**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) Same  b) More  c) 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 goods  b) Health care  c) Education  d) Buying fertilizer, trading  e) Wedding and funeral  f) Daily expenditure  g) 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 latrine  3. 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 | --------------- |