**Instrument ID: H-ENDLINE**

Novartis Access Program ENDLINE Evaluation

Household Quant Instrument

Target Audience:

Head of Household

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**

For Field Officers: Please note that the target respondent for section A-C 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 D)

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. In the past two years (2016 and 2018) 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.

Before we continue I would like to ask you about the member of your household who has at least one of the following chronic diseases – asthma, breast cancer, diabetes and hypertension.

Is [Name of Participant] available?

1. YES
2. NO

FO instruction: ask HH head why NCD patient is not available.

If death – read empathy script below, call supervisor before you leave household, if acceptable record cause of death and interview household head on Section A to C.

|  |
| --- |
| IN CASE OF DEATH:“I am very sorry to hear this. Can you tell me the cause of death? Can you tell me the place of death? (e.g. home, hospital)” |

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.

**Would you like to proceed with the interview?**

**Yes**

**No**

**SECTION A: HOUSEHOLD ROSTER**

*Explain: Household is defined as living under the same roof or eating from the same po*t.

|  |  |
| --- | --- |
| 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 | 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 (stand alone 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. If multiple materials are observed, record the material that is most present.)

|  |  |
| --- | --- |
|   | 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. If multiple materials are observed, record the material that is most present.)

|  |  |
| --- | --- |
|  | 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: HOUSEHOLD CONSUMPTION**

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)

|  |  |
| --- | --- |
| C1. How much did your household spend in last 7 days on foods and beverages? Amount (KSh) | Amount (In local currency): |
| C2. How much did your household spend in last one month on the following?  |  |
|  1) Cosmetics (anything that someone applies to their skin, face or hair to improve the appearance, for example - body oil, hair oil, face oil, lipstick, nail polish, perfume) | Amount (KSh) |
|  2) Soap and detergent | Amount (KSh) |
|  3) Hair dressing/barber | Amount (KSh) |
|  4) Rent | Amount (KSh) |
|  5) Electricity | Amount (KSh) |
|  6) Water | Amount (KSh) |
|  7) Kerosene/paraffin | Amount (KSh) |
|  8) Telephone bills/Airtime (includes data bundles)  | Amount (KSh) |
|  9) Transport | Amount (KSh) |
|  10) Charcoal | Amount (KSh) |
|  11) Fire wood | Amount (KSh) |
|  12) Cooking gas | Amount (KSh) |
|  13) Salaries including salaries/wages for domestic workers | Amount (KSh) |
|  14) Remittances (in cash and kind) | Amount (KSh) |
|  15) Sanitary towels/pads | Amount (KSh) |
|  16) Others (Specify) | Amount (KSh) |
| C3. How much did your household spend in the last one year on the following?  |  |
|  1) Education (registration, uniforms, books, tuition, exam fees) | Amount (KSh) |
|  2) Maintenance and repairs including car and buildings etc. | Amount (KSh) |
|  3) Clothing and footwear | Amount (KSh) |
| 4) Wedding/dowry including contributions/harambees for the same to other HHs | Amount (KSh) |
| 5) Funerals including contributions/harambees for the same to other HHs | Amount (KSh) |
|  6) Capital expenditures including cars, plots etc. | Amount (KSh) |
| 7) Healthcare (including vaccinations, over the counter and prescription medicines, vitamins) | Amount (KSh) |
| 8) Others (specify) | Amount (KSh) |

**FOR HOUSEHOLD MEMBERS WITH NCDS**

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

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 and hypertension.

May I talk to [Name of Participant]?

1. YES
2. 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 |
| 1. Hospitalization *(Enumerator: Ask when the participant is likely to come back and book a new appointment)*
 | 2 |
| 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)*
 | 3 |
| 1. Other (please specify)
 | 4 |

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 two years 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 doing our final data collection for the study and following up with all patients we had interviewed before to collect data 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
 |

**SECTION D1: NCD Patient Demographics**

D. What is your age (in years)?

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

D2. What is your gender?

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

D3. What is your marital status?

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

D4. 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 |

**SECTION D2: NCD MEDCINE ACCESS**

D5. During our last data collection, you informed us you were taking the following medicines [name of medicine] for the NCDs [name of disease(s)] you have. Since midline data collection (February 2018) have you been prescribed any new medicine specifically for treating the disease(s), [name of NCD]?

1. Yes (Please specify below),
2. No

|  |  |
| --- | --- |
| D6. New medicine prescribed (by INN) |  |
| Medicine 1 |  |
| Medicine 2 |  |

D7. Since our midline data collection have you been diagnosed any new NCD (Asthma, Breast Cancer, Diabetes Hypertension Cardiovascular Disease) and prescribed a medicine for treating it?

1. YES (Specify below)
2. NO

|  |  |
| --- | --- |
| 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 E: MEDICAL SPENDING**

E1. How many outpatient visits did you make in the last four weeks: \_\_\_\_\_\_\_\_\_\_ (number, up to 4 visits) (FO: Please note that this section is for out of pocket expenditure and if payment is through insurance indicate ZERO. Use the following codes: -888 for NOT APPLICABLE, -777 DON’T KNOW. Please note that visits include home visits by clinicians – doctors and nurses)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Visit 1 | Visit 2 | Visit 3 | Visit 4 |
| E2. For each visit, how much money did you spend on treatment/ services received? |  |  |  |  |
|  1) Registration/ Card |  |  |  |  |
|  2) Drugs/vaccines (including outside purchase) |  |  |  |  |
|  3) Consultation (when sick) |  |  |  |  |
|  4) Diagnosis tests (x-ray, lab etc.) |  |  |  |  |
|  5) Routine Medical Check up  |  |  |  |  |
|  6) Staying overnight in a hospital or health facility |  |  |  |  |
| 1. Transport to and from
 |  |  |  |  |
|  8) Other (specify) |  |  |  |  |
|  9) Overall |  |  |  |  |

**SECTION F: FINANCIAL COPING**

F1. Where did you get the funds to pay for the services listed in the section above? [Record all that apply]

* 1. Had cash available
	2. Was given money (by friends, relatives & family members - No repayment was expected)
	3. “Harambee” contributions
	4. Borrowed money
	5. Community health Insurance scheme (paid directly to provider or reimbursed to patient after service was rendered)
	6. Private health insurance (paid directly to provider or reimbursed to patient after service was rendered)
	7. NHIF (paid directly to provider or reimbursed to patient after service was rendered)
	8. Sold household assets
	9. Waived/exempted
	10. Reimbursed by Employer
	11. Was given opportunity to pay later (credit)

F2. If borrowed money, did you have to pay back with interest? Yes/no

F3. If given credit, did you have to pay back with interest? Yes/no

F4. Did you save at all to afford these costs? Yes/No

F5. If yes in E4, how much did you save (KSH)?

F6. Did you cut back on other household expenses to afford these costs? Yes/No

F7. If yes in E6, which expenses [choose all that apply]

* 1. Food
	2. Beverages
	3. Education
	4. Maintenance and repairs including car and buildings etc.
	5. Clothing and footwear
	6. Capital expenditures including cars, plots etc.
	7. Others (specify)

**SECTION G: MEDICINE - MEDICATION TABLE**

G1. 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, as reported by patient (Write U if unknown) | Total supplied (number of units)  | Cost of total supply  | Was receipt shown? Yes/No |
| Med 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| Med 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Med 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| Med 4 |  |  |  |  |  |  |  |  |  |  |  |  |

Comments:

(*Note to CTO programmer: Multiple answers may be applicable for questions G2 to G3. Questions G2 to G8 will be asked whether respondent has medicine at home or not)*

G2. 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)

G3. 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)

G4. 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 facilities did you visit to find your medicine (including retail pharmacies)?
5. How many day’s supply of medicines did you buy?
6. How many days ago did you purchase your last medicine?

G5. In the last 3 months have you had any of the following measurements taken?

|  |  |  |  |
| --- | --- | --- | --- |
| *Test* | *Monitored?* | *Cost (KES)* | Where was the measurement taken?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)
 |
| Blood pressure  | Yes/No |  |  |
| Blood glucose  | Yes/No |  |  |
| Body weight  | Yes/No |  |  |
| Height  | Yes/No |  |  |
| Test for asthma | Yes/No |  |  |

G6. Would you like to have your measurements taken at a drug store?

* 1. Yes
	2. No

G7. If the costs for the measurements in G5 were bundled, how much did you pay? (Specify bundle)

G8. In the last three months, did you attend any health education/public awareness event organized by community health workers?

1. Yes
2. No

G9. If you attended any health education/public awareness event, what was it for?

G10. If you attended any health education/public awareness event, who organized the event?

1. Novartis Access
2. NGO
3. Local community health workers
4. Don’t know
5. Other (please specify)

G11. In the last 3 months has a community health worker ever visited you at home?

* 1. Yes
	2. No

G12. If a community health worker has visited within the last 3 months, what was the visit for?

G13. In the last 3 months, have you visited a health care provider (doctor, clinical officer, or nurse) specifically for your NCDs

1. Yes
2. No

G14. If you visited a health care provider (doctor, clinical officer, or nurse) in the last 3 months, what was the reason for the visit?

1. Referred through community outreach event or Community Health Worker
2. I was very sick
3. Routine monitoring
4. Other (specify)

G15. In the past month, did you skip or reduce your medication dose?

1. Yes
2. No
3. Don’t know

G16. If so, why did you do this?

1. I did not have enough money to purchase the medicine
2. The medicine was not available in facilities
3. I did not have enough time to purchase the medicines
4. Other (specify)

**SECTION H: HEALTH INSURANCE**

H1. Do you have up to date health insurance coverage?

* Yes (Please specify type of insurance)
	+ NHIF
	+ Private insurance
	+ Insurance from employer
	+ County level health insurance
	+ Universal Health Coverage
	+ Other (please specify)
* No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Insurance Scheme | H2. Number of adults on your insurance plan, including yourself? | H3. Number of children on your insurance plan | H4. How much do you pay per year as premium (total for any covered family members)? | H5. Have you ever received any education on your benefits package – what is covered and what is not covered – from your insurance scheme?* + Yes
	+ No
	+ Don’t know
 | H6. If you have NHIF, how many health facilities are you registered with for outpatient care? * + 0
	+ 1
	+ 2
	+ 3
	+ More than 3
	+ Don’t know
 | H7. If you are registered with a specific facility for outpatient care, have you tried to get care from another facility in the past year?* + Yes
	+ No
	+ Don’t know
 | H8. If you have tried to get care from another outpatient facility in the past year, have you been refused care by the other facility?* + Yes
	+ No
	+ Don’t know
 |
| NHIF  |  |  |  |  |  |  |  |
| Private insurance  |  |  |  |  |  |  |  |
| Insurance from employer |  |  |  |  |  |  |  |
| County level health insurance |  |  |  |  |  |  |  |
| Universal Health Coverage  |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |

**SECTION I. BRANDING AND AWARENESS**

I1. Apart from this study have you heard of the Novartis Access program from anywhere else?

1. Yes
2. No (If no skip to I4)

I2. If Yes, in I1, how did you hear about Novartis Access?

1. Through a colleague/friend
2. My provider
3. Social media
4. TV and radio adverts
5. Other (specify)

I3. What are the key elements of the Novartis Access program (Select all that apply)?

1. Price subsidy on selected medicines for NCDs
2. Public education on NCDs
3. Screening and linkage to care
4. Other (specify)

I4. Have you come across/seen this packaging before (show Novartis Access packaging – red cross and Novartis Access embossed on sachets)?

1. Yes
2. No

I5. If yes in F4, where did you see this?

I6. If you have seen or used Novartis Access medicines before, what do you think about the quality of Novartis Access medicines compared to other generic medicines?

1. Novartis Access medicines are of better quality
2. Novartis Access medicines are of same quality
3. Novartis Access medicines are of lower quality
4. Can’t tell

I7. What do you think about the prices (patient price) of Novartis Access medicines

1. Just about right
2. Too expensive
3. Cheap
4. Can’t tell.

I8. Are Novartis Access medicines easy or hard to obtain?

1. Easy
2. Hard
3. Neither easy nor hard
4. Can’t tell

**SECTION J: WILLINGNESS TO PAY**

***This section will only apply for pre-selected patients who have been on at least one of the four of the following selected medicines: amlodipine, glimepiride, metformin and salbutamol. The section will not apply to patients who report one of these medicines as a NEW medicine in this survey.***

**Option A *[for predetermined randomly selected group of patients].***

*Read this script to the respondent:*

*“Novartis Access is a program implemented by Novartis Pharmaceuticals to improve access to quality and affordable medicines for non-communicable diseases”*

*I have in my hand a picture of* ***Novartis Access*** *medicine which contains a one month treatment for your NCD****.***

J1. Are you willing to pay 100 Kenya Shillings for this box of medicines? [If yes go to B and if no go to C.]

J2. Are you willing to pay 150 Kenya Shillings for this box of medicines? [No matter the answer go to D.]

J3. Are you willing to pay 50 Kenya Shillings for this box of medicines? [No matter the answer go to D.]

J4. What is the maximum amount that you are willing to pay for this box of medicines?

**Option B *[for predetermined randomly selected group of patients].***

*I have in my hand a picture of medicine which contains one month treatment for your NCD*

J5. Are you willing to pay 100 Kenya Shillings for this box of medicines? [If yes go to B and if no go to C.]

J6. Are you willing to pay 150 Kenya Shillings for this box of medicines? [No matter the answer go to D.]

J7. Are you willing to pay 50 Kenya Shillings for this box of medicines? [No matter the answer go to D.]

J8. What is the maximum amount that you are willing to pay for this box of medicines?

**SECTION K: PRODUCTIVITY**

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

K1. Are you currently in any of the following work situations? For each “Yes” response, record how long you have been in this situation (1 week=7 days, 1 month=30 days, 1 year=365 days).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | How long have you been in this situation (in days)? |
| a. Unemployed and looking for work? | 1 |  2 | *# of days**\_\_\_\_\_\_\_*  |
| b. Temporarily laid off?  | 1 | 2 |   |
| c. Maternity leave?  | 1 | 2 |   |
| d. Short-term sick leave?  | 1 | 2 |   |
| e. Extended sick leave or disability?  | 1 | 2 |   |
| f. Retired?  | 1 | 2 |   |

K2. Do you (currently) do any of the following kinds of work? For each “Yes” response, estimate the number of hours you typically spend doing this kind of work each week. If it varies, estimate the average.

|  |  |  |  |
| --- | --- | --- | --- |
| a. Caregiver for your child/children? (This may or may not include simultaneous housework/ home maintenance) | Yes1 |  No2 | Average Number of Hours each Week  |
| b. Working a full-time paying job? | 1 | 2 |   |
| c. Working a part-time paying job? | 1 | 2 |   |
| d. Self-employed? | 1 | 2 |   |
| e. Volunteer work?  | 1 | 2 |   |
| f. Full-time student? | 1 | 2 |   |
| g. Part-time student? | 1 | 2 |   |
| h. Housework/home maintenance? (without simultaneous caregiving to your child/children) | 1 | 2 |   |

K3**.** How many hours does your employer expect you to work in a typical 7-day week?

If it varies, estimate the average. If you are self-employed, estimate the number of hours you would consider a full work week. If you have more than one job, combine total number of hours for all jobs.

 NUMBER OF HOURS

K4. Now please think of your work experiences over the past 7 days. In the spaces provided below, (*Data collector: Record the number of days spent in each of the following work situations)*

**In the past 7 days, how many days did you…:**

1. miss an **entire** work day because of problems with your [insert diagnosis the patient has (asthma, diabetes, hypertension)]?

b. miss an **entire** work day because of any other problems with your physical or mental health?

1. miss an **entire** work day for any other reason (including vacation)?
2. miss **part** of a work day because of problems with your physical or mental health
3. miss **part** of a work day for any other reason (including vacation)?
4. come in early, go home late, or work on your day off?

K5. About how many hours altogether did you work in the past 7 days? (See examples below.) If you have more than one job, report the combined total number of hours for all jobs. If you did not work at all in the past 7 days, enter “0” and skip to question K6.

 NUMBER OF HOURS

**Examples for calculating hours worked in the past 7 days**

8 hours per day for 5days =40 hours

7 hours per day for 5 days = 35 hours

K6. On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate your overall performance on the days you worked during the past 7 days? *(Circle the number)*

Worst Performance Top performance

0 1 2 3 4 5 6 7 8 9 10

**Question for data collector:**

|  |  |  |
| --- | --- | --- |
| Did the interviewee 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: