

Supplementary Material III. Cost of Illness Form

1. Subject ID No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Protected Health Information			
Name			
Hospital number			
Phone no.			
Address			
2. Date of enrolment	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4. Age in years:	<input type="text"/> (completed years)		
5. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
6. Date of onset of fever	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
7. Date of admission	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
8. Date of discharge	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
9. Gross Monthly Income for the patientRs		
10. Total family income (monthly income)Rs		
11. Total number of family members	<input type="text"/> <input type="text"/>		
12. Total number of family members aged ≥10 years	<input type="text"/> <input type="text"/>		
13. Total number of family members aged <10 years	<input type="text"/> <input type="text"/>		
14. Type of Insurance			
<input type="checkbox"/> BPL free	<input type="checkbox"/> Poor free		
<input type="checkbox"/> Government employee	<input type="checkbox"/> RSBY		
<input type="checkbox"/> Private Insurance	<input type="checkbox"/> NRHM scheme		
<input type="checkbox"/> Any other, specify _____	<input type="checkbox"/> None		
15. Consumption expenditure How much does your family spend on the following items:	Expense (use any one time frame)		
	7 days	30 days	365 days
i. Food:			
Ration (Cereals, pulses, edible oil, bread etc.) Fruits and vegetables Milk Milk products Beverages Others, if any			
ii. Education Fees Books Newspaper Others, if any			
iii. Health (exclude the current illness)			

17 A. Direct Out of Pocket (OOP) expenditure during hospitalization in the study facility

Out of Pocket Expenditure	Week 1						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Admitted in: General/Private							
Date of contact							
Medicines							
Consumables							
Lab tests/ Diagnostics							
User fees/Hospital charges							
Procedures/ surgery							
Total medical costs							
Travel cost							
Meal costs							
Boarding/Lodging costs							
Informal costs							
Others, if any							
Daily total expenses							

Out of Pocket Expenditure	Week 2						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Admitted in: General/Private							
Date of contact							
Medicines							
Consumables							
Lab tests/ Diagnostics							
User fees/Hospital charges							
Procedures/surgery							
Total medical costs							
Travel cost							
Meal costs							
Boarding/Lodging costs							
Informal costs							
Others, if any							
Daily total expenses							

17 B: Source of financing for expenditure on current episode of illness

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

17 C. If there was reimbursement, mention the amount reimbursed: _

Indirect costs

18. What would the subject have been doing otherwise if he/she were not admitted? (Multiple responses allowed)

Time spent (in hours) on	1 day	1 week	1 month
Household activities			
Childcare			
Professional work			
Voluntary work			
Leisure activities			
Attending School/University			
Seeking work			
Social work			
Physical workout			
Other (specify)			
Total time spent			

19. Did other people take over and perform the subject's usual household tasks during his/her hospital stay? If yes, fill the appropriate option, there can be more than one answer (Applicable only for patients above 15 years of age)

Activities	Yes/No/NA	Paid/Unpaid	No. of hours
Household activities			
Childcare			
Professional work			
Social work			
Physical workout			
Other (specify)			

20. How much income have your caregiver lost as a result of taking care of the patient?

	Caregiver 1	Caregiver 2	Caregiver 3
Relation with patient			
Contact No.			
Total duration of hospital stay (In hours)			
Employment status (Yes/No)			
Nature of employment* (use code mentioned at the end of the table)			
Monthly Gross Income of Caregiver (In Rs)			
Time spent daily (hours) on:			
1. Time spent for household activities (Yes/ No)			
a. Hours forgone due to care-giving of the patient			
b. What was your Alternative {1=Yes (paid), 2=Yes (unpaid), 3=No, 4=NA}			
c. No. of hours spent (alternative)			
d. Payment to alternative paid worker, if any (In Rs)			

2. Time spent for childcare (Yes/ No)			
a. Hours forgone due to care-giving			
b. What was your Alternative {1=Yes (paid), 2=Yes (unpaid), 3=No, 4=NA}			
c. No. of hours spent (alternative)			
d. Payment to alternative paid worker, if any (In Rs)			
3. Time spent for professional work (Yes/ No)			
a. Hours forgone due to care-giving			
b. What was your Alternative {1=Yes (paid), 2=Yes (unpaid), 3=No, 4=NA}			
c. No. of hours spent (alternative)			
d. Payment to alternative paid worker, if any (In Rs)			
4. Time spent for voluntary work (Yes/ No)			
a. Hours forgone due to care-giving			
b. What was your Alternative {1=Yes (paid), 2=Yes (unpaid), 3=No, 4=NA}			
c. No. of hours spent (alternative)			
d. Payment to alternative paid worker, if any (In Rs)			
5. Time spent for leisure activities (Yes/ No)			
a. Hours forgone due to care-giving			
6. Attending school/university (Yes/ No)			
a. Hours forgone due to care-giving			
7. Seeking work (Yes/ No)			
a. Hours forgone due to care-giving			
8. Social work (Yes/ No)			
a. Hours forgone due to care-giving			
b. What was your Alternative {1=Yes (paid), 2=Yes (unpaid), 3=No, 4=NA}			
c. No. of hours spent (alternative)			
9. Physical workout (Yes/ No)			
a. Hours forgone due to care-giving			
10. Other (specify)			
a. Hours forgone due to care-giving			
b. What was your Alternative {1=Yes (paid), 2=Yes (unpaid), 3=No, 4=NA}			
c. No. of hours spent (alternative)			
d. Payment to alternative paid worker, if any (In Rs)			

* *Alternative Worker*: Yes (Paid) =1, Yes (Unpaid) =2, No=3, Not Applicable (NA) =4
Employment Status: Cultivator=1, Agricultural wage labourer=2, Non-agricultural wage labourer=3, Own account worker=4, Employer=5, Unpaid family worker=6, Regular salaried/Wage employee=7, Unemployed=8, Rentier/Pensioner/ Other remittance recipient=9, Not able to work due to disability=10, Too old to work=11

21. Both questions A & B should be asked to the same person (primary/ secondary / tertiary caregiver)

A. Due to care-giving was your performance at work affected.

Care giving had no effect on my daily activities	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 0 1 2 3 4 5 6 7 8 9 10 NA (Encircle a number)	Care giving stops my daily professional activities completely
---	--	--

B. Due to care-giving was your performance on non-professional activities like household chores, shopping, exercising, studies etc. affected.

Care giving had no effect on my daily activities	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 0 1 2 3 4 5 6 7 8 9 10 (Encircle a number)	Care giving stops my daily non- professional activities completely
---	---	---

Data collected by: _

Date: _ / _ / _

Signature

Data verified by: _

Date: _ / _ / _

Signature

Cost of Illness Form

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 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 form

The questionnaire needs to be filled after the patient is diagnosed with culture positive Typhoid and hospitalized or with non-traumatic ileal perforation, while he/she is still admitted in the facility.

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 IPS ID in the Ileal Perforation CRF (FORM 4.2)

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

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.

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.

2. **Date of enrolment:** The date of enrolment into the NSSEFI has to be mentioned here. This date should correspond to the date given in the CRF1.2 or 4.2.
3. **Date of birth:** Date of birth (DD/MM/YYYY). If only the year is known and the date or month is not known, then kindly take 15th June of that year as the date of birth.
4. **Age in years:** Please enter the age of the participant, in completed years.
5. **Gender:** Select the appropriate option to mark the gender of the subject.
6. **Date of onset of fever:** Record the date of onset of fever for the current episode of illness in DD-MM-YYYY format.
7. **Date of admission:** Record the date of admission in the study facility in DD-MM-YYYY format.
8. **Date of discharge:** Record the date of discharge from the study facility in DD-MM- YYYY format.

Questions 9-15 can be collected towards the end of the session or even on a later date from the home of the patient. A good rapport needs to be established before collecting this important information.

10. **Gross Monthly Income for the Patient:** Record the total monthly income of the patient if he/she is an earning member; for children and non-earning patients, record the income as zero
11. **Total family income:** Sum of the monthly income of all working members in the family.

12. **Total number of family members:** No. of persons living under the same roof and eating food from the same kitchen (included under five year old children) or living elsewhere but being fully supported by the family (like college students, old parents)
13. **Total number of family members aged ≥ 10 years:** Subset of Q.11.
14. **Total number of family members aged < 10 years:** Subset of Q.11.
15. **Type of Insurance:** Enter details if the patient is covered by any insurance scheme. If the patient is not covered by an insurance even when other members of the family are covered please enter 'None'. Tick any of the insurance options after inquiring the details, if any options other than the specified ones are reported, write down in the others section.
Tick NO if no insurance options are available
- BPL free: The policy covers reimbursement of hospitalization expenses for illness / diseases suffered or injury sustained by the Insured Person. This insurance is available to persons between the age of 5 to 70 years. Children between the age of 3 months and 5 years of age can be covered provided one or both parents are covered concurrently.
 - Poor free: Poor and vulnerable families in India will get an insurance coverage of up to 5 lakhs under this national health protection scheme. It is considered as a precursor to universal health coverage and can be used to pay for hospitalization and treatment in secondary and tertiary care facilities.
 - Government employee insurance: Employees and retirees could avail themselves of treatment at designated hospitals without initial payment. The final bill would be paid by the insurance company, via the government, to the hospitals. Insurance facility would also be available to outpatient treatments.
 - RSBY: Any Below Poverty Line (BPL) family, whose information is included in the district BPL list prepared by the State government, are eligible. By paying only a maximum sum up to Rs. 750/- per family per year, the Government is able to provide access to quality health care to the below poverty line population.
 - Private insurance: Insurance from any of private companies like:
 - Apollo Munich Health Insurance
 - Bajaj Allianz Health Insurance
 - Future Generali Health Insurance
 - Max Bupa Health Insurance
 - Religare Health Insurance
 - Royal Sundaram Health Insurance
 - Star Health and Allied Insurance
 - L & T Insurance
 - NRHM scheme: Any of the insurance schemes like Central Government Health Scheme (CGHS), Aam Aadmi Bima Yojana (AABY) or Janashree Bima Yojana (JBY) will come under the NRHM scheme
 - Others:
Institution specific or region specific insurance can be mentioned here like:
 - Rajiv Aarogyasri, Andhra Pradesh
 - Mukhyamantari Amrutam (MA), Gujarat
 - The Chief Minister's Distress Relief Fund, Kerala
 - Chief Minister's Relief Fund, Madhya Pradesh
 - Rajasthan's Chief Minister's Relief fund, Rajasthan
 - Chief Minister's Comprehensive Health Insurance Scheme, Tamil Nadu
15. **Consumption expenditure:** Please record the approximate amount spend by the family under each of the subhead in anyone of the timeframes weekly or monthly or yearly, as mentioned by the patient. The total expenditure may be calculated to help the interviewer identify gross inconsistencies between income and expenditure. Totals will have to be calculated manually and entered on the database. Since expenditures fluctuate during festivals and other special occasions, efforts should be made to include them in the longer timeframes. While recurrent fixed expenditures are easy to identify, make efforts to include expenditures which are not recurrent. Restrict calculation to the previous 365 days. Please enter the data for all the 13 heads (Food, Education, Health, Bills etc.) in either one of the time frames for each of 13 heads. Also, if there is no data to fill then please enter '0' and will be considered as zero expense for that particular head.

Direct expenditures

16. **Direct OOP for prior treatment for this episode of illness before coming to the study facility:** under the appropriate treatment options please record the amount spent against medical and non-medical expenses. Direct medical expenses include

- User costs/ 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 cost 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 17 B

17. **A. Direct Out of Pocket (OOP) expenditure during hospitalization in the study facility:** All the columns need to be filled on a daily basis against the respective sections. The place of admission needs to be noted as to whether in general ward or room; the type of room (private or semi-private) should be specified. Please mention the date of contact on which the cost information for each day of hospitalization was recorded. For subjects that are hospitalized for more than 14 days, please use the additional table provided in COI appendix 1.

Medical costs include

- Medicines- amount spent on medicines
- Consumables – amount spent on IV fluids, insyte, connectors etc.
- Lab tests/Diagnostics- amount spent on diagnostics tests
- User fee/Hospitalization charges - amount spent on registration fee, bed charges etc.
- Procedures/ surgery - amount spent on any procedures.

If only a collective amount for the total medical costs can be obtained, please record this amount against total medical costs.

Daily total expenses include

- Total medical costs (sum of medicines, consumables, Lab tests/Diagnostics, User fee/Hospitalization charges and Procedures/ surgery)
- 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 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.

Daily total expenses need to be calculated and entered on the online form for the first two weeks of hospitalization. For the remainder of the stay in the hospital i.e. from day 15 onwards, for the online entry alone, please enter the pool amount spent for each day against the different heads. An approximate value may be useful during the interview, to tally against the total amount recorded in source of financing, Q 17 B

- 17. B. Source of financing for expenditure on current source of illness:** Please document the source for the finances used to pay for the expenses incurred for the current episode of illness. There can be multiple options, the amount should be specified against respective option.
- 17. C. If there was reimbursement, mention the amount reimbursed:** Mention if any of the incurred expenditure was reimbursed by any system. E.g. if the company reimbursed part of medical expense, mention the amount reimbursed.

Indirect costs

- 18. What would the subject have been doing otherwise if he/she were not admitted?** Asked the subject about the amount of time he/she would have spent for different activities in any one of the time frames daily/ weekly/ monthly basis. Total time spent has to be recorded in case the patient is not able to provide the time spent for different activities and time periods.
- 19. Did other people take over and perform the subject's usual household tasks during his/her hospital stay?** The appropriate sections can be filled in and the time needs to be recorded.
- 20. How much income have the caretakers lost as a result of taking care of the subject?** Please identify the primary, secondary & tertiary caretakers and their relationship to the patient. Carefully elicit and document information on loss of time and income of the caretakers due to care-giving, on average for a 24 hr time frame. All the appropriate sections should be filled in based on the activities of the caretakers.
- 21. A. Due to care-giving was your performance at work affected.** Please ask the caregiver to rate on the 10-point scale provided in the questionnaire
- 21. B. Due to care-giving was your performance on non-professional activities** like household chores, shopping, exercising, studies etc. affected. Please ask the same caregiver to rate on the 10-point scale provided in the questionnaire

Both questions 21 A & B should be asked to the same person, either the primary, secondary or tertiary caregiver. Please tick to mention which of the caregivers were asked this question. For Q21 A. If the caregiver does not please mention NA