

# Evaluation of Novartis Access – Screening Question

## Household survey

### PART 1

1.1 Household ID:	
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(Note: This document contains questions for screening households to determine those eligible for the survey. A household is defined as living under the same roof or eating from the same pot, majority of the time. Administer this questions to the household head or his/her representative)

Hello Madam/Sir. My name is [first name, second name] from Innovations for Poverty Action (IPA). IPA is a US-based research organization. I am here regarding the study on the impact of the Novartis Access program on price and availability of medicines for non-communicable diseases in Kenya. Boston University in collaboration with Novartis and IPA is conducting a study relating to the availability and price of medicines for four chronic diseases (Asthma, breast cancer, diabetes type 2, and cardiovascular (hypertension/heart failure/dyslipidemia)) in Kenya. Novartis recently launched Novartis Access, a corporate responsibility program aiming to provide a basket of 15 medicines for treatment of NCDs in Kenya in 2016. The purpose of this study is to evaluate the impact of Novartis Access on the availability and price of NCD medicines at health facilities and households. We would like to ask you a few questions to find out if your household is eligible to participate in this survey. Your participation is completely voluntary and any information you provide will be kept confidential. We would be grateful if you could respond as honestly as possible to these questions.

**1.2. Do you agree to participate in the screening of your household for eligibility in this study? (Explain: If your household is eligible, we will administer the main study questionnaire)**

1) YES      2) NO

(Note: If the answer is no, STOP HERE)

1.3. Is the household head/representative 18 years or above?

1) YES      2) NO

(Note: If no, do not proceed with questions below, if household head is 18 years or above but not available make an appointment to come back for interview)

### PART 2

2.1. Has any member of this household been diagnosed with any of the following conditions:	Yes	No	Don't know
a. Asthma	1	2	3
b. Breast cancer	1	2	3
c. Diabetes type 2	1	2	3
d. CVD Hypertension	1	2	3
e. CVD Heart Failure	1	2	3
f. CVD Dyslipidemia	1	2	3
2.2. Has any member of your household who has been diagnosed of any of the above chronic diseases been told by a doctor or other health care provider that he/she should be taking medicines to treat this disease?	1	2	3
2.3. If "No" in 2.2, why not?	Yes	No	Don't know
- Asked to come back another time?	1	2	3
- Asked to adopt lifestyle changes (e.g. diet, exercise etc.)	1	2	3
- Other – please specify	1	2	3
2.4 Is the person in 2.1 18 years or above?	1	2	3

*Note: If there is a household member who has been diagnosed with at least one of these four diseases and has been asked by a health care provider to take medicines meant to treat at least one of these diseases and is 18 years or above, proceed in administering the full instrument. If not, the household is not eligible to participate in the survey.*

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