**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 |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 \_\_\_\_\_\_\_

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| --- | --- | --- |
| **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** |   |   |   |   |   |
|  |  |  |  |  |  |

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| **OBSERVATIONS** |