

Improving equitable access to quality generic medicines for patients with NCD in Tumkur, India



Household Survey form - ATM Project

A 1	Door No.	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
A 2.1	Date of Survey (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	13	A 2.3	Team Leader's Code	TL <input type="text"/>	1-3
A 2.2	Time of Survey	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	am/pm	A 2.4	Area Supervisor's Code	F <input type="text"/>	<input type="text"/>	01-12

The "Household Informant" should be the person in the household who is the main health care decision maker. This is usually the person who is the most knowledgeable about the health, healthcare expenditures, and healthcare utilization of members of the household. The survey should not be completed if this person, or appropriate substitute, is absent.

There is at least one member in this household with Diabetes and/or hypertension AND the person who makes decisions about healthcare in this household, or appropriate substitute, is available to answer:

1 Yes → if Yes for both, Continue 2 No → if No, stop here

Access to and use of medicines for NCD Part 1: Household roster

1. Please give the name, sex and age, relationship to head of household, education, occupation, and marital status of each of the household members who live here. Let me assure you that any information you provide will be kept confidential. Write one person per row and use codes provided in each column

	A	B	C	D	E	F	G
	Name	Sex	Age	Relationship to head	Education	Occupation	Marital status
R. No.	Name of each member	1 = Male 2 = Female	Write number of years. Round off to the nearest year. <1 year old is taken as 1.	1=Head 2=Spouse 3=Father 4=Mother 5=Son 6=Daughter 7=Brother 8=Sister 9=Father in law 10=Mother in law 11=Son in law 12=Daughter in law 13=Brother in law 14=Sister in law 15=Grand Son 16=Grand Daughter 17=Grand Father 18=Grand Mother 19=Others (specify)	1=No formal schooling 2=Some primary 3=Completed Primary 4=Completed high school or equivalent 5=Completed College/PU/ University 6=Completed PG 7=Not applicable	1=Farmer/ Fisherman 2=Office worker 3=Civil Servant 4=Agric. labour 5=Non Agri labour 6=Health worker 7=Self-employed/ own business 8=Student/pupil 9=Not in labour force/retired 10=Other (specify) 11=Not Applicable	1=Married 2=Consensual union 3=Divorced 4=Separated 5=Widowed 6=Never married 7=Non applicable
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

1.1 Name of Informant		1.2 Relation with head of the household	
1.3 Name of the Area		1.4 Name of GP	
1.5 Contact No.		1.6 Landmark	
1.7 Distance of household from the PHC	<input type="checkbox"/> <5 k.m.		
	<input type="checkbox"/> 5 to 10 k.m.		
	<input type="checkbox"/> >10 k.m.		

Access to and use of medicines for NCD Part 2: Health services access and Illness

2. How much time does it take to reach the following healthcare facilities or providers that are closest to your household? <i>Read responses and tick one box for each of the categories.</i>	<15 min	15 min to 1 hr	>1 hr
Government hospital (CHC, Taluk Hospital, District Hospital)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NGO hospital (NGO Hospital)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PHC	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Naati vaidya (trad'l healer)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Private pharmacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Private hospital, clinic or physician	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

3. In your household, please list the names of people who have **ever been** told by a doctor or other healthcare provider that they have Diabetes or Hypertension?

Transcribe name and roster number from the household roster

Name	Roster number	Chronic disease module completed	
		Yes	No
		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>

Complete the next module for each person with a chronic disease (Diabetes/Hypertension or both), One person per page. After collecting complete information about one person, check "Yes" under "Chronic disease module completed" in the corresponding row above. When chronic disease modules are completed and checked for all members listed above, continue on to Question 6. The number of completed "Chronic disease module" pages must equal the number of members with chronic diseases.

Chronic

Name of person with Diabetes and/or Hypertension	Roster number	
1. Which illness does (name of the person) have? <i>Tick both if s/he responds "Yes" to both Yes No</i>	Yes	No
A. Diabetes	1 <input type="checkbox"/>	0 <input type="checkbox"/>
B. Hypertension	1 <input type="checkbox"/>	0 <input type="checkbox"/>
C. Other chronic illness in addition to the above		
1. Heart Problem	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Stroke	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Cancer	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Respiratory Problem	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Has (name of the person) been told by the doctor or other healthcare provider that s/he should be taking medicines for his/her illness? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
6. Do you have any medicines available at home today? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → if No, go to question 9		

7. Which medicines has (name of the person) been told to take for this illness? Can I see that?

Write one medicine per row, and use codes provided in each column to collect information about each medicine

A Medicine	B Condition for which medicine was recommended	C Obtained from	D Number of days of supply usually obtained	E Cost for last month	F Any amount of last month cost covered by insurance or any govt. Scheme?		G Label OK		H Primary Package Ok		
					Yes	No	Yes	No	Yes	No	
Write name of medicine. If name is not known, write the most detailed category given by respondent ("antidiabetic", BP medicine etc.)	Write code provided in Q4 above.	1=Family, friend 2=Govt. hosp. 3=NGO/mission hospital 4=PHC 5=Private healthcare provider 6=Traditional healer 7=Private pharmacy 99=Other (specify)	In days. Write "0" if medicine is not obtained regularly	Rounded to the nearest rupee. Write "0" if not obtained regularly or obtained free	Tick Yes if insurance/any government scheme covers part or all cost. Tick No if not obtained or cost not covered by insurance/ government scheme	Yes	No	Tick Yes if label includes medicine name, dose, and expiration date <i>Otherwise tick No.</i>	Yes	No	Tick Yes if primary package is an envelope or a closable container and if it contains only one medicine <i>Otherwise tick No.</i>
Med 1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med 3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med 4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med 5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med 6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med 7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med 8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med 9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Medicines (Ask for the total cost of medicines only if the cost of each medicine is not known)

8. Sometimes people cannot take all medicines as directed. Does (name of person) usually take all medicines as recommended?

1 Yes → If Yes, this module is now complete, go back to Question 3. 2 No

9. If answer to Question 8 is No, ask the following question:

I am going to give you some possible reasons why (name of the person) may not always take medicines as recommended. Can you tell me whether these are the reasons why s/he does not take medicines?

Read statements, and tick one box for each statement

		Yes	No
a.	Symptoms have gotten better	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Someone in the household decided medicines were not needed	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	Someone advised not to take medicines	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	S/he had bad reactions to medicines in the past	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	Someone in the household chose a different treatment	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f.	The place where medicines can be obtained is too far away	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g.	Medicines are not available at the PHC/government hospital	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h.	Medicines are not available in the private pharmacy or shops	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i.	Nobody in the household can take time to obtain medicines	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j.	Our household cannot afford the medicines	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k.	Other (please specify):	1 <input type="checkbox"/>	0 <input type="checkbox"/>

The CHRONIC module is now complete. Go back to Question 3.

Access to and use of medicines for NCD

Part 4: Opinions about obtaining medicines

10. I am going to read you a series of questions about price and quality of medicines. For each question, please tell me YES or No.

Do not read the option "Do not know". Tick it if the respondent does not want to answer or is unable to choose between "YES" and "NO". Read questions and tick one box for each statement.

		Yes	No	Do not know
a.	In government facilities, do the health providers will take into account of your ability to pay when they decide which medicines to be prescribe?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	In private pharmacy/shop, do they take into account of your ability to pay when they decide which medicines to be prescribe?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	When you receive a prescription, are you comfortable to ask how much the medicines will cost?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d.	Is it easy to you to find out how much medicines cost?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e.	Are two identical medicines may be sold at different prices?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f.	Do you know where to find medicines at the lowest price nearby?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g.	When you buy a medicine, did you ask for the least expensive product?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h.	When a pharmacist recommends a medicine, will you be sure that it is the best value for money?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i.	When a pharmacist recommends a medicine, will you be sure that it is of good quality?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j.	Do you think medicines of better quality are more expensive?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k.	Are there any places nearby where you would never buy medicines because they sell medicines of poor quality?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l.	Did your government makes sure that the medicines at the PHC/government hospital are of good quality?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m.	Do you think different names may be used for the same medicine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n.	Have you heard the word "generic" before to describe a medicine? If respondent has not heard about generic or does not know, skip to question 11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o.	Is a generic medicine is usually of lower quality than a brand medicine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p.	Is a generic medicine is usually lower in price than a branded medicine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Access to and use of medicines for NCD Part 5: Experiences about medicines

I am going to read you a series of questions about three topics related to care and medicines: access, affordability, and quality. There are no correct answers. For each question, please tell me YES or NO.

Do not read the option "Do not know". Tick it if the respondent does not want to answer or is unable to choose between "YES" and "NO". Read statements, and tick one box for each statement.

The first set of opinions are about access to care and medicines.		Yes	No	Do not know
a.	Does the PHC is closest to your house and easy to reach?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	Does your household members would use PHC pharmacy more if opening hours were convenient?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	Does the PHC closest to your house usually has the medicines you need?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d.	Does the private pharmacy closest to your house usually has the medicines you need?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
The second set of opinions are about affordability of medicines		Yes	No	Do not know
a.	Does your household members can get free medicines at the PHC?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	Do you think medicines are more expensive at private pharmacies than at PHC?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	Does your household members can usually afford to buy the medicines you need?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d.	Does your household members can usually get credit from the private pharmacy if you need?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e.	Does your household members can obtain prescribed medicines from insurance or govt. scheme reimbursed part of the cost?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f.	In the past, does your household had to borrow money or sell things to pay for medicines?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
The last set of opinions are about quality of care and medicines		Yes	No	Do not know
a.	Do you think the quality of services delivered at the PHC nearby is good?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	Do you think the quality of services delivered by the private doctor/clinic nearby is good?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	Do you think imported medicines are of better quality than locally manufactured medicines?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Access to and use of medicines for NCD Part 6: Assets and medicines expenditures

Finally I would like to ask a few questions about the possessions that are in your home and how much your household spends. Remember that any information you provide will be kept confidential.

14. Can you please tell me how many rooms (bedrooms, dining room, kitchen...) are in your home?

.....Rooms

15. Does anyone in your household have:
(These items will be added to reflect social status/economic status)

		Yes	No			Yes	No
a.	House (own)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d.	Landline	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Land (own)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	e.	4 Wheeler	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	2 Wheeler	1 <input type="checkbox"/>	0 <input type="checkbox"/>				

16. Does your household have:

a.	Tap/running water inside the house	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	c.	Electricity	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
b.	Toilet	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	→ If NO electric power supply, skip to question 18			

17. Does your household have?

a.	TV	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	c.	Fan	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
b.	Radio	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	d.	Mobile	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No

18. In the last month, how much did your household spend on food? Include the value of any food produced and consumed by the household; exclude alcohol, tobacco, and restaurant meals

Rs.

19. Please choose the level that is closest to what your household spent in total over the past month.
(Select the ranges of expenditures as shown below)

- A= Rs.1000 to 3000
 B= Rs. 3001 to 5000
 C= Rs. 5001 to 7000
 D= Rs. 7001 to 10000
 E= Rs. 10001+

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

a.	Admitted overnight in the hospital	
b.	Medicines	
c.	Any other healthcare products or services those were not included above (outpatient visits, lab tests, x ray, ear or eye care etc.)	
d.	Voluntary health insurance or payment for any govt. health scheme	

21. Who is the main earner in the household?
Write his/her roster number

Thank the interviewed person and reassure about the confidentiality of his/her answers

22) House type

22.1) Kaccha House (hut)

22.2) Pakka House (Mold or stone built house)

22.3) SemiPakka House (Sheet house, Tile house)

23) Do you have cattle in your home? Yes No

23.1) Ox (Specify the Numbers)

23.2) Cow /buffalo

23.3) Sheep/Goat

23.4) Hen

24) Agricultural land details (In acres, specify the numbers)

24.1) Own land (in acres)

24.2) Lease or rented land

25) Cast _____

25.1) Religion/Sub cast _____

26) Ration card details Yes No

26.1) BPL

26.2) APL

26.3) Anthyodaya

27) Total income of the family per month in Rs _____