**SURVEY OF INDIRECT COSTS AND POCKET EXPENSES IN THE FRAMEWORK OF**

**ARI SURVEILLANCE IN COLOMBIA**

**Date *RE-CONTACT*:** DD/MM/YYYY

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Date: DD/MM/YYYY | | | 2. Survey ID: | | | | 3 Survey number: | |
| 4. City: | | | 5. Hospital / Clinic: | | | | 6. Phone: | |
| **IDENTIFICATION AND SOCIECONOMIC DATA OF THE PATIENT** | | | | | | | | |
| 7. Type ID: CC\_\_\_ TI\_\_\_\_ CE\_\_\_ | | | 8. ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 9. Patient Medical Record ID: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| 10. Date of birth: DD/MM/YYYY | | | 11. Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 12. Sex: M \_\_\_\_\_\_ F\_\_\_\_\_\_\_ | |
| 13. Area: rural\_\_\_\_\_\_ urban\_\_\_\_\_  14. If you are a woman, do you pregnant?  Yes\_\_ No\_\_ | | | 15. ¿Are you affiliated to General Health System? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_  16. Regime of affiliation:  Contributory regime \_\_\_\_\_ Subsidized regime \_\_\_\_ Poor Uninsured Population \_\_\_ | | | | | |
| 17. Educational level:   |  |  | | --- | --- | | Incomplete elementary school |  | | Primary complete |  | | Secondary incomplete |  | | Secondary complete |  | | Technician |  | | Technologist |  | | Professional |  | | Postgraduate |  | | N. A |  | | | | 18. Occupation:   |  |  | | --- | --- | | Student |  | | Housewife |  | | Independent worker |  | | Dependent worker |  | | Does not work |  | | N.A. |  | | | | | 19. Including yourself, how many people live in your household? Include children and adults: \_\_\_\_\_\_\_\_\_  20. Of these, how many contribute financially to the household? \_\_\_\_\_\_\_\_\_\_\_ 20.1. Who is it?   |  |  | | --- | --- | | Patient |  | | Mother |  | | Dad |  | | Brother or Sister |  | | Spouse |  | | Other |  | | |  |
| 21. What range is the patient's monthly income? (minimal income)   |  |  | | --- | --- | |  | Less than U$ 240.4 | |  | Between U$ 240.4 and less than U$ 480.8 | |  | Between U$ 480.8 and less than  U$ 721.2 | |  | Between U$ 721.2 and less than  U$ 961.6 | |  | Between U$ 961.6 and U$ 1,202.0 | |  | More than U$ 1,202.0 | |  | N.A. (For children) | | | | 22. What range is the monthly household income? (minimal income)   |  |  | | --- | --- | |  | Less than U$ 240.4 | |  | Between U$ 240.4 and less than U$ 480.8 | |  | Between U$ 480.8 and less than  U$ 721.2 | |  | Between U$ 721.2 and less than  U$ 961.6 | |  | Between U$ 961.6 and U$ 1,202.0 | |  | More than U$ 1,202.0 | | | | 23. What is the amount of the MONTHLY expenses of your household for the following items?   |  |  | | --- | --- | | **Item** | **Cost $** | | Food |  | | Education |  | | Rent |  | | Home maintenance |  | | Health |  | | TOTAL |  | | | |  |
| **POCKET EXPENSES BEFORE HOSPITALIZATION** | | | | | | | | |
| 24. How many days have you had symptoms at the time of the consultation? \_\_\_\_\_\_\_\_\_\_\_\_  25. Due to your illness, have you missed days from work or study?  Yes\_\_\_\_ No \_\_\_\_\_\_\_  25.1 ¿How many? \_\_\_\_\_ | | 26. ¿How long take to transfer the patient to this institution including travel time and waiting time for transportation?   |  |  | | --- | --- | | Less than half an hour |  | | Between half an hour and 1 hour |  | | Between 1 hour and 1 hour and ½ |  | | Between 1 hour and ½ and 2 hours |  | | More than 2 hours |  |   27. ¿How much the patient or his companion have to pay for transportation to this institution?  U$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 28. ¿Before entering this institution, did you receive any other type of care?  Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_  28.1. If yes, what type of care did she receive   |  |  |  | | --- | --- | --- | | **Item** | Which one? | # times | | Hospital or clinic |  |  | | Private doctor |  |  | | Traditional doctor |  |  | | Clinic |  |  | | Self-medication |  |  | | Other |  |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **EXPENDITURE** | **Hospital or clinic** | **Private doctor** | **Health center** | **Traditional Medical** | **Self-medication** | | Medicines |  |  |  |  |  | | Laboratory tests |  |  |  |  |  | | Diagnostic images (Rx) |  |  |  |  |  | | Consultation |  |  |  |  |  | | Transport |  |  |  |  |  | | Copayment |  |  |  |  |  | | Caregiver |  |  |  |  |  | | Others |  |  |  |  |  |   29. Specify how much you had to pay for that prior care | | | | | | | | |
| **POCKET EXPENSES DURING HOSPITALIZATION** | | | | | | | | |
| 30. ¿How many days were you hospitalized? \_\_\_\_\_\_  31. During the hospitalization, did you have to pay for any concept  Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_  31.1. If yes, which concept? | |  |  |  | | --- | --- | --- | | **Item** | **Which one?** | **Cost U$** | | Supplies |  |  | | Copayment |  |  | | Others (photocopies, food supplement) |  |  |   32. ¿How many times did the caregiver or someone from the home travel to visit the patient? \_\_\_\_\_\_\_\_\_\_\_  32.1. ¿What was the cost of each trip?  U$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | 33. ¿Was necessary to hire a caregiver?  Yes\_\_\_\_ No \_\_\_\_\_\_\_  33.1. ¿How much money did you pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  33.3 Did the payment to the caregiver affect the household finances? Yes\_\_\_\_ No \_\_\_\_\_ |
| **PRODUCTIVITY LOSS** | | | | | | | | |
| 34. ¿In total, how long did the disease last from the onset of symptoms to its full resolution? \_\_\_\_\_\_\_\_ | | | | | 37. ¿You have stopped receiving income for the days or hours you do not work?  Yes\_\_\_\_ No \_\_\_\_\_\_\_ 37.1 ¿How many? \_\_\_\_\_ | | | |
| 35. ¿Did you miss days of work or study because of your illness?  Yes\_\_\_\_ No \_\_\_\_\_\_\_ 35.1 ¿How many? \_\_\_\_\_ | | | | | 38. ¿ Your caregiver or caregivers stopped receiving income for the time they dedicated to your care? Yes\_\_\_\_ No \_\_\_\_\_\_\_ | | | |
| 36. ¿Did your caregivers loss study, working or activities days due to your disease?  Yes\_\_\_ No \_\_\_ 36.1 ¿How many? \_\_\_\_\_ | | | | | 39. ¿How much money did they stop receiving? U$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **POCKET EXPENSES AFTER HOSPITALIZATION** | | | | | | | | |
| 40. Type ID: CC\_\_ TI\_\_ CE\_\_ 41. ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 42. ¿How much did you spend on transportation the day you left hospitalization? \_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 43. ¿Was it necessary to re-consult for this same disease? Yes\_\_\_\_ No \_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | **Ítem** | Which one? | Cost U$ | | Hospital or clinic |  |  | | Private doctor |  |  | | Traditional doctor |  |  | | Clinic |  |  | | Self-medication |  |  | | Other |  |  |   43.1. If yes, ¿what type of care did you receive?  44. ¿Have you missed days of work or study after hospitalization? Otherwise? Yes\_\_\_\_ No \_\_\_\_\_\_\_  44.1 ¿How many? \_\_\_\_\_ | | | | 45. Specify how much you had to pay for this care   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **EXPENDITURE** | **Hospital or clinic** | **Private doctor** | **Health center** | **Traditional Medical** | **Self-medication** | | **Medicines** |  |  |  |  |  | | **Laboratory exams** |  |  |  |  |  | | **Diagnostic images (Rx)** |  |  |  |  |  | | **Consultation** |  |  |  |  |  | | **Transport** |  |  |  |  |  | | **Other** |  |  |  |  |  | |  |  |  |  |  |  | | | | | |
| **OBSERVATIONS** | | | | | | | | |