

S3 Appendix: PURE health expenditure questionnaire

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Income and Expenditure: Please report ALL income and expenditure in local country currency

11. Weekly Household Expenditure:

- If any of the listed household expenditures did not occur in the last 7 days, check 'None'.
- If the informant does not know the amount spent for a particular household expenditure OR does not want to disclose this information, check 'Unknown'.

12. Monthly Household Expenditure:

- If any of the listed household expenditures did not occur in the last 30 days, check 'None'.
- If the informant does not know the amount spent for a particular household expenditure OR does not want to disclose this information, check 'Unknown'.

13. Monthly Health Expenditure:

- If any of the listed health expenditures did not occur in the last 30 days OR if the total expense of that health expenditure was reimbursed by insurance, check 'NONE'.
- If the informant does not know the amount spent for health expenditure OR does not want to disclose this information, check 'Unknown'.
- If a part of the health expense was reimbursed by insurance, only indicate the amount NOT reimbursed by insurance (i.e. personally paid).

For e.g., if dental care cost 1000 (**Local currency**), out of which 700 (**Local currency**) was reimbursed by health insurance, indicate 300 (**Local currency**) (1000 minus 700) for 'Question 11e. Dentist or dental care'

Currency Code: Provide the corresponding currency code for all of your weekly, monthly and yearly expenditures. All expenditures must be provided using the SAME currency. Conversion will be required, if you pay for your expenditures with different currencies.

- 01: ARS, Argentine Peso
- 02: BDT, Bangladeshi Taka
- 03: BRL, Brazilian Real
- 04: CAD, Canadian Dollar
- 05: CLP, Chilean Peso
- 06: CNY, Chinese Yuan Renminbi
- 07: COP, Colombian Peso
- 08: INR, Indian Rupee
- 09: IRR, Iranian Rial
- 10: MYR, Malaysian Ringgit
- 11: PKR, Pakistani Rupee
- 12: PLN, Polish Zloty
- 13: ZAR, South African Rand
- 14: SEK, Swedish Krona
- 15: TRY, Turkey Lira
- 16: AED, Emirate Dirham
- 17: ZWD, Zimbabwean Dollar
- 18: ILS, Israeli Shekel
- 19: TZS, Tanzanian Shilling
- 20: SAR, Saudi Riyal
- 21: PHP, Philippine Peso
- 22: PEN, Peruvian Nuevo Sol
- 23: EUR, Euro
- 24: USD, US Dollar

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14. Yearly Household Expenditure:

- If any of the listed household expenditures did not occur in the last 12 months, check 'NONE'.
- If the informant does not know the amount spent for a particular household expenditure OR does not want to disclose this information, check 'Unknown'.



Household ID: [][][] [][][] [][][]
Centre # Community # Household #

Subject Initials [][] [][] [][]
F M L

14 Yearly Household Expenditure: (See facing page for instructions)

(No expenditure in last 12 months)

14. In the last 12 months, how much did the family spend on:
- | | None | Unknown |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 14a) Education fees and supplies (tuition, course fees, books etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14b) Durable goods (televisions, phones, bed sheets, towels, tools etc.) furniture, house appliances (refrigerators, washing machines, micro-wave etc.), vehicles and vehicle upkeep repair _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14c) Taxes (property tax, vehicle tax, income tax) and non-health related insurance (personal, vehicle, household, life etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14d) Mandatory health insurance premium, pre-paid health plans or voluntary health insurance premiums (including community health insurance schemes) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14e) Health related items (prescription glasses, hearing aids, canes prosthetic devices etc.) _____
<i>Note: Please exclude any reimbursement from insurance</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14f) Costs associated with overnight stays in hospital or health facility
<i>Note: Please exclude any reimbursement from insurance and transportation costs</i> _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14g) Costs associated with long-term care facility (e.g. old age homes)
<i>Note: Please exclude any reimbursement from insurance and transportation costs</i> _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14h) All other goods and services (property, land, livestock, cleaning services, repair services, child care services etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

15. Household Income:

15a. How many members in your household earn money from any source, e.g. employment, pensions, social assistance etc.? [][]

15b. Current total monthly household income after deducting taxes (including employment, pensions social assistance, family support etc.) _____ Don't know

16. Name of Interviewer: _____
(please print) Last Name First Initial

Date [][][] [][] [][]
year month day