

## Instrument ID: H-SURVEY

### Novartis Access Program

### Household Survey Instrument

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

1. Interview Date (DD/MM/YYYY) \_\_\_\_\_

2. Time Start \_\_\_\_\_ Time Finish \_\_\_\_\_

Supervisor initials \_\_\_\_\_

*(Note: This survey is for households that have already been identified as eligible and the consent process has been completed. A household is defined as living under the same roof or eating from the same pot the majority of the time)*

This household survey is part of a study being conducted by Boston University to evaluate the availability and price of medicines for four chronic diseases cardiovascular disease ([Hypertension/heart failure/dyslipidemia], , diabetes, breast cancer, and asthma) in Kenya. We would like to ask you a few questions about your household and access to medicines for treating these four diseases. 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 participating in this study.

*(Explain: Once I am done asking questions about the household, I will speak to the individuals who have a non-communicable disease)*

#### **SECTION A – HOUSEHOLD ROSTER**

Household ID:		GPS Coordinates:	
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*(Explain: Household is defined as living under the same roof and eating from the same pot, majority of the time.)*

A1. How many adults live in this household?	
A2. How many children live in this household?	

## SECTION B – HOUSEHOLD ASSETS

In this section, I will ask you some general questions about your household – types of materials used to construct this house and items owned by members of this household

Does anyone in this household have:

	Yes	No
B1. Bicycle	1	2
B2. Motorcycle/scooter	1	2
B3. Animal-drawn cart	1	2
B4. Car/truck	1	2
B5. Boat with motor	1	2
B6. Clock/watch	1	2
B7. Electricity (solar/grid or generator)	1	2
B8. Radio	1	2
B9. Television	1	2
B10. Refrigerator	1	2
B11. Non-mobile telephone	1	2
B12. Mobile telephone	1	2
B13. Number of mobile telephones		

B14. Main material on the floor (Record observation)

	Code
Natural Floor (Earth/sand or dung)	1
Rudimentary Floor (wood planks, palm or bamboo)	2
Finished Floor (Parquet, polished wood, vinyl or asphalt strips, ceramic tiles, cement, carpet etc)	3

B15. Main material on the walls (Record observation)

	Code
Natural walls (No walls, cane, palm, trunks, dirt etc)	1
Uncovered adobe (Bamboo with mud, stone with mud, uncovered adobe, plywood, cardboard, reused wood etc)	2
Finished walls (Cement, stone with lime/cement, bricks, cement blocks, covered adobe, wood plank/shingles)	3

B16. Main material on roof (Record observation)

	Code
Natural roof (grass, thatch/makuti, dung/mud)	1
Rudimentary roof (corrugated iron (mabati), tin cans, canvas, plastic, etc)	2
Finished roof (asbestos sheet, concrete, tiles etc)	3

	Yes	No
B17. Does this household own this land on which this structure (house, flat, shack) sits?	1	2
B18. Does any member of this household own any agricultural land?	1	2
B19. Does this household own any livestock, herds, other farm animals or poultry?	1	2

### SECTION C – HEALTH AND MEDICINES EXPENDITURE

Now I will be asking you a few questions about your household's expenditure on specific household needs.

*( Count the days beginning from the previous day of the interview)*

C1. In the <u>last four weeks</u> , what did your household spend in total, including rent and other monthly expenses?	Amount (In local currency):
C2. In the <u>last week</u> , 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):
C3. In the <u>last week</u> , how much did your household spend on education?	Amount (In local currency):
C4. In the <u>last week</u> , how much did your household spend on transportation?	Amount (In local currency):
C5. In the <u>last week</u> , how much did your household spend on telephone communication?	Amount (In local currency):
C6. In the <u>last week</u> , how much did your household spend on health?	Amount (In local currency):
C7. In the <u>last week</u> , 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.

In the <u>last 4 weeks</u> , how much did your household spend on:	
C8. Care that required staying overnight in a hospital or health care facility	Amount (In local currency):
C9. Medicines	Amount (In local currency):

C10. Any other health care products or services that were not included above	Amount (In local currency):
C11. Voluntary health insurance premiums or other prepaid health plans	Amount (In local currency):
C12. Informal/unofficial payments for health care	Amount (In local currency):

C 13: How many members of your household who have been diagnosed with any of the above chronic diseases been told by a doctor or any other health provider that he/she should be taking medicines to treat this disease?

#### SECTION D – ACCESS AND USE OF MEDICINES

Now I would like to ask you about each member of your household who has at least one of the following chronic diseases – asthma, breast cancer, diabetes type 2 and Cardiovascular diseases (hypertension, dyslipidemia, heart failure). I will also ask you questions about which of these diseases they have and the medicines being used to treat them.

*(Complete for each household member who meets the eligibility criteria and has signed an informed consent). The primary eligibility criteria is: 1- Been diagnosed with at least one of four non-communicable diseases (asthma, breast cancer, diabetes type 2 and cardiovascular disease (hypertension dyslipidemia/heart failure), and 2- Answered yes to screening question about whether they have been prescribed medications for their disease)*

Name:	Relationship
Telephone number 1:	Participant
Telephone Number 2	Relationship to participant:
Telephone Number 3	Relationship to participant:
Telephone Number 4	Relationship to participant:
No Telephone Number	Relationship to participant:
Individual ID:	

D1. What is your age (in years)?

<input type="text"/>	Years
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D2. What is your marital status?

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

D3. What is the highest education you have completed?

	Code
Preschool (less than 1 year completed)/NONE	1
Primary School (not completed)	2
Primary school	3
Secondary school	4
Higher than secondary school	5
Vocational School (Post primary)	6

Please tell us about your history with the following chronic diseases:

Disease	D4. Do you have this disease? 1=Yes 2=No	D5. (If Yes to D4): Where were you diagnosed with this disease? 1=Public hospital 2=Public clinic/health center 3=Mission hospital/clinic 4=Private hospital 5=pharmacy/Chemist 6=Other (specify)	D6. (If Yes to D4): Do you currently have any medicines that you are taking for this condition? 1=Yes 2=No	D7. (If No to D6): Why not? 1=Not available on the market 2=Available but costs too much 3=Did not have time to buy
Hypertension				
Heart Failure				
Dyslipidemia				
Diabetes				
Breast cancer				
Asthma				

D8. Can we please look at the medicines you currently have available in your house right now?

Medicine	Generic name (INN)	Strength	Where the medicine was purchased (1=public hospital/clinic; 2=private hospital; 3= private pharmacy; 4=drug store 5=Mission hospital/clinic 6=Don't Know 7= Other specify	Condition for which it was prescribed (Write U if unknown)	Total supplied (number of units)	Cost of total supply (local currency)
Med 1						

Med 2						
Med 3						
Med 4						
Med 5						
Med 6						
Med 7						

D9. Where do you most frequently get antibiotics?

	Code
- Public hospital	1
- Public clinic/health center	2
- Mission hospital/clinic	3
- Private hospital	4
- Pharmacy/chemist	5
- Friends	7
- Other (Please specify)	8

Thank you for your time. We will be contacting you by phone or in person in three months to one year to see how you are doing (Give respondent information on how to get cellphone airtime).

Time Finish

DRAFT