

SUPPLEMENTAL SURVEY

UTBSP CLINIC/HOSPITAL SURVEY

Name of health center/hospital [\_\_\_\_\_]

**Introduction to the patient.** My name is (name). The Uganda Tuberculosis Surveillance Project is interested in the costs that people face when they are seeking health care. Therefore, we would like to inquire how much people spend when seeking health care in general, and more specifically, care for Tuberculosis.

It is important for you to understand that your participation in this study is completely voluntary. We would be really grateful if you would agree to participate in this study, but do feel free to refuse. If you refuse, there will be no consequence for you and you will receive whatever care and treatment you need at the health facility as usual. If you decline to participate you will not lose any benefit that you are entitled to such as receiving care and support that is provided at the clinic.

If you choose to participate in this study you need to know that you may withdraw from the study at any stage without giving any explanation for your withdrawal. Your answers will be kept confidential. I will ask you about your personal income and the income of your household. We will NOT provide this information to any tax or welfare authorities.

This survey will take approximately 30 minutes.

**Do you have any questions? Do you want to participate?** (circle) **Yes / No**

*If Yes:* Thank you!

*If No:* Is there a reason why not?

1. *Language* not good enough 2. Time constraint 3. Not comfortable 4. Unspecified

BACKGROUND

1. Sex: Male  Female
2. How old are you in years? [\_\_\_\_]
3. What is the name of your parish? [\_\_\_\_\_]
4. What is the name of your village? [\_\_\_\_\_]
5. How many adults live in your household (i.e., adults who eat or sleep where you live)? [\_\_\_\_\_]
6. How many children live in your household (i.e., children who eat or sleep where you live)? [\_\_\_\_\_]
7. What is your household's average monthly income? [\_\_\_\_\_] US\$
8. What is your average personal monthly income? [\_\_\_\_\_] US\$

TRAVEL TIMES AND COSTS

9. How many family members or friends accompanied you to clinic/hospital today? [\_\_\_\_\_]
10. Could you have come to clinic/hospital without bringing your family member of friend?  
No  Yes
11. How did you get to the clinic/hospital today? (Mark all that apply)  
Walked  Rode on matatu  Rode on bicycle  Rode on boda boda  Rode in car   
**Other (please specify)** [\_\_\_\_\_]
12. We are interested in knowing the total amount of time required for you to come to clinic/hospital today rather than staying home. Please indicate the following times using a 24 hour clock.
  - a. What time did you leave your home to come to the clinic/hospital? [\_\_][\_\_]:[\_\_][\_\_]
  - b. What time did you arrive at the clinic/hospital? [\_\_][\_\_]:[\_\_][\_\_]
  - c. What time was your clinic/hospital visit finished? [\_\_][\_\_]:[\_\_][\_\_]
13. We are interested in knowing the total cost for you—every single shilling—to come to clinic/hospital today rather than staying home. Please tell us how much you spent (in money, or value of traded goods) on each of the following:

Transportation (e.g., matatu/bodaboda fare, gasoline)	
Fees for doctors and laboratory tests	
Fees for x-ray	
Medicines	
Food costs (if food purchased to visit clinic/hospital)	
Lodging (if you traveled so far that you expect to stay overnight)	
Care for family members (children and elders)	
Lost wages from your work	
Anything else (please specify _____)	

14. Did you sell possessions to pay for your clinic/hospital visit today? No  Yes

a. If Yes, please specify possessions sold and their value:

Possession	Value (in Ush)
1.	
2.	
3.	

#### TIMING OF CLINIC VISIT

15. What symptoms did you experience that led you to come to clinic/hospital today? How long did you experience these symptoms before you came to clinic/hospital today?

- a. Cough yes  no  \_\_\_\_\_ months  
 b. Night sweats yes  no  \_\_\_\_\_ months  
 c. Coughing up blood yes  no  \_\_\_\_\_ months  
 d. Weight loss yes  no  \_\_\_\_\_ months  
 e. Fever yes  no  \_\_\_\_\_ months  
 f. Other (specify \_\_\_\_\_) yes  no  \_\_\_\_\_ months

16. After you decided to come to this clinic, how long did it take you to leave your home?

\_\_\_\_\_ hours OR  refuse to answer

17. What was the main reason that you came to clinic today and weren't able to sooner?

- Became sicker today  Have money today  Have transport today  Clinic has treatment today (and did not before)   
 Had someone to care for my children and/or animals  Someone else in my family needed to come to clinic   
 Other (specify) \_\_\_\_\_

18. Did you seek care at any of the following places before coming to the clinic/hospital today (mark all that apply; If no for all, skip to #):

- Traditional healer yes  no  \_\_\_\_\_ # of visits  
 Government clinic (Level I-III) yes  no  \_\_\_\_\_ # of visits  
 Herbalist yes  no  \_\_\_\_\_ # of visits  
 Government clinic (Level IV) yes  no  \_\_\_\_\_ # of visits  
 Pharmacy yes  no  \_\_\_\_\_ # of visits  
 Government District hospital yes  no  \_\_\_\_\_ # of visits  
 Private clinic yes  no  \_\_\_\_\_ # of visits  
 Other (specify: \_\_\_\_\_) yes  no  \_\_\_\_\_ # of visits

19. We are interested in knowing the total time and total cost—every single shilling – you spent for each of these visits rather than staying home or working. Think about everything you spent for the visit, including transport time and fees; fees for registration, doctors, laboratory tests, and x-rays; costs of drugs; costs of food; any lodging (if you had to stay overnight); money you spent to care for your children or family members while you were gone; and any wages you might have otherwise earned, if you were working instead of making the visit.

	Visit Location (select from Q16)	Total time spent (including transport)	Total expenses (USh)
Visit 1			
Visit 2			
Visit 3			
Visit 4			
Visit 5			
Visit 6			
Visit 7			
Visit 8			
Visit 9			
Visit 10			

20. If first visit was not to a government clinic/hospital: Why did you go somewhere other than the government clinic or government hospital when you first realized you were sick? *Check most applicable.*

- a. Clinic/hospital was further away  b. Clinic/hospital is more expensive  c. Clinic/hospital has longer wait times   
 d. Clinic/hospital may not have testing or treatment available  e. Lack of trust in services provided at clinic/hospital   
 f. Other (specify) \_\_\_\_\_

## QUALITY OF LIFE (EQ5-D)

By placing a tick in one box in each group below, please indicate which statements best describe your own health state immediately BEFORE the onset of the illness that caused you to come to the clinic/hospital.

### 21. Mobility

- I had no problems in walking about <sub>0</sub>   
I had some problems in walking about <sub>1</sub>   
I was confined to bed <sub>2</sub>

### 22. Self-care

- I had no problems with self-care <sub>0</sub>   
I had some problems washing or dressing myself <sub>1</sub>   
I was unable to wash or dress myself <sub>2</sub>

### 23. Usual activities (e.g., work, study, housework, family, or leisure activities)

- I had no problems with performing my usual activities <sub>0</sub>   
I had some problems with performing my usual activities <sub>1</sub>   
I was unable to perform my usual activities <sub>2</sub>

### 24. Pain/Discomfort

- I had no pain or discomfort <sub>0</sub>   
I had moderate pain or discomfort <sub>1</sub>   
I had extreme pain and discomfort <sub>2</sub>

### 25. Anxiety/Depression

- I was not anxious or depressed <sub>0</sub>   
I was moderately anxious or depressed <sub>1</sub>   
I was extremely anxious or depressed <sub>2</sub>

## EQ-5D

To help people say how good or bad a health state was before coming into the clinic/hospital, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health was, in your opinion, immediately BEFORE the onset of the illness that caused you to come to the clinic/hospital. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state was before being hospitalized.

### 26. If your doctor asked you to go to the District Hospital for further evaluation of your illness:

- a. Please estimate the total time for transport to the District Hospital:  
[\_\_\_\_\_] days [\_\_\_\_\_] hours
- b. Please estimate the total cost of transport to the District Hospital: [\_\_\_\_\_] US\$
- c. Please indicate whether you would need to stay somewhere overnight: No  Yes

### 27. If your doctor asked you to go to the District Hospital for further evaluation of your illness, please indicate how likely you are to go to the District Hospital.

Definitely not  Probably not  Maybe  Probably  Definitely

SUPPLEMENTAL TABLE 1  
Rates of travel used to create friction surfaces for estimating individual travel times<sup>27</sup>

Mode of travel	Land surface	Rate of travel (minutes/km)	Slope factor applied?
Mechanized	Roads	1	No
	Urban areas	2	
Ambulatory	Major bodies of water	3	Yes, time multiplied by 5 $5e^{(-3 \times slope \text{ in } m/m)}$
	Bare areas or sparse shrubs	24	
	Cropland, grassland, or shrubs	36	
	Tree cover	48	
	Flooded areas, swamps, rivers	60	

SUPPLEMENTAL TABLE 2  
Characteristics of interview participants

Characteristic	<i>N</i> = 57
Gender	
Women	29 (50.9%)
Men	28 (49.1%)
Age (years)	
15–35	16 (28.1%)
36–49	21 (36.8%)
> 50	20 (35.1%)
Clinic	
Aduku	18 (31.6%)
Kamwezi	3 (5.3%)
Kasambya	7 (12.3%)
Kihih	13 (22.8%)
Nagongera	10 (17.5%)
Walukuba	6 (10.5%)