

# Economic impact of accessing prevention and treatment services for cardiovascular disease in Addis Ababa, Ethiopia-2015.

## I. IDENTIFICATION

Name of the health facility _____ Sub-city..... District.....	Diagnosis of the patient (please write all that is in the patient's record):						
Interviewer's name and signature: _____  Date of the interview:	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> </td> </tr> </table> Time at the start of the interview.....a.m/p.m	Day	Month	Year	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
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### Consent

Hello! My name is \_\_\_\_\_. I am representing the Ethiopian Public Health Institute and University of Bergen. We are conducting a survey regarding the economic impact of accessing prevention and treatment services for cardiovascular diseases in Addis Ababa, Ethiopia. As you might be aware, cardiovascular diseases are becoming an increasing burden to the Ethiopian health system, particularly in urban areas. We therefore intend to study the financial risk households face related to accessing health services for prevention and treatment of cardiovascular disease. The evidence generated will inform the process of priority setting for cardiovascular disease care and facilitate formulation of policy that will address financial risk protection challenges faced by households. For this purpose, we would like to collect information on the direct and indirect out-of-pocket payments patients (households) make to access health services for cardiovascular diseases in Addis Ababa. We are conducting this survey in a sample of public and private hospitals providing cardiovascular disease care in Addis Ababa. The information you provide in this study will only be used for the purpose stated above.

The interview will take about 30 minutes. We would appreciate to get your consent to be part of this study. We reassure you that the information you provide will be handled anonymously and only for the purpose of the study. Do you agree to be part of this study?

Agree.....

Disagree.....

Thank you for agreeing to be part of this study. If you have any question or if there is anything unclear or if you would like to stop the interview at any point during the course of the interview, please feel free to do so at any time.

Should you have any question about the study please contact Dr.Mieraf Tadesse on +251912603313

## I. Socio-demographic characteristics of the patient

No.	Question	Response	Remark
1	What is the patient's date of birth?	...../...../..... If date is not known, age in years....	
2	What is the patient's sex?	Female.....1 Male.....2	
3	What is the patient's highest educational attainment?	less than 8.....1 9-12.....2 Diploma.....3 Bsc/BA.....4 Msc/MA.....5 PhD.....6 No formal education.....8 Other(describe).....9	
4	What is the patient's marital status?	Never married .....1 Married .....2 Divorced .....3 Widow.....4 Other (Specify) ..... 5	
5	What is the patient's current occupation?	Government employee...1 Private employee...2 Self-employed.3 Business man/women...4 Housewife/househusband.....5 Retired.....6 Student.....7 Farmer.....8 Other (specify).....9	Ask what is his/her specialty?
6	Where does the patient live?	Addis Ababa.....1 Outside Addis (specify).....2	
6a	What is the size of the household? (How many people live in the same housing unit as you and share food together)		

## II. Patient medical history

7	When was the first time you ('you' refers to the patient hereafter) were diagnosed as having this heart/stroke /hypertension problem?	...../...../.....	
8	Are you currently taking any medication? (List all if yes, check medical record if patients couldn't provide the information)	Yes.....1..... No.....0	
9	Do you have a regular follow up outpatient visit with your doctor for the heart/stroke problem?	Yes.....1 No.....0	If no to Q9, go to Q12
10	If yes to Q 09, how often?	Monthly.....1 Quarterly.....2 Others (specify).....3	
11	How many outpatient visits did you have over the past 12 months?	.....regular follow up .....emergency visit .....other(specify)	
12	If no to Q 09, why not?	not prescribed...1 Other(specify).....3 Can't afford .....2	
13	Were you able to take all the care prescribed by your physician over the past 12months (treatments, investigations and procedures)?	Yes.....1 No.....0 (If no explain, which services you skipped? Why?)	If response is NO, ask why

### III. Out-patient care expenditure

14	<p>During the current out-patient department (OPD) follow-up visit, how much did you spend on the following items (in Ethiopian birr, ETB)?</p> <p>Read through all the items,</p>	<p>Total.....</p> <p>Drugs.....</p> <p>Laboratory /imaging.....</p> <p>Physiotherapy .....</p> <p>Physician (consultation) fee.....</p> <p>Transportation (to and from hospital).....</p> <p>Attendant related expenses.....</p> <p>Other (describe).....</p>
15	<p>How did you cover the expense for these services?</p> <p>Multiple answers are possible. Provoke by asking what other source of finance the patient or house used to cover expenses</p>	<p>Current income of household(amount).....1</p> <p>Own savings (amount).....2</p> <p>Received support from family or friends other than household members(amount).....3</p> <p>Borrowed (amount).....4</p> <p>Sold items (amount).....5</p> <p>Insurance (amount).....6</p> <p>Equb/Idir(amount).....7</p> <p>Other (specify.....) (amount).....8</p>
16	<p>If answer to Q15 includes borrowed, ask:</p> <p>a) how long the repay schedule is?</p> <p>b) if any interest rate applied to it?</p>	<p>a) Repay schedule.....</p> <p>b) Interest rate.....</p>
17	<p>When did you have your last out-patient follow up visit (the one prior to the current)?</p>	<p>Date.....</p> <p>If date not known, report in months or weeks.....</p>
18	<p>During this last out-patient follow up visit (reported in Q17) how much did you spend on the following (in ETB)?</p> <p>Read through all the items</p>	<p>Total.....</p> <p>Drugs.....</p> <p>Laboratory /imaging.....</p> <p>Physiotherapy .....</p> <p>Physician (consultation) fee.....</p> <p>Transportation (to and from hospital).....</p> <p>Attendant related expense.....</p> <p>Others (describe).....</p>

19	<p>How did you cover the expense for these services?</p> <p>Multiple answers are possible. Provoke by asking what other source of finance the patient or house used to cover expenses</p>	<p>Current income of the household(amount).....1  Own savings (amount).....2  Received support from family or friends other than household members(amount).....3  Borrowed (amount).....4  Sold items (amount).....5  Insurance (amount).....6  Equb/Idir(amount).....7  Other (specify) (amount).....8</p>	
20	<p>If answer to Q19 includes borrowed, ask:  a) how long the repay schedule is?  b) if any interest rate applied to it?</p>	<p>a) Repay schedule.....  b) Interest rate.....</p>	
21	<p>Over the past 12months including the data collection period, how much did you spend on out-patient follow-up visit related to your heart/stroke/hypertension in total?</p>	<p>Total spending over the past 12months.....</p>	
22	<p>How did you cover the expense for these services?</p> <p>Multiple answers are possible. Provoke by asking what other source of finance the patient or house used to cover expenses</p>	<p>Current income of the household (amount).....1  Own savings (amount).....2  Received support from family or friends other than household members (amount).....3  Borrowed (amount).....4  Sold items (amount).....5  Insurance (amount).....6  Equb/Idir(amount).....7  Other (specify) (amount amount).....8  If sold items, ask what item?</p>	
23	<p>If answer to Q22 includes borrowed, ask:  a) how long the repay schedule is?  b) if any interest rate applied to it?</p>	<p>a) Repay schedule.....  b) Interest rate.....</p>	
24	<p>Where do you go for your last out-patient follow up visit?</p>	<p>Government hospital.....1  Private hospital.....2  Private cardiac center.....3</p>	
25	<p>How far is the hospital that you go to receive out-patient follow-up visit from your residence (home)?</p>	<p>.....in km  .....hour drive  .....hour(minute) walk</p>	

**IV. In-patient care expenditure**

26	Over the past 12 months, how many times have you been hospitalized related to your heart/stroke/hypertension problem?	.....in number			
27	When were you hospitalized for the heart/stroke/hypertension problem?	(start with the most recent) from...../...../..... to...../...../.....	2 <sup>nd</sup> most recent from...../...../..... to...../...../.....	3 <sup>rd</sup> most recent from...../...../..... to...../...../.....	
28	Where were you hospitalized?	Government...1 Private.....2 NGO hospital...3 Other.....4(specify)	Government...1 Private...2 NGO hospital...3 Other.....4(specify)	Government...1 Private...2 NGO hospital...3 Other.....4(specify)	
29	What was your admission diagnosis?	Acute coronary syndrome...1 Stroke.....2 Heart failure...3 Hypertension...4 Other(specify)..... .....5	Acute coronary syndrome...1 Stroke.....2 Heart failure...3 Hypertension...4 Other(specify)..... .....5	Acute coronary syndrome...1 Stroke.....2 Heart failure...3 Hypertension...4 Other(specify)..... .....5	
30	What type of transport did you use to reach to the hospital?	Ambulance.....1 Own car.....2 Got a ride.....3 Taxi or rented car.....4 Walking.....5 Local transport means such as cart .....6 Other(Specify).....7	Ambulance.....1 Own car.....2 Got a ride.....3 Taxi or rented car.....4 Walking.....5 Local transport means such as cart .....6 Other(Specify).....7	Ambulance.....1 Own car.....2 Got a ride.....3 Taxi or rented car.....4 Walking.....5 Local transport means such as cart .....6 Other(Specify).....7	
31	During each hospitalization, how much did you spend on the below items?(in ETB)	Total expense .....	Total expense .....	Total expense .....	Remark
31.1	Hospital bed days				
31.2	Drugs				
31.3	Investigations/imaging				
31.4	Procedures				
31.5	Food				

31.6	Physiotherapy				
31.7	Transportation to and from the hospital				
31.8	Attendant related expenses(transportation, food..etc)				
31.9	Other(specify)				
32	<p>How did you cover the cost?</p> <p>Multiple answers are possible. Provoke by asking what other source of finance the patient or house used to cover expenses</p>	<p>Current income of the household(amount)...1 Own savings (amount).....2 Received support from family or friends other than household members(amount)...3 Borrowed(amount)...4 Sold items(amount)...5 Insurance(amount)...6 Equb/idir(amount)...7 Other(specify) amount)...8 If sold items, ask what item?</p>	<p>Current income of the household (amount)...1 Own savings (amount)..2 Received support family or friends other than household members (amount)...3 Borrowed(amount)...4 Sold items(amount)...5 Insurance(amount).....6 Equb/idir(amount).....7 Other(specify) amount)...8 If sold items, ask what item?</p>	<p>Current income of the household(amount)...1 Own savings (amount).....2 Received support from family or friends other than household members (amount)...3 Borrowed(amount)...4 Sold items(amount)...5 Insurance(amount)..... .6 Equb/idir(amount)..... 7 Other(specify)amount).. .8 If sold items, ask what item?</p>	
33	<p>If answer to Q32 includes borrowed, ask:</p> <p>a) how long the repay schedule is? b) if any interest rate applied to it?</p>	<p>a) Repay schedule..... b) Interest rate.....</p>	<p>a) Repay schedule..... b) Interest rate.....</p>	<p>a) Repay schedule..... b) Interest rate.....</p>	

<b>V. Consequences</b>		
34	Over the past one month, how much time did you spend or miss from your regular work due to your heart/stroke /hypertension problem or seeking health care for the illness? (Ask the patient even if they are not formally employed)	.....hours .....days .....weeks
34.1	Over the past twelve month, how much time did you spend or miss from your regular work due to your heart/stroke/hypertension problem or seeking health care for the illness? (Ask the patient even if they are not formally employed)	.....day .....weeks .....Months
35	(ask only for those employed) Do you get paid for the period you missed from work due to illness related to your heart/stroke/hypertension problem or while seeking care?	Yes, fully.....1 Yes, partially.....2 No.....0
36	How many care givers do you have who attend to you on a regular basis?	.....in number
37	Over the past one month, how much time did your attendant(s) spend related to your heart/stroke/hypertension problem?	.....hours .....day .....weeks
37.1	Over the past twelve month, how much time did your attendant(s) spend related to your heart/stroke/hypertension?	.....day .....weeks .....Months
38	Did your or family member's work schedule affected due to your heart /stroke/hypertension problem? (multiple answer is possible)	Yes, I work less.....1 Yes, family members work more.....2 Yes, family members work less.....3 Yes, I work more.....4 No.....0
39	Has your households' income changed due to your heart/stroke/hypertension problem?	Yes, it has decreased.....1 Yes, it has increased.....2 No, it hasn't change.....3
40	Does the out-of-pocket expenses made for you to receive health care for your heart/stroke/hypertension problem affect the household's other essential consumption? (such as food, education and other essential consumptions)	Yes.....1 No.....2
41	If answer to Q40 is yes, please describe the change?	Food quantity or amount has reduced .....1 Children's/family member's education has been disrupted....2 Other(describe).....3

42	If you did not have to come to the hospital to seek care for your heart/stroke/hypertension problem, how would you have used this time? What would you have done? Read out options, multiple answers are possible	Regular work....1 Leisure.....2 School.....3 Spend time with family/friends....4 Other(describe).....5
43	If you did not have to pay for your medical expenses out-of-pocket, how would you have used the money you spend to cover the costs for receiving the medical care for your heart/stroke/hypertension problem?	Save it.....1 Buy more food...2 Pay for education/school...3 Other(describe).....4
44	If there was a complete cure to your heart/stroke/hypertension problem, how much would you be willing to pay for it?	
<b>VI-Risk factors for CVD</b>		
47	Did you ever smoke?	Yes, .....1 No.....0
48	If yes to Q47, ask for how long?	
49	Do you smoke currently?	Yes, regularly...1 Yes, occasionally...2 No.....0
50	If yes to Q49, ask how many cigarettes?	.....(amount)per day .....(amount)per week .....(amount)per month
51	Do you do regular physical exercise? (120 minutes of moderate exercise per week)	Yes.....1 No.....0
52	Do you eat adequate fruits and vegetables in your daily meals? (5 portions or about 400gm every day)	Yes.....1 No.....0
53	Do you have history of heart disease or history of premature death (at age younger than 65years) among your first degree relative?	1...Yes, a first degree relative has CVD 2.....Yes a first degree relative died of CVD 0....No, no one in my family has history of CVD
54.1	How much is the current weight of the patient?	Weight.....kg
54.2	What is the height of the patient?	Height.....meter
54.3	What is the patient's blood pressure? ( check chart)	Blood pressure(before treatment).....(s/d)mmHg Current blood pressure(after treatment).....(s/d)mmHg

54.4	What is the patient's lipid profile?	Total cholesterol..... Serum HDL..... Serum LDL.....
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**VII-Essential consumptions for patient's household**

55. On average how much does your household spend on the following essential consumptions in ETB?.....ETB in total per month

		.....per month	.....per year
55.1	Food/food items		
55.2	Utilities (electricity, water , telephone)		
55.3	Education (School for children or self)		
55.4	House rent		
55.5	Health care (total for the household)		
55.6	Other(describe)		
56.1	Goods (properties) and utensils for the household use		
56.2	Clothes		
56.3	Maintenance of properties		
56.4	Reimbursement of loan (describe, if it is related to health spending)		
56.5	Others (describe)		
57	Estimated total annual household expenditure in ETB?		.....ETB
58	How much is the patient's current monthly net income in ETB?		.....per month
59	How much is the household's total monthly net income in ETB?		Monthly..... Annual.....

**VIII-Household amenities**

60	Does the household own a house?	Yes.....1 No.....0
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61	Do you live in your own house?	Yes....1 No.....0
62	If you live in a rental house, how much do you pay per month?	.....ETB
63	How many rooms does the house you live in have?	
64	How many of these goods does the household own?	Bicycle? .....(number) Motor cycle?.....(number) Bajaj.....(number) Car?.....(number)
65	What is the main source of drinking water for the household?	Pipe within the house....1 Public tap.....2 Well in the house...3 Public well.....4 Other.(describe).....5
66	What source of energy does your household use for cooking?	Gas.....1 Electricity.....2 Kerosene.....3 Wood.....4 Coal.....5 Other.....6
67	What kind of toilet facility does your household use?	Private flush.....1 Public flush.....2 Private pit toilet....3 Public pit toilet....4 Other.....5
68	How many of the following animals does the household own?	Cattle..... Milk cows..... Horses, donkey..... Goats..... Sheep..... Chickens..... Others(describe)
69	Does the household have electricity?	Yes....1 No.....0
70	Does the household own refrigerator?	Yes....1 No.....0
71	Does the household own telephone/mobile phone?	Yes....1 No.....0
72	Does the household own television?	Yes....1 No.....0
73	Does the household own radio?	Yes....1 No.....0

74	Does the household own a computer (desktop/laptop)?	Yes(how many).....1 No.....0
75	Does the household own land for farming?	.....in hectar

Who was the respondent.....patient  
.....family member (relationship to the patient)

Thank you very much for your participation, we would appreciate if you would be willing to give us your name and contact details. This is optional and the information will be used only to contact you again if we need to clarify something regarding the data collected. Please provide any final remark if you have any.....

Name of the patient (only if respondent(s) are willing).....  
Contact address (tele-phone or e-mail only if respondents are willing).....

Time at the end of the interview..... a.m/p.m