**Appendix 1**

**Manuscript Title:** Catastrophic out of pocket health expenditure among rural households in semi-pastoral community, Western Ethiopia: a community based cross-sectional study

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**English version Questionnaire**

**Part I: Socio economic and demographic characteristics**

|  |  |  |
| --- | --- | --- |
| S.no | Questions  | Responses |
| 101. | Sex of HH head  | 1. Male
2. Female
 |
| 102. | Marital status of HH head | 1. Single
2. Married
3. Divorced
4. Widowed
 |
| 103 | Ethnic group | 1. Amhara
2. Gumuz
3. Agew
4. Shinasha
5. Others (specify)………
 |
| 104 | Maternal education  | 1. Unable to read and write
2. Only read and write
3. Primary school
4. Secondary
5. Diploma or above
 |
| 105 | Family size (in numbers) | …………… |
| 106 | Number of children (< 5 years) in households | …………… |
| 107 | Number of working adults (15-49 years) in HHs | …………… |
| 108 | Number of elderly (>65 years) persons in HHs | …………… |
| 109 | Age of HH head (in years) | …………… |
| 111 | Occupation of HH head  | 1. Farmer
2. Merchant
3. Handicraft
4. House wife
5. Daily laborers
6. Others (specify)…….
 |
| 112 | Vulnerable members in the HH | 1. Both children and elders
2. Elders only
3. Children only
4. No both children and elders
 |
| 113 | Employment status HH head  | 1. Self-employed
2. Unemployed
3. Civil servant
4. Others
 |
| 114 | How do you perceive your family’s healthcare seeking? | 1. High
2. Medium
3. Poor
 |
| 115 | Is there a member with disability? | 1. Yes
2. No
 |
| 116 | If yes, what type of disability | 1. Physical disability
2. Functional disability
3. Psychiatric disorders
4. None
 |

**Part II: Estimated cost of food items for yesterday’s and/or last month’s consumption**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** |  | **Food items**  | **Daily cost** | **Monthly cost** |
| 201 | i. | Meat  |  |  |
| ii. | Fish  |  |  |
| iii. | ‘Borde’ (local drink) |  |  |
| iv.  | Porridge  |  |  |
| v. | Egg  |  |  |
| vi. | Vegetables  |  |  |
| vii. | ‘Injera’ (local stable food)  |  |  |
| viii. | Others  |  |  |
| Total |  |  |
| **Based on the above information, please answer the following questions**  |
|  | Questions  | Responses  |
| 202 | Was that total money spent for yesterday similar, more or less than other days during last month? | a) Sameb) Morec) Less |
| 203 | If it was different, how much the average expenditure does you spend per day for food?  |  ………………ETB  |
| 204 | During last month what were other expenditures other than food in your family? | 1. Valuable items (> 1,000ETB) …………
2. Health care (ETB) …………...
3. Fertilizer (ETB) ….………….
4. Education (ETB)……….…….
5. Wedding and funeral …………
6. Others (specify) ……………….
 |
| 205 | Are you currently in debt? | 1. Yes
2. No
 |
| 206 | If yes, how much is the debt?  | …………. ETB |
| 207 | If yes, for what reasons?  | a) Buying goodsb) Health carec) Educationd) Buying fertilizer, trading e) Wedding and funeralf) Daily expenditureg) Others (specify)…… |
| 208 | How far is it from your home to the nearest health center in KM? | ………… |

**Part III: Health care utilization and expenditures**

|  |  |  |
| --- | --- | --- |
| S.no | Questions  | Responses |
| 301 | Is there any person with at least one chronic illness in your household? | 1. Yes
2. No
 |
| 302 | If yes for no.1, how maney persons? (in number) | …………………. |
| 303 | Thinking one year back, how many of your household members have been ill or injured and need of health care? (in number) | ………………….. |
| 304 | In the last 4 weeks, is there any one in your family get any kind of sickness, accident or injury? | 1. Yes
2. No
 |
| 305. If yes, please specify each illness episode of each person |
|  | Number of persons | No. 1 | No. 2  | No. 3  | No. 4 | No. 5 | No. 6 |
| 305.1 | Signs, symptoms/conditions |
|  | Cough  |  |  |  |  |  |  |
| Fever  |  |  |  |  |  |  |
| Headache, vertigo, dizziness |  |  |  |  |  |  |
| Stomach ache |  |  |  |  |  |  |
| Bone and joint pain  |  |  |  |  |  |  |
| Accident injury |  |  |  |  |  |  |
| Hypertension  |  |  |  |  |  |  |
| Heart disease |  |  |  |  |  |  |
| Others (specify) ……. |  |  |  |  |  |  |
| 305.2  | Has any sick person got any medical checkup since when he/she got sick? a) yes b) no |
| 305.3 | Which was the first provider where the person sought medical help? |
|  | Self-treatment |  |  |  |  |  |  |
| Traditional healer |  |  |  |  |  |  |
| Private clinic |  |  |  |  |  |  |
| Health post |  |  |  |  |  |  |
| District hospital |  |  |  |  |  |  |
| General hospital |  |  |  |  |  |  |
| Others (specify)……………. |  |  |  |  |  |  |
| 306 | Do you have insurance? a) Yes b) No  |
| 307 | Where any of your family members ill/injured during the previous month? a) Yes b) No  | No. of HH members |
| 1 | 2 | 3 | 4 | 5 |
|  | If yes for no 307. proceed to question 308.If HH members had been ill more than 2 HH members. Please fill in the next column |  |  |  |  |  |
| 308 | What kind of illness/injury do persons suffer from?1. Cough
2. Fever
3. Headache
4. Difficulty in breathing
5. Abdominal pain
6. Pain in bone and joint
7. Injury/accident
8. Hypertension
9. Heart disease
10. Intestinal disorder
11. Others (specify)………….
 |  |  |  |  |  |
| 309 | How long has the illness lasted (days)1. Has been confined to bed
2. Missed school/work
3. Can work/got to school

Total days = a+b+c = ………… |  |  |  |  |  |
| 310 | Did they consult any health provider or use any medicine? | 1. Yes b) No
 |
| 311 | If yes, how long from onset of illness did you/they consult health providers (in days) | No. of days=………………… |
| 312 | What kind of health provider did they/you consult until recovered by consult order)? | 1. Private health worker
2. Drug seller
3. Health post
4. Health center
5. Primary hospital
6. General hospital
7. Referral hospital
8. Traditional healer
9. Self-treatment
 |
| 313 | Why did your family choose the first consult? | 1. Near by the house
2. good quality
3. cheap
4. acquainted
5. serious illness
6. others
 |
| 314 | How long you/they have stay in the hospital? (in days) | 1. 1-3 days
2. 4-7 days
3. 8-12 days
4. 13-17 days
5. More than 18 days
 |
| 315 | Have you/ they been treated inpatient/outpatient?If “1” go to 316 and if “2” go to 317. | 1. Inpatient
2. Outpatient
 |
| 316 | How much in total did you/they had paid during hospital stay? (in birr) | 1. For consultation……………….
2. Drug………………………………
3. Test and x-ray …………………
4. Bed days…………………………
5. Travel (including family care) ……….
6. Other (specify) ……………

Total……………………………… |
| 317 | How much did you/they have paid for outpatient treatment (in birr)  | a) Consultation……………………b) Drug………………………………c) Test and x-ray………………….d) Bed days……………………………e) Travel including family care……….f) Others: family care………………… gift……………………. Total payment=………………………… |
| 318 | How much did you/they had paid for | a) Private clinic…………………. b) Drug seller……………………c) Health post…………………….d) Health center………………….e) Primary hospital……………… f) General hospital………………g) Traditional healers……………h) Self-treatment…………………Total cost = 11+12 =…………… |
| 319  | Was the illness person a member of  |  a) health insurance b) exemption without health insurance c) poor card without (a and b) d) no |
| 320 | Were you/they exempted from paying user fee?  | a) Yes b) No If so, how large was it in ETB ---------- |
| 321 | How much has been spent (ETB) | a) General health examination------- b) Family planning --------------c) Rehabilitation ----------------Total-----------  |
| 322 | Total health expenditure for household per a month (direct payment from household) in ETB   | 1) For each person total (No.316+317+321) =…………2) For whole HHs= ……… |
| 323 | Total health expenditure for household per month (including exempted) in ETB | 1) For each person: total (No.320+322) = -----2) For whole HHs= ------------ |
| 324 | Please estimate your appropriate spending on the following daily food items for yesterday? (Only pay by cash) | a) Meat b) Fish c) Porridges d) Vegetables e) Injera e) Others ……………………… Total=----------------------------- |
| 325 | During the last month what were expenditures other than food in your family in ETB | a). Valuable items ---------b). Health care --------------c). Education------------------ d) Weeding--------------------e) funerals--------------------- e) Others ----------------------- Total-------------------------------- |
| 326 | Total expenditure of last month in ETB | Total= (Question 324) \*30 days plus Question 325= ..… |

**Part IV: Wealth index**

|  |  |
| --- | --- |
| 401 | How many cattle’s do you have? Specify in numbers |
|  | Plough oxen | …………………. |
| Fattened ox | …………………. |
| Cows  | …………………. |
| Heifer  | …………………. |
| Bull  | …………………. |
| Calf  | …………………. |
| Goats  | …………………. |
| Sheep  | …………………. |
| Donkey  | …………………. |
| Mule  | …………………. |
| Horse | …………………. |
| Chicken  | …………………. |
| Beehive | …………………. |
| Others (specify | …………………. |
| 402 | How much the crops do you have produced crops in Quintals? |
|  | Teff | ………………….. |
| Maize  | ………………….. |
| Sorghum  | ………………….. |
| Chickpea | ………………….. |
| Lentil | ………………….. |
| Soya bean | ………………….. |
| Carrot | ………………….. |
| Head Cabbage  | ………………….. |
| Mango  | ………………….. |
| Orange  | ………………….. |
| Papaya  | ………………….. |
| Paper corn | ………………….. |
| Pumpkin | ………………….. |
| Coffee  | ………………….. |
| Chat  | ………………….. |
| Others (specify)…………  | ………………….. |
| 403  | How many the following equipment’s do you have? |
|  | Functioning radio/tape  | ………………….. |
| Modern beds  | ………………….. |
| Cotton/sponge/spring mattress?  | ………………….. |
| Mobile/cell-phone/wireless  | ………………….. |
| Water pump  | ………………….. |
| Modern stoves  | ………………….. |
| Others (specify) ………… | ………………….. |
| 404 | What kind of latrine do you have?  | 1. None 2. Traditional latrine3. VIP 4. Others (specify)……….  |
| 405 | What is the type of the roof your house?  | 1. Corrugated sheet 2. Thatch roof 3. Others (specify)……………. |
| 406  | How many rooms are used by this household for sleeping only?  | Number of rooms ------ |
| 407  | Do you have kitchen  | 1. Yes 2. No  |
| 408  | Do you have separate rooms for cattle?  | 1. Yes 2. No  |
| 409  | What is the wall of your residence house made of?  | 1. Wooden structure 2. Mud 3. Others (specify)………… |
| 410  | What is the total farm size holding of the household in Hectares?  | Size in hectares ------------------ |
| 411 | The amount of money deposited or saved in bank or another financial sector in ETB | ---------------  |