Cervical Cancer Screening – Household Cost Questionnaire

Date: _____

PHC Area: _____

Anganwadi location: _____

1. Age: _____
2. Gender: Female
3. What is your marital status? _____

Single 1

Married or living as married.....2

Separated 3

Divorced.....4

Widowed.....5

Other (SPECIFY).....6

4. What is your employment status? _____

In full-time work.....1

In part-time work.....2

Currently seeking work.....3

Homemaker 4

Retired.....5

Other (SPECIFY).....6

5. What is the highest level of education you completed? _____

Primary.....1

Some secondary.....2

All secondary.....3

College 4

University.....5

Post-graduate university (SPECIFY) 6

6. Could you please provide an estimate of your annual household income from all sources (before tax and other deductions and including your partner/spouse)? _____ INR

7. How many adults are there in your household?

Number of adults: _____

8. How many children are there in your household?

Number of Children: _____

Patient Travel Costs

1. How did you travel to the Primary Health Center for getting the HPV screening?
   _____

If you used more than one form of transport please indicate the way you travelled for the main (longest in terms of distance) part of your journey.

Walked 1

Cycled..... 2

Bus 3

Train/metro 4

Taxi 5

Private car 6

Motorbike 7

Hospital car 8

Ambulance..... 9

Other (please specify) 10

2. If you travelled by public transport (e.g. bus or train) for part or the entire journey, what was the cost of the one-way fare? (Put zero if did not travel by public transport at all or if did not pay a fare)

   Costs of one-way fare (INR) _____

3. If you travelled by taxi for part or the entire journey, what was the cost of the one-way fare? (Put zero if did not travel by taxi at all or if did not pay a fare.)

   Costs of one-way fare (INR) _____

4. If travelled by private car or motorbike for part or the entire journey how many (specify as appropriate e.g. miles or kilometres) did you travel one-way? Put zero if did not travel by private car or motorbike at all.

   Number of (specific) one way _____km

5. If you travelled by private car or motorbike for part or all of the journey and had to pay tolls or parking fees how much did these amount to? Put zero if did not travel by private car or motorbike at all or did not pay tolls or parking fees

   Expenditure on tolls or parking fees (INR) _____

6. How far away from the Primary Health Centers do you live?

   Number of (specify): _____km

7. How long did it take to travel from your home to the Primary Health Center?

   Number of hours: _____ - _____ minutes

8. Did you return home using the same form of transport?

   If NO: What other form of transport was used:

Patient Time Costs

1. When you visited the Primary Health Center, how long did you spend there? Please include the time spent waiting and also the time spent with the (specify health professional e.g. doctor or nurse).

   Number of hours: _____ - _____ minutes

2. What would you otherwise have been doing as your main activity if you had not come to the Primary Health Center? _____

Housework..... 1

Childcare..... 2

Caring for a relative or friend 3

Voluntary work..... 4

Leisure activities..... 5

Attending school or university..... 6

On sick leave 7

Seeking work 8

Paid work..... 9

Other (please specify)..... 10

3. If you took time off from paid work (or business activity if self-employed) please continue with question 4 Otherwise, go to next section (Companion Costs)

4. If you took time off from paid work (or business activity if self-employed) to come to the Primary Health Center, approximately how much time did you take off work (or business activity if self-employed)?

   Number of hours: _____ - _____ minutes

5. Did you lose earnings as a result?

   Yes 1

   No 2

6. How much earnings did you lose because of your travel to the Primary Health Center?

7. What is your main occupation (use 'job' if preferred)?

   _____

COMPANION COSTS

1. Did anyone come with you to the Primary Health Center.

   Yes (please continue with question 2).....1

   No (go to next section of the questionnaire) 2

2. Who accompanied you to the Primary Health Center?

   Partner/spouse..... 1

   Child/children under 16 years 2

   Other relative 3

   Paid caregiver..... 4

Other (please specify) 5

3. If your main companion travelled with you by public transport for part or the entire journey how much did they pay one-way in fares? (Put zero if your main companion did not travel by public transport at all or did not pay a fare.)

   Costs of one-way fare (INR) _____

4. How long did that person spend with you both in terms of travel time and whilst you were at the Primary Health Center?

   Number of hours: _____ - _____ minutes

5. What would your companion otherwise have been doing as their main activity if they had not accompanied you to the Primary Health Center?

   Housework..... 1

   Childcare..... 2

   Caring for a relative or friend 3

   Voluntary work..... 4

   Leisure activities..... 5

   Attending school or university..... 6

   On sick leave 7

   Seeking work 8

   Paid work..... 9

   Other (please specify)..... 10

6. If your companion took time off from paid work (or business activity if self-employed) to go with (you to the appointment approximately how much time did they take off work? (Put zero if your main companion did not take time off from paid work (or business activity if self-employed) to go with you to the appointment)

   Number of hours _____ - _____ minutes

7. What is your companion's main occupation? _____

CHILDCARE AND OTHER DEPENDENT COSTS

1. Did you get someone to look after your child/children or other dependents (if you have any) when you went to the Primary Health Center?

   Yes (please continue with question 2) 1

   No (go to (specify next section of the questionnaire)) 2

   Not applicable (no children or other dependents) (go to (specify next section of the questionnaire)) 8

2. How many hours and minutes did they spend looking after your child/children or other dependents while you were at the Primary Health Center?

   Number of hours _____ - _____ minutes

3. Did you pay that person to look after your child/children or other dependents while you were at the Primary Health Center?

   Yes 1

No (please continue with question 5).....2

4. How much did you pay that person to look after your child/children or other dependants while you were at the Primary Health Center?

   Amount paid for care: _____(INR)

5. If they were not paid, what would that person have been doing as their main activity if they had not been looking after your child/children or other dependants while you were at the Primary Health Center?

Housework..... 1

Childcare..... 2

Caring for a relative or friend 3

Voluntary work..... 4

Leisure activities..... 5

Attending school or university..... 6

On sick leave 7

Seeking work 8

Paid work..... 9

Other (please specify)..... 10

PRODUCTIVITY LOSSES

1. Are you employed: Yes/No
2. Are you employed full time/Part-time: _____
3. How many days a week do you work: _____
4. How many hours a week, on average, did you work? _____
5. Number of days of holidays provided in work: _____
6. Time taken from work to visit the Primary Health Center: _____
7. Have you incurred any other costs because of coming to (specify location e.g. general practitioner surgery or hospital clinic)?

   Yes 1

   No 2

8. If yes, what were they for and how much did you spend? In the table below please write the purpose of other costs and the amount of money spent.

Purpose	Amount Spent (INR)

9. Please write down any other costs you have had to pay for related to your (specify condition) in addition to the things we have already asked about in this questionnaire. For example, telephone calls, extra laundry, clothing or heating, or additional travel expenses such as having to use taxis rather than private car or public transport.

   _____