 (0401 in roster)						
Q0602 (0402 in roster)						
Q0603 (0403 in roster)						
Q0604 (0404 in roster)						
Q0605 (0405 in roster)						
Q0606 (0406 in roster)						
Q0607 (0407 in roster)						
Q0608 (0408 in roster)						
Q0609 (0409 in roster)						
Q0610 (0410 in roster)						
Q0611 (0411 in roster)						
Q0612 (0412 in roster)						
Q0613 (0413 in roster)						

[USE CATEGORIES APPROPRIATE TO EACH COUNTRY]

<b>CODES FOR B</b> NONE=0 SIGNIFICANT MANDATORY INSURANCE PLANS OTHER MANDATORY INSURANCE	<b>CODES FOR C</b> NONE=0 SIGNIFICANT VOLUNTARY INSURANCE PLANS OTHER VOLUNTARY INSURANCE
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## 0650. Community Health Insurance Programs [CHIP]

**IF HOUSEHOLD RESPONDS TO Q0602 THAT ANYONE IN THE HOUSEHOLD IS COVERED BY A COMMUNITY HEALTH INSURANCE PLAN (e.g. "Mutuelle") .....THEN START WITH Q0650**

**IF NONE RESPONDS TO Q0602.....GO TO Q0680**

Joining the Plan							
Q0650	You indicated that someone in your household has health insurance with a [CHIP]. What is the name of the [CHIP]?						
Q0651	When did these household members first join [that CHIP]?						
Q0652	What was the main reason for joining [that CHIP]?						
Q0653	Do you expect membership in [that CHIP] will be renewed?	1. Yes	5. No				
Payments and Benefits							
Q0660	Did your household members join the [CHIP]...	1. Individually	2. As a family	3. As members of a cooperative or credit program	4. Other: (Specify, e.g. clan, occupational group)		
Q0661	How high is the [contribution] compared to benefits you get from the [CHIP]?	1. Too high	2. High	3. About right	4. Low	5. Very low	
Q0662	How difficult is for your household to pay the [CHIP] [contribution]?	1. Very difficult	2. Difficult	3. Not too difficult	4. Easy	5. Very easy	
Communication and Information							
Q0670	If someone in your household had questions about the [CHIP], would they know whom to ask or where to go?	1. Yes			5. No		If No, Go to Q0680
Q0671	How difficult is it to reach that person or place when information is needed?	1. Very difficult	2. Difficult	3. Not too difficult	4. Easy	5. Very easy	

<b>Attitudes towards risk pooling</b>						
<b>Q0680</b>	How much do you think <u>healthy people</u> in [the country] should contribute to pay for the health care used by sick people?	<b>1.</b> None of the cost	<b>2.</b> Some of the cost	<b>3.</b> Half of the cost	<b>4.</b> Most of the cost	<b>5.</b> All of the cost
<b>Q0681</b>	How much do you think <u>people</u> in [the country] should contribute to pay for the health care used by poor people when they become sick?	<b>1.</b> None of the cost	<b>2.</b> Some of the cost	<b>3.</b> Half of the cost	<b>4.</b> Most of the cost	<b>5.</b> All of the cost

## 0700. Permanent Income Indicators (Higher Income Countries)

I would like to quickly ask you a few questions about your home. Remember that any information you provide will be kept confidential.

<b>Q0700</b>	Can you please tell me <u>how many rooms</u> there are in your home?	_____
<b>Q0701</b>	How many <u>cars</u> are there in your household? (If none enter "0")	_____
<b>Q0702</b>	How many <u>televisions</u> are there in your household? (If none enter "0")	_____

Does anyone in your household have:

<b>Q0703</b>	A bicycle?	1. Yes	5. No
<b>Q0704</b>	A video cassette recorder (VCR)?	1. Yes	5. No
<b>Q0705</b>	A stereo system?	1. Yes	5. No
<b>Q0706</b>	A DVD player?	1. Yes	5. No
<b>Q0707</b>	A video camera?	1. Yes	5. No
<b>Q0708</b>	A washing machine for clothes?	1. Yes	5. No
<b>Q0709</b>	A washing machine for dishes?	1. Yes	5. No
<b>Q0710</b>	A vacuum cleaner?	1. Yes	5. No
<b>Q0711</b>	A refrigerator?	1. Yes	5. No
<b>Q0712</b>	A fixed line telephone?	1. Yes	5. No
<b>Q0713</b>	A mobile / cellular telephone?	1. Yes	5. No
<b>Q0714</b>	A computer ?	1. Yes	5. No
<b>Q0715</b>	Access to the internet / World Wide Web from your home?	1. Yes	5. No
<b>Q0716</b>	Any subscriptions to magazines and/or newspapers?	1. Yes	5. No
<b>Q0717</b>	A security system in your home (alarm, reinforced doors, guards etc.)?	1. Yes	5. No
<b>Q0718</b>	Do you employ anybody in your house who is not a member of your family (gardener, cook, cleaning lady, driver etc.)?	1. Yes	5. No
<b>Q0719</b>	Do you have a <u>second home</u> ?	1. Yes	5. No

## 0800. Household Expenditure

I would like to ask you some questions about how much your household spends on health services and other things.

*For all questions in this section report all values in local currency, whether paid in cash or in kind*

<b>Q0800</b>	In the <u>last 4 weeks</u> , how much did your household spend in total?	_____
--------------	--	-------

In the last 4 weeks, how much did your household spend on:

<b>Q0801</b>	Food, including such things as [rice], meat, fruits, vegetables, and cooking oils. Include the value of any food that was produced and consumed by the household, and exclude alcohol, tobacco and restaurant meals.	_____
<b>Q0802</b>	Housing, gas, electricity, water, telephone, and heating fuel	_____
<b>Q0803</b>	Education fees and supplies	_____
<b>Q0804</b>	Health care costs, excluding any insurance reimbursements	_____
<b>Q0805</b>	Voluntary insurance premiums or prepaid health plans	_____
<b>Q0806</b>	All other goods and services	_____

I would like to ask you more specific questions about how much your household spent on health services. When answering these questions, think about all of the times that any household member used a health service in the last 4 weeks. Please exclude costs to be reimbursed by insurance and any transportation costs.

In the last 4 weeks, how much did your household spend on:

<b>Q0807</b>	Care that required staying <u>overnight</u> in a hospital or health facility	_____
<b>Q0808</b>	Care by doctors, nurses, or trained midwives that <u>did not require an overnight stay</u>	_____
<b>Q0809</b>	Care by traditional or alternative healers	_____
<b>Q0810</b>	Dentists	_____
<b>Q0811</b>	Medication or drugs	_____
<b>Q0812</b>	Health care products such prescription glasses, hearing aids, prosthetic devices, etc.	_____
<b>Q0813</b>	Diagnostic and laboratory tests such as X-rays or Blood tests	_____
<b>Q0814</b>	Any other health care products or services that were not included above	_____

<b>Q0815</b>	In the <u>last 12 months</u> , how many times did members of your household go to a <u>hospital and stay overnight</u> ? ENTER NUMBER OF TIMES FOR ALL HOUSEHOLD MEMBERS IN TOTAL. IF NONE, ENTER "0"		If None: Go to Q0817
<b>Q0816</b>	In the last <u>12 months</u> , how much did the <u>household pay</u> for all costs associated with <u>overnight stays</u> in a hospital? Please exclude any expenses in the last 4 weeks that you have already told me about, and exclude any reimbursements from insurance.		

In the last 12 months, which of the following financial sources did your household use to pay for any health expenditures?

<b>Q0817</b>	Current income of any household members	<b>1.</b> Yes	<b>5.</b> No
<b>Q0818</b>	Savings (e.g. bank account)	<b>1.</b> Yes	<b>5.</b> No
<b>Q0819</b>	Payment or reimbursement from a health insurance plan	<b>1.</b> Yes	<b>5.</b> No
<b>Q0820</b>	Sold items (e.g. furniture, animals, jewellery, furniture)	<b>1.</b> Yes	<b>5.</b> No
<b>Q0821</b>	Family members or friends from outside the household	<b>1.</b> Yes	<b>5.</b> No
<b>Q0822</b>	Borrowed from someone other than a friend or family	<b>1.</b> Yes	<b>5.</b> No
<b>Q0823</b>	Other	<b>1.</b> Yes	<b>5.</b> No

**Time End:** \_\_\_ : \_\_\_

## 0900. Health Occupations

Time Begin: \_\_\_ : \_\_\_

*This short questionnaire on Health Occupations should be completed for each adult household member who was identified in the household roster as having ever worked or trained in a health-related field. The questionnaire should be asked directly to each individual.*

<b>Q0900</b>	Identification of <u>member</u> of the household who has <u>ever worked</u> or been trained in a <u>Health-Related field</u>	Name: _____		
<b>Q0901</b>	Line number from household roster	_____		
<b>Q0902</b>	Questionnaire completed	1. Yes	2. No, respondent not found	3. No, respondent refused

I would like to ask you some questions about your work or training in the health field. This information is confidential and will only be used for research purposes.

<b>Q0903</b>	How would you best describe your <u>main occupation</u> or <u>occupational training</u> ?	1. Medical doctor (including psychiatrist, gynecologist, ophthalmologist, etc.)		
		2. Dentist, dental surgeon or oral/dentistry or periodontist		
		3. Pharmacist or pharmaceutical chemist		
		4. Nurse professional		
		5. Midwife professional or matron		
		6. Optometrist or optician		
		7. Physiotherapist, chiropractor or podiatrist		
		8. Medical assistant		
		9. Nutritionist or dietician		
		10. Dental associate (assistant, hygienist or technician)		
		11. Pharmaceutical assistant or technician		
		12. Nursing associate or auxiliary		
		13. Nursing aide, community health workers, hospital aide or dental aide		
		14. Midwife associate or auxiliary or traditional birth attendant		
		15. Sanitarian or health inspector		
		16. Traditional medicine practitioner		
		17. Faith healer		
		18. Other health occupation than above : Specify _____		
		19. Other occupation (such as administrator, driver, sweeper, etc.)		
<b>Q0904</b>	Have you worked during the <u>last 12 months</u> ?	1. Yes	5. No	If No: Go to Q0916

<b>Q0905</b>	How would you best describe the <u>place where you usually</u> worked over the <u>last 12 months</u> ?  <b>(If main place of work is a health facility, probe for whether public or private sector.)</b>	1. Public hospital (government, including military or railroad hospital)
		2. Private hospital (for profit/not for profit)
		3. Public health centre (including dental clinic, palliative care centre, mobile clinic, health post, etc.)
		4. Private health centre, including dental clinic, palliative care centre, mobile clinic, health post, doctor's office, etc.)
		5. Private home-based services (nursing, medical, etc.)
		6. Public health training or research institution (including medical faculty, dental college, etc.)
		7. Private health training or research institution (including medical faculty, dental college, etc.)
		8. Laboratory centre
		9. Pharmacy
		10. Other health services (including district health administration, etc.)
		11. Non-health services area
<b>Q0906</b>	How many hours a week do you usually work at this location, <u>excluding unpaid mealtimes and on-call hours</u> ? (By "on-call hours", I mean hours such as during nights and weekends, when you must be available for duty but do not have to be physically present on the hospital ward or in a clinic or laboratory)	

**Select and rank the two main type of work that you usually perform at this location**

1. Direct patient care (health diagnosis, surveillance, procedures, interventions, etc.)
2. Administration / supervision/care coordination
3. Teaching / health education/research
4. Laboratory / diagnostic procedures
5. Dispensing (medications / health products)
6. Other health-related activities (such as attending in ward, assisting medical practitioners, etc.)
7. Consultation with agencies / professionals
8. Other non-health activities (such as driving car, maintaining equipment, etc.)

<b>Q0907</b>	First main type of work	_____
<b>Q0908</b>	Second type of work	_____

<b>Q0909</b>	How would you describe the <u>method</u> by which you are <u>usually paid</u> at this location?	1. Salary (such as weekly or hourly wage, etc.) 2. Salary plus bonus 3. Fee-for-service (according to type of service provided only) 4. Capitation (fixed amount per patient) 5. Capitation plus fees for extra services 6. Other methods 7. Not paid		
<b>Q0910</b>	In addition to your main job location, have you <u>regularly worked at another location</u> over the last 12 months?	1. Yes	5. No	If No: Go to Q0917
<b>Q0911</b>	<b>IF ALSO WORKED AT ANOTHER LOCATION:</b> How would you best describe this other place where you worked ?	1. Public hospital (government, including military or railroad hospital) 2. Private hospital (for profit/not for profit) 3. Public health centre (including dental clinic, palliative care centre, mobile clinic, health post, etc.) 4. Private health centre, including dental clinic, palliative care centre, mobile clinic, health post, doctor's office, etc.) 5. Private home-based services (nursing, medical, etc.) 6. Public health training or research institution (including medical faculty, dental college, etc.) 7. Private health training or research institution (including medical faculty, dental college, etc.) 8. Laboratory centre 9. Pharmacy 10. Other health services (including district health administration etc.) 11. Non-health services area		
<b>Q0912</b>	How many hours a week do you <u>usually work</u> at this other location <u>excluding unpaid mealtimes and on-call hours</u> ?	_____		

**Select and rank the two main type of work that you usually perform at this location**

1. Direct patient care (health diagnosis, surveillance, procedures, interventions, etc.)
2. Administration / supervision/care coordination
3. Teaching / health education/research
4. Laboratory / diagnostic procedures
5. Dispensing (medications / health products)
6. Other health-related activities (such as attending in ward, assisting medical practitioners, etc.)
7. Consultation with agencies / professionals
8. Other non-health activities (such as driving car, maintaining equipment, etc.)

<b>Q0913</b>	First main type of work (second job location)	_____
<b>Q0914</b>	Second type of work (second job location)	_____
<b>Q0915</b>	How would you describe the <u>method</u> by which you are <u>usually paid</u> at this other location?	1. Salary (such as weekly or hourly wage, etc.)
		2. Salary plus bonus
		3. Fee-for-service (according to type of service provided only)
		4. Capitation (fixed amount per patient)
		5. Capitation plus fees for extra services
		6. Other methods
		7. Not paid
<b>Q0916</b>	<b>IF NOT BEEN WORKING IN THE LAST 12 MONTHS:</b> What is the <u>main reason</u> you have <u>not</u> been working over the last 12 months?	1. Looked but can't find a job
		2. Doing unpaid work / voluntary activities
		3. Studies / training
		4. Caring for family / Homemaker
		5. Retired / too old to work
		6. Ill health
		7. Other
<b>Q0917</b>	Over the last 2-3 years, did you work for <u>at least 6 months</u> in a <u>country other than this one</u> ?	1. Yes
		5. No

Go to Q0917

<b>Q0918</b>	What was the <u>highest level of schooling you completed</u> ?	1. No formal schooling		If 1: Go to Q0921
		2. Less than primary school		
		3. Primary school completed		
		4. Secondary school completed		
		5. High school (or equivalent) completed		
		6. College/ pre-university/ University completed		
		7. University post-graduate degree completed		
<b>Q0919</b>	In <u>what year</u> did you reach <u>this level</u> ?	_____		
<b>Q0920</b>	In <u>what country</u> did you reach <u>this level</u> ?	1. Country of residence	2. Other country	
<b>Q0921</b>	In the past 12 months, have you been on any professional training or continuing education programmes? <b>IF YES:</b> For how many days (in the past 12 months)? <b>IF NONE,</b> record "0".	_____		

We are interested in knowing the average income of health workers and people trained in the health field. Such information is of value when discussing health care financing options for your country. Remember that whatever you say is confidential and will only be used for research purposes.

Thinking over the past year, can you tell me what have been your average earnings? (*Please tell me the amount per week, per month or per year, whichever is easiest for you.*)

<b>Q0922</b>	Per week	_____	-8. DK	-7. Refusal
<b>Q0923</b>	Per month	_____	-8. DK	-7. Refusal
<b>Q0924</b>	Per year	_____	-8. DK	-7. Refusal

**Time End:** \_\_\_ : \_\_\_