**Instrument ID: H-MIDLINE**

Novartis Access Program

Household Instrument

Target Audience:

Household member with NCD

**Interviewer ID** \_\_\_\_\_\_\_\_\_

**Interviewer Name** \_\_\_\_\_\_\_\_\_

**Interview Date (DD/MM/YYYY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time Start** \_\_\_\_\_\_\_ **Time Finish** \_\_\_\_\_\_\_\_\_\_\_

County\*:

Enumeration Area\*:

Household ID\*

Household member ID\*:

Household member name\*:

GPS locator

**Notes to Field Officers: Please use the following codes: -999 for missing data and -888 for not applicable**

**SECTION A**

For Field Officers: Please note that the target respondent for section A is the head of the household (who might not necessarily be the patient with an NCD). A household is defined as eating from the same pot or living under the same roof). Introduce yourself and look for the household head:

My name is …. ….. for Innovations for Poverty Action (IPA). Can I talk to the household head or his representative?

* Household head or his representative available (Continue below)
* Household head or his representative is unavailable (Skip to Section C)

IPA in collaboration with Boston University is conducting a household survey to evaluate the availability and price of medicines for four chronic diseases (hypertension, diabetes, breast cancer, and asthma) in Kenya. About a year ago (September 2016) we interviewed the head of this household or his/her representative as part of this study. We would like to ask you a few questions about your household and also talk to the NCD patients we have interviewed in your household. We would be grateful if you could respond as honestly as possible to these questions. Findings from this study will be useful in designing interventions to improve access to medicines in the future. The interview will take about 30 minutes. Thank you in advance for speaking with us.

**SECTION B: HEALTH AND MEDICINES EXPENDITURE**

Now I will be asking you a few questions about your household’s expenditure on specific household needs. (A household is defined as persons living under the same roof or eating from the same pot)

|  |  |
| --- | --- |
| B1**.** In the last four weeks, what did your household spend in total, including rent and other monthly expenses? | Amount (In local currency): |
| B2. In the last week, 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 | Amount (In local currency): |
| B3. In the last week, how much did your household spend on education? | Amount (In local currency): |
| B4. In the last week, how much did your household spend on transportation? | Amount (In local currency): |
| B5. In the last week, how much did your household spend on telephone communication? | Amount (In local currency): |
| **B**6. In the last week, how much did your household spend on health? | Amount (In local currency): |
| C7. In the last week, how much did your household spend on other expenditures? | Amount (In local currency): |

In relation to the question about health expenditures, I’d like to ask you about expenses on specific health care needs over the past four weeks. (This includes all direct payments for health services including money spent from your household members’ pocket, money that have been borrowed to pay for health services received by members of your household, etc)

|  |  |
| --- | --- |
| In the last 4 weeks, how much did your household spend on: |  |
| B8. Care that required staying overnight in a hospital or health care facility | Amount (In local currency): |
| B9. Medicines | Amount (In local currency): |
| B10. Any other health care products or services that were not included above | Amount (In local currency): |
| B11. Voluntary health insurance premiums or other prepaid health plans | Amount (In local currency): |
| B12. Informal/unofficial payments for health care | Amount (In local currency): |

Now I would like to talk to the patient in this household who has an NCD.

**SECTION C HOUSEHOLD MEMBERS WITH NCDS**

*Introduce yourself to the NCD patient (data collection in person)*

("My name is [First name, Last name], from Innovations for Poverty Action - IPA). May I talk to [Name of Participant]?

 YES

 NO

|  |  |
| --- | --- |
| *If the person is not available, ask for the reason of unavailability* | *Code* |
| 1. Death. If the reason for unavailability is death, what was the cause of death?
 |  |
| 1. Hospitalization *(Enumerator: Ask when the participant is likely to come back and book a new appointment)*
 | 1 |
| 1. Not at home or unavailable (*Enumerator: if the person is not available, ask when will be the best time to meet him/her and book a new appointment)*
 | 2 |
| 1. Other (please specify)
 | 3 |

If the NCD patient is available, you may continue:

"My name is [First name, Last name], from Innovations for Poverty Action (IPA), a research organization. About a year ago, we visited you to collect information on the medicines you were taking for your NCD(s). Since then, we might have also called you on phone or visited you a few times in person to collect the same data. As you would remember, this is part of a study being conducted by Boston University in collaboration with IPA. We are mid-way through the study and following up with all patients we interviewed during baseline (about a year ago) for another round of data collection on the medicines you have at home. We would be grateful if you could show us the medicines you have at home for treating your NCDs and answer any additional question we have on them. Thank you so much for giving us this opportunity. This survey will take about 30 minutes. Do you have some time to talk with me?”

*(If the participant agrees to provide information but at another time, reschedule an appointment with him/her and note this on the tracking sheet)*

NO (Not interested in participating)\_\_\_\_\_\_\_\_ (STOP! Thank the participant for their time)

NO, not now but later, ….. (Ask him/her to give you a time they can speak to you. Thank the participant for his/her time)

YES \_\_\_\_\_\_\_\_ (proceed with interview)

*Proceed to the structured interview guide.*

Before I start collecting data on your NCD medicines, could you please confirm the following information:

*(Complete for each household member)*

|  |  |
| --- | --- |
| Name: |  |
| Individual ID: |  |
| Telephone number: |  |
| Type of phone: | * Smart phone
* Not a smart phone
* Both
 |
| Do you use your phone to send and/or receive text messages?* Yes
* No
 |
| Do you have health insurance coverage?* Yes (Please specify type of insurance)
	+ NHIF
	+ Private insurance
	+ Insurance from employer
	+ Community based health insurance
	+ County level health insurance
	+ Other (please specify)
* No
 |

C1. What is your age (in years)?

|  |  |
| --- | --- |
|  | years |

C2. What is your gender?

|  |  |  |
| --- | --- | --- |
| Male | Female | I prefer not to respond |

C3. What is your marital status?

|  |  |
| --- | --- |
|  | Code |
| Single | 1 |
| Married or living together | 2 |
| Divorced or separated | 3 |
| Widowed | 4 |

C4. What is the highest education you have completed?

|  |  |
| --- | --- |
|  | Code |
| Preschool (less than 1 year completed) | 1 |
| Primary school | 2 |
| Secondary school | 3 |
| Higher than secondary school | 4 |

C5. During our baseline data collection, you informed us you were taking the following medicines [name of medicine] for the NCDs [name of disease(s)] you have. . Since baseline data collection (September 2016) have you been prescribed any new medicine specifically for treating the disease(s), [name of NCD]?

* Yes (Please specify below),
* No

|  |  |
| --- | --- |
| New medicine prescribed (by INN) |  |
| Medicine 1 |  |
| Medicine 2… |  |

C6. Since our baseline data collection have you been diagnosed any new NCD (Asthma, Breast Cancer, Diabetes Hypertension Cardiovascular Disease) and prescribed a medicine for treating it?

 NO

 YES (Specify below)

|  |  |
| --- | --- |
| Disease | 2. Where were you diagnosed with this disease?1=Public hospital2=Public clinic/health center3=Mission hospital/clinic4=Private hospital5=Private Chemist6=Friends7=Other (specify) |
| CVD – Hypertension  |  |
| CVD – Dyslipidemia  |  |
| CVD – Health failure  |  |
| Diabetes (Specify): * Type 1
* Type 2
 |  |
| Breast cancer |  |
| Asthma |  |

**SECTION D MEDICINES**

D1. Medication Table: Now can you please tell me more about each of all these NCD medicine(s) you have at home?

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medicine | Dosage form1=Tablet2=Capsule3=Susp/Syr4=Injection5=Inhaler | Available at home (FO physically observes the medicine)Yes/No | If no, Why Not?1=Not available at sales outlet(s)2=Available but costs too much3=Did not have time to buy4=Other (specify) | Brand | Strength | *Novartis Access* Medicine1=Yes2=No | Source of medicine (1=public hospital2=public clinic/health center; 3=mission hospital/clinic; 4= Private hospital; 5=Private Chemist/drug store; 6=Friends7=Street hawkers/informal drug seller 7=Other (Specify) | Name of facility or private chemist from which medicine was purchased | Condition for which it was prescribed (Write U if unknown) | Total supplied (number of units)  | Cost of total supply (local currency)  | Comments  |
| Med 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Med 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Med 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| Med 4 |  |  |  |  |  |  |  |  |  |  |  |  |

(*Note to CTO programmer: Multiple answers may be applicable for questions D2 to D3. Questions D2 to D8 will be asked whether respondent has medicine at home or not)*

D2. How do you get information on which health facilities/chemists have the medicines you need and their prices?

1. I do not have any way of getting this information
2. From friends and relatives
3. I go to (or call) the facilities/chemists to find out
4. Other (Please specify)

D3. Regarding the last NCD medicine you bought, how did you get/buy it?

1. A friend/relative bought it for me from the city/town
2. A friend/relative bought it for me from the nearby/village chemist
3. I bought it myself from the private chemist/health facility/other sellers
4. From a vendor who comes to my house to sell medicines
5. Other (please specify)

D4. If you bought your medicines yourself:

1. How far (in km) is the place you bought the medicine from where you live?
2. How long (in minutes) did it take you from your home to purchase the medicine and back to your home (round trip)?
3. How much money did you spend on transportation to buy your medicine (round trip)?
4. How many day’s supply of medicines did you buy?
5. How many days’ ago did you purchase your last medicine?

D5. In the last 3 months have you had any of the following measurements taken?

|  |  |  |
| --- | --- | --- |
| *Test* | *Monitored?* | *Cost (KES)* |
| Blood pressure  | Yes/No |  |
| Blood glucose  | Yes/No |  |
| Body weight  | Yes/No |  |
| Height  | Yes/No |  |

D6. If the costs for the measurements in D5 were bundled, how much did you pay?

D7. The last time you were monitored, where was it?

1. Public clinic/health center
2. Public hospital
3. Mission hospital/clinic
4. Private hospital
5. Private chemist/drug store
6. Friends
7. Monitored myself at home
8. By a community health worker who came to my house
9. Other (please specify)

D8. Has a community health worker ever visited you at home?

1. Yes
2. No

D9. If a community health worker has visited you before, what was the visit for?

**SECTION E: PRODUCTIVITY**

Now, I would like to ask you a few questions about the work you do and how your health affects your work.

E1. What is your most important activity when you are feeling well?

1 = job in a formal business or organization or agency

2 = paid work in the informal sector for someone else (including domestic service, childcare provider, agricultural worker)

3 = self-employed (formal or informal, including work on own farm)

4 = unemployed, looking for work

5 = housework or childcare or care for others in my own house (unpaid)

6 = studying/in school

7 = community service

8 = other (specify in space below)

E2. In the past 30 days, were there any days when you were unable to perform your most important activity due to your health?

No

Yes

E3. If ‘Yes’ to (E2): how many days were you unable to perform your most important activity due to your health?

E4. Have you permanently changed your address since baseline data collection in September 2016?

Yes

No

E5. If “YES” to question E4, what is your new physical address (describe location with land marks and GPS locator)?

**Question for data collector:**

|  |  |  |
| --- | --- | --- |
| Did the interviewer spontaneously report any adverse event associated with a Novartis/Sandoz product during the interview/household visit?  | Yes | No |

(If “No” you have come to the end of this interview. If “Yes” go ahead and administer the Adverse Event form)

**INTERVIEWER: “Thank you sincerely for your time. We have completed this interview and are grateful for your help as we collect information to improve the new access to medicines initiative.” RETURN TO THE COVER PAGE AND NOTE THE TIME THE INTERVIEW WAS COMPLETED.**

*\*To be pre-populated based on baseline data*

GPS locator: