

Informal costs								
Other costs, if any								
Total direct non- medical expenses								
Facility wise total Cost								

10. Were there any expenses after discharge from the study facility?

Reason of expense	Quantity	Total cost
1. Special foods		
2. Toys/magazines		
3. Personal medical appliances		
4. Hired help		
5. Others, specify		

11. Indirect expenses after discharge from the study facility, if any.

Patient/ caregiver	Total days of productivity lost	Income lost
1. Patient		
2. Caregiver 1		
3. Caregiver 2		
4. Caregiver 3		
5. Caregiver 4		
6. Caregiver 5		

12. Source of financing for expenditure on healthcare during the recontact period

Source	Amount
Salary/Savings	
Selling of assets	
Borrowed from relatives/friends without interest	
Borrowed with interest	
Health insurance	
Any other (specify)	

13. Is there any provision for reimbursement of medical expenses? Yes No

14. If yes, mention the amount reimbursed:

15. Relationship of respondent to the patient:_____

Data collected by: _____

Date: __/__/____

Signature

Data verified by: _____

Date: __/__/____

Signature

General form filling guidelines

Please use ink to fill all paper forms and write all text in capital letters. Use a tick mark to select check box options and leave the unselected check box options as blank. Fields that are highlighted in grey are personal health information and should not be entered on the database. Fill time in 24 hour format or military hours i.e. 7 p.m. as 19:00. Fill date in DD/MM/YYYY format unless specified otherwise, e.g. 19/01/2018. Use a single stroke across empty fields with initials and date. If consecutive fields are blank they may all be stroked out with a single stroke. If there is a filled field in between two empty fields please use two strokes. NEVER OVERWRITE an entry in the form. For corrections on the paper form, a single line drawn across the field with corrections accompanied by the initial of the person who made that change and date of change written beside each corrected field, is acceptable. ERASER OR WHITENER ARE NOT ALLOWED ON ANY CRF. The signature of the person who filled the form and date is essential. The PI or PI designate should check all the forms before it is entered on the database.

Form filling guidelines for Cost of Illness Re-contact form

The re-contact should be on the 14th day and 28th day from the day of enrolment of the subject into the Typhoid surveillance. As per protocol, day 14 recontact may be done telephonically and day 28 recontact form should be filled in-person, when the patient revisits the facility or during a house visit.

1. **Subject ID or IPS ID:** This will be the same as the Sequential Number of the patient which has been assigned in the Acute Febrile illness CRF (FORM 1.2) or in the Ileal Perforation CRF (FORM 4.2)
2. **Date of enrolment:** The date the subject gave consent and was enrolled in the study is entered here. This date will be day zero from which the 14th and 28th day re-contact will be calculated. This date will not be dependent on date of admission.

Protected Health Information

Name: Name of the subject as given in the hospital records is documented in this field.

Hospital number: The unique hospital number of the patient has to be documented in the field. This number should help identify patient records during re-contact

Phone number: Please collect the primary contact number at which the subject can be reached. This will not be entered on to the web portal.

Address: The residential address of the subject in detail should be entered here. The **village name, block name and pin code** should be entered. This part of the address is important as the Health Utilization Survey to estimate incidence of typhoid will be dependent on this address. For those who are temporary residents, address for the last six months can be entered. This part of the patient information will not be entered on to the web portal.

3. **Date of re-contact:** Date of recontact of the subject
4. **Re-contact time point:** Enter the re-contact visit number, first re-contact 14-18th day from enrolment or second re-contact 28-30th day from enrolment.
5. **Type of re-contact:** Please choose the options where the re-contact was an in-person interview either at the hospital or home. Enter 'Telephonic' when the interview was over phone
6. **Status of the subject:** Enter the status of the subject at the point of re-contact. If the subject is alive and re-contacted, choose this option. If the re-contact was not done, enter 'Not contacted'. If the subject is dead, enter this along with the date of death.
7. **Did the subject visit any health facility before re-contact?** After discharge from the facility of enrolment, was the subject taken to any other facility. Enter 'Yes' or 'No'.
8. **Number of facilities visited after discharge from the study facility:** Enter the total number of facilities visited after discharge from the facility of enrolment. If nil then enter '00'
9. **What was the total expenditure in the facilities visited after discharge from the study facility?** Please document the expenses borne by the family to take the subject to a health facility for OPD or IPD. If medicines were purchased at a pharmacy without a prescription, please document it under the pharmacy column. Similarly, if a traditional healer was

visited. If more than one facility was visited, the costs should also be mentioned accordingly. If multiple visits were made to the same facility, please record the total for all the visit against each head.

Direct medical expenses include

- Hospitalization charges - amount spent on registration fee, bed charges etc
- Diagnostics- amount spent on diagnostics tests
- Drugs - amount spent on medicines
- Consumables – amount spent on IV fluids, insyte, connectors etc.

Direct non-medical expenses include

- Travel cost - amount spent by the family to travel to the health facility and back home and travel to get medicines.
- Meal cost – amount spent by the family on food during the stay at the health facility
- Lodging/boarding costs – amount spent by the family on lodging.
- Informal costs - under the table expenses, this has to be elicited with care.
- Other costs – any other expenses incurred.

For direct medical expenses if the subject can recall only a pooled amount please record the amount against total direct medical expenses. Similarly, for the direct non- medical expenses if the subject can recall only a pooled amount please record the amount against total direct non-medical expenses. Besides the pooled amount for direct medical and direct non-medical expenses, if the subject can recall the approximate cost for any of the specific heads mentioned, please document and enter on the online form. Please calculate the facility wise total as the sum of total direct medical and direct non-medical expenses. This value may be useful for the interviewer to tally against the total amount recorded in source of financing, Q 12

- 10. Were there any expenses after discharge from the study facility?** Please use the categories mentioned to help the caretakers/subject recall any additional expenses that can be directly attributed to recovery from the illness. Please elicited carefully to avoid false reporting.
- 11. Indirect expenses after discharge from the study facility, if any:** The productivity losses of the patient and caretakers are captured here in terms of number of days lost and income lost. The number of days of productivity lost should be calculated from discharge to date of recontact. Income lost should then be calculated based on number of days lost from work and income for one day.
- 12. Source of financing for expenditure on healthcare during the recontact period:** Please document the source for the finances used to pay for the expenses incurred for healthcare related costs for the recontact period. There can be multiple options, the amount should be specified against respective option.
- 13. Is there any provision for reimbursement of medical expenses** from an insurance company or the employer or Poor Patient Fund? Tick in the appropriate column
- 14. If yes, mention the amount reimbursed:** If there was reimbursement, mention the amount reimbursed: Mention if applicable.
- 15. Relationship of respondent to the patient:** Enter the respondent’s relationship to the patient, select ‘not applicable’ if the respondent is the patient.