



African Population and Health Research Center (APHRC) English questionnaire Lown Project

Assessing Gaps in Healthcare and Determining the Feasibility for the setup of a Social Enterprise- Viwandani Lown Community Health Center, Kenya

[THE PERSON COMPLETING THIS HOUSEHOLD QUESTIONNAIRE SHOULD BE THE HEAD OF HOUSEHOLD IF AVAILABLE. WHERE UNAVAILABLE, ANY SPOUSE OF THE HEAD OF HOUSEHOLD SHOULD BE SELECTED TO COMPLETE THE HOUSEHOLD QUESTIONNAIRE. IN THE CASE THAT NEITHER THE HEAD OF HOUSEHOLD NOR ANY SPOUSE IS AVAILABLE, PLEASE COMPLETE THE HOUSEHOLD QUESTIONNAIRE WITH ANY OTHER AVAILABLE CREDIBLE ADULT AGED 18+)

1.0 BACKGROUND

1.1. START TIME							
1.2. FIELD WORKER'S CODE							
1.3. DATE OF INTERVIEW							
1.4. HOUSEHOLD HEAD NAME.....							
1.5. HOUSEHOLD ID							
1.6. GPS COORDINATES							
					S01		
					E036		

INTRODUCTION AND CONSENT

Hello, my name is.....and I am working with the African Population and Health Research Center (APHRC). We are conducting a research study to assess the gaps in healthcare in this community. Your household was selected for the survey. Your opinion is important because it will enable us determine the feasibility of setting up a social enterprise. Your participation in this research is completely voluntary. You may also refuse to answer any question which you do not want to answer, and no harm will occur to you or anyone in your family regardless of your participation decision. "The information that you provide will be completely confidential. Your responses will be combined with the answers of other respondents involved in the study and reported in such a way that it will not identify you. The interview will take about 45 minutes.

1.7. Do you accept to participate in the study? **[1=YES; 2=NO; IF YES SKIP TO 1.9]**

1.8. IF THE RESPONDENT DOES NOT ACCEPT TO BE INTERVIEWED: Why don't you want to participate in this interview?

1=Too busy/Do not have time; 2= Tired of Research; 3= Research not beneficial;
 4= Not interested; 6=Other (specify) _____

Thank you for your
time.

[IF NO IN 1.7 COMPLETE 1.1-1.6 AND SKIP
TO 12.0]

1.9. IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED:
Thank you for agreeing to participate in this study.

RESPONDENTS' PARTICULARS AND OTHER INTERVIEW DETAILS

1.10. FW: IS RESPONDENT THE REFERENCE PERSON NAMED IN 1.4? **[IF 1, SKIP TO 1.15]**

1=YES; 2=NO

1.11 What is your name?

1.12. FW: DOES RESPONDENT LIVE IN THIS HOUSEHOLD? **[IF 2, SKIP TO 12.0]**

1=YES; 2=NO

FW: SELECT RESPONDENT'S ID IN HOUSEHOLD

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1.13 How are you related to (NAME OF INDIVIDUAL IN Q1.4)?

OFFICE/FIELD CHECKERS' DETAILS

1.15 Field Supervisor/Team Leaders' Code

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SECTION 1: SOCIODEMOGRAPHIC INFORMATION

I will start by asking you some questions regarding the demographic information of your household. Please answer to the best of your knowledge.

Q101	Sex of the respondent	1. Male 2. Female
Q102	What is your date of birth?	<input type="text"/> <input type="text"/> <input type="text"/> Day month year
Q103	How old are you?	<input type="text"/> <input type="text"/> years

Q104	Have you attended school?	1. Yes 2. No IF NO SKIP TO Q106
Q105	What is your highest level of education?	1.No formal schooling 2. Primary incomplete. 3. Primary complete 4.Secondary incomplete 5.Secondary complete 6.College/University incomplete 7.College/University complete
Q106	What is your marital status?	1.Married or living together; 2.Divorced / separated; 3.Widowed;

		4.Never-married and never lived together 5.others_____ (SPECIFY)
Q107	What is your religion	1.Roman Catholic 2.Protestant/Other 3.Other Christians 4. Muslim 5.No religion 5.Other _____ (SPECIFY)
Q108	What is your ethnic group / tribe?	1.Embu 2.Kalenjin 3.Kamba 4.Kikuyu 5.Kisii 6.Luhya 7.Luo 8. Maasai 9. Meru 10. Mijikenda/Swahili 11. Somali 12. Others_____ SPECIFY
Q109	How do you contribute to the household living? <i>Tick all that apply.</i>	1. Employed worker 2. Casual worker 3. Trader 4. Housewife 6.Other_____ (SPECIFY)
Q110	What is your main source of income?	1.Employed worker 2.Casual worker 3.Trader 4.Housewife 6.Other_____ (SPECIFY)
Q111	Do you read a newspaper or a magazine at least once a week, less than once a week or not at all	1. At least once a week 2. Less than once a week 3. Not at all 99. Don't Know/Not sure
Q112	Do you own a mobile phone	1. Yes 2. No

Q113	Do you use your mobile phone for financial transactions	1. Yes 2. No
Q114	Do you have an account in a bank or a financial institution that you yourself use	1. Yes 2. No
Q115	Have you ever used internet	1. Yes 2. No IF NO SKIP TO Q117
Q116	In the last 12 months how often did use the internet	1. Almost everyday 2. At least once a week 3. Less than once a week 4. Not at all 99. Don't Know
Q117	How many people, including yourself, live in your household? FW: EXCLUDE ALL VISITORS) INCLUDE ALL CHILDREN IN BOARDING SCHOOL	Number of people <input type="text"/>
Q118	How many children, live in your household? FW: INCLUDE ALL PERSONS AGED	Number of children <input type="text"/>

	BELOW 18 YEARS	
Q119	Of the children living in your household, how many are aged below 5 years	Number of children aged below 5 years <input type="text"/>
Section 2: Health status The next group of questions is about your health status. Please answer to the best of your knowledge.		
Q201	Would you say that in general your health is?	<ol style="list-style-type: none"> 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor
Q202	Thinking about your physical health, which includes physical	<input type="text"/> Number of days

	illness and injury. For how many days during the past 30 days was your physical health not good?	
Q203	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	<input type="text"/> Number of days

Section 3; Behavioural Measurements <i>I am going to ask you a few more questions on tobacco use, alcohol use, diet, history of raised blood pressure and physical activity. Please answer to the best of your knowledge</i>		
Tobacco use I will start by asking you some questions Tobacco use		
Q301	Have you ever smoked tobacco or used smokeless tobacco?	<ol style="list-style-type: none"> 1.Yes 2.No IF NO SKIP TO 304
Q302	Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?	<ol style="list-style-type: none"> 1.Yes 2.No
Q303	Do you currently use tobacco products <u>daily</u> ?	<ol style="list-style-type: none"> 1.Yes 2.No

Q304	Have you ever consumed any alcohol such as beer, wine, spirits, fermented cider, changaa, busaa, or any other local brew?	<ol style="list-style-type: none"> 1.Yes 2.No
Q305	How old were you when you first started consuming alcohol?	<input type="text"/> years
Q306	In the last 12 months, <u>how frequently</u> have you had at least <u>one alcoholic drink</u> ?	<ol style="list-style-type: none"> 1.Daily 2.Weekly 3.Monthly 4.Occasionally
Diet The next questions ask about the fruits and vegetables that you usually eat.		

Q307	In a typical week, how many days do you eat fruits	<input type="checkbox"/> <input type="checkbox"/> If Zero days, go to Q309
Q308	How many servings of fruit do you eat on one of those days?	<input type="checkbox"/> <input type="checkbox"/>
Q309	In a typical week, how many days do you eat vegetables ?	<input type="checkbox"/> <input type="checkbox"/> If Zero days, go to Q311
Q310	How many servings of vegetables do you eat on one of those days?	<input type="checkbox"/> <input type="checkbox"/>
	Physical Exercise. The next questions ask about physical exercise.	
Q311	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running or walking for exercise?	1.Yes 2.No
	History of raised blood pressure The next questions ask about history of raised blood pressure.	
Q312	Have you ever had your blood pressure measured by a doctor or other health worker?	1.Yes 2.No
Q313	Have you ever been told by a doctor or other health worker that you have raised blood	1.Yes 2.No

	pressure or hypertension in the past 12 months?	
Q314	In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	1.Yes 2.No
Q315	Have you ever seen a traditional healer for raised blood pressure or hypertension?	1.Yes 2.No
Q316	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1.Yes 2.No

SECTION 4; HEALTH CARE UTILIZATION			
<i>I am going to ask you a few questions regarding the health care utilization in Viwandani. Please think about the last time you needed healthcare.</i>			
Q401	Has any member of your household (adult, child or yourself) been ill in the last 12 months?	1.Yes 2.No 96.Don't know	IF NO SKIP TO Q410
Q402	If YES (Q401), how many people were ill?	Number of people <input type="checkbox"/> <input type="checkbox"/>	
Q403	If yes (Q401), how old was the person who was ill?		Age (years) Age Group
		P1	<input type="checkbox"/> <input type="checkbox"/>

	<i>If age is not known, fill in the person's age group? IF < 5 yrs=1, 5-14 yrs=2, 15+ yrs=3</i>	P2	<input type="checkbox"/>	
		P3	<input type="checkbox"/>	
Q404	Was treatment sought for the illness?	1.Yes 2.No 96 Don't know IF NO SKIP TO Q409		
Q405	Where was treatment sought outside home?	1.Public hospital 2.Public health center 3.Private hospital 4.Private health center/clinic 5.NGO mission hospital 6.NGO mission health center 7.Pharmacy/Chemist 8.Traditional healer/Herbalist 99.Others.....(Specify)		
Q406	Is the facility or place located in Viwandani?	1.Yes 2.No 96 .Don't know		
Q407	Why was treatment not sought? [Check all that apply]	1.Transport costs 2.Transport time 3.Cost at health facility 6.Long waiting time 7.Mistreatment by health providers Other _____ (specify)		
Q408	What illness did the person	P1	P2	P3 P4

	have? 1.Diarrhea; 2.Malaria; 3.Cough; 4.Diabetes; 5.Vomiting; 6.Convulsion/Seizures; 7.Difficult fast breathing; 8.Measles; 9. Injuries; 10. Others..... (Specify)				
Q409	How many times has the person fallen ill in the past 12 months	P1 <input type="checkbox"/>	P3 <input type="checkbox"/>	P2 <input type="checkbox"/>	P4 <input type="checkbox"/>
Q410	Where do you regularly go when you are sick or need health care for any member of your household?	1.Public hospital 2.Public health center 3.Private hospital 4.Private health center/clinic 5.Charity, church or mission hospital 6.Charity, church or mission health center/clinic 7.Private doctors office 8.Pharmacy/Chemist 9.Traditional healer/Herbalist 99.Others.....(Specify)			
Q411	Is the facility or place located in Viwandani?	1.Yes 2.No 96.Don't know			
Q412	How many times in the past 6 months have you	Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Midwife <input type="checkbox"/>	Traditional Birth Attendant <input type="checkbox"/>
		Clinical officer <input type="checkbox"/>			

	sought care from the following healthcare providers?	Lab Technician <input type="checkbox"/> Pharmacist/Drug Shop <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Traditional Healer <input type="checkbox"/> Others: specify _____
Q413	What is your primary means of transport to health facility? (If transportation is evenly split between 2 or more means, then choose most expensive means.)	1. Boda boda 3. Public bus 4. Taxi 5. Walking 6. Car or motorbike owned by you or household member 7. Car or motorbike owned by a friend, family or neighbour 99. Other _____ (Specify)
Q414	Does anyone accompany you on your visits to the health facility?	1. Spouse 2. Brother/Sister 3. Other relative 4. Friend 5. No one 99. Other _____ (Specify)
Q415	How far away from your primary health facility do you live?	DISTANCE (KM) <input type="text"/> <input type="text"/>
Q416	On a typical visit to the health facility how long does it usually take to travel from your house to the facility on one way trip?	Hours minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q417	On a typical visit to the health facility. What is the average amount of time that you normally wait to see a medical staff?	1. Less than 30 min. 2. 30 min. to 1 hour 3. 1 hour to 1 ½ hours 4. 1 ½ to 2 hours 5. More than 2 hours
Q418	Now thinking about the last time you visited a health facility, what health service(s) did you receive?	1. Physical check-up 2. Immunizations 3. Family planning 4. Oral contraceptives 5. Prenatal/antenatal care 6. Post natal care 7. Dental 9. Voluntary Counselling and Treatment (VCT) 10. Physiotherapy 11. Other Services _____ (specify)
Q419	The last time you visited a health facility, did the facility provide everything you needed to help you manage your health concerns?	1. Yes 2. No 3. Don't know IF YES SKIP TO Q426
Q420	Which specific health service(s) was the facility unable to provide	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>
Q421	Were you referred to another	1. Yes 2. No 3. Don't know

	hospital or health facility for services that were unavailable in the facility you visited?	
Q422	Which facility were you referred to?	<input type="text"/>
Q423	Which specific health service(s) were you referred for?	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>
Q424	Did you visit the facility you were referred to?	1.Yes 2.No IF YES SKIP TO Q426
Q425	What were the reasons for NOT visiting the referral facility?	1.Transport costs 2.Transport time 3.Cost at health facility 4.Stock out of medications 5.Long waiting time 6.Mistreatment by health providers 99.Others _____ (Specify)
Satisfaction with health services <i>I am going to ask you a few questions regarding satisfaction with health services.</i>		
Q426	Thinking of your last healthcare visit, how satisfied were you with the following?	

		1. Not satisfied at all, 2. Slightly satisfied, 3. Moderately satisfied, 4. Very satisfied, 5. Extremely satisfied				
		1	2	3	4	5
a)	The length of waiting time					
b)	The friendliness and respect received from the health provider					
c)	The level of privacy of consultation and & treatment received					
d)	The quality of advice and information given by the healthcare provider					
f)	The procedure or treatment received					
g)	Cost of health care services					
h)	Quality of service					
Q427	Do you currently face any barriers in accessing health care?	1.Yes 2.No If No Skip to 501				
Q428	What are the barriers you have faced in accessing health care in this community? [Check all that apply]	1.Transport costs 2.Transport time 3. Cost at health facility 4.Stock out of medications 5.Long waiting time 6.Poor service quality				

		7.Mistreatment by health providers 99.Other _____
		(Specify)

Section 5: Household Health Care Spending

I would like to ask you more specific questions about how much your household and all its members spent in cash or in-kind on all health care and services that did not require an overnight stay. We want expenses in the last 3 months. If payment was in-kind, please estimate a monetary value. Please exclude costs to be reimbursed by insurance.

In the last 3 months, how much did your household spend on:

Q501	Registration and consultation fees by doctors, nurses, or trained midwives that did <u>not</u> require an overnight stay? <i>Amount in Kenya shillings</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 96.Don't know
Q502	Health-care by traditional or alternative healers? <i>Amount in Kenya shillings</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 96.Don't know
Q503	Diagnostic and laboratory tests, such as x-rays or blood tests? <i>Amount in Kenya shillings</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 96.Don't know
Q504	Medications or drugs (prescription, non-prescription,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 96.Don't know

	traditional, homeopathic...)? <i>Amount in Kenya shillings</i>	
Q505	Dentists or dental care? <i>Amount in Kenya shillings</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 96..Don't know
Q506	Ambulance or other transport? <i>Amount in Kenya shillings</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 96.Don't know
Q507	Out of pocket cost associated with overnight stays in a hospital or health facility? (Costs such as bed, labs, doctors etc.) <i>Amount in Kenya shillings</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 96.Don't know
Q508	Any other health care products or services that were not included above? Please specify: <i>Amount in Kenya shillings</i> [PROMPT FOR FOOD COSTS IF PROVIDED TO HOUSEHOLD MEMBERS DURING HOSPITAL/CLINIC STAYS; PROMPT FOR HOME BASED CARE PROVIDED FOR HOUSEHOLD MEMBERS (ADULT OR CHILD) DUE TO LONG-TERM CONDITIONS OR GETTING OLD AND WEAK]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 96.Don't know

Finally, I want you to think about how you paid for your health care expenditures over the last 12 months. This includes costs for all fees, services and goods, including overnight stays.

Q509 In the last 12 months, which of the following financial sources did your household use to pay for any and all health expenditures?
Check all that apply

Katika miezi 12 iliyopita, ni ipi njia ya mapato yafuatayo ambayo familia yako ilitumia kulipia matumizi yoyote ya afya?
Angalia zote zinazotumika

1. Current income of any household members (salaries, business, pensions, paid benefits...)
2. Savings
3. Payment or reimbursement from a health insurance plan (including community health schemes)
4. Sold items (land, property, furniture, livestock etc.)
5. Relatives
6. Borrowed from financial institutions or agencies (microfinance schemes, bank

99. Others_____ (Specify)		
Q510	Did you ever borrow any money in the last 12 months to pay for health expenditures?	1. Yes 2. No
Q511	If you borrowed any money in the last 12 months to pay for health expenditures, are you expected to pay this back?	3. Yes 4. No
Q512	Have you started paying back the loan?	1. Yes 2. No
Q513	What is the monthly repayment on the loan including interest? Malipo ya kila mwezi kwa mkopo pamoja na riba ni ngapi? [FOR INFORMAL PAYMENT, PLEASE TEASE OUT THE AVERAGE MONTHLY REPAYMENT, IF ANY]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 96. Don't know

SECTION 6; HEALTH INSURANCE STATUS

I am going to ask you a few more questions regarding your current health insurance status and that of the members of your household. Please answer to the best of your knowledge.

	Q601A	Q601B	Q601C	Q601D	Q601E
	<p>Are you or any member of your household covered by any kind of health insurance?</p> <p>1. Yes 2. No 96. Not sure</p> <p>[IF “NO” skip to Q701, IF “YES” continue with Q601B-E]</p>	<p>What type of health insurance is (NAME) covered by?</p> <p>1. Mutual health organisation/ community-based health insurance; 2. Health insurance through employer; 3. Privately purchased health insurance; 99. Other, please specify.</p> <p>FW: IF More than one insurance plan. List all that apply.</p>	<p>What is the name of the health insurance that covers (NAME).</p> <p>1. National Health Insurance Fund (NHIF) 2. Jubilee 3. Madison 4. Resolution 5. APA 6. Apollo 7. Pacis 8. UAP 9. Britam 10. Heritage 11. AAR 12. Pan Africa Life 13. Mtiba 96. Don't Know 99. Other.....(specify).</p> <p>FW: IF More than one insurance plan. List all that apply.</p>	<p>How much does your household pay for [NAME]'s health insurance per month?</p> <p><i>If yearly amount is mentioned, calculate the monthly amount</i></p>	<p>What medical services are covered by (NAME) health insurance?</p> <p>(Select all that apply - Multiple choices allowed)</p> <p>1. In patient 2. Out patient 3. Both Inpatient and Outpatient 4. Maternity cover 5. Others (specify) 8. Don't Know</p>
01					
02					
03					
04					
05					
	Total monthly expenditure on health insurance				<p>AMOUNT IN KENYA SHILLINGS</p> <p>□□□□□</p>

SECTION 7: COMMUNITY'S EXPECTATION FOR A PRIMARY HEALTHCARE & THEIR WILLINGNESS TO PAY FOR SERVICES.

(Read the following to the participant)

Imagine that your community with support from the government and non-governmental organizations has decided to set up a health insurance scheme to improve the quality of health services of the health center nearest to your home by bringing in trained and qualified doctors, laboratory, and pharmacy services, improving the availability of medications and consumables, and improving the environment for waiting places and reducing the waiting time. But the community members will be asked to make regular contributions to supplement the costs of running the clinic. The healthcare services provided in this health center will be better than what you are currently receiving, would be available to you and your household members, and would be either or highly discounted at the clinic. The contribution would be similar to an insurance premium, with no refund for those who do not need to use the health services.

Under this plan, you would be asked to pay a certain amount of money, similar to an insurance premium, which can be paid monthly, ~~quarterly or annually~~.

When answering the following question, I would like you to think about your monthly income and that your decision will be used in whether or not to establish the insurance scheme described above. I will present to you a list of monthly premium and I would like you to indicate the interval where your monthly premium lies.

(Ask whether the participant has understood the subject matter and whether they have any questions).

Q701	Would you be willing to participate in the above described healthcare model?	1. Yes 2. No 96. Not sure IF NO SKIP TO Q705
Q702	Who would you be willing to pay for in the health insurance scheme? (Please choose the best option for you)	1. Only myself 2. Myself and my children 3. Myself and my spouse. 4. Myself, my spouse and my children 5. All household members 6. Extended family 7. Others (Please specify) _____
Q703	Before you give me a response to your maximum monthly contribution, I would like to remind you that we conducted this similar study somewhere and we realized there is a difference between the maximum amount that people are willing to pay during the survey and what they are capable of paying. Please keeping in mind what we have discussed, I would like that you respond truthfully. Please can you respond truthfully about your monthly contribution for the health insurance scheme?	1. Yes 2. No

	<p>Kabla unipe jibu juu ya kiwango cha juu cha mchango wako wa mwezi, ningependa kukukumbusha kuwa tulitekeleza shughuli kama hii pahali pengine tukapata kuwa kuna tofauti kati ya kiwango cha juu ambayo wangependa kulipa na wanawezalipa. Tafadhali ukita fakari tunayozungumzia ningependa ujibu kwa kweli. Je, unaweza jibu kwa ukweli kuhusu malipo yako ya kila mwezi ya bima ya afya.</p>	
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Now, we would now like to know about the amount of money that you would be willing to pay per month for the health insurance scheme in order for yourself and your household members up to four children.

Q704	<p>Instructions to interviewers: "Ask the respondent if he/she would definitely pay Ksh 50 per month for the insurance scheme. If yes, tick the first cell in column A, then ask if they would definitely pay Ksh 100. Keep going until the respondent says "NO". Then ask if they are sure Ksh 1000 is too much for them. If YES, place a cross in the lowest cell of column B, and ask them if Ksh 600 is too much. Keep going up column B until they say that they are not sure if Ksh X is too much."</p>	<p><i>"Read out column A from lowest to highest: read out column B from highest to lowest"</i></p> <table border="1" data-bbox="824 724 1507 1207"> <thead> <tr> <th>Amounts in KES per month</th> <th>A: I would definitely pay per month (tick)</th> <th>B: I would definitely NOT pay per month (cross)</th> </tr> </thead> <tbody> <tr><td>50</td><td></td><td></td></tr> <tr><td>100</td><td></td><td></td></tr> <tr><td>160</td><td></td><td></td></tr> <tr><td>200</td><td></td><td></td></tr> <tr><td>250</td><td></td><td></td></tr> <tr><td>300</td><td></td><td></td></tr> <tr><td>600</td><td></td><td></td></tr> <tr><td>1000</td><td></td><td></td></tr> </tbody> </table> <p>a. Lower bound. Ksh _____</p> <p>b. Upper bound Ksh _____</p>	Amounts in KES per month	A: I would definitely pay per month (tick)	B: I would definitely NOT pay per month (cross)	50			100			160			200			250			300			600			1000		
Amounts in KES per month	A: I would definitely pay per month (tick)	B: I would definitely NOT pay per month (cross)																											
50																													
100																													
160																													
200																													
250																													
300																													
600																													
1000																													

Q705	<p>Why would you not be willing to pay for health insurance?</p>	<ol style="list-style-type: none"> 1. Will not use the public healthcare services if we have to pay 2. My household cannot afford to make a contribution 3. Only financially comfortable people should pay the contributions 4. Prefer other ways of making the contributions – 5. Other (Please specify) _____ <p><i>PROBE FURTHER FOR OTHER REASONS WHY THEY ARE NOT WILLING TO PAY FOR HEALTH INSURANCE</i></p>
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	What specific health service(s) would like to be offered by the proposed primary health care program?	----- ----- ----- -----
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SECTION 8: MEASUREMENTS

8.0 ANTHROPOMETRIC MEASUREMENTS

*Next, I am going to take your weight and height measurements.
Ifuatayo, nitachukua kipimo cha uzito na urefu wako.*

Q801	Standing height	_ _ _ _ mm
Q802	Weight	_ _ _ _ · _ kg
Q803	Waist circumference	_ _ _ _ mm
Q804	Hip circumference	_ _ _ _ mm

9.0 BLOOD PRESSURE

*Next, I am going to take your blood pressure measurements.
Ifuatayo, nitakuchukua kipimo cha shinikizo la damu*

Q901	Systolic 1	_ _ _ mmHg
Q902	Systolic 2	_ _ _ mmHg
Q903	Systolic 3	_ _ _ mmHg
Q904	Diastolic 1	_ _ _ mmHg
Q905	Diastolic 2	_ _ _ mmHg
Q906	Diastolic 3	_ _ _ mmHg
Q907	Time blood pressure taken in the first instance <i>[Based on a 24 hour clock eg.15:30]</i>	<u>h</u> <u>h</u> : <u>m</u> <u>m</u>

10. PULSE

Q1001	Pulse 1	_ _ _ beats/min
Q1002	Pulse 2	_ _ _ beats/min
Q1003	Pulse 3	_ _ _ beats/min
Q1004	Person performing measurements	_____

Q1005	Notes or comments related to measurements	
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11. MUAC MEASUREMENT & OEDEMA FOR CHILDREN AGE 0-5				
<i>Next, I am going to take MUAC measurement of a child/ children aged below 5 years living in this household</i>				
CHECK Q 103 AND RECORD THE AGES AND SEX FOR ALL ELIGIBLE CHILDREN 0-5 YEARS				
Q1101		CHILD 1	CHILD 2	CHILD 3
		AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
Q1102		Sex: 1. Male 2. Female	Sex: 1. Male 2. Female	Sex: 1. Male 2. Female
Q1103	Mid Upper Arm Circumference	In Centimeters (cm). <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	In Centimeters (cm). <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	In Centimeters (cm). <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
Q1104	Oedema <i>(Check for oedema)</i>	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
SECTION 12: END OF INTERVIEW				
Q1201		<p>I would like to thank you for taking your time to participate in the interview. As I said at the beginning, this information will help us to assess the gaps in healthcare in this community and determine the feasibility for setting up of a social enterprise.</p> <p>Do you have any question for me?</p> <p>1=YES; 2= NO; [IF NO 2 SKIP TO Q1203]</p>		
Q1202		<p>FW: RECORD QUESTIONS AND COMMENTS RAISED BY RESPONDENT</p> <hr/>		
Q1203		<p>FW: RECORD COMMENTS ABOUT THE INTERVIEW</p> <hr/>		
Q1204		<p>END TIME (24 HRS)</p> <hr/>		