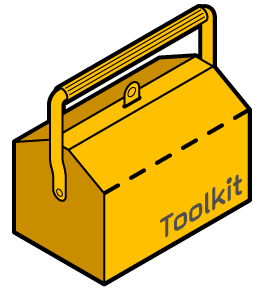
**Client Math Toolkit**

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**June 2014**

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MILK is a project of the MicroInsurance Centre



***Does your microinsurance product provide value to your clients and families?***

***What role does it play in their financial lives and what impact does it have on their ability to cope with risk?***

This toolkit is a guide to implementing a “Client Math” study that helps answer these questions. It is suitable for researchers, insurers, microfinance institutions, and other delivery channels interested in developing a more thorough understanding of the value an existing microinsurance product has to clients, and provides guidance on 1) determining whether Client Math is the best approach to studying the product, 2) preparing for a Client Math study, and 3) implementing the study.

*Disclaimer: the MicroInsurance Centre does not certify any specific studies using this tool other than those conducted by the MILK Project. It offers the tool to the public as part of the MILK Project to facilitate others’ efforts at understanding client value. The MILK team may be able to provide support in designing studies and/or analyzing data. Please contact Michael J. McCord (*[*mjmccord@microinsurancecentre.org*](mailto:mjmccord@microinsurancecentre.org)*) for more information..*

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This toolkit grew out of a set of studies being performed by the **Microinsurance Learning and Knowledge (MILK)** Project. MILK is an initiative launched by the **The MicroInsurance Centre** and supported by the **Bill & Melinda Gates Foundation**.

The project aims to provide clarity around two key questions in microinsurance:

1. Does microinsurance offer **value** to low-income policyholders and their families, and if so, under what conditions?
2. Is there a **business case** for microinsurance among insurers and delivery channels, and if so, under what conditions?

To address these questions the MILK team has conducted both original and collaborative research with the intention of contributing directly to the limited but growing pool of client value and business case knowledge and leveraging existing and ongoing work to enhance its value and ensure that gaps in understanding are addressed. MILK has worked with researchers, insurers, intermediaries, delivery channels, NGOs, and others to leverage available information and research.

The MILK project has examined a variety of microinsurance models and products across different regions. The Client Math methodology outlined in this toolkit was developed by MILK in an effort to enhance understanding of questions and product types that are under-represented in the existing literature on client value.

To learn more about MILK, contact Michael J. McCord, MILK’s Project Director: [mjmccord@microinsurancecentre.org](mailto:mjmccord@microinsurancecentre.org) or visit the MicroInsurance Centre’s MILK webpage: <http://www.microinsurancecentre.org/milk-project.html>

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What is Client Value and How Can it be Measured?

What is client value?

Microinsurance is widely assumed to offer potentially great value to its clients and their families in coping with risk. To ensure that a microinsurance product is working as it should to protect clients, it is useful to think carefully about how the product is expected to benefit them and to document the actual effects it has on their lives.

*Definition.* The term “**client value**” refers to the **added** value of microinsurance, either direct or indirect, in comparison to other available risk coping mechanisms, either when claims are made or as a result of the changed behavior caused by owning a policy and trusting that it will be honored. Client value is comprised of three components:

* **Expected** value is the value clients may get through behavioral incentives and “peace of mind” regardless of whether claims are made.
* **Financial** value is the value of the product when a claim is made, measured through the impact of insurance on a household’s balance sheet (protecting assets, avoiding indebtedness) or its cash flows (protecting income, reducing expenditures or changing consumption).
* **Service quality** value is the externalities that are created by microinsurance providing access to product-related services (such as higher quality healthcare) of benefit to the client.

When measuring value, it is important to think about microinsurance within the context of the other strategies available to poor households to cope with risk, as well as the possibility that a household may have no response to a shock (see Figure 1). Microinsurance may overlap with many of these tools, and in some cases, may partially or fully take their place.



**Figure 1: Microinsurance and Other Coping Mechanisms**

What are the different ways to look at client value?

A variety of different tools can be used to assess client value. To choose the most appropriate tool, factors such as the objective of the research, the study’s audience, the stage of the product being analyzed, the data available, the timeframe and the research budget should be considered. Table 1 evaluates the appropriateness of several tools for a particular event and/or research question.

**Table 1: Tools to assess client value**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Key performance indicators (KPIs)** | **PACE[[1]](#footnote-1)** | **Client Math** | **Market study** | **Client satisfaction study** | **Academic impact study** |
| **Rationale** | Raise red flags about current client value performance | Identify value creation opportunities; Explore strengths and weaknesses of current design in relation to alternatives | Understand the financial value at the time of a claim of products in comparison to alternative risk-coping tools | Understand needs and preferences of target population | Understand client satisfaction, renewal behaviours and client loyalty | Assess impacts on indicators related to wellbeing of households and communities |
| **Key audience** | Practitioners | Practitioners and enablers | Practitioners, and enablers | Practitioners and enablers | Practitioners | Enablers |
| **Type** | Ongoing monitoring | Ad-hoc audit | Ad-hoc study | Ad-hoc study | Ad-hoc study, ongoing monitoring | Ad-hoc, longitudinal study |
| **Stage** | After product launch | Product development or later | For more mature products | Product development | Product refinement | For more mature products |
| **Data source** | Management Information Systems (MIS) | Secondary data on current design and clients | Primary client interviews and MIS data | Primary and secondary data on current and prospective clients | Primary and secondary data on current clients, MIS | Primary and secondary data, at least two rounds of data collection |
| **Complexity/ costs** | Low | Low to medium | Medium | Medium to high | Medium | High |

Source: Michal Matul, Clemence Tatin-Jaleran and Eamon Kelly. 2011. Improving client value from microinsurance: Insights from India, Kenya and the Philippines. Geneva: ILO.

Most of these tools, including the KPIs, PACE, market studies and client satisfaction studies are useful for product design and refinement. Academic impact studies and Client Math focus more on impacts and are better for analyzing the benefits generated by a mature product. Client Math fills a unique space within the approaches to studying value, and is best suited to answer certain questions about value under certain circumstances:

**Timing**. Client Math involves **ex-post documentation** of responses to shocks with insurance, and as such is appropriate for mature products where claims have already been paid.

***Objective of Study****.* Client Math provides insight into the use of microinsurance by clients, and aims to answer questions about the direct value of microinsurance once claims are paid. It does not prove causal effects or show the expected value of microinsurance (peace of mind or behavioral incentives created by microinsurance even if claims are not made). Randomized control trials (RCTs) and other academic impact studies are typically the most appropriate tools to pick up these components of value that are related to changed behaviors because of expectations. With relatively high frequency shocks (some health events, for example), RCTs can isolate and measure the impact of microinsurance. Client Math, on the other hand, shows how households with and without insurance deal with the financial burden of the shock. Because it uses **detailed surveys** to gain information about costs and the various coping mechanisms that households use, Client Math can provide insight into the **added value** of insurance over these other mechanisms.

***Type of Event****.* Client Math studies are well-suited to analyze both **low-frequency events** such as natural disasters and death and **high-frequency events** such as outpatient health care. RCTs, by contrast, are difficult to use for studies of low-frequency events because they require very large sample sizes and/or long timeframes.

***Audience****.* Because they employ a rigorous methodology but also provide useful, practical lessons in a relatively short time frame, Client Math studies are appropriate for wide variety of audiences. In particular, they provide clear insights that practitioners can use to ensure that their products are meeting clients’ needs and to modify products as appropriate. At the same time, they employ a rigorous methodology that can be useful to researchers, donors, and policymakers, either as a complement to a larger-scale impact study or on their own.

***Resources and budget****.* Budgets for Client Math studies are typically modest, requiring only small samples (20-30 insured and 20-30 uninsured people) and a relatively short timeframe of 2-3 months.

Is Client Math the right study design for you?

A Client Math study enhances understanding of the financial value of the product to clients who experience a shock: how much of the shock insurance covers, the sources of funding that people use to cover what insurance does not, and how they fill the gap between experiencing the shock and receiving an insurance payout. The findings of a Client Math study are also in some ways an indirect indication of clients’ satisfaction with a product after a claim is made, because they can tell us more about when and how insurance succeeds in meeting financial needs and when it fails. By asking about clients’ expectations, we can compare their experience with the insurance product to their initial expectations. However, Client Math shouldn’t be the primary methodology used to understand the demand (or potential demand) for a product. This is primarily because people who have experienced a shock will have a different perception of the utility of insurance. Demand is driven by expected value and perceptions, and these should be tested with a broader audience and different questions. Other tools, such as a market research study implemented at the product development phase, are better suited to understand demand and marketing issues than Client Math.

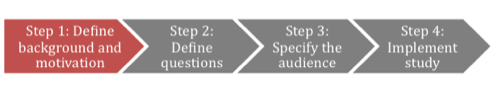
Toolkit: Introduction

***Purpose.*** This toolkit was designed to provide a guide for those interested in conducting a Client Math study. It assists in understanding what client value is and how and when a Client Math study should be planned, conducted and used. It provides questions, examples, and guides to assist in the planning and execution of such a study, along with recommendations on how to avoid pitfalls in the design and execution of the study.

***Tools.*** For the **planning** stage (Steps 1-3 below), this toolkit includes questions and examples to clarify the background, motivation, purpose and audience of the study. This will help the user to understand better why, where, when, what and who is the study for, all of which will influence the study’s design and execution. For the **implementation** phase (Step 4), it includes recommendations on how to form, organize and manage the team, how to establish and manage relationships with stakeholders, how to select and contact the respondents, how to conduct the interviews, and how to compile, analyze and present the findings.

The tools provided in this toolkit can be changed, combined, and adapted to examine different types of insurance serving different clients in different locations.



Step 1. Define background and motivation to conduct the study (why, where and when)

The first step is to understand the product, how it operates, and the context in which it will be studied, and to define the motivation for conducting the study. This stage of the process should focus on articulating how the product and its delivery mechanisms currently work and on understanding the client base.

Fulfilling Step 1 will require feedback from staff as well as review of operations data. Once the product to be studied is precisely defined and its context better understood, it will be easier to identify knowledge gaps, inefficiencies, or other opportunities for improvement throughout your product cycle. Addressing these limitations should be the motivation for the study. The following are some examples of motivations for studying a microinsurance product:

1. Increase satisfaction rates
2. Increase take-up rates
3. Reduce exits
4. Understand clients and potential clients better (e.g., how they cope with financial shocks with and without insurance)
5. Understand whether the microinsurance product is having its intended impacts on clients (e.g., on their health status or business investment)
6. Increase/maintain market share

While Client Math can provide insight into all of the questions outlined above, it is best suited to answer question 4. Further sample questions to help define background and context are provided in Appendix 1.

Example

* MFI-X is a microfinance institution providing small loans to men and women in peri-urban areas in five countries in Africa.
* Three years ago, MFI-X worked with Insurer-Y to develop a life insurance product (MicroLife) for its clients in Nairobi.
* The product is optional for all borrowers in the Nairobi metro area. For those who decide to purchase MicroLife, premiums are automatically deducted from monthly loan payments. If the client dies during the term of the loan, the insurance policy repays the outstanding balance in full and provides a small cash payment to a beneficiary designated by the client (this is typically received 4-6 weeks after the client’s death).
* MFI-X’s investors and board of directors are concerned that staff time is being drained from offering its more profitable credit services, so they have asked the manager to analyze whether their clients and their families are truly benefiting from the life insurance offered. After reviewing the different tools available to do so, the manager decided to implement a Client Math study to answer this question.

Step 2: Define the questions (what)

The next step is to determine what the organization wants to learn from the study by defining specific questions. At this stage, it is important to keep in mind what is already known about the product and about client behavior (for example, from market research conducted at the product development stage) and how a Client Math study can be used to enhance this knowledge and test assumptions that have been made about the product’s value. It is also important to think about whether the organization has questions that Client Math can’t answer and if other tools (or a combination of tools) are better suited to address some questions.

Example

*When developing MicroLife, MFI-X learned through focus groups with its clients that they are often the primary breadwinner in their families, and that providing for their families if they die is one of the risks they are most concerned about. Now that the product has been in place for several years, MFI-X would like to test if the product provides value to its clients by understanding the role it plays in their families’ lives after a client dies, specifically:*

* What role does the loan repayment portion of MicroLife play? Without the policy, who bears the burden of repaying the loan? How do they do so (savings, moneylenders, extended families), and what is the full cost of this strategy?
* How is the cash payment used? Is it used to pay for the client’s funeral, to supplement income, or is it invested? Is it wasted on unnecessary consumption?
* How do families cover costs in the time between the client’s death and receiving the cash payment, and what is the cost of this interim financing?
* How are other costs not covered by insurance financed? Would it make sense to increase the coverage amount?

Step 3: Specify the audience (who)

Client Math studies can have various audiences and are often appropriate for more than one audience. Typically the audience is divided in those that want to use the study for **internal purposes** such as business planning, product development and refinement, and corporate social responsibility program design and adjustment, and those that would like to use the study for **external purposes** such as lobbying, enriching public policy discussions, or for donor interventions and support aimed at subsidizing the product or considering funding a similar microinsurance product or another product (such as savings) that could provide and alternative means of coping with the risk.

Main consumers for internaluse purposes:

1. Insurers offering the product (board of directors, management)
2. MFIs or other delivery channels offering the product (MFI board of directors, management)

Example:

*Insurer-Y wants to report to its Board of Directors and investors whether it is worth potentially making a lower profit in exchange for social value.*

Main consumers for external use purposes:

1. Researchers, including those studying the same or a similar product with another study design
2. Multilateral or bilateral organizations
3. Think tanks
4. NGOs
5. Donors supporting initiatives to develop an industry

The type of audience will inform the results the study is intended to achieve. The needs and concerns of the study’s target audience(s) will determine, among other things:

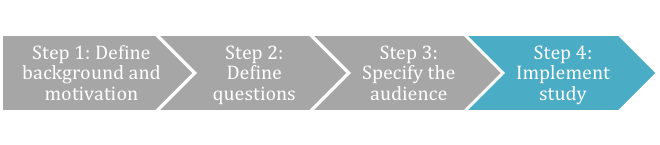
* Whether and to what extent the results will be made public
* Whether and how a product can be adapted or cancelled based on the study results
* The extent to which other studies can inform the design of the Client Math study and complement its results
* What criteria will be deemed valid for evaluating the quality of the study

Examples:

* MFI-X has commissioned the study internally and will be its own primary audience.
* Results will be shared with Insurer-Y, and the features of MicroLife may be modified based on the results.
* MFI-X is also considering partnering with a university to conduct an RCT studying MicroLife, and hopes to use the results of the Client Math study to inform the design of the RCT.

KPIs, market research, and client satisfaction studies are typically used for internal purposes, since they are focused on aspects that affect directly the business model and profits, such as client satisfaction, usage, claim rate, take up, and product competitiveness. On the other hand, RCTs, other academic studies, PACE analysis, and Client Math are appropriate for both internal and external uses since they are focused on understanding the social benefits, which are concerns of public interest or mission driven organizations.

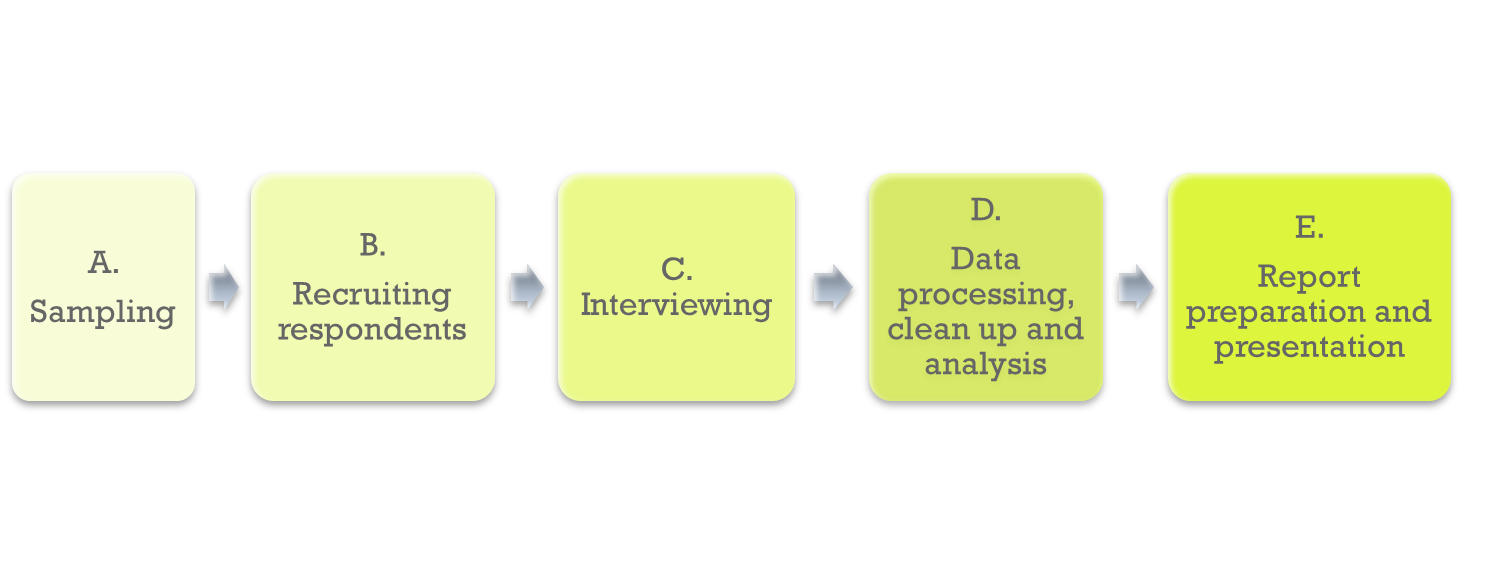
***Quick hint:*** After Steps 1-3 have been completed, the organization should confirm that Client Math remains the most appropriate tool before moving forward with the study.

Step 4: Implementation (how)

The implementation stage has 5 key elements: forming the team, designing the methodology, identifying and contacting respondents, interviewing respondents, and analyzing the results. This section describes the procedures needed for each of these steps, providing templates and guides where appropriate.

A. Team

Allocation of time and resources to each activity will be determined according to the structure of the team. A timetable identifying each research stage and who is responsible for each activity should be defined at this stage. The stages to be considered are:

Choosing the appropriate team structure requires thinking about staff capabilities (e.g., is there an internal staff member with data analysis skills), expected challenges in carrying out the interviews (e.g., if it is expected to be difficult to track down beneficiaries because they live in remote rural areas), internal staff capacity (how much time staff has to devote to the study), and budget. Depending on these factors and others, it might be suitable to hire an outside research company or individual to support the study, or rely primarily on internal staff and resources (see Table 2 for a list of pros and cons).

**Table 2: Pros and Cons of hiring directly vs hiring a market research company**

|  |  |  |
| --- | --- | --- |
|  | **Pro** | **Con** |
| **Directly** | * Greatest control over process * Greatest control over information * Direct knowledge about clients * Potentially cost-saving | * May not have in-house expertise and/or staff capacity * May not have time to supervise closely * Can affect respondents’ answers |
| **Research company** | * Less burden on in-house resources and time * May have greater technical expertise | * May be more expensive than managing internally * Less control over process * May work with competing issuers or MFIs and learn proprietary information |

Regardless of the team structure chosen, every team should include the following members:

* Representative of the funder or owner of the study (depending on the source of funding for the study, this individual may be the same as the representative of the insurer or delivery channel) (F/O)
* Research coordinator –could be a research company or an individual- (RC)
* Representative of the insurance company issuing the product (I)
* Representative of the product’s MFI or delivery channel (MFI)
* Surveyors (S)

The team need not be physically located in one place, but strong and frequent communication is necessary, and a few joint meetings throughout the study will help to ensure that everything progresses smoothly and according to expectations.

**Table 3: Forming the team: step-by-step**

|  |  |
| --- | --- |
| **Activity** | **Responsible** |
| Step 1: Determine the desired team structure. Determine whether to hire a research coordinator and surveyors and manage them directly or hire a market research company. | F/O |
| Step 2: Select a market research company or a research coordinator. | F/O |
| Step 3: Define roles and protocols. | F/O and RC |
| Step 4: Consolidate alliances with insurers, delivery channels, researchers and other institutions to move forward the study. | RC |
| Step 5: Hire surveyors and surveyors’ supervisor (if needed). | RC |

***Quick hints for defining roles and protocols:***

* Procedures required to move forward should be clearly defined from the study’s inception (approval of the sample selected, training materials, survey, data entry spreadsheets, final report and budget) along with the timeline and allocation of responsibilities.
* Protecting client relationships: when contracting a market research firm, part of the contract should stipulate confidentiality and complete ownership of data collected as well as results by the coordinating institution. Clients should also be asked to sign a waiver or give oral consent to have their information used.
* Quality control is indispensable to ensure reliability and standardization of data collected. The Research Coordinator or a survey supervisor should review surveys daily and provide feedback.
* If an external research company is employed, the insurer, delivery channel, or other internal party should monitor data collection regularly to ensure satisfaction of requirements and troubleshoot early on.

B. Methodology

Client Math is based on detailed surveys of people who have recently experienced a “shock.” Samples consist of a group of clients or beneficiaries who received an insurance claim after a shock, what we call the “insured” group, and a comparison group of people without insurance who have recently experienced the same type shock.[[2]](#footnote-2) Based on these surveys, Client Math studies describe the costs of the shock and how they are financed, providing insight into the benefits (direct and indirect) of having microinsurance in comparison with other tools for financing these shocks.

Pitfalls and difficulties may arise in implementation, and this section also provides recommendations on how to manage them and how to adapt the methodology depending on the region of the world the study is implemented and the type of shock and coverage (funeral, life, health, property, natural disasters) being studied.

B.1. Selecting the “Insured” group

Because Client Math methodology does not typically seek statistically significant results, studies can be completed with 20-30 surveys per group, depending on the selection criteria for choosing respondents. The insured group is composed of clients or beneficiaries of a specific microinsurance product who have made a claim during a defined time period (e.g. six to twelve weeks) prior to the interview and have received a cash payout or other benefit from the insurance company. For pragmatic and logistical reasons, the households of the sample should typically be located within a limited geographic region.

**Table 4: Selecting the sample: step-by-step**

|  |  |
| --- | --- |
| **Activity** | **Responsible** |
| Step 1: Request from the MFI or Insurer the database of clients or beneficiaries of the product, specifying the information needed for the sampling process, for example:   * Full name * Contact information –phone and/or address * Date of birth * Gender * Claim date * Claim payment date * Amount of claim payment * Cashless/reimbursed * Type of beneficiary and/or relationship to the client | RC |
| Step 2: Clean and organize the database. Check that it includes all necessary information, including phone numbers and/or addresses to contact clients. | RC |
| Step 3: According to the number of claims and the quality and completion of the information, select the region(s) to survey. Choose areas with at least 50 claims over the time period. Check additional information on the database that can be used to deepen the analysis of the sample. | F/O and RC |
| Step 4: Stratify clients of the chosen region by gender, age, type of beneficiary (female spouse, male spouse, others), date of claim and date of payment. | RC |
| Step 5: Define the size (20-30 people recommended) and criteria used to select the sample. | F/O and RC |
| ***About stratified-quota sampling:***   * Stratified sampling is a non-random sampling technique that gathers a sample that resembles the population’s characteristics. * The population is the potential market for the product under study. While the insured group is obtained from the client database, the comparison group will often be uninsured (non-clients) within the same region(s); how these non-clients are identified will depend on the type of shock and logistical considerations. * Although stratified-quota sampling is a non-random method, selection bias can be reduced by following systematic sampling approaches to select respondents. | |

An excerpt from a hypothetical client database is presented in Table 5 below. The client database has been revised to include only clients that have made claims within the specified time period. If we chose to define the sample based on three selection criteria: Gender, Type of Beneficiary, and Relationship to deceased, then we need to estimate the proportions that are occurring in the population. The final insured sample selected from the whole population (i.e. client database) should reflect these proportions (see Table 6 below). It is important to note, however, that in a small program or in a small area where few claims have recently been made, the sample may need to include all claimants.

**Table 5: Client database example**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code** | **Region** | **Surname** | **Name** | **Date of Birth** | **Gender** | **Date of claim** | **Date of payment** | **Type of beneficiary** | **Relationship to deceased** |
| 1 | 1 | Smith | Joe | 8-Jul-60 | M | 25-Jun-11 | Pending | Male spouse | Male spouse |
| 2 | 1 | Wilkes | Jim | 5-May-79 | M | 26-May-11 | 25-Jun-11 | Other | Son |
| 3 | 1 | Diaz | Maria | 7-Jan-85 | F | 3-Jun-11 | 20-Jun-11 | Other | Daughter |
| 4 | 1 | Cohen | Sara | 25-Dic-67 | F | 17-Jun-11 | Pending | Female spouse | Female spouse |
| 5 | 1 | Gross | Andrea | 17-Sep-70 | M | 8-Jun-11 | 20-Jun-11 | Male spouse | Male spouse |
| 6 | 1 | Pierson | Jessica | 28-Oct-57 | F | 18-May-11 | 19-Jun-11 | Female spouse | Female spouse |
| 7 | 1 | Yang | Jo | 14-Mar-88 | M | 13-Jun-11 | Pending | Other | Son |

**Table 6: Selection criteria and proportions from Population**



Based on the proportions shown in the table above, the sample of uninsured respondents should be selected in a way that reflects the proportions of the population. For example, a sample made up of 30 people will be composed of 17 men and 13 women, 9 will have a male spouse beneficiary, 9 will have female spouse beneficiary, and 12 will have another type of beneficiary. It is important to oversample by at least 40-50% of the size of the client database to account for rejections and unavailable respondents. Oversampled respondents can be listed at the bottom of a call list to be approached only in the case that those at the top are not available.

***Quick hints for selecting the region:***

* If feasible, select a region where it is possible to contact respondents by phone.
* Clients within the region should have a similar profile, with some differences according to the selection criteria.
* Assess how the uninsured group will be selected when selecting the region.

B.2. Selecting the “Uninsured” group.

The purpose of the uninsured group is to provide a benchmark against the insured group. The survey instrument asks the insured group a hypothetical about how they would have responded to the shock without insurance as such. A comparison of these hypothetical responses to the actual responses of the uninsured allows us to “test” whether insured respondents accurately assess how they would respond without insurance. Selecting the uninsured group can be quite challenging, and a variety of sampling methods can be drawn from, including snowball sampling, convenience sampling, or key informants in villages.

1. **Snowball sampling**

This method allows the researcher to pick the sample along the way. When implementing snowball sampling, the researcher does not look for representativeness, but should include only people that are not covered by the type of insurance analyzed. A snowball sample is achieved by asking a respondent from the insured group to suggest someone else who might be willing or appropriate for the study. Snowball samples are particularly useful in hard-to-track populations, for example in rural areas or where the insurance product covers an event that is not easily identifiable.

1. **Key informants in villages**

Key informants in the study area such as village leaders, community health workers, civil servants, members of the clergy, or MFIs that do not offer insurance can be important vehicles for contacting community members. Furthermore, they have firsthand knowledge about people who are experiencing or have experienced the type of shock under study (e.g. death of family member, illness, floods, etc.). When using this method it is always important to confirm that the people suggested by the informant are not covered for the shock studied by any insurance product.

This method is fast and relatively inexpensive. It can be very convenient, especially in rural areas where administrative reports of deceased, ill or injured people are accurate or easy to access. This technique could be categorized as a convenience sampling method, since subjects are selected because of their convenient accessibility and proximity to the researcher. The drawback with this type of sampling technique is that it does not ensure a representative sample of the entire population. For example, when doing a Client Math study of a life insurance product in the Philippines, our sample was biased towards people whose parents had recently died. This circumstance represented a different household dynamic than in the case of the death of another family member (say, the breadwinner) thus complicating comparisons between insured and uninsured groups.

1. **Administrative data**

In some areas it may be possible to use administrative data (for example, data provided by MFIs without insurance products) to identify people who suffered a shock. If the researcher is able to obtain such records, then a systematic random sampling technique should be followed to the extent possible.

Example:

*While implementing Client Math studies in Latin America, “uninsured” group respondents were identified through the list of rejected claims from the insurer under study. Other convenience sampling methods that worked successfully in this region were:*

* Following-up on references from insured group respondents, insurer’s staff, or surveyors, and
* Following-up on social symbols that revealed the occurrence of a shock, like the death of a family member. In Mexico, for example, this was done by reaching out to homes with a black bow over their doors which signals a family is in mourning.

According to the type of shock being studied, the sampling strategy might vary. It will likely be easier to identify respondents for a study of a large shock that affects a whole region or community (i.e. flood) than household-level events (i.e. death of a family member*).*

C. Survey Preparation

C1. Contacting respondents

In order to facilitate the access to the insured group, it is often advisable for the organization that sold the product (MFI, call center, etc.) to make the first contact, since they already established a relationship with clients, and clients are thus more likely to trust them. Even so, it is important to make clear that the study will be conducted by an independent institution and that the MFI or delivery channel is only helping to contact clients and facilitate the study. Establish protocols and procedures that define how surveyors confirm appointments, how long they wait for a respondent to arrive, whether surveys will be done at one location or door to door, and what kind of gifts are acceptable for respondents upon completion of the survey. Uninsured respondents can be contacted directly by surveyors or through the point of contact (village leader, neighbor, insurer, etc.).

**Table 7: Contacting the respondents: step-by-step**

|  |  |
| --- | --- |
| **Activity** | **Responsible** |
| Step 1: Contact through the delivery channel the insured and uninsured groups and ask them to be part of the study (in person or by phone) | MFI |
| Step 2: Confirm appointments directly if there is phone access by respondents | S |
| Step 3: Define logistical plan for interviews: maps, schedules, routes, local costs and budget. This implies: planning the least time-consuming route, agreeing on a medium of transportation, agreeing on safety guidelines for surveyors, and/or setting a time limit to wait for late respondents. | S |
| Step 4: Confirm and reconfirm appointments (all date and time of appointments should be kept as records); this can help avoid costly mistakes later. | S |
| Step 5: Review final confirmed list before interviews to ensure that strategy is still relevant | S |

C.2. Survey preparation and adaptation

***Preparing the survey instrument****.* The survey instrument is the tool from which most data will be obtained. It is a central element of the methodology and its design strongly influences the quality of findings. Therefore, this step is critical for the success of a Client Math study. The survey templates provided in this toolkit (Appendix 2) can guide design, but a properly designed survey should reflect local conditions and the specifications of the product. In this section the sequence of activities needed to adapt a survey instrument are presented.

Note that even though the examples of surveys presented in Appendix 2 appear as paper-based instruments, current technology has allowed moving to smartphone/tablet-based surveys. Both methods have been used for MILK’s Client Math studies. The appropriate interface to use will vary from case to case, but the discussion in this toolkit applies to both technologies.

**Table 8: Preparing the survey instrument: step-by-step**

|  |  |
| --- | --- |
| **Activity** | **Responsible** |
| Step 1: Review informed consent and privacy statements. | RC, F/O |
| Step 2: Define protocols to approve the final surveys. | F/O, RC, MFI and I |
| Step 3: Review the corresponding survey template according to product type (see Appendix 2). Focus group discussions and/or interviews with key stakeholders from the insurer, delivery channel, or service provider may shed light on important regional and cultural characteristics. Each question should be meaningfully studied and interpreted in the local context. For example, do closed questions list all possible answers in the local context? Is the wording culturally sensitive? If it is useful for the study, think about additional questions to include about client satisfaction, demand, and preferences, among others. Prepare and validate first draft of the survey with the team. | Team with guidance from the RC |
| Step 5: Translate survey if necessary (quality control checks like back-translating should be followed) | RC |

***Surveyors’ training*.**The aim of the surveyor’s training is to familiarize the surveyors with the questionnaire and smartphone/tablet equipment (if applicable), address any questions about the interview, practice filling out the survey, and agree on systematic guidelines for contacting the respondent and conducting the interview. Ideally, the surveyors should have some general knowledge about savings programs, credit products, health providers, and relevant government programs in the locality. If the surveyor understands how these programs work he/she should is better equipped to probe further to reach an accurate answer.

Example:

*While conducting Client Math studies in Colombia, MFI-Z found that most respondents answered that they didn’t have a bank account, although they were part of a conditional cash transfer program that sets up a bank account for each participant family. However, because people do not associate this with a savings account but as part of the program, they failed to provide an accurate answer.*

*Because they had some knowledge of the government programs, surveyors were able to probe deeper and found that in fact, most families did have a bank account, leading to more accurate survey responses.*

Surveyors should have prior experience because Client Math surveys are quite complex. Surveyors who show they don’t probe during the training should be either replaced or supervised more closely. An overview of the training preparation and implementation is presented in the table below in Table 9.

**Table 9: Surveyors’ training: step-by-step**

|  |  |
| --- | --- |
| **Activity** | **Responsible** |
| Step 1: Define logistical details for the training session (date, venue, accommodation, schedule, etc.) and acquire resources and services needed. | RC |
| Step 2: Review training material and templates provided. | RC |
| Step 3: Prepare and send a first draft of training material to the MFI, issuer and funder (when appropriate). | RC |
| Step 4: Review material and send comments | F/O, MFI and I |
| Step 5: Conduct in-class training session. | RC |
| ***Quick hints for the training session:***   * Give a brief introduction of the purpose of the study. Well-informed surveyors are more likely to go the extra mile to obtain reliable and relevant client information. * Present the key members of the team and explain their responsibilities. * Conduct exercises that help the surveyors become familiar with microinsurance concepts, household and business expenses, step-by-step calculations of income, costs, and financing. * Ask surveyors to tell an experience of a financial shock and how they coped with it. Discuss in depth. * Surveyors should be able to answer the respondents’ questions on any topic of the survey, thus they must be knowledgeable about financial institutions and services in the region. Discuss these issues in the local context. * Surveyors should be clear on the time period (daily, weekly, monthly) under consideration. Review each question and agree on a time period (if not specified already). * Practice role-play, make sure that every surveyor plays the role of interviewer and interviewee. * Ideally split the training into various shorter sessions with breaks and time for reflection and questions. | |

***Pilot-testing the questionnaire****.* Pilot-testing before the actual survey implementation is essential to fine-tune the questionnaire and address beforehand any potential problems that might arise in the field. Furthermore, it will help surveyors become better acquainted with the survey.

**Table 10: Pre-testing the survey step-by-step**

|  |  |
| --- | --- |
| **Activity** | **Responsible** |
| Step 1: Conduct pre-testing session: visit three to five clients who have made claims to test the instrument. | RC |
| Step 2: Review pilot process with surveyors. Discuss and adjust questionnaire if needed. | RC |
| ***Quick hints for pre-testing:***   * Pre-test with 3-5 respondents, both insured and uninsured * Make sure to highlight respondents who would have been eliminated from the insured or uninsured samples to minimize the chance of “wasted” responses during implementation. * Evaluate the average time required to complete an interview. * Evaluate security issues. Assess whether surveyors should travel in pairs in potentially dangerous areas * Usual outcomes of pre-testing session:   + Changes in wording of questions   + Changes in question ordering   + Changes in field targets (i.e. number of completed surveys per day)   + Inclusion of context-relevant examples, such as the household appliances listed in the assets section * Example of changes made in a MILK Client Math study in the Philippines: changed the order of sections to improve flow, eliminated very hypothetical questions that were too abstract for respondents to answer clearly. | |

***Are you ready to conduct the interviews? Checklist:***

* Final sample meets the criteria defined at the beginning of the study design
* Have the contact information of the sample of respondents
* Surveyors are completely comfortable with the survey and the methodology
* Paper survey instruments or smartphone/tablets are finalized and distributed to surveyors (different versions for insured and uninsured)
* Gifts/incentives are distributed to supervisor or surveyors

D. Interview implementation

A step by step review of the survey implementation is described below.

**Table 11: Conducting the survey: step-by-step**

|  |  |
| --- | --- |
| **Activity** | **Responsible** |
| Step 1: Review training material and be familiar with the survey instrument | S |
| Step 2: Collect all the materials needed before heading to the field. See checklist above. | S |
| Step 3: Surveyor introduces him/herself. Be attentive and sympathetic with the respondent. The more comfortable the respondent feels the better for the interview’s purpose. | S |
| Step 4: Verify against the sample list that it is the right person. | S |
| Step 5: Read the introduction of the survey instrument that includes a brief description of the project and the purpose of the interview. Stress confidentiality and ask the respondent for his/her approval to proceed. | S |
| Step 6: Conduct the survey. During the interview the respondent might not understand a question and might need further clarification. In this case the surveyor should repeat the question but should not attempt to rephrase the question or provide more information than the questionnaire provides. This rule is important to maintain because the surveyor’s intervention can influence the respondent.  In another situation, the respondent might answer vaguely or in general terms. In this case the surveyor can employ standardized probes, such as “Could you say a little more about that?”, “Are there any reasons why you think that?” etc., for open-ended questions. For a closed question, the surveyor should repeat the fixed-choice alternatives listed in the survey and make it apparent that the answer needs to be chosen from the ones provided.  When using a paper-based survey, surveyors should always use a calculator to sum responses for quantitative “math” questions. This will allow surveyors to add total costs and it will also help them identify how there were financed and whether there were any gaps between incomes and expenses. The surveyor should be able to identify the gaps and probe further to clarify or resolve discrepancies. A smartphone or tablet-based survey can be programed to complete these sums automatically. | S |
| Step 7: Before leaving the interview, review steps in the checklist presented below | S |
| ***Quick hints for conducting the interview:***   * Be attentive and sympathetic with the respondent * Inform the respondent about the confidentiality of the information revealed, and ask them to consent to the interview * Follow the interview guide, step by step   + Ask question exactly as written   + Listen/determine relevant info   + Record answers in right boxes/places   + Probe for accuracy, clarity, and completeness   + Avoid unnecessary reinforcement (“Oh, that’s very good.”)   + Never suggest an answer   + Use the calculator to sum “math” responses (or check the automatic sums generated by the smartphone or tablet-based survey) and make sure it makes sense! * Confirm that the answers are consistent: check values, sums, previous answers * People sometimes like to talk about negative experiences at length; some of this can be productive to build a relationship or get further information, but they may need to be steered back to the interview topics | |
| ***Hints for right after each interview:***   * Proofread completed questionnaire and correct errors, if any * Clarify handwriting and add clarifying notes * Quality check (survey supervisor or research coordinator): check all completed questionnaires for completeness and consistency | |

***Getting to the interview. Checklist:***

* Make sure all needed materials are available.
* Client Math studies are usually implemented in areas where it is difficult to find addresses. Therefore, surveyors need to be proactive to find the respondents. Call ahead, ask neighbors, and visit the area in advance.
* Be kind, attentive, and patient with the respondent. Remember that she/he is doing the interview voluntarily.

***Before leaving the interview. Checklist:***

* Did the respondent sign the questionnaire?
* Do you have answers for every question?
* Do you have the address or phone number of the respondent?

**Quality control.** Throughout survey implementation, quality control procedures should be routinely performed. Depending on the number and overall performance of surveyors, it may be useful to assign a supervisor to each team. These supervisors can accompany the surveyors to the first couple of interviews, and thereafter respond to any doubts or questions about the survey, as well as review every completed survey for accuracy, completeness, and clarity. Since the supervisors lead their surveyor teams, it is essential that there be a constant feedback between supervisors and the research coordinator. It is useful for supervisors to be connected to surveyors by cell phone to: a) answer important questions, b) monitor progress and schedule, and, c) ensure safety of the surveyors.

As surveys are completed and revised, there should also be attention given to the average response rate (see Glossary for more detail) since this will have implications for the sample strategy. Client Math studies should aim for 20-30 completed surveys per group (insured and uninsured) so in situations where the response rate is low new respondents should be searched for that fit the selection criteria and the insured or uninsured group assignment. To further enhance quality control, randomly follow up with respondents over the phone in order to verify that the interview in fact took place and to gather information about the surveyor’s performance.

**Additional qualitative data.**In some cases, the founder of the study, the insurance company or the delivery channel is interested in enhancing the study with additional qualitative data, which might be collected at community, household, or individual level. There are a range of tools to obtain qualitative data including simple observation, in-depth interviews with community leaders, focus groups, or review of secondary sources of information.

E. Data analysis and results

The final step of the study, data analysis and reporting, is in some ways the most challenging. Most Client Math analysis can be performed without using advanced statistical methods. However, the descriptive, qualitative nature of these studies requires adaptability in analysis and interpretation of findings that can add complexity.

E.1. Data entry

Where data collection is done through paper-based surveys, data entry must be completed manually. This process should be completed as soon as possible after the fieldwork so that any gaps or discrepancies can be corrected. In addition to the quantitative data entry and cleaning, qualitative insights, including those from stakeholder interviews, focus groups, and surveyors’ impressions, should be recorded. These insights can help to explain and add color to the quantitative findings.

E.2. Analysis

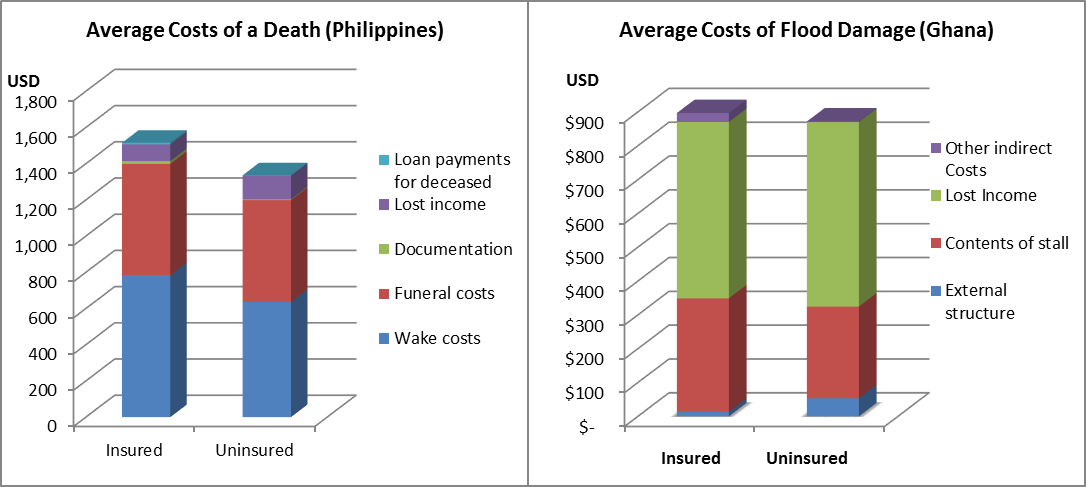
The key components of analysis in MILK’s Client Math reports are 1) demographic description of the insured and uninsured, 2) calculation of the average costs of the shock, and 3) calculation of the average financing gleaned from different sources. One of the greatest sources of complexity in Client Math analysis is the outlying respondents that often arise in these three areas, which for the small samples in Client Math studies involve can drastically skew calculations of averages. For example, in a sample of 30 respondents, the response of one individual who reports household income of four times the sample average should likely be excluded from a calculation of average income. Likewise, responses that report extreme (high or low) costs, suffer atypical types of costs, or show particularly severe under- or over-financing should be excluded. Identification of these outliers can be difficult, as it involves some discretion on the part of the analyst. Any outliers excluded from all or a portion of the analysis should be clearly disclosed in the study’s report.

**Demographic Analysis.** The demographic analysis centers on the socioeconomic characteristics of the insured and uninsured, highlighting qualities such as gender breakdown, average personal and household income, and use of credit, which may influence the financing options and choices of respondents in both groups. The table below provides an example of the demographic information highlighted in MILK’s Client Math study of health costs and financing in Lagos, Nigeria (MILK Brief #24).

|  |  |  |  |
| --- | --- | --- | --- |
| **Socioeconomic Characteristics of Respondents (Nigeria)** | | | |
|  | **Insured** (n=31) | **Uninsured** (n=31) | **p** |
| **Age** | 59.5 | 53.5 | 0.018 |
| **% Female** | 74% | 81% | 0.544 |
| **Years of education** | 9.5 | 6.9 | 0.059 |
| **Household size** | 6.0 | 4.6 | 0.060 |
| **% Married** | 84% | 71% | 0.572 |
| **% Own home** | 61% | 35% | 0.057 |
| **% Own business** | 84% | 97% | 0.356 |
| **Monthly Income (of earners)[[3]](#footnote-3)** | USD 145 | USD 174 | 0.502 |
| **Monthly Household Expenses** | USD 365 | USD 402 | 0.682 |

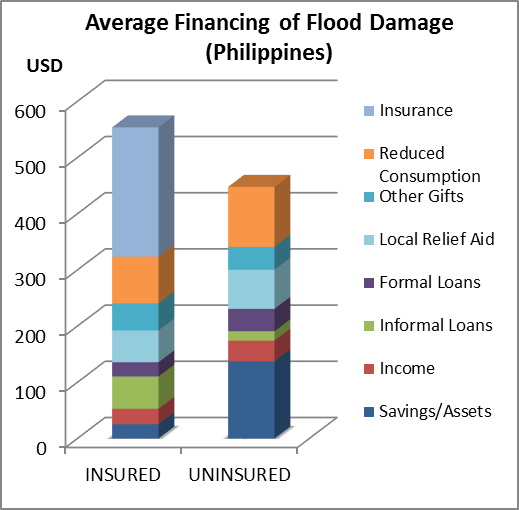
Similar tables appear in all of MILK’s Client Math briefs, accompanied by a short explanatory narrative.

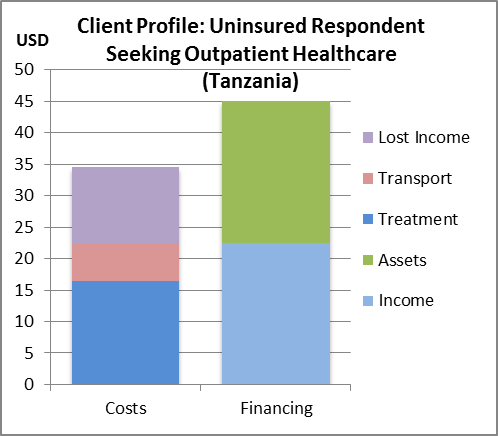
**Shock Costs.** The next key component of analysis is a calculation of the average costs of the shock, which provides insight into the different components of the cost incurred by the insured and uninsured. The average costs of the shock include direct, indirect, and opportunity (missed work) costs. The figure below provides examples of this calculation from Client Math studies of funeral costs and financing in the Philippines (MILK Brief #27) and flood damage in Ghana (MILK Brief #10).



Complexity can arise in this analysis due to outliers (described above) who experience far larger or smaller shock costs than average. Another source of complexity arises when insurance coverage is cashless and the value of the covered services (such as healthcare or a funeral “package”) cannot readily be monetized. Feedback from the insurer and/or service provider can be useful in estimating this cost. The cost incurred by the uninsured group for similar services can also be a useful proxy. The analyst has a choice of whether or not to include this “cost” in the calculation of costs of the insured. MILK has used both approaches in Client Math studies (see MILK Briefs #8, 11, 12, 22, and 24); this choice has been influenced by the perceived accuracy of the cost estimate for these covered services.

**Financing the Shock.** The next component of the analysis aims to understand how shock costs were financed by the insured and uninsured, and specifically, the role that insurance played for those who were covered. This involves a calculation of average financing from various formal and informal sources. The figure below provides an example from MILK’s Client Math study of flood damage and financing in the Philippines.

Complexity can arise in the financing analysis in the interpretation of under- and over-financing. An individual respondent who reports severe under- or over-financing may be excluded as an outlier. However, a trend of under-financing among all or some respondents may itself offer important insight into inability to cover costs. Pervasive over-financing may provide a signal that not all shock costs have been recorded; it may also point to inefficiency in the financing tools used. Further complexity arises in interpretation of the implications of using different financing tools, and in the different financing choices made by insured and uninsured respondents.

**Client Profiles.** Finally, some of MILK’s Client Math reports include profiles of individual respondents. These examples and the explanatory text that accompanies them produce stories that can complement the aggregate analysis by creating a compelling narrative around the financial consequences of a shock for one person. Calculating the costs and financing of these individuals can offer an example that illustrates one of the themes highlighted in the analysis of averages, or it can offer a contradictory example of an individual who was different in some way from these averages. The figure at right is an example of one such profile of an uninsured person seeking treatment for bronchitis in Tanzania.

E.3 Resources to Support Data Analysis and Reporting

Those conducting independent Client Math studies are encouraged to refer to MILK’s Client Math briefs, available at <http://www.microinsurancecentre.org/milk-project/milk-docs.html>. These briefs shed further light on strategies for dealing with the complexities highlighted above, and also suggest other types of analysis that may complement those described in this section. The table below provides a list of these briefs:

|  |  |  |
| --- | --- | --- |
| **Brief #** | **Location** | **Shock studied** |
| Life & Funeral | | |
| 8 | Bogota, Colombia | Death |
| 13 | Iloilo, the Philippines | Death |
| 16 | Puebla, Veracruz, & Chiapas, Mexico | Death |
| 20 | Kampot & Kep, Cambodia | Death |
| 27 | Panay Island, the Philippines | Death |
| Property | | |
| 10 | Accra, Ghana | Flood |
| 15 | Les Cayes, Haiti | Flood |
| 17 | Mindanao & Panay, Philippines | Flood |
| 18 | Cienaga, Colombia | Flood |
| Health | | |
| 11 | Maharashtra, India | Medium-cost hospitalization |
| 12 | Karnataka, India | Medium-cost hospitalization |
| 22 | Moshi, Tanzania | Outpatient treatment for acute illness |
| 24 | Lagos, Nigeria | Management and outpatient treatment for chronic disease |
| 28 | Xela, Guatemala | Routine outpatient care |
| - | Central Province, Kenya | High-cost hospitalization |

The MILK team may also be able to provide support in designing studies and/or analyzing data. Please contact Michael J. McCord ([mjmccord@microinsurancecentre.org](mailto:mjmccord@microinsurancecentre.org)) for more information.

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1. Sample questions to define background and motivation

How to define the “cost” vs. the “benefit”? What is the full cost of a financial (large or small) shock? What is the opportunity cost of buying insurance?

What coping strategies do the low-income rely on to cope with small shocks in the absence of insurance? With large shocks?

What is the dynamic between these different strategies and support networks?

What is the interplay between savings and insurance? Does having a savings account affect the take-up and effectiveness of insurance? Does having a savings account reduce out-of-pocket expenditures and smooth consumption better than insurance?

What is the interplay between remittances and insurance?

Types of insurance: rainfall, livestock, health, death, housing, business?

Are microinsurance products preferable (or complementary) to microsavings products for the low-income?

1. Sample survey instruments

*This appendix contains sample surveys for both insured and uninsured groups for life, property, and health products. These survey examples are drawn from Client Math studies conducted by the MILK Project. They can offer a useful guide, but may require significant adaptation for use to study different products in different contexts and to respond to the particular research goals of a study.*

* 1. Life Insurance: Insured

INTRODUCTION: [XX], a local market research company for microfinance institutions, has been contracted to help conduct a study to better understand the value of life insurance and claims payment to people. [XX MFI] provided us your information and suggested that we interview you for this research.

For this purpose, we would like to invite you to participate in our study through this interview, which is expected to last for one hour. Rest assured that any information that you provide will be considered confidential and will be used only for this research. Your participation in this research is totally voluntary, and you can refuse to participate if you wish. If you are not comfortable with a question, you may choose not to answer it. You are free to ask questions at any time. If you agree to be interviewed, can we now begin?

Did the person give consent?: Yes No

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Survey Instrument: Life Insurance: Insured Group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Survey \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | **Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | **Survey #**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **Respondent ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Time Start:** | | | | **Time End:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | |
| **0.a First Name of deceased (preprint )** *validate***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **0.b Last Name of deceased (preprint)** *validate***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **0.c Date of Birth of deceased (preprint)** *validate*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **Section A. Demographic data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.a First Name of Respondent (preprint )** *validate*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | **1.b Last Name of Respondent (preprint )** *validate*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.c Age \_\_\_\_\_** | | | **1.d Sex:** Male Female | | | | | | | | **1.e Marital Status:** | | | | |  Married | | | | | | | | | | | |  Single | | | | | |  Divorced  / Separated | | | | | | | | | | | |  Widowed | | | |  Unmarried Union | |
| **1.f Religion:** Catholic  Evangelical  Iglesia Ni Kristo  None  Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.g Were you the beneficiary (person who received the benefit) of the insurance at the time of death of the deceased?** Yes No  (if NO, please stop the interview.) | | | | | | | | | | | | | | | | | | | | | | | | | | **1.h Relation to the insurance policy holder**  Self Spouse   Parent  Other (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the deceased and its household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.a Relationship to Deceased:**  Husband  Wife  Sister/Brother  Parent  Offspring (Child)  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **2.b Do you live in the same household as the deceased at the time of death?** Yes No | | | | | | | | | | | | | | | | | | | | | | |
| **3.a Total number of Adults 18-64 living in household (including deceased)\_\_\_\_\_\_\_** | | | | | | | | | | | | | **3.b Number of Children under 18 living in household\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **3.c Number of Adults over 65 living in household (including deceased) \_\_\_\_\_\_\_** | | | | | | |
| **4. Was there any former household member who migrated to another town/country?** Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B. Economic Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I would like to learn a little bit about you and the deceased, your household and how you manage your financial responsibilities. Some questions will be about you, some will be about the deceased, and others will be about your household. If I am not clear about whom I am asking, please tell me and I will clarify this..* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent and its household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.a Main source of income (respondent) \_\_\_\_\_\_\_** *code*  *(see box)*  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **5.b Other sources of income (respondent) \_\_\_\_\_\_\_** *code (see box)*  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | *Code*  *01 Commerce (e.g. buy & sell, sari-sari store, LPG/softdrinks distributor, market vendor)*  *02 Service (e.g., carinderia/ bakery beautician, tailor, etc)*  *03 Fishing*  *04 Manufacturing (e.g., food processing, furniture making, etc.)*  *05 Transportation (bus, jeep, tricycle driver, operator)*  *06 Farming*  *07 employee (e.g., teacher, janitor, hotel staff)*  *08 homemaker*  *99 other* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Years attended school (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *fill in number* | | | | | | | | | | | | | | | | | | | | | | | | | **7.a Live in a home that is (respondent):**  Owned by self or family  Rented  Other | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.b Housing condition (respondent):** *(skip if not interview is not in the respondent’s home. This answer is based on observation by surveyor)*  **7.b1. Toilet Condition** (01with flush, 02water sealed/without flush, 03open pit, 04shared,05 none): \_\_\_\_\_\_  **7.b2. Roof Material** (01 - cogon, nipa, or sawali, bamboo, anahaw; 02 - iron, aluminum, tile, concrete, brick, stone, wood; 03 MIXED): \_\_\_\_\_\_\_\_\_  **7.b3. Outer wall Materials** (01: cogon, nipa, or sawali, bamboo, anahaw; 02: iron, aluminum, tile, concrete, brick, stone, wood; 03: MIXED) \_\_\_\_\_\_\_\_\_  ***7.b4. Flooring*** *(tiled/cemented, soil, wood): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **7.b5 Road Condition: (01 Rural terrain without a cement road); 02 (Rural or small town with a cement road); 03 Urban) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Does your household own any of the following items?**  Ang imo bala panimalay naga panag-iya sang mga masunod nga gamit?   |  |  |  | | --- | --- | --- | |  a. Stove  b. TV  c. radio  d. personal computer  e. Cell phone | f. electric fan  g. Refrigerator  h. motorcycle  i. Tricycle  j. Jeepney |  k. Livestock – pigs / Quantity:   l. Livestock – chicken / Quantity:   m. Livestock – carabao / Quantity:   n. Livestock – goat / Quantity:   o. Others. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.a Approximate monthly income in [XX CURRENCY] (respondent)\_\_\_\_\_\_\_INCLUDE ALL SOURCES OF INCOME FOR THE RESPONDENT (but not other family members)** *Only income after any spending on business before household spending* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I am now going to ask some questions now about your household income, this includes all of the people who live in your home or contribute financially to your household, including people who have moved away.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.b Approximate other monthly household income in [XX CURRENCY] (not respondent or deceased) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.c. Do you receive remittances?**  Yes  No  **9.d How much of this in [XX CURRENCY] comes from transfers from outside this village/town? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.a Approximate monthly household expense on food (cooking) in [XX CURRENCY] (NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | **10.b Approximate monthly household expense on medicine and doctors in [XX CURRENCY] (NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (must IMPORTANT fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.c Approximate monthly household expense on education in [XX CURRENCY] (NOT IMPORTANT-use the space only to calculate)**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | **10.d Approximate monthly household expense on utilities (electricity, water, cable, telephone) in [XX CURRENCY]. (NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.e Approximate monthly household expense on everything else in [XX CURRENCY]. (NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I would like to ask you about your debts, including those you may have from institutions like XX-MFI, or banks as well as others from community members*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11.a Outstanding XX-MFI loan amount in [XX CURRENCY] (respondent)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | **11.b Other outstanding loans in [XX CURRENCY] (respondent)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12. Which sources of borrowing do you have access to even though you may not use them?** *(mark all that apply in both the formal 12.a and informal 12.b options)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12.a Formal** *(mark all that apply)*  i. [XX MFI]   ii. Credit Card   iii. Other MFI/MBA   iv. Bank   v. Other | | | | | | | | | | | | | | | | | | | | | | | | **12.b Informal** *(mark all that apply)*   i. Money lender   ii. Pawn Shop   iii. [XX] (other social group)   iv. Relatives/friends   v. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13. Which sources of borrowing do you use regularly?** *(mark all that apply) Diin diri nga ginautangan ang pirmi mo ginakadtuan ( markahi tanan nga puede )*  a.[XX MFI]  b. Other MFI/MBA  c. Bank  d. Credit Card  e. Pawn Shop   f. Money lender  g. Relatives/friends  h. [XX] (or other social group)  i. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14. Which sources of borrowing is the cheapest?** *(mark only one)*  a.[XX MFI]  b. Other MFI/MBA  c. Bank  d. Credit Card  e. Pawn Shop   f. Money lender  g. Relatives/friends  h. [XX] (or other social group)  i. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15. Which factors are very important when borrowing money?** *(mark all that apply)*  a.Interest rate  b.Time period to pay it back  c.Flexibility of repayment  d.Don’t want to bother my friends or family  e.Staff friendliness  f.Can access insurance with loan  g.Can access savings with loan  h.Few requirements  i.Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16. Have savings account other than XX-MFI?**   Yes  No  i. Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Compulsory? Yes  No  iii. Balance of all savings accounts in [XX CURRENCY]\_\_\_\_\_\_\_ | | | | | | | | | | | | **17. Do you have insurance?**   Yes  No  If so, which type (*mark all that apply*):   i. Life/funeral  ii. Credit  iii. Health   iv. Accident  v. Property damage   vi. Other *specify (preneed: education, pension plan*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **18. Are you insured by any of the following institutions?** *(Mark all that apply.)*   a. Social Security System (SSS)   b. Government Service Insurance System (GSIS)   c. [XX]   d. [XX MFI]   e. Other MFI/MBA microinsurance   f. [XX Insurer]   g. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| *I would like to ask you a few specific questions about the deceased and their financial situation.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **19. Approximate monthly income in [XX CURRENCY] (deceased)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Only income after any spending on business before household spending* | | | | | | | | | | | | | | | | | **20. [XX MFI] Loan amount in [XX CURRENCY] (deceased) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | **21. Other outstanding loans in [XX CURRENCY] (deceased) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Section C. Cost of the Financial Shock** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *As I mentioned, we are visiting you today to ask you some questions about how you have coped with a recent death in your family. This is an independent study, but the people at [XX MFI] and [YY MFI] are very interested in knowing whether the insurance product was useful to your family financially. Please listen carefully to the following questions and do your best to recall the answers. We are not looking for any specific answers, so be as truthful as possible. If you do not know or remember an answer, please let us know and I will skip the question..* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22.a Did you already have a wake?**Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | **22.b Date of wake**  **FROM:** M **\_\_\_\_\_** D\_\_\_\_\_\_Y\_\_\_\_\_\_\_\_\_\_  **TO:** M **\_\_\_\_\_** D\_\_\_\_\_\_Y\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| **23.a Did you already have a funeral?**  Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | **23.b Date of funeral**  M **\_\_\_\_\_** D\_\_\_\_\_\_ Y\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| **24. HOW MUCH DID THESE ITEMS COST FOR THE WAKE?**  **Did you pay for this cost?**   |  |  |  | | --- | --- | --- | | a. Candle | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | b. Embalming | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | c. Coffin | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | d. Food/drink | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | e. Transportation of body | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | f. Transportation of family o friends | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | g. Religious service | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | h. Location (include decoration, catering, electricity) | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | i. Praying for deceased | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | j. Obituary | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | ***25.a Surveyor, fill in the cost of the WAKE and REPEAT to the respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***25.b* Do you agree that this was the total cost?** Yes No  **25.c If NO, what was the cost approximately in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **26. HOW MUCH DID THESE ITEMS COST FOR THE FUNERAL?**  **Did you pay for this cost?**   |  |  |  | | --- | --- | --- | | a. Documentation (pictures, videos) | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | b. Funeral Home | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | c. Transport to ceremony (deceased) | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | d. Transport to ceremony (yourself, family and friends) | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | e. Burial | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | f. Food/drink | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | g. Candles | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | h. Flowers | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | i. Mourning pins | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | j. Religious service and church | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | k. Clothing for the deceased | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | l. Clothing for guests/mourners | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | ***27.a Surveyor, fill in the cost of the FUNERAL and REPEAT to the respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***27.b*  Do you agree *that* this was the total cost?** Yes No  **27.c If NO, what was the cost approximately in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **28. What other costs did you incur when the deceased passed?**   |  |  | | --- | --- | | **DEATH CERTIFICATE** | | | a. Fees to obtain death certificates for the insurance | **a. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | b. Transportation and lodging costs to obtain death certificate | **b. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | c. Number of days of missed work to obtain death certificate | **c. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | d. Lost wages from travel to obtain death certificate (*surveyor, help respondent calculate this figure)* | **d. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | **OTHER DOCUMENTATION REQUIREMENTS** |  | | e. Fees to obtain other documentation for the insurance that was not the death certificate such as, marriage certificate or other papers | **e. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | f. Transportation and lodging costs to obtain other documents | **f. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | g. Number of days of missed work to obtain other required documents (not death certificate) | **g. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | h. Lost wages from travel to obtain other required documents (not death certificate) *surveyor, help respondent calculate this figure* | **h. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | i. Additional costs to obtain documentation (bribes, babysitting, etc) in [XX CURRENCY] | **i. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | | j. Others | **j. [XX CURRENCY] \_\_\_\_\_\_\_\_\_** | |  |  |   ***29.a. Surveyor please calculate the total cost of the these additional activities and verify the total cost with the respondent \_\_\_\_\_\_\_\_\_\_\_\_***  **29.b *Do* you agree that this was the total cost?** Yes No  **29.c If NO, what was the cost approximately in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **30.a Are there additional costs that we have not discussed?** Yes No  **30.b Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **30.c How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section D. How Wake and Funeral were financed before you received the insurance payment?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please name all of the ways that you paid for the costs we discussed above:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31. Did you borrow?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. Borrowed from [XX MFI]  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  d. Borrowed from other bank or microfinance institution  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |  g. Credit card borrowing.  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  b. Borrowed from funeral home.  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  e. Borrowed from money lender  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |  h. Borrowed from family  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  c. Borrowed from friends/community members  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  f. Borrowed from other sources (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **32. Did you receive gifts or use other strategies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. Gambling at deceased funeral  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  c. Gifts at deceased funeral.  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |  e. Support from local government unit (Town/Province/city hall)  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  b. Remittance from friends or family abroad  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  d. In kind gifts from friends or family (not at funeral)  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |  f. Cash gifts from friends and family  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  g. Other strategies (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **33. Did you use Income?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. Respondent’s income  i. Amount in **[XX CURRENCY]** used per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |  c. Income from other household members  i. Amount in **[XX CURRENCY]** used per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  b. Had children under 18 work  i. Amount in **[XX CURRENCY]** of new income per week  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Total amount in **[XX CURRENCY]** used  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |  d. Took on additional work.  i. Amount of new income in **[XX CURRENCY]** per week  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Total amount in **[XX CURRENCY]** used  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **34. Did you diminish consumption?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. Reduced spending on education  i. Amount in **[XX CURRENCY]** reduced per week  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Number of weeks:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii. Did someone stop going to school?   Yes  No | | | | | | | | |  b. Reduced spending on medicine and doctors  i. Amount in **[XX CURRENCY]** reduced per week  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Number of weeks:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii. Did someone stop going to the doctor?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  c. Reduced spending on food  i. Amount in **[XX CURRENCY]** reduced per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Number of weeks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **35. Did you use savings and other assets?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. Used **Respondent** savings  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Remaining Savings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  c. Used **Deceased** savings  i. Amount in **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Remaining Savings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  e. Sold motor vehicle, home, other large item.  i. For how much in **[XX CURRENCY]?**\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  b. Sold electric ítem, bicycle, other small item.  i. For how much in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  d. Sold animal.  i. For how much in [XX CURRENCY]?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Section E. Counterfactual** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***36.a How much did you expect to receive from the insurance?*** **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***36.b How much did you actually receive from the insurance?*** **[XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***37. PRETEND*** *that you did not receive any insurance benefit? Name all the ways that you would have paid for the costs we described above. Interviewer, please ask for each item a-k..*  ***Mark all that apply.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *a. What strategy would you have used?* | | | b. Did you use this strategy? | | | | | | | | | | | | | | | | | c. Why didn’t you use it? (see code box) | | | | | | | | | | | | | | | | | | | | | | | | | | CODES | | |
| 1*.* Borrow from a money lender  *2.* Borrow from family and friends  *3.* Borrow from a financial institution (including credit cards, MFIs)   *4.* Solicit gifts (abuloy, gambling)   *5.* City Hall/Barangay donation   *6.* Send somebody abroad  *7.* Spend less   *8.* Use savings   *9.* Sell assets (equipment, animal, house, vehicle)   *10.* Remittances   *11. Gifts from friends/family*   *12.Other* | | | 1.  Yes  No  2.  Yes  No  3.  Yes  No  4.  Yes  No  5.  Yes  No  6.  Yes  No  7.  Yes  No  8.  Yes  No  9.  Yes  No  10.  Yes  No  11.  Yes  No  12.  Yes  No | | | | | | | | | | | | | | | | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_\_\_  11. \_\_\_\_\_\_\_\_\_\_\_\_\_  12. \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | (01) Easy  (02) Fast  (03) I know the person  (04) I have done it before  (05) I can’t afford a loan  (06) I didn’t know what else to do  (07) My friend/family recommended this  (08) I was ashamed  (09) I couldn’t pay them back  (10) It takes too long  (11) I tried and was rejected  (12) Do not need  (13) I have friends and family that can help  (14) Other (**SPECIFY**) | | |
| **Section F. Insurance Benefit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **38. Waiting for the Insurance Payment**  a. How many days did you wait to get your funeral insurance payment (from the time of death)? \_\_\_\_\_\_\_\_\_\_\_\_  b. Was this a financial burden?Very much Somewhat Not too much No  c. How many days did you wait to get your life insurance benefit (from the time of death)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d. Was this a financial burden? Very much Somewhat Not too much No  e. Was the wait a big problem? No *(skip to next section)* Yes  f. If YES, what was most upsetting? (select one)   Not knowing how long it would take to receive payment Financial cost Financial embarrassment in front of friends or family  Having lenders pressure me to pay them back Feeling taken Feeling taken advantage of (defrauded)  Others Not a big problem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39. Do you consider the process of getting your insurance payment easy, difficult, neither? Easy Difficult Neither | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please name all of the ways that you used the insurance benefit (please note how much you paid of each where you can remember):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **40. Borrow less- Paying off debt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. Repaid all loan from [XX MFI].  i. How much of the loan in % was repaid? \_\_\_\_\_\_\_  ii. Amount repaid in [XX CURRENCY] \_\_\_\_\_\_ | | | | |  d. Repaid all loan from other MFI or bank.  i. How much of the loan in % was repaid? \_\_\_\_\_\_\_  ii. Amount repaid in [XX CURRENCY] \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  g. Repaid loan from Money lender.  i. How much of the loan in % was repaid? \_\_\_\_\_\_\_  ii. Amount repaid in [XX CURRENCY] \_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  b. Repaid loan from family  i. How much of the loan in % was repaid? \_\_\_\_\_\_\_  ii. Amount repaid in [XX CURRENCY] \_\_\_\_\_\_ | | | | |  e. Repaid loan from friends/community  i. How much of the loan in % was repaid? \_\_\_\_\_\_\_  ii. Amount repaid in [XX CURRENCY] \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  h. Repaid other loans (specify)  i. How much of the loan in % was repaid?  ii. Amount repaid in [XX CURRENCY] \_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  c. Repaid loan from funeral home  i. How much of the loan in % was repaid?  ii. Amount repaid in [XX CURRENCY] \_\_\_\_\_\_ | | | | |  f. Repaid credit card debt  i. How much of the loan in % was repaid? \_\_\_\_\_\_\_  ii. Amount repaid in [XX CURRENCY] \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **41. Income and Consumption Gains** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. Left a second or third job or activity | | | | | | | | | | | | |  f. Wife stopped working to take care of home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  b. Left my only job or activity | | | | | | | | | | | | |  g. Increased spending on education  i. Amount increased per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Number of weeks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii. Did someone begin or rejoin school?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  c. Children under 18 stopped working | | | | | | | | | | | | |  h. Increase spending on medicine and doctors.  i. Amount increased per week (in [XX CURRENCY]) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Number of weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii. Did someone get sick and go to the doctor?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  d. Increased spending on food.  i. Amount of increase per week in [XX CURRENCY] \_\_\_\_\_\_  ii. For how many weeks? \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  i. Bought electronics, bicycle, kitchen or electric items  (Value in [XX CURRENCY]) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  e. Wife stopped working to take care of children | | | | | | | | | | | | |  j. Bought motor vehicle, home, other large item  (Value in [XX CURRENCY]) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  k. Expenses for the wake/funeral  (Value in [XX CURRENCY] ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **42. Savings and Asset Gains** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. Deposited into my (respondent) savings  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_  ii. Current Savings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  d. Invested in my (respondent’s) business  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_  ii. Was it helpful to the business?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |  g. Made an investment in a tool or asset for my business.  i. Amount of the investment in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Was it helpful to the business?   Yes  No | | | | | | | | | | | | | | | | | |
|  b. Invested in new business  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  e. Invested in deceased business  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |  h. Bought animal  i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
|  c. Bought a home  i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_ | | | | | |  f. Other investments (*Specify*)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Section G. Additional Questions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43. Did you know that **you** or the **deceased** had insurance?  44. If so, how did you know this? (Mark all that apply.) | | | | | | | | | | | | | | | | | | |  Yes  No   a. [XX MFI] provided information   b. Called number on policy   c. Deceased explained   d. Asked a friend/father or community member   e. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45. Did you know how to obtain the reimbursement for the insurance? | | | | | | | | | | | | | | | | | | |  Yes | | | | | | | | | | | | | | | | | | |  No | | | | | | | | | | | |
| 46. Did you or the deceased make a good decision to buy the insurance? | | | | | | | | | | | | | | | | | | |  Yes | | | | | | | | | | | | | | | | | | |  No | | | | | | | | | | | |
| 47. Why did you or the deceased buy insurance (mark all that apply-do not prompt) | | | | | | | | | | | | | | | | | | |  a. It was obliged by the bank | | | | | | | | | | | b. I/he/she wanted to provide/ protect family | | | | | | | | | | | | |  c. I dont know | | | | |  d. Other (specify) \_\_\_\_\_\_\_\_\_\_\_ | |
| 48. Do you also have any additional insurance? | | | | | | | | | | | | | | | | | | |  Yes. Continue to Q49. | | | | | | | | | | | | | | | | | | | | | | | |  No. Skip to Q51. | | | | | | |
| 49. If yes to Q50, what type of insurance (mark all that apply) | | | | | | | | | | | | | | | | |  a. Life   b. Vehicle | | | | | | | | | | | |  c. Accident   d. fire/flood | | | | | | | | | | | |  e. Weather/disaster   f. Other (specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 50. Do you save more or less because you have insurance? | | | | | | | | | | | | |  More | | | | | | | | | | | | | | | | | |  Less | | | | | | | | | | | | | | |  No Difference | | | |
| 51. What are the main advantages of insurance? (mark all that apply) | | | | | | | | | | | | |  a. It makes us less worried about the future   b. It ensures a dignified burial | | | | | | | | | | | | | | | | | |  c. It protects our incomes   d. It helps avoid selling our things   e. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| 52. What are the main disadvantages of insurance? (mark all that apply) | | | | | | | | | | | | |  a. It is expensive   b. Most of the time, you get nothing for it | | | | | | | | | | | | | | | | | |  c. The insurer is inefficient and slow   d. The service is very bad   e. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |

* 1. Life Insurance: Uninsured

INTRODUCTION: [XX], a local market research company for microfinance institutions, has been contracted to help conduct a study to better understand how people deal with difficult expenses when a family member passes.

For this purpose, we would like to invite you to participate in our study through this interview, which is expected to last for one hour. Rest assured that any information that you provide will be considered confidential and will be used only for this research. Your participation in this research is totally voluntary, and you can refuse to participate if you wish. If you are not comfortable with a question, you may choose not to answer it. You are free to ask questions at any time. If you agree to be interviewed, can we now begin?

Did the person give consent: Yes No

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Survey Instrument: Life Insurance: Uninsured Group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Survey \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | **Survey #**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Respondent ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Time Start:** | | | | **Time End:** | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | |
| **0.a First Name of deceased (preprint )** *validate***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **0.b Last Name of deceased (preprint)** *validate***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | **0.c Date of Birth of deceased (preprint)** *validate*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| **Section A. Demographic data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.a First Name of Respondent (preprint )** *validate*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | **1.b Last Name of Respondent (preprint )** *validate*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | |
| **1.c Age \_\_\_\_\_** | | | **1.d Sex:** Male Female | | | | **1.e Marital Status:** | | | | |  Married | | | | | | | | | |  Single | |  Divorced  / Separated | | | | | | | | |  Widowed | | |  Unmarried Union | |
| **1.f Religion:** Catholic  Evangelical  Iglesia Ni Kristo  None  Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. g Did the deceased have LIFE insurance?**Yes No  | | | | | | | | | | | | | | | | | | | **1.h Was all or some of the funeral paid for by any life insurance (include [XX MFI], [XX local insurers], etc.)?**  Yes (if YES, please stop the interview.)  No (continue) | | | | | | | | | | | | | | | | | | |
| **About the deceased and its household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.a Relationship to Deceased:**  Husband  Wife  Sister/Brother  Parent  Offspring (Child)  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | **2.b Do you live in the same household as the deceased at the time of death?** Yes No | | | | | | | | | | | | | | |
| **3.a Total number of Adults 18-64 living in household (including deceased)\_\_\_\_\_\_\_** | | | | | | | | | | **3.b Number of Children under 18 living in household\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | **3.c Number of Adults over 65 living in household (including deceased) \_\_\_\_\_\_\_** | | | | | | | | |
| **4. Was there any former household member who migrated to another town/country?** Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B. Economic Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I would like to learn a little bit about you and the deceased, your household and how you manage your financial responsibilities. Some questions will be about you, some will be about the deceased, and others will be about your household. If I am not clear about whom I am asking, please tell me and I will clarify this.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent and its household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.a Main source of income (respondent) \_\_\_\_\_\_\_** *code*  *(see box)*  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **5.b Other sources of income (respondent) \_\_\_\_\_\_\_** *code (see box)*  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | *Code*  *01 Commerce (e.g. buy & sell, sari-sari store, LPG/softdrinks distributor, market vendor)*  *02 Service (e.g., carinderia/ bakery , beautician, tailor, etc)*  *03 Fishing*  *04 Manufacturing (e.g., food processing, furniture making, etc.)*  *05 Transportation (bus, jeep, tricycle driver, operator)*  *06 Farming*  *07 employee (e.g., teacher, janitor, hotel staff)*  *08 homemaker*  *99 other* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Years attended school (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *fill in number* | | | | | | | | | | | | | | | | | | **7.a Live in a home that is (respondent):**  Owned by self or family  Rented  Other | | | | | | | | | | | | | | | | | | | |
| **7.b Housing condition (respondent):** *(skip if not interview is not in the respondent’s home. This answer is based on observation by surveyor)*  **7.b1. Toilet Condition** (01with flush, 02water sealed/without flush, 03open pit, 04shared,05 none): \_\_\_\_\_\_  **7.b2. Roof Material** (01 - cogon, nipa, or sawali, bamboo, anahaw; 02 - iron, aluminum, tile, concrete, brick, stone, wood; 03 MIXED): \_\_\_\_\_\_\_\_\_  **7.b3. Outer wall Materials** (01: cogon, nipa, or sawali, bamboo, anahaw; 02: iron, aluminum, tile, concrete, brick, stone, wood; 03: MIXED) \_\_\_\_\_\_\_\_\_  ***7.b4. Flooring*** *(tiled/cemented, soil, wood): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **7.b5 Road Condition: (01 Rural terrain without a cement road); 02 (Rural or small town with a cement road); 03 Urban) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Does your household own any of the following items?**   |  |  |  | | --- | --- | --- | |  a. Stove  b. TV  c. radio  d. personal computer  e. Cell phone | f. electric fan  g. Refrigerator  h. motorcycle  i. Tricycle  j. automobile |  k. Livestock – pigs / Quantity:   l. Livestock – chickens / Quantity:   m. Livestock – cows / Quantity:   n. Livestock – goats / Quantity:   o. Others. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.a Approximate monthly income in [XX CURRENCY] (respondent)\_\_\_\_\_\_\_INCLUDE ALL SOURCES OF INCOME FOR THE RESPONDENT (but not other family members)** *Only income after any spending on business before household spending* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I am now going to ask some questions now about your household income, this includes all of the people who live in your home or contribute financially to your household, including people who have moved away.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.b Approximate other monthly household income in [XX CURRENCY] (not respondent or deceased) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **9.c. Do you receive remittances?**  Yes  No  **9.d How much of this in [XX CURRENCY] comes from transfers from outside this village/town? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.a Approximate monthly household expense on food (cooking) in [XX CURRENCY] (NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | **10.b Approximate monthly household expense on medicine and doctors in [XX CURRENCY]****(NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | |
| **10.c Approximate monthly household expense on education in [XX CURRENCY] (NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | **10.d Approximate monthly household expense on utilities (electricity, water, cable, telephone) in [XX CURRENCY]. (NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | |
| **10.e Approximate monthly household expense on everything else in [XX CURRENCY]. (NOT IMPORTANT-use the space only to calculate)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TOTAL (IMPORTANT must fill this out) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I would like to ask you about your debts, including those you may have from financial institutions , or banks as well as others from community members.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11.a Outstanding loan amount from MFI/MBA (FORMAL) in [XX CURRENCY] (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | **11.b Other outstanding (INFORMAL) loans in [XX CURRENCY] (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |
| **12. Which sources of borrowing do you have access to even though you may not use it?** *(mark all that apply in both the formal 12.a and informal 12.b options)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12.a Formal institutions** *(mark all that apply)*   i. [XX MFI]   ii. Credit Card   iii. Other MFI/MBA   iv. Bank   v. Other | | | | | | | | | | | | | | | | | **12.b Informal (not institutions)** *(mark all that apply)*   i. Money lender   ii. Pawn Shop   iii. Social group   iv. Relatives/friends   v. Other | | | | | | | | | | | | | | | | | | | | |
| **13. Which sources of borrowing do you use regularly?** *(mark all that apply)*  a.[XX MFI]  b. Other MFI/MBA  c. Bank  d. Credit Card  e. Pawn Shop   f. Money lender  g. Relatives/friends  h. [XX] (or other social group)  i. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14. Which sources of borrowing is the cheapest?** *(mark only one)*  a.[XX MFI]  b. Other MFI/MBA  c. Bank  d. Credit Card  e. Pawn Shop   f. Money lender  g. Relatives/friends  h. [XX} (or other social group)  i. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15. Which factors are very important when borrowing money?** *(mark all that apply)*  a.Interest rate  b.Time period to pay it back  c.Flexibility of repayment  d.Don’t want to bother my friends or family  e.Staff friendliness  f.Can access insurance with loan  g.Can access savings with loan   h.Few requirementsi.Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16. Have savings account?**   Yes  No  i. Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Compulsory? Yes  No  iii. Balance of all savings accounts in [XX CURRENCY]\_\_\_\_\_\_\_ | | | | | | | | **17. Do you have insurance?**   Yes  No  If so, which type (*mark all that apply*):   i. Life/funeral  ii. Credit  iii. Health   iv. Accident  v. Property damage   vi. Other *specify (preneed: education, pension plan*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | **18. Are you insured by any of the following institutions?**   a. Social Security System (SSS)   b. Government Service Insurance System (GSIS)   c. [XX]   d. [XX MFI]   e. Other MFI/MBA microinsurance   f. [XX]   g. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| *I would like to ask you a few specific questions about the deceased and their financial situation.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **19. Approximate monthly income in [XX CURRENCY] (deceased)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Only income after any spending on business before household spending* | | | | | | | | | | | | **20. Outstanding formal loan amount in [XX CURRENCY] (deceased)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | **21. Outstanding informal loans in [XX CURRENCY] (deceased)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Section C. Cost of the Financial Shock** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *As I mentioned, we are visiting you today to ask you some questions about how you have coped with a recent death in your family. Please listen carefully to the following questions and do your best to recall the answers. We are not looking for any specific answers, so be as truthful as possible. If you do not know or remember an answer, please let us know and I will skip the question.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22.a Did you already have a wake?**Yes No | | | | | | | | | | | | | | | | | | | | **22.b Date of wake.**  **FROM:** M **\_\_\_\_\_** D\_\_\_\_\_\_Y\_\_\_\_\_\_\_\_\_\_  **TO:** M **\_\_\_\_\_** D\_\_\_\_\_\_Y\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **23.a Did you already have a funeral?** Yes No | | | | | | | | | | | | | | | | | | | | **23.b Date of funeral.** *Petsa sang lubong*  M **\_\_\_\_\_** D\_\_\_\_\_\_ Y\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
|  | | **24. HOW MUCH DID THESE ITEMS COST FOR THE WAKE?**  **Did you pay for this cost?**   |  |  |  | | --- | --- | --- | | a. Candle | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | b. Embalming | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | c. Coffin | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | d. Food/drink | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | e. Transportation of body | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | f. Transportation of family o friends | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | g. Religious service | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | h.Location (include decoration, catering, electricity) | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | i. Praying for deceased | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | j. Obituary | **[XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | ***25.a Surveyor, fill in the cost of the WAKE and REPEAT to the respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***25.b* Do you agree that this was the total cost?** Yes No  **25.c If NO, what was the cost approximately in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **26. HOW MUCH DID THESE ITEMS COST FOR THE FUNERAL?**  **Did you pay for this cost?**   |  |  |  | | --- | --- | --- | | a. Documentation (pictures, videos) | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | b. Funeral Home | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | c. Transport to ceremony (deceased) | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | d. Transport to ceremony (yourself, family and friends) | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | e. Burial | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | f. Food/drink | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | g. Candles | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | h. Flowers | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | i. Mourning pins | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | j. Religious service and church | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | k. Clothing for the deceased | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | l. Clothing for guests/mourners | **[XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | | ***27.a Surveyor, fill in the cost of the FUNERAL and REPEAT to the respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***27.b*  Do you agree *that* this was the total cost?** Yes No  **27.c If NO, what was the cost approximately in [XX CURRENCY]?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **28. What other costs did you incur when the deceased passed, for example, death certificate?** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***29.a Surveyor please calculate the total cost of the these additional activities and verify the total cost with the respondent***  **29.b *Do* you agree that this was the total cost?** Yes No  **29.c If NO, what was the cost approximately in [XX CURRENCY]?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **30.a Are there additional costs that we have not discussed?** Yes No  **30.b Describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **30.c How much?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section D. How were the wake and funeral financed?**  *Please name all of the ways that you paid for the costs we discussed above.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **31. Did you borrow?** | | | | | | | |  a. Borrowed from any bank or microfinance institution  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  d. Borrowed from family  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  g. Credit card borrowing  i. Amount in [XX CURRENCY]\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  b. Borrowed from funeral home.  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  e. Borrowed from money lender  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | |  c. Borrowed from friends/community members  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  f. Borrowed from other sources (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | | **32. Did you receive gifts and donations or use other strategies?** | | | | | | | |  a. Gambling at deceased funeral  i. Amount in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  c. Gifts at deceased funeral.  i. Amount in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  e. Support from local government unit (Town/Province/city hall)  i. Amount in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_ | | |  b. Remittance from friends or family abroad  i. Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  d. In kind gifts from friends or family (not at funeral)  i. Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  f. Cash gifts from friends and family (not at funeral) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | | |  g. Other strategies (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_  ii. Interest rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **33. Did you use Income?** | | | | | | | |  a. **Respondent’s** income  i. Amount in [XX CURRENCY] used per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  c. Income from other household members  i. Amount in [XX CURRENCY] used per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  b. Had children under 18 work  i. Amount in [XX CURRENCY] of new income per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Total amount in [XX CURRENCY] used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  d. Took on additional work.  i. Amount of new income in [XX CURRENCY] per week\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Total Amount in [XX CURRENCY] used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **34. Did you spend less money?** | | | | | | | |  a. Reduced spending on education  i. Amount in [XX CURRENCY] reduced per week  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Number of weeks:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii. Did someone stop going to school?   Yes  No |  c. Reduced spending on medicine and doctors.  i. Amount in [XX CURRENCY] reduced per week  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Number of weeks:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii. Did someone stop going to the doctor?   Yes  No | | | | |  e. Reduced spending on food.  i. Amount in [XX CURRENCY] reduced per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Number of weeks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **35. Did you use savings and other assets?** | | | | | | | |  a. Used **Respondent** savings  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Remaining Savings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  c. Used **Deceased** savings  i. Amount in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Remaining Savings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  e. Sold motor vehicle, home, other large item.  i. For how much in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  b. Sold electric ítem, bicycle, other small item.  i. For how much in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  d. Sold animal.  i. For how much in [XX CURRENCY]?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section E. Characteristics of Coping Mechanism** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***36. Name all the ways that you HAVE PAID for the costs we described above.***  ***Mark all that apply.*** | | | | a. Did you use this Strategy? | | | | | | | | | b. Why did you use it?  (see code box) | | | | | | | | | | | c. Why didn’t you use it?  (see code box) | | | | | | | | | CODES | | | |
| 1*.* Borrow from a money lender  *2.* Borrow from family and friends  *3.* Borrow from a financial institution (including credit cards, MFIs)   *4.* Solicit gifts ([XX], gambling)   *5.* Local government donation   *6.* Send somebody abroad  *7.* Spend less   *8.* Use savings   *9.* Sell assets (equipment, animal, house, vehicle)   *10.* Remittances   *11.* Gifts from friends/family   *12.Other* | | | | 1.  Yes  No  2.  Yes  No  3.  Yes  No  4.  Yes  No  5.  Yes  No  6.  Yes  No  7.  Yes  No  8.  Yes  No  9.  Yes  No  10.  Yes  No  11.  Yes  No  12.  Yes  No | | | | | | | | | 1. \_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_  11. \_\_\_\_\_\_\_\_\_\_\_  12. \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_\_\_  11. \_\_\_\_\_\_\_\_\_\_\_\_\_  12. \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | (01) Easy  (02) Fast  (03) I know the person  (04) I have done it before  (05) I can’t afford a loan  (06) I didn’t know what else to do  (07) My friend/family recommended this  (08) I was ashamed  (09) I couldn’t pay them back  (10) It takes too long  (11) I tried and was rejected  (12) Do not need  (13) I have friends and family that can help  (14) Other (**SPECIFY**) | | | |
| **Section F. Additional Questions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **37. What is your general opinion about insurance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  a. I don’t know anything about insurance | | | | | | | |  d. I have a positive opinion of insurance | | | | | | | | | | | | | | | | | | | | |  g. I don’t need insurance, I am strong/healthy, and don’t expect to die | | | | | | |
|  b. I don’t trust insurance companies | | | | | | | |  e. Insurance is only for the rich people | | | | | | | | | | | | | | | | | | | | |  h. I don’t need insurance, I can manage financially on my own | | | | | | |
|  c. If I had life insurance, my family would feel more secure | | | | | | | |  f. I think non-life types of insurance are useful (health, theft, damages, weather) | | | | | | | | | | | | | | | | | | | | |  i. I don’t need insurance, I can manage financially with my friends and family | | | | | | |
| **38. What insurance products do you know/have you heard about?** | | | | | | | | | | | | | | | | | | | | **39. Do you know who provides insurance in your community?** | | | | | | | | | | | | | | | |
|  a. Health  e. Property   b. Disability  f. Agriculture   c. Life  g. Educational support   d. Funeral/burial  h. Others (specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |  a. [XX MFI]  g. [XX local insurer]   b. Other MFI/MBA  h. [XX local insurer]   c. Cooperative  i. [XX local insurer]   d. Rural Bank  j. [XX government program]   e. [XX local insurer]  k. [XX government program]   f. [XX local insurer]  l. Others (specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **40. Would you consider buying insurance?** | | | | | | | |  Yes | | | | | | | | | | | | | | | | | | |  No *(skip to 42.)* | | | | | | |  I don’t know  *(skip to 43.)* | |
| **41. If yes, what type of insurance.** *(mark all that apply)* | | | | | | | |  a. Health  e. Property   b. Disability  f. Agriculture   c. Life  g. Educational support   d. Funeral/burial  h. Others (specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **42. If no, why not?**  *(mark all that apply)* | | | | | | | |  a. Too expensive | | | | | | | | | | | | | | | | |  c. I don’t trust insurance companies | | | | | | | | |  e. I don’t know anything about insurance | |
|  b. I don’t know where I can buy an insurance policy | | | | | | | | | | | | | | | | |  d. I don’t need insurance | | | | | | | | |  f. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **43. What do you think are the main advantages of insurance?** *(mark all that apply)* | | | | | | | |  a. it makes us less worried about the future   b. it ensures a dignified burial   c. it protects our incomes | | | | | | | | | | | | | | | | | | | | | | |  d. it helps avoid selling our things   e. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **44. What do you think are the main disadvantages of insurance?**  *(mark all that apply)* | | | | | | | |  a. It is expensive   b. Most of the time, you get nothing for it   c. It only covers when someone dies, sometimes, we need help when people have accidents or illnesses also   d. I don’t trust the insurance company   e. I don’t know   f. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* 1. Flood Damage Study: Insured

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTRODUCTION:** [XX] has been contracted to help conduct a study to better understand the value of [XX MFI] for its customers. We are specifically interested in the financial impacts of catastropic damage caused to your business. [XX MFI] provided us your contact information and suggested that we interview you for this research. For this purpose, we would like to invite you to participate in this survey, which lasts about one hour. All information you provide will be considered confidential and will be used only for this research. Your participation is entirely voluntary and you can refuse to partcipate if you wish. If you are not comfortable with any question, you may choose not to answer it. Also, please feel free to ask any question at any time. Thank you in advance for your participation and cooperation. If you agree to be interviewed, can we begin now?  **Did the person give consent?**  Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Survey Instument Flood Insurance: Insured Group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of survey \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Starting time:** | | | | **Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ending time:** | | | | | | | | | **Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | **Survey #**  **\_\_\_\_\_\_\_\_\_\_\_** | | **Sup ID\_\_\_\_\_\_\_** |
| **Section A. Demographic Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a First name of the respondent** *(to validate)*   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | 1**.b Last name of the respondent** *(to validate)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| 1**.c Age \_\_\_\_\_** | | 1**.d Sex:** MaleFemale | | | | | | 1**.e Marital status:** Married Single Divorced/separated Widowed Unmarried union | | | | | | | | | | | | | | | | | | | | | | | |
| 1**.f Are you the subscriber of [XX MFI]?**  Yes No Doesn’t know | | | | | | | | | | | | | | | | | | 1**.g Did you receive an insurance payout for flood damage in the last 12 months?**  Yes No Doesn’t know *(*if No or Doesn’t Know, stop interview) | | | | | | | | | | | | | |
| **About the Household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Are you the head of the household?** Yes No Doesn’t know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following questions refer only to persons who regularly live under your same roof and share meals together. Do not include temporary visitors or tenants*.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Number of Adults (18-64), including yourself if you are in this age bracket \_\_\_\_\_\_\_\_**   Doesn’t know/Doesn’t answer | | | | | | | | | | 3**.b Number of Children (under 18) living in the household \_\_\_\_\_\_**  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | 3**.c Number of Adults (over 65), including yourself if you are in this age bracket \_\_\_\_\_\_\_**  Doesn’t know/Doesn’t answer | | | | | | | |
| 1. **Has any member of the household migrated to another town, city, or country?** Yes No Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B. Economic Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section includes questions about you, your household and the management of your financial responsibilities in your household. Some questions will be about you and others will be about your household. If it is not clear to you whom I am asking about, please feel free to ask for a clarification at anytime*.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the Respondent Only and His/Her Household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a What is your employment status? Are you a ….**   *(read all options and mark all that apply)*  Empoyee  Independant (daily wage earner, contract worker)  Business ownerUnemployed Retired/pensioner Housewife/husband  Doesn’t know/Doesn’t answer  5**.b What activity is the main source of your income? (respondent)**  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *code \_\_\_\_\_\_ (see box, mark just one)* Doesn’t know/Doesn’t answer  5**.cDoes your houslehold have other sources of income? (respondent)**  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *codes \_\_\_\_\_\_\_\_\_\_\_ (see box, mark up to 3 that apply)* Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | *Codes*  *01 Trade (eg. Buying /selling, grocery/general store)*  *02 Services (eg. Bakery, sewing shop, beautician)*  *03 Fishing*  *04 Manufacture (eg: Food processing, carpentry, furniture making)*  *05 Transportation services (eg: Taxi driver, truck or bus driver)*  *06 Farming (eg. Cultivation, cattle farming)*  *07 Public employee*  *08 Home (housewife/househusband)*  *09 Retired*  *10 Student*  *11 Domestic worker*  *12 Government Pension*  *13 Transfers / Remittances*  *90 Other (Specify)* | | | | | | | | | | | |
| 1. **How many years of formal education did you receive? Years of schooling (from kindergarten) (respondent)\_\_\_\_\_** Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Is your home…?**   **(respondent):**  Your own, paid  Your own, mortgaged  Family home  Rented  Other  Doesn’t know/Doesn’t answer | | | 7**.b Please describe the following characteristics of your house (respondent).** *Surveyor, please ask these questions and observe if you are at the respondents home; if the interview takes place at the market please mark NOT APPLICABLE and skip.*  i. Toilet condition (01 with flush, 02without flush/water sealed, 03 open pit, 04 shared, 05 none): \_\_\_\_\_\_  ii. Roof material: (01 light*- straw, plastic tile -,*02 strong*-wood, iron, aluminium, brick, concrete, stone-*,03 mixed) \_\_\_\_\_\_  iii. Outer walls material(01 light*- straw, plastic tile -,*02 strong*-wood, iron, aluminium, brick, concrete, stone-*,03 mixed) \_\_\_\_\_\_  iv. Flooring material: (01 soil, 02 cement, 03floor tile, 04 wood/bamboo) \_\_\_\_\_\_  v. Access road condition: (01 rural terrain with no cement road, 02 rural terrain with cement road, 03 urban) \_\_\_\_\_\_  vi. Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7**.c How many of the following things (in working condition) do you have in your home? (respondent)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.TV \_\_\_\_\_\_\_\_ 2.Stereo \_\_\_\_\_\_\_\_  3.Radio \_\_\_\_\_\_\_  4.Music or video player (mp3/dvd) \_\_\_\_\_\_\_  5. Computer/laptop \_\_\_\_\_\_\_\_\_ | | | | | | | | | 6. Refrigerator \_\_\_\_\_\_\_\_\_  7. Phone or cell phone \_\_\_\_\_\_\_\_  8. Sewing machine \_\_\_\_\_\_\_\_\_  9.Motorbike or automobile \_\_\_\_\_\_\_\_  10. Bicycle \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | 11.Chickens \_\_\_\_\_\_\_\_\_  12.Cows/goats\_\_\_\_\_\_\_\_\_  13.Pigs \_\_\_\_\_\_\_\_  90.Other items of value (what and how many) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99.Doesn’t know/Doesn’t answer | | | | | | |
| 1. **a What is your approximate monthly income in [XX CURRENCY]? (respondent) [XX CURRENCY]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doesn’t know/Doesn’t answer   *Please include only the income of the respondent, without adding the income of any other member of the household, after deduction of any business expenses or business investments and before any household spending.* ***If income is daily, multiply by 30. If income is weekly, multiply by 4. If income is annual, divide by 12. If income is biweekly, multiply by 2.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following questions refer to the total incomes of your household. This includes all of the people who live in your home or contribute financially to your household expenses, including people who may have moved away. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8**.b What is the approximate total monthly income in [XX CURRENCY] of other members of your household, excluding yours? [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Doesn’t know/Doesn’t answer  8**.c How much of your household income comes from outside of the village/town? [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a How much are your monthly household expenses for food?** Approximate value in [XX CURRENCY]   **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_**  Unknown/No answer | | | 9**.b How much are your monthly household expense for health care?** Approximate value in [XX CURRENCY]  **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Unknown/No answer | | | | | | | | | 9**.c How much are your monthly household expenses for education?** Approximate value in [XX CURRENCY]  **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_**   Unknown/No answer | | | | | | | | | 9**.d How much are your monthly household expenses for utilities (electricity, water, phone, cable, etc.)?** Approximate value in [XX CURRENCY]  **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_**   Unknown/No answer | | | | | | | | | 9**.e How much are your monthly household expenses for everything else (rent, leisure etc.)?**  Approximate value in [XX CURRENCY]  **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Unknown/No answer | |
| The following questions refer to your debts, including those that you may have contracted from microfinance institutions, banks and any other community resources such as friends, family, or neighbors.   1. **What is the value in [XX CURRENCY] of your outstanding loans? (respondent) [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Which sources of borrowing do you use regularly in addition to [XX MFI]? (respondent)**   *Surveyor, please read all the options mentioned below and mark all those that apply*  i. Other microfinance institution  ii. Bank  iii. Credit card  iv. Grocery/general store  v. Money lender  vi. Friends and family  vii. Community groups  viii. Pawnshop  ixNone  x. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know/Doesn’t answer | | | | | | | | | | | 1. **Which sources of borrowing are the cheapest? (respondent)**   *Surveyor, please read all the options mentioned below and mark all those that apply*   1. [XX MFI] 2. Other Microfinance institution   iii. Bank  iv. Credit card  v. Grocery/general store  vi. Money lender  vii. Friends and family  viii.Community groups  ix. Pawnshop  x. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | 1. **What are the most important factors or conditions when contracting a loan? (respondent)**   *Surveyor, please read all the options mentioned below and mark all those that apply*  i. Interest rate  ii. Time period to pay it back  iii. Flexibility of repayment  iv. Don’t want to bother friends and family  v.  Service courtesy/staff friendliness  vi.  Few requirements  vii. Access an insurance through a loan  viii. Access savings through a loan  ix. Other(Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know/Doesn’t answer | | | | | |
| 1. **a Do you have a savings account besides your account with [XX MFI]?**   Yes No  Doesn’t know/Doesn’t answer  **14.b How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **14.c. Are they compulsory?**  Yes No Only\_\_\_\_\_\_\_are compulsory  Doesn’t know/Doesn’t answer  **14.d Name of the institution(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **14.e What is the balance in [XX CURRENCY]** (of all saving accounts)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/Doesn’t answer | | | | | | 1. **a Do you have any insurance besides [XX MFI]?**   Yes No  Doesn’t know/Doesn’t answer  *(If No, skip to question🡪).*  If yes, which one(s)?  (*Surveyor, read all options below and* ***mark all that apply***):  i.Credit ii.Life iii.Personal accident iv.Health insurance v.Funeral vi.Vehicle insurance (mandatory or additional)  vii.Other Property Damage (eg: Fire or Earthquake)  viii.Other(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **.b Does any of this other insurance also cover other household members besides yourself?**  Yes No Doesn’t know/Doesn’t answer  **15.c If Yes, which insurance?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | 1. **Are you insured by any of these institutions?**   i.  National/Local Government Health Insurance  ii.  [XX MFI] insurance  iii. Private insurance  iv. Other MFI microinsurance  v.  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Section C. Costs of Financial Shocks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *As mentioned earlier, the purpose of this survey is to ask you questions about how you paid the costs of the flood you experienced. Please listen carefully to the following questions and do your best to recall the details and give precise answers. We are not looking for any specific answer but for ones that are as close to the reality and as truthful as possible. If you don’t know or remember the answer to a question, please tell me and we will skip the question.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **In the past year, on what dates have you experienced flooding? Please mention the most recent three floods. (WRITE CLOSEST THING THEY REMEMBER: MONTH AND YEAR)**     **a. i From:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ **To:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ ii. Did [XX MFI]cover this flood? Yes No Doesn’t know/Doesn’t answer  **b. i From:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ **To:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ ii. Did [XX MFI] cover this flood? Yes No Doesn’t know/Doesn’t answer  **c. i From:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ **To:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ ii. Did [XX MFI] cover this flood? Yes No Doesn’t know/Doesn’t answer  The following questions will refer only to the floods covered by [XX MFI]. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DAMAGE TO MARKET STALL**  The following questions refer to damage to your market stall (the external structure, but not its contents) and insurance coverage for that damage. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a. Do you have an external structure in your stall / place of business?**   Yes No  (*If the answer is “no”, please skip to question 22)*  **18 b. Was the external structure of your stall damaged?**  Yes No  (*If the answer is “no”, please skip to question* )  **18.c What was the total estimated value in [XX CURRENCY] of the damages to the stall’s external structure?** [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Did your** [XX MFI] **policy cover damage to your stall (external structure, not contents)?**Yes  No | | | | | | | | | | | | | | 1. **I am now going to read to you a list of damages. Please tell me if your stall suffered from any of those damages.**   a.Collapse of or damage to the roof  b.Collapse of or damage to walls  c. Destruction or embrittlement of electrical facilities  d.Water or humidity damage to other structural elements (paint, wood, etc.)  e.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| 1. **How much did it cost to repair this damage to your stall from the flood (including materials and labor)?**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **a. Did you make this repair?** | | **b. Did you pay for this?** | | **c. Cost in [XX CURRENCY]** | | 1. Removal of water | Yes No | Yes No |  Doesn’t know/Doesn’t answer | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. Removal and disposal of waste brought by the flood | Yes No | Yes No |  Doesn’t know/Doesn’t answer | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. Roof repair | Yes No | Yes No |  Doesn’t know/Doesn’t answer | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. Walls repair | Yes No | Yes No |  Doesn’t know/Doesn’t answer | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. Repairs of water damage (painting, etc.) | Yes No | Yes No |  Doesn’t know/Doesn’t answer | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. Electrical facilities repair | Yes No | Yes No |  Doesn’t know/Doesn’t answer | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | Yes No |  Doesn’t know/Doesn’t answer | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | *Surveyor, calculate the total cost of stall repair:* **TOTAL** | | *Surveyor, confirm the total with the respondent.* | |  |   **CONTENTS OF THE MARKET STALL**  *The following questions refer to damage to the contents of your market stall and insurance coverage for that damage.*   1. **Did your** [XX MFI] **policy cover the contents of your market stall, including inventory?** Yes  No 2. **Were any of the contents of your market stall, including inventory, damaged?** Yes  No *(If the answer is“no”, please skip to question* 25) 3. **From the items below, which ones were damaged and how much was their approximate value in [XX CURRENCY]?**  | **a. Was thisitem damaged or destroyed?** | | **b. Estimated value in [XX CURRENCY]** | **c. Did you repair/ replace it?** | **d. Replacement/ repair cost in [XX CURRENCY]** |  | | --- | --- | --- | --- | --- | --- | | 1. Furniture | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Lights/lamps | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. TV | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Radio | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Cell Phone | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Other electronics   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Business inventory (describe)   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Business equipment (describe)   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Other\_\_\_\_\_\_\_\_\_\_\_\_ | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer |   *Surveyor calculate the total cost of repairs* ***TOTAL [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *Confirm the total with respondent.*  **Do you agree with this total amount?** Yes No  **If not, what was the total rough cost in [XX CURRENCY]?** [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INDIRECT COSTS**  This section refers to indirect costs you may have had (such as missing work) because of the flood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Did you have to close your market stand after the flood?**Yes No (*If the answer is “no”, please skip to Question* 26)   25**.b How many days was your stand closed in total? \_\_\_\_\_\_\_\_\_\_\_\_ days**  **25.c. Did you lose any inventory because you were not able to sell during that time (e.g. food that spoiled)?** Yes No  **If yes, what was the value of this inventory in [XX CURRENCY]? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **25.d On a typical day, what are your sales? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Doesn’t know/Doesn’t answer  **25.e What is the cost to you of the goods you sell on a typical day? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Doesn’t know/Doesn’t answer  **25.f Did [XX MFI]** **help you cover any of these costs?** Yes No  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Did anyone else in your household who does not typically work with you in your business miss work because of the damage to your market stand from the flood (e.g., to help you clean up or repair damage)?** Yes No  Doesn’t know/Doesn’t answer (*If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question* 27)   26**.b How many days of work did they miss and what is their usual daily income?** *(please complete chart below)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **a. Did this person miss work?** | | **b. How many days?** | **c. Did he/she lose income?** | **d. Usual daily income in [XX CURRENCY] (if yes to “c”.)** | | | 1. Member 1 | YesNo | \_\_\_\_\_\_\_\_\_\_\_\_ days | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | 2. Member 2 | YesNo | \_\_\_\_\_\_\_\_\_\_\_\_ days | YesNo | [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | 3. Member 3 | YesNo | \_\_\_\_\_\_\_\_\_\_\_\_ days | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | 4. Member 4 | YesNo | \_\_\_\_\_\_\_\_\_\_\_\_ days | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | |   **26.c. Did [XX MFI] help you cover any of these costs?** Yes No  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Did you do anything to earn income during the time you could not sell at your regular place of business (e.g. sell somewhere else)?**   Yes No  Doesn’t know/Doesn’t answer(*If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question* )  **27. b. Was there a cost associated with setting up this activity up? If yes, how much: [XX CURRENCY]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **27. c. How much did you earn from this activity? [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Are there any other costs linked to the flood at the market that you had to pay?** Yes No  Doesn’t know/Doesn’t answer   **If yes, please specify:**  a.1 Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.2 Cost in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_  b.1 Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b.2 Cost in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_  c.1 Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c.2 Cost in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section D. How were all the costs related to the flood financed before you received the insurance payment?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This section asks questions about the financial mechanisms you used to pay the expenses we discussed above before any insurance payment was received.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you use loans to cover any expenses related to the flood? Yes No  Doesn’t know/Doesn’t answer**   **If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 28.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **a. Did you get a loan from this source?** | | **b. Value in [XX CURRENCY]** | **c. Payments** | **d. Term of loan** | **Interest rate** |  | | a. Loans from friends, neighbors, acquaintances etc. | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | b. Loans from family | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | c. Loans from banks | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | d. Loans from microfinance institutions | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | e. Loans from moneylender | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | f. Loans from credit cards | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | g. Other sources of loans eg: grocery/general store (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you receive any grant support in cash or in kind?****Yes** **No** **Doesn’t know/Doesn’t answer**   **If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 31.**   |  |  |  |  | | --- | --- | --- | --- | | **Did you get support from this source?** | | **Value in [XX CURRENCY]** |  | | a. Gambling (lottery) | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | b. Remittance of friends or family | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | c. In-kind gifts of family or friends | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | d. Local government support | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | e. Cash gifts from family or friends | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | f. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did your spending on other things (consumption) decrease as a result of the costs of the flood?** **Yes** **No** **Doesn’t know/Doesn’t answer**   **If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 32.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31a. Has your spending on education decreased?**  Yes No DK/NA  *If no, please skip to question 31b*  **By how much (in [XX CURRENCY]) has it decreased?** [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  per day week month  for \_\_\_\_\_\_\_\_\_ daysweeksmonths  **Has any household member stopped going to school?**  Yes No | | | | | **31b. Has your spending on medicine or doctor visits decreased?** Yes No DK/NA  *If no, please skip to question 31c*  **By how much (in [XX CURRENCY]) has it decreased?** [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  per day week month  for \_\_\_\_\_\_\_\_\_ daysweeksmonths  **Has any household member missed a visit to the doctor or stopped taking any medicine?**Yes No | | | | | | | | | | | | | | **31c. Has your spending  on food decreased?**  Yes No DK/NA  *If no, please skip to question 31d*  **By how much (in [XX CURRENCY]) has it decreased?** [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_  per day week month  for \_\_\_\_\_ daysweeksmonths | | | | | | | | | **31d. Has your household’s spending on anything else,including business expenses,decreased?**Yes No DK/NA *If no, please skip to question 32*  **On what** has spending decreased?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **By how much (in [XX CURRENCY]) has it decreased?** [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  per day week month  for \_\_\_\_\_\_\_ daysweeksmonths | | | |
|
| 1. **Did you use income (your own or a household member’s) to cover any of these costs?** Yes No  Doesn’t know/Doesn’t answer   *If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 33.*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Did you use income from this source?** | | **Total amount contributed in [XX CURRENCY]** | **IF YES TO 2ND COLUMN, Was this person working at the time?** | **IF YES TO 2ND COLUMN, Did this person work more at a job they had before the flood?** | **IF YES TO 2ND COLUMN, Did this person take an additional job to cover flood costs?** | | | a. Self | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | Yes No | Yes No |  Doesn’t know/ Doesn’t answer | | b. Household members under age 18 | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | Yes No | Yes No |  Doesn’t know/ Doesn’t answer | | c. Household members age 18 and over | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | Yes No | Yes No |  Doesn’t know/ Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you use savings (formal + informal) of your own or other household members to cover any of these costs?**YesNo  DK/NA   *If the answer is “no” or “doesn’t know/doesn’t answer” please skip to Question 34.*  Total amount of formal savings used in [XX CURRENCY]: \_\_\_\_\_\_\_\_\_\_\_\_\_ Formal savings remaining in [XX CURRENCY]:\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/ Doesn’t answer  Total amount of informal savings used in [XX CURRENCY]: \_\_\_\_\_\_\_\_\_\_\_\_\_ Informal savings remaining in [XX CURRENCY]: \_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/ Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you sell any assets to cover any of these costs?**Yes No  Doesn’t know/Doesn’t answer   *If the answer is “no” or “doesn’t know/doesn’t answer” please skip to Section E.*   |  |  | | --- | --- | | a. i. Electrical appliances, bicycle or other small asset | ii. Value of the sale [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ iii. Amount used to pay costs [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | | b. i. Sale of animals | ii. Value of the sale [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ iii. Amount used to pay costs [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ | | c. i. Sale of vehicle, house or other big asset | ii. Value of the sale [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ iii. Amount used to pay costs [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ | | d. i. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ii. Value of the sale [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ iii. Amount used to pay costs [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section E. Counterfactual** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a How much did you expect to receive from the insurance (including the cash payment and the loan forgiveness)?**   Cash payments\_\_\_\_\_\_\_\_ Loan forgiveness\_\_\_\_\_\_\_\_ **Total value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_** **Doesn’t know/Doesn’t answer**  **35.b How much did you actually receive from the insurance?**  Cash payments\_\_\_\_\_\_\_\_ Loan forgiveness\_\_\_\_\_\_\_\_ **Total value in [XX CURRENCY]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Doesn’t know/Doesn’t answer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRETEND that you did not receive any insurance benefit. Name all the ways that you would have paid for the costs we described above***.*   1. **Please mention all the resources/mechanisms used to cover the costs previously mentioned.**   **Surveyor, please read every option mentioned below and mark all that apply.**   |  |  |  |  | | --- | --- | --- | --- | | **Would you have used this source?** *(mark all that apply)* | **Did you use this strategy in actuality?** | **Why did or didn’t you use this strategy in actuality? (use codes)** | | | a. Loan of moneylender | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reasons why they did use it:  (01) Easy  (02) Fast  (03) Knew the person  (04) I have done it before  (05) Recommended by family/friends  (06) Cheap / affordable  Reasons why they did not use it.  (07) Do not have savings  (08) Couldn’t make the payments  (09) It takes too long  (10) Tried but was not accepted  (11) Was ashamed  (12) Do not have family/friends who can help  (13) Expensive  (14) Dangerous/unsafe  (15) I have no time  (16) Other (Specify) | | b. Loan of family or friends | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | c. Loan of a financial institution (including microfinance and credit cards) | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | d. Gambling (lottery) | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | e. Donations | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | f. Money of someone in another country | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | g. Spend less | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | h. Use of savings | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | i. Sale of assets (house, vehicle, animal) | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | j. Money from someone in another city | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | k. Help and gifts from family and friends | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | l. Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **If you hadn't had insurance would [XX MFI] have restructured your loan anyway?** Very likely Likely Unlikely No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section F. Insurance benefit**  This section asks about payment of the insurance benefit and what else you used the insurance benefits for, other than costs associated with the flood. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a. Did you know how to obtain the insurance payment when the flood occurred?** Yes  No Doesn’t know/Doesn’t answer 2. **b Please describe how you were informed about the claims process / requirements?**   i.I was informed when I took out a loan from [XX MFI]  ii.  I was informed by the loan agent who visited my business  iii.Other members of my group / OISL borrowers informed me  iv. I was given a pamphlet from the OISL staff  v.  I was not informed about the benefits or requirments  v. Other (Specify)   1. **Waiting time for the payment**   **a. How many days after the flood occurred did you inform [XX MFI]? \_\_\_\_\_\_\_\_\_\_**\_days Doesn’t know/Doesn’t answer  **b. How many days after the flood did you submit all of the necessary documents for your claim? \_\_\_\_\_\_\_\_**days Doesn’t know/Doesn’t answer  **c. How many days after submitting documents did you wait before you received the payment? \_\_\_\_\_\_\_\_**daysDoesn’t know/Doesn’t answer  **d. Did this waiting time cause a financial burden?**Very much A little Not at all Doesn’t know/Doesn’t answer  **e. Overall, did you find the claims process difficult or easy?**  **i**Very difficult iiSomewhat difficult iiiEasy ivVery easy vOther (Specify)  **f. If it was “very difficult” or “somewhat difficult”, what was the most difficult or inconvenient aspect? (select one)**  i.Not knowing how long it would take to receive the payment  ii. Not knowing how much I would get back from [XX MFI]  iii.Financial embarrassment in front of friends or family  iv.Having pressure from moneylenders to pay them back  v.Feeling taken advantage of  vi.Financial costs  vii. Being unable to pay the cost of repairing my house and replacing damaged ítems  viii. Being short on money since I couldn’t work  ix.Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In the following questions, please mention all of the uses that the insurance payment (the 200 [XX CURRENCY] cash payment) allowed once received.**  ***(Please make a reference to the value that was paid in each case, if remembered):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you use the money to pay off any debts?** Yes No  Doesn’t know/Doesn’t answer   **If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to quesion 41.**   |  |  |  |  | | --- | --- | --- | --- | | **Did you use the money to pay off this debt?** | | **What was the total value of the loan?** | **Amount paid down in [XX CURRENCY]** | | a. Loans from friends, acquaintances and community members | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | b. Loans from family | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | c. Loans from banks | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | d. Loans from microfinance intitution | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | e. Loans from moneylender | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | f. Credit cards | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | g. Other loans eg: pawnshop, grocery/general store (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did the money enable you or a household member to work less?**Yes No  Doesn’t know/Doesn’t answer   If answer is “no” or “doesn’t know/doesn’t answer”, please skip to Question 42.  a. Did you leave a new job you took on to pay for flood-related costs? Yes No  b. Did you leave the job you held before the flood?Yes No  c. Did any household members under age 18 stop working? Yes No  d. Did any other household members age 18 or older stop working? Yes No   1. **Did you use the money to increase household consumption or purchase new items?** Yes No  Doesn’t know/Doesn’t answer   **If answer is “no” or “doesn’t know/doesn’t answer”, please skip to Question 43.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a.Did your spending on food increase?**YesNo  i. Value of the increase per week.    [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  ii. During how many weeks? \_\_\_\_\_\_\_\_\_\_ | | | | | | **b. Did spending on education increase?**  YesNo  i. Value of the increase per week  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_  ii. During how many weeks? \_\_\_\_\_\_\_\_\_\_  iii. Did any member of the household start or go back to school? Yes No | | | | | | | | | | | | | | | **c. Did health expenses increase** (medicine, doctors)?  YesNo  i. Value of the increase per week.  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. During how many weeks? \_\_\_\_\_\_\_\_\_\_\_  iii. Did any member of the household start going to or go back to the doctor? Yes No | | | | | | | | | |
| **d. Did you buy household items (electrical appliances, bicycle, kitchen appliance)?** Yes No Which? \_\_\_\_\_\_\_\_\_\_\_ Value  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **e.Did you buy a car, house or any other big asset?** Yes No Which? \_\_\_\_\_\_\_\_\_\_\_\_ Value  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **f. Did you pay the expenses linked to the flood (repairs, lost income)?** Yes No Value  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you use the money to increase or recover savings or assets or to invest?**Yes No  Doesn’t know/Doesn’t answer   *If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to Section G . Otherwise, please ask all questions a-h below:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a.Deposited money in your savings account** | | | | | | | | | | | | | | | | i. Value deposited  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Actual total value of savings  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | |
| **b.Deposited money in a household member’s savings account** | | | | | | | | | | | | | | | | i. Value deposited  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Actual total value of savings  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | |
| **c.Invested in a new business** | | | | | | | | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **d. Bought a house or land** | | | | | | | | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **e.The money was invested in your existing business (respondent)** | | | | | | | | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **f. Bought animals (specify type and #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **g. Saved the money at home (under mattress, etc.)** | | | | | | | | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **h. Other use (Specify)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Section G. Additional Questions**  This section asks about the respondent’s awareness about the [XX Insurance] product and his/her satisfaction with it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **How did you hear about [XX Insurance]?**   *Surveyor, please read all of the options below and mark all that apply.*   a. Members of the community   b. Family or friends   c. My bank   d. My microfinance institution   Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 1. **Did you know what natural calamities the insurance covers at the time of the flood?**   *Do not read options, but mark all that respondent mentions on their own*  a. Flood e. Earthquakes  b. Lightning f. Landslides  c. Fire g. Tsunamis  d. Typhoons h. Volcanic eruption  i. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | 1. **Did you know what costs the insurance covers at the time of the flood?** *Do not read options, but mark all that respondent mentions on their own*   a. Damage to the house  b. Damage to houshold belongings/property  c. Lost income  d. Damage to place of business  e. Damage to business merchandise  f. Cost of alternative business location  g. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 1. **a How much did you pay for the premium of the insurance package?**  [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_   a. Monthly? b. Yearly? c. Other(Specify) \_\_\_\_\_\_\_\_c. DK/DA  **47.b How do you perceive this amount?**  a. Expensive  b. Reasonable  c. Cheap  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | 1. **Do you think it was a good decision to buy the insurance?**   Yes  No   1. **Why did you buy the insurance?**   *Surveyor, please read all of the options and mark all those that apply.*  a. The bank made it mandatory  b. To protect the family  c. I don’t know  d. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| 1. **Would you recommend the insurance?** Yes  No | | | | | | | | | | | | | | | 1. **Have you ever recommended the insurance?** Yes  No | | | | | | | | | | | | | | | |
| 1. **Do you think the insurance helped you save more or less?**  More Less Makes no difference Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **What are the main advantages of the insurance?** *Surveyor, please read all of the options and mark all those that apply.*   a. We are less worried about the future  b. It protects our incomes  c. It saves us from having to borrow  d. It saves us from having to sell things or use our savings  e. Other(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | 1. **What are the main disadvantages of the insurance?**   *Surveyor, please read all of the options and mark all those that apply.*  a. It is expensive  b. Most of the time, you don’t receive anything in exchange  c. The insurer is slow and inefficient  d. The service is bad  e. It’s hard to understand  f. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | |
| 1. **If you were offered a stand-alone calamity insurance in the future, will you buy it?** Yes No Doesn’t know/Doesn’t answer 2. **If yes, which product would you prefer the most?**   a. [XX CURRENCY] X monthly premium - [XX CURRENCY] XX benefit - no payback of premium at end of term if no claim  b. [XX CURRENCY] Y monthly premium - [XX CURRENCY] YY - 50% payback of premium at end of term if no claim  c. [XX CURRENCY] Z monthly premium - [XX CURRENCY] ZZ benefit - 70% payback of premium at end of term if no claim  d. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**ADDITIONAL INFORMATION:**

**General observations of the respondent (what was their experience like, what was hard, what was easy, etc.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAND OVER GIFT AND END INTERVIEW**

1. Respondent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address and telephone (for follow up if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. End time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Fill in these data from the [XX MFI] claims database:
   1. Total amount(s) insured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Total amount of claim payout \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Date of claim payout \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Flood Damage Study: Uninsured

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I****NTRODUCTION:** [XX] has been contracted to help conduct a study to better understand how people deal with the difficult costs caused by a flood. For this purpose, we would like to invite you to participate in this survey, which lasts about one hour. All information you provide will be considered confidential and will be used only for this research. Your participation is entirely voluntary and you can refuse to partcipate if you wish. If you are not comfortable with any question, you may choose not to answer it. Also, please feel free to ask any question at any time. Thank you in advance for your participation and cooperation. If you agree to be interviewed, can we begin now?  **Did the person give consent?**  Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Survey Instument Flood Insurance: Uninsured Group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of survey \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Starting time:** | | | | **Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ending time:** | | | | | | | | | **Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | **Survey #**  **\_\_\_\_\_\_\_\_\_\_** | | **Sup ID\_\_\_\_\_** |
| **Section A. Demographic Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a First name of the respondent** *(to validate)*   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | 1**.b Last name of the respondent** *(to validate)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| 1**.c Age \_\_\_\_\_** | | 1**.d Sex:** MaleFemale | | | | | | 1**.e Marital status:** Married Single Divorced/separated Widowed Unmarried union | | | | | | | | | | | | | | | | | | | | | |
| 1**.f Are you the subscriber of any insurance that covers flood damage?**  Yes No Doesn’t know | | | | | | | | | | | | | | | | | 1**.g Did you receive an insurance payout for flood damage in the last 12 months?**  Yes No Doesn’t know *(*if Yes or Doesn’t Know, stop interview) | | | | | | | | | | | | |
| **1.h. Prior to the floods, did anybody offer you an insurance that covers or helps pay for flood damage?**  Yes No Doesn’t know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the Household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Are you the head of the household?** Yes No Doesn’t know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following questions refer only to persons who regularly live under your same roof and share meals together. Do not include temporary visitors or tenants*.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Number of Adults (18-64), including yourself if you are in this age bracket \_\_\_\_\_\_\_\_**   Doesn’t know/Doesn’t answer | | | | | | | | | | 3**.b Number of Children (under 18) living in the household \_\_\_\_\_\_**  Doesn’t know/Doesn’t answer | | | | | | | | | | | 3**.c Number of Adults (over 65), including yourself if you are in this age bracket \_\_\_\_\_\_\_**  Doesn’t know/Doesn’t answer | | | | | | | | |
| 1. **Has any member of the household migrated to another town, city, or country?** Yes No Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B. Economic Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section includes questions about you, your household and the management of your financial responsibilities in your household. Some questions will be about you and others will be about your household. If it is not clear to you whom I am asking about, please feel free to ask for a clarification at anytime*.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the Respondent Only and His/Her Household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a What is your employment status? Are you a ….**   *(read all options and mark all that apply)*  Empoyee  Independant (daily wage earner, contract worker )  Business ownerUnemployed Retired/pensioner Housewife/husband  Doesn’t know/Doesn’t answer  5**.b What activity is the main source of your income? (respondent)**  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *code \_\_\_\_\_\_ (see box, mark just one)* Doesn’t know/Doesn’t answer  5**.cDoes your household have other sources of income? (respondent)**  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *codes \_\_\_\_\_\_\_\_\_\_\_ (see box, mark up to 3 that apply)* Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | *Codes*  *01 Trade (eg. Buying /selling, grocery/general store)*  *02 Services (eg. Bakery, sewing shop, beautician)*  *03 Fishing*  *04 Manufacture (eg: Food processing, carpentry, furniture making)*  *05 Transportation services (eg: Taxi driver, truck or bus driver)*  *06 Farming (eg. Cultivation, cattle farming)*  *07 Public employee*  *08 Home (housewife/househusband)*  *09 Retired*  *10 Student*  *11 Domestic worker*  *12 Government pension*  *13 Transfers / Remittances*  *90 Other (Specify)* | | | | | | | | | | |
| 1. **How many years of formal education did you receive? Years of schooling (from kindergarten) (respondent)\_\_\_\_\_** Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Is your home…?**   **(respondent):**  Your own, paid  Your own, mortgaged  Family home  Rented  Other  Doesn’t know/Doesn’t answer | | | 7**.b Please describe the following characteristics of your house (respondent).** *Surveyor, please ask these questions and observe if you are at the respondents home; if the interview takes place at the market, please mark NOT APPLICABLE and skip.*  i. Toilet condition (01 with flush, 02without flush/water sealed, 03 open pit, 04 shared, 05 none): \_\_\_\_\_\_  ii. Roof material: (01 light*- straw, plastic tile -,*02 strong*-wood, iron, aluminium, brick, concrete, stone-*,03 mixed) \_\_\_\_\_\_  iii. Outer walls material(01 light*- straw, plastic tile -,*02 strong*-wood, iron, aluminium, brick, concrete, stone-*,03 mixed) \_\_\_\_\_\_  iv. Flooring material: (01 soil, 02 cement, 03floor tile, 04 wood/bamboo) \_\_\_\_\_\_  v. Access road condition: (01 rural terrain with no cement road, 02 rural terrain with cement road, 03 urban) \_\_\_\_\_\_  vi. Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7**.c How many of the following things (in working condition) do you have in your home? (respondent)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.TV \_\_\_\_\_\_\_\_ 2.Stereo \_\_\_\_\_\_\_\_  3.Radio \_\_\_\_\_\_\_  4.Music or video player (mp3/dvd) \_\_\_\_\_\_\_  5. Computer/laptop \_\_\_\_\_\_\_\_\_ | | | | | | | | | 6. Refrigerator \_\_\_\_\_\_\_\_\_  7. Phone or cell phone \_\_\_\_\_\_\_\_  8. Sewing machine \_\_\_\_\_\_\_\_\_  9.Motorbike or automobile \_\_\_\_\_\_\_\_  10. Bicycle \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | 11.Chickens \_\_\_\_\_\_\_\_\_  12.Cows/goats \_\_\_\_\_\_\_\_\_  13.Pigs \_\_\_\_\_\_\_\_  90.Other items of value (what and how many) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99.Doesn’t know/Doesn’t answer | | | | | | | |
| 1. **a What is your approximate monthly income in [XX CURRENCY]? (respondent) [XX CURRENCY]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doesn’t know/Doesn’t answer   *Please include only the income of the respondent, without adding the income of any other member of the household, after deduction of any business expenses or business investments and before any household spending.* ***If income is daily, multiply by 30. If income is weekly, multiply by 4. If income is annual, divide by 12. If income is biweekly, multiply by 2.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following questions refer to the total incomes of your household. This includes all of the people who live in your home or contribute financially to your household expenses, including people who may have moved away. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8**.b What is the approximate total monthly income in [XX CURRENCY] of other members of your household, excluding yours? [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Doesn’t know/Doesn’t answer  8**.c How much of your household income comes from outside of the village/town? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a How much are your monthly household expenses for food?** Approximate value in [XX CURRENCY]   **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_**  Unknown/No answer | | | 9**.b How much are your monthly household expense for health care?** Approximate value in [XX CURRENCY]  **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Unknown/No answer | | | | | | | | | 9**.c How much are your monthly household expenses for education?** Approximate value in [XX CURRENCY]  **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_**   Unknown/No answer | | | | | | | | 9**.d How much are your monthly household expenses for utilities (electricity, water, phone, cable, etc.)?** Approximate value in [XX CURRENCY]  **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_**   Unknown/No answer | | | | | | | | 9**.e How much are your monthly household expenses for everything else (rent, leisure etc.)?**  Approximate value in [XX CURRENCY]  **Total [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Unknown/No answer | |
| The following questions refer to your debts, including those that you may have contracted from microfinance institutions, banks and any other community resources such as friends, family, or neighbors.   1. **What is the value in [XX CURRENCY] of your outstanding loans? (respondent) [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Which sources of borrowing do you use regularly? (respondent)**   *Surveyor, please read all the options mentioned below and mark all those that apply*  i. Microfinance institution  ii. Bank  iii. Credit card  iv. Grocery/general store  v. Money lender  vi. Friends and family  vii. Community groups  viii. Pawnshop  ix. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  ixNone   Doesn’t know/Doesn’t answer | | | | | | | | | | | 1. **Which sources of borrowing are the cheapest? (respondent)**   *Surveyor, please read all the options mentioned below and mark all those that apply*   1.  Microfinance institution   iii. Bank  iv. Credit card  v. Grocery/general store  vi. Money lender  vii. Friends and family  viii.Community groups  ix. Pawnshop  x. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know/Doesn’t answer | | | | | | | | | | | | | 1. **What are the most important factors or conditions when contracting a loan? (respondent)**   *Surveyor, please read all the options mentioned below and mark all those that apply*  i. Interest rate  ii. Time period to pay it back  iii. Flexibility of repayment  iv. Don’t want to bother friends and family  v.  Service courtesy/staff friendliness  vi.  Few requirements  vii. Access an insurance through a loan  viii. Access savings through a loan  ix. Other(Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know/Doesn’t answer | | | | | |
| 1. **a Do you have a savings account?**   Yes No  Doesn’t know/Doesn’t answer  **14.b How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **14.c. Are they compulsory?**  Yes No Only\_\_\_\_\_\_\_are compulsory  Doesn’t know/Doesn’t answer  **14.d Name of the institution(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **14.e What is the balance in [XX CURRENCY]** (of all saving accounts)? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/Doesn’t answer | | | | | | | 1. **a Do you have any insurance?**   Yes No  Doesn’t know/Doesn’t answer  *(If No, skip to question🡪).*  If yes, which one(s)?  (*Surveyor, read all options below and* ***mark all that apply***):  i.Credit ii.Life iii.Personal accident iv.Health insurance v.Funeral vi.Vehicle insurance (mandatory or additional)  vii.Other Property Damage (eg: Fire or Earthquake)  viii.Other(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **.b Does any of this other insurance also cover other household members besides yourself?**  Yes No Doesn’t know/Doesn’t answer  **15.c If Yes, which insurance?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | 1. **Which institution(s) provide the cover mentioned in question 15?**   i.  National / Local Government Health Insurance  ii. Private insurance  iii. Other MFI microinsurance  iv.  Other (Specify) | | | | |
| **Section C. Costs of Financial Shocks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *As mentioned earlier, the purpose of this survey is to ask you questions about how you paid the costs of the flood you experienced. Please listen carefully to the following questions and do your best to recall the details and give precise answers. We are not looking for any specific answer but for ones that are as close to the reality and as truthful as possible. If you don’t know or remember the answer to a question, please tell me and we will skip the question.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **In the past year, on what dates have you experienced flooding? Please mention the most recent three floods. (WRITE CLOSEST THING THEY REMEMBER: MONTH AND YEAR)**     **a. i From:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ **To:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ ii. Did any insurance cover this flood? Yes No Doesn’t know/Doesn’t answer  **b. i From:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ **To:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ ii. Did any insurance cover this flood? Yes No Doesn’t know/Doesn’t answer  **c. i From:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ **To:** M **\_\_\_\_** D\_\_\_\_\_Y\_\_\_\_\_ ii. Did any insurance cover this flood? Yes No Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DAMAGE TO MARKET STALL**  The following questions refer to damage to your market stall (the external structure, but not its contents). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a. Do you have an external structure in your stall / place of business?**   Yes No  (*If the answer is “no”, please skip to question 21)*  **18. b Was the external structure of your stall damaged?**  Yes No  (*If the answer is “no”, please skip to question 21)*  **18.c What was the total estimated value in [XX CURRENCY] of the damages to the stall’s external structure?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | 1. **I am now going to read to you a list of damages. Please tell me if your stall suffered from any of those damages.**   a.Collapse of or damage to the roof  b.Collapse of or damage to walls  c. Destruction or embrittlement of electrical facilities  d.Water or humidity damage to other structural elements (paint, wood, etc.)  e.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| 1. **How much did it cost to repair this damage to your stall from the flood (including materials and labor)?**  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **a. Did you make this repair?** | | | **b. Did you pay for this?** | | | | **c. Cost in [XX CURRENCY]** | | | 1. Removal of water | Yes No | | Yes No |  Doesn’t know/Doesn’t answer | | [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1. Removal and disposal of waste brought by the flood | Yes No | | Yes No |  Doesn’t know/Doesn’t answer | | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1. Roof repair | Yes No | | Yes No |  Doesn’t know/Doesn’t answer | | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1. Walls repair | Yes No | | Yes No |  Doesn’t know/Doesn’t answer | | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1. Repairs of water damage (painting, etc.) | Yes No | | Yes No |  Doesn’t know/Doesn’t answer | | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1. Electrical facilities repair | Yes No | | Yes No |  Doesn’t know/Doesn’t answer | | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | | Yes No |  Doesn’t know/Doesn’t answer | | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *Surveyor, calculate the total cost of stall repair:* **TOTAL** | | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *Surveyor, confirm the total with the respondent.* | | | | **Do you agree with this total amount?** Yes No**If No, what was the approximate total cost in [XX CURRENCY]?** [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/Doesn’t answer | | | | | | | | | **d. If damages were not fully repaired, how much will it cost to cover all damages?** [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doesn’t know/Doesn’t answer | | | | | | | |   **CONTENTS OF THE MARKET STALL**  *The following questions refer to damage to the contents of your market stall.*   1. **Were any of the contents of your market stall, including inventory, damaged?** Yes  No *(If the answer is“no”, please skip to question 23*) 2. **From the items below, which ones were damaged and how much was their approximate value in [XX CURRENCY]?**  | **a. Was thisitem damaged or destroyed?** | | **b. Estimated value in [XX CURRENCY]** | **c. Did you repair/ replace it?** | **d. Replacement/ repair cost in [XX CURRENCY]** |  | | --- | --- | --- | --- | --- | --- | | 1. Furniture | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Lights/lamps | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. TV | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Radio | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Cell Phone | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Other electronics   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Business inventory (describe)   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Business equipment (describe)   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | 1. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer |   *Surveyor calculate the total cost of repairs* ***TOTAL [XX CURRENCY]*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *Confirm the total with respondent.*  **Do you agree with this total amount?** Yes No **If not, what was the total rough cost in [XX CURRENCY]?** [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INDIRECT COSTS**  This section refers to indirect costs you may have had (such as missing work) because of the flood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Did you have to close your market stand after the flood?**Yes No (*If the answer is “no”, please skip to Question* 24)   **23.b How many days was your stand closed in total? \_\_\_\_\_\_\_\_\_\_\_\_ days**  **23.c. Did you lose any inventory because you were not able to sell during that time (e.g. food that spoiled)?** Yes No  **If yes, what was the value of this inventory in [XX CURRENCY]? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Doesn’t know/Doesn’t answer  **23.d On a typical day, what are your sales? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Doesn’t know/Doesn’t answer  **23.e What is the cost to you of the goods you sell on a typical day? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Did anyone else in your household who does not typically work with you in your business miss work because of the damage to your market stand from the flood (e.g., to help you clean up or repair damage)?** Yes No  Doesn’t know/Doesn’t answer (*If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 25*)   **24.b How many days of work did they miss and what is their usual daily income?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **a. Did this person miss work?** | | **b. How many days?** | **c. Did he/she lose income?** | **c. Usual daily income in [XX CURRENCY] (if yes to “c”.)** | | | 1. Member 1 | YesNo | \_\_\_\_\_\_\_\_\_days | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | 2. Member 2 | YesNo | \_\_\_\_\_\_\_\_\_days | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | 3. Member 3 | YesNo | \_\_\_\_\_\_\_\_\_days | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | 4. Member 4 | YesNo | \_\_\_\_\_\_\_\_\_days | YesNo | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Did you do anything to earn income during the time you could not sell at your regular place of business (e.g. sell somewhere else)?**   Yes No  Doesn’t know/Doesn’t answer(*If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 26*)  **25. b. Was there a cost associated with setting up this activity up? If yes, how much: [XX CURRENCY]** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **25.c How much did you earn from this activity? [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Are there any other costs linked to the flood at the market that you had to pay?** Yes No  Doesn’t know/Doesn’t answer   **If yes, please specify:**  a.1 Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.2 Cost in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_  b.1 Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b.2 Cost in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_  c.1 Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c.2 Cost in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section D. How were all the costs related to the flood financed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This section asks questions about the financial mechanisms you used to pay the expenses we discussed above.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you use loans to cover any expenses related to the flood? Yes No  Doesn’t know/Doesn’t answer**   **If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 28.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **a. Did you get a loan from this source?** | | **b. Value in [XX CURRENCY]** | **c. Payments** | **d. Term of loan** | **Interest rate** |  | | a. Loans from friends, neighbors, acquaintances etc. | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | b. Loans from family | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | c. Loans from banks | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | d. Loans from microfinance institutions | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | e. Loans from moneylender | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | f. Loans from credit cards | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | g. Other sources of loans eg: pawnshop, grocery/general store (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [XX CURRENCY] \_\_\_\_\_\_\_\_\_per…  dayweekmonth | \_\_\_\_\_\_\_\_\_\_\_\_  daysweeksmonths | \_\_\_\_\_% per…  dayweekmonth | DK/NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you receive any grant support in cash or in kind?****Yes** **No** **Doesn’t know/Doesn’t answer**   **If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 29.**   |  |  |  |  | | --- | --- | --- | --- | | **Did you get support from this source?** | | **Value in [XX CURRENCY]** |  | | a. Gambling (lottery) | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | b. Remittance of friends or family | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | c. In-kind gifts of family or friends | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | d. Local government support | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | e. Cash gifts from family or friends | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | f. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did your spending on other things decrease as a result of the costs of the flood?****Yes** **No** **Doesn’t know/Doesn’t answer**   **If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 30.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **29a. Has your spending on education decreased?**  Yes No DK/NA  *If no, please skip to question 29b*  **By how much (in [XX CURRENCY]) has it decreased?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  per day week month  for \_\_\_\_\_\_\_\_\_ daysweeksmonths  **Has any household member stopped going to school?**  Yes No | | | | | **29b. Has your spending on medicine or doctor visits decreased?** Yes No DK/NA  *If no, please skip to question 29c*  **By how much (in [XX CURRENCY]) has it decreased?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  per day week month  for \_\_\_\_\_\_\_\_\_ daysweeksmonths  **Has any household member missed a visit to the doctor or stopped taking any medicine?**Yes No | | | | | | | | | | | | | **29c. Has your spending  on food decreased?**  Yes No DK/NA  *If no, please skip to question 29d*  **By how much (in [XX CURRENCY]) has it decreased?** \_\_\_\_\_\_\_\_\_\_\_\_  per day week month  for \_\_\_\_\_ daysweeksmonths | | | | | | | | **29d. Has your household’s spending on anything else,including business expenses,decreased?**Yes No DK/NA *If no, please skip to question 30*  **On what** has spending decreased?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **By how much (in [XX CURRENCY]) has it decreased?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  per day week month  for \_\_\_\_\_\_\_ daysweeksmonths | | | |
|
| 1. **Did you use income (your own or a household member’s) to cover any of these costs?** Yes No  Doesn’t know/Doesn’t answer   *If the answer is “no” or “doesn’t know/doesn’t answer”, please skip to question 31.*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Did you use income from this source?** | | **Total amount contributed in [XX CURRENCY]** | **IF YES TO 2ND COLUMN, Was this person working at the time?** | **IF YES TO 2ND COLUMN, Did this person work more at a job they had before the flood?** | **IF YES TO 2ND COLUMN, Did this person take an additional job to cover flood costs?** | | | a. Self | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | Yes No | Yes No |  Doesn’t know/ Doesn’t answer | | b. Household members under age 18 | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | Yes No | Yes No |  Doesn’t know/ Doesn’t answer | | c. Household members age 18 and over | Yes No | [XX CURRENCY] \_\_\_\_\_\_\_\_\_ | Yes No | Yes No | Yes No |  Doesn’t know/ Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you use savings (formal + informal) of your own or other household membersto cover any of these costs?**Yes No DK/NA   *If the answer is “no” or “doesn’t know/doesn’t answer” please skip to Question 32.*  Total amount of formal savings used in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_ Formal savings remaining in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total amount of informal savings used in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_ Informal savings remaining in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did you sell any assets to cover any of these costs?**Yes No Doesn’t know/Doesn’t answer   *If the answer is “no” or “doesn’t know/doesn’t answer” please skip to Section E.*   |  |  | | --- | --- | | a. i. Electrical appliances, bicycle or other small asset | ii. Value of the sale [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_ iii. Amount used to pay costs [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | b. i. Sale of animals | ii. Value of the sale [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_ iii. Amount used to pay costs [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | c. i. Sale of vehicle, house or other big asset | ii. Value of the sale [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_ iii. Amount used to pay costs [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | d. i. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ii. Value of the sale [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_ iii. Amount used to pay costs [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Did you have any loans restructured because of the flood?** Yes No Doesn’t know/Doesn’t answer   **33.b If yes, how difficult was this process?** Very easy Easy Difficult Doesn’t know/Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section E. Characteristics of Coping Mechanisms** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Please mention all the resources/mechanisms used to cover the costs previously mentioned.**   *Surveyor, please read every option mentioned below and mark all that apply.*   |  |  |  |  | | --- | --- | --- | --- | | **Coping mechanisms** | **Did you use this strategy?** | **Why did or didn’t you use this strategy? (use codes)** | | | a. Loan of moneylender | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reasons why they did use it:  (01) Easy  (02) Fast  (03) Knew the person  (04) I have done it before  (05) Recommended by family/friends  (06) Cheap / Affordable  Reasons why they did not use it.  (07) Do not have savings  (08) Couldn’t make the payments  (09) It takes too long  (10) Tried but was not accepted  (11) Was ashamed  (12) Do not have family/friends who can help  (13) Expensive  (14) Dangerous/unsafe  (15) I have no time  (16) Other (Specify) | | b. Loan of family or friends | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | c. Loan of a financial institution (including microfinance and credit cards) | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | d. Gambling | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | e. Donations | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | f. Money of someone in another country | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | g. Spend less | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | h. Use of savings | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | i. Sale of assets (house, vehicle, animal) | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | j. Money from someone in another city | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | k. Help and gifts from family and friends | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | l. Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Yes No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section G. Additional Questions**  This section asks about the respondent’s awareness of different insurance products and his/her general perception about insurance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **What is your general opinion about insurance?** (*do not prompt, check all that apply)*   a. I don’t know anything about insurance  b. I have a positive opinion of insurance  c. I think other types of insurance (health, life, etc) are useful  d. I don’t trust insurance companies | | | | | | | | | | | | | | | e. Insurance is only for the rich people  f. I don’t need insurance, I can manage financially on my own  g. If I had life insurance, my family would feel more secure  h. I think insurance covering property damage is useful  i. I don’t need insurance, I can manage financially with my friends and family  j. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 1. **What insurance products do you know or have heard of?**    a. Health  e. Property   b. Disability  f. Agriculture   c. Life  g. Educational support   d. Funeral/Burial  h. None   i. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | 1. **Do you know who provides insurance in your community?**    a. Private life insurance   b. Private health insurance   c. National Health Insurance   d Microfinance institution / Bank   e. I don’t know about any insurance providers   g. Others (specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| 1. **Would you consider buying (other) insurance?**    Yes   No *(skip to Question 41)*   I don’t know *(skip to Question 41)* | | | | | 1. **If yes, what type of insurance?** *(mark all that apply)*    a. Health   b. Disability   c. Life   d. Funeral/burial   e. Property   f. Agriculture   g. Educational support   h. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | 1. **If no, why not?** *(mark all that apply)*    a. Too expensive   c. I don’t trust insurance companies   e. I don’t know anything about insurance   b. I don’t know where I can buy insurance   d. I don’t need insurance   f. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. **What are the main advantages of this type of insurance?**   *Surveyor, please read all of the options and mark all those that apply.*  a. We are less worried about the future  b. It protects our incomes  c. It saves us from having to borrow  d. It saves us from having to sell things or use our savings  e. Other(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | 1. **What are the main disadvantages of this type of insurance?**   *Surveyor, please read all of the options and mark all those that apply.*  a. It is expensive  b. Most of the time, you don’t receive anything in exchange  c. The insurer is slow and inefficient  d. The service is bad  e. It’s hard to understand  f. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

**ADDITIONAL INFORMATION:**

**General observations of the respondent (what was their experience like, what was hard, what was easy, etc.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAND OVER GIFT AND END INTERVIEW**

1. Respondent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address and telephone (for follow up if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. End time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. Outpatient Health Study: Insured

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTRODUCTION: The [XX research firm] has been contracted to conduct a study to better understand the value of the [XX] health plan to its members. Our survey will focus on the costs of a recent health facility visit. [XX delivery channel] provided us your contact information and suggested that we interview you for this research. We would like to invite you to participate in this study, which will last approximately one hour. Any information you provide will be confidential and will be used only for this research. Your participation is entirely voluntary and you can refuse to partcipate if you wish. If you are not comfortable with any question, you may choose not to answer it. Also, please feel free to ask any question at any time. Thank you in advance for your participation and cooperation. If you agree to be interviewed, can we begin now?**  **Did the person give consent?**  Yes  No | | | | | | | | | | | | | | | |
| **Value to Customer of a Health Microinsurance Program:**  **[XX Delivery Channel] – Primary Health Care Study** | | | | | | | | | | | | | | | |
| **Date of survey\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Starting time \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ending time \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | **Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Survey ID\_\_\_\_\_\_\_\_\_\_** | |
| **Section A. Demographic Data** | | | | | | | | | | | | | | | |
| *First I’m going to ask some basic questions about you, your household, and your [XX Delivery Channel] membership.* | | | | | | | | | | | | | | | |
| **About the respondent** | | | | | | | | | | | | | | | |
| 1. **a First name of the respondent** *(to validate)*   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | **1.b Last name of the respondent** *(to validate)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Validation:**  **Do you remember visiting a health facility on (DATE)?**  *Please refer to the date on your validation sheet.*  Sí No (If No, please stop the interview.)  **Do you have [Insurers A, B, C, D], or any other health insurance aside from [XX Delivery Channel]?**  Yes No (If Yes, please stop the interview.) | | | | | | | | | | | | | | | |
| **1.c Age \_\_\_\_\_** | **1.d Sex:** Male  Female | | **1.e Marital status:** Married Single Divorced/Separated Widowed Unmarried union | | | | | | | | | | | | |
| **2.a Are you the [XX MFI] member who enrolled in the health plan?** Sí No Doesn’t know Doesn’t answer  **2.b What is your relationship to the [XX Delivery Channel] member?** Spouse Child Parent Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2.c What is the name of your Primary Society?** [XXX] [XXX]  [XXX][XXX]   Other (Specify)\_\_\_\_\_\_\_\_\_  **2.d When did you enroll in the [XX Delivery Channel] health plan?** Month \_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_ Doesn’t know/ Doesn’t answer | | | | | | | | | | | | | | | |
| **About the household** | | | | | | | | | | | | | | | |
| **3. Are you the head of your household?** Sí No Doesn’t know Doesn’t answer | | | | | | | | | | | | | | | |
| **4.a How may adults age 65 live in the household (including yourself if you are in this age bracket) \_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer | | | | | | **4.b How many adults over age 65 live in the household (including yourself if you are in this age bracket) \_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer | | | | | | **4.c How many children under age 18 live in the household \_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer | | | |
| **5. Has any member of the household migrated to another city or country?** Yes No  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| **Section B. Economic Status and Financial Practices** | | | | | | | | | | | | | | | |
| **Next, I’m going to ask you a few questions about your work and how you manage your money.** | | | | | | | | | | | | | | | |
| **About the respondent and his or her household** | | | | | | | | | | | | | | | |
| **6. Do you work as a farmer?** **Yes** **No** **Doesn’t answer (If No, please skip to Question 7)**  **6.a What kind of farming do you do? (Select all that apply)** **Coffee** **Bananas** **Maize** **Beans** **Livestock/cattle**  **Other (Specify)\_\_\_\_\_\_\_\_\_\_\_**  **6.b Does your family own your land or do you work on another person’s land?** **My family owns the land** **I work on someone else’s land** **Doesn’t answer**  **6.b.1 (If “My family owns the land”) Do you hire employees to work on your land?** **Yes** **No** **Doesn’t answer**  **6.c How are you paid for your farm work? (Select all that apply)** **Daily wage** **Per bag or per kilo** **Other \_\_\_\_\_\_\_\_\_\_\_**  **Doesn’t know/ Doesn’t answer** | | | | | | | | | | | | | | | |
| **7. Do you earn any money from something other than farming?** Yes No (If No, please skip to Question 8)  **7.a Are you an employee, a day worker or a business owner?**  Employee Day worker Business owner  I am presently not working  Doesn’t know Doesn’t answer  **7.b What type of work do you do?** (Mark all categories that apply)  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *code (see box)*  Doesn’t know  Doesn’t answer | | | | | | | | | *Code*  *01 Tourism*  *02 Trade (eg. buying /selling, grocery/general store)*  *03 Services (eg. cooking, sewing shop, hairdressing)*  *04 Manufacturing (eg: carpentry, food processing)*  *05 Transportation services (eg: taxi driver, truck or bus driver)*  *06 Government employee*  *07 Home*  *08 Retired*  *09 Student*  *10 Other (Specify)* | | | | | | |
| **8. How many years did you attend school?**  **\_\_\_\_\_\_\_\_\_\_\_\_** Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| **9.a Do you own or rent your home?**  i. Own  ii. Rent  iii. Other \_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know   Doesn’t answer | | **9.b In your household, do you have?** (Read each item individually and select all that apply)  TV  Motorbike or automobile  Radio  Bicycle  Refrigerator  Chickens  Generator  Cows  Cell phone  Goats or pigs Doesn’t know  Doesn’t answer | | | | | | | | | | | | | |
| *Surveyor, for the following four questions, please include only the income of the respondent, without adding the income of any other member of the household, before any household spending. If respondent gives you a yearly estimate, please divide by 12 months. If respondent gives you a weekly estimate, please multiply by 4 weeks.*  **Script:** *Now, I’m going to ask about your family’s income. First, I would like to ask about the money that YOU earn yourself. This does not include money earned by anyone else in your household.*  *If respondent is a farmer:*  **10.a What is approximately your CURRENT monthly income from farming in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_**Doesn’t know  Doesn’t answer  **10.a.1 What was your monthly income from farming BEFORE you got sick? \_\_\_\_\_\_\_\_\_** Doesn’t know  Doesn’t answer  *If respondent has non-farm income:*  **10.b What is approximately your CURRENT monthly non-farm income in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_**Doesn’t know  Doesn’t answer  **10.b.1 What was your monthly non-farming income BEFORE you got sick? \_\_\_\_\_\_\_\_\_**Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| **Script:** *Now, I would like to ask about the money earned by other people in your household This includes all of the people who live in your home or hep to pay houweshold expenses, including people who have moved away.*  *Surveyor, if respondent gives you a yearly estimate, please divide by 12 months. If respondent gives you a weekly estimate, please multiply by 4 weeks.* | | | | | | | | | | | | | | | |
| **11.a What is the approximate monthly income from the other members of your household, not including your own? \_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  Doesn’t know  Doesn’t answer  **11.b Do you receive money from family members who live in another city or country?** Yes No  Doesn’t know  Doesn’t answer  *(If No, skip to the Script.)*  **11.b.1 How much money do these family members send you each month?\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]** Doesn’t know  Doesn’t answer  **11.b.2 How do they send you this money?**  **Western Union** **Moneygram** **Vodacom/mPesa** **Airtel Money** **Tigo Pesa****Bank transfer** **They bring money when they visit**  **Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **Script:** *So, including your own income, your other family members’ income, and your income from remittances, your household’s total monthly income is \_\_\_\_\_. Does that sound right?* (If no, ask the respondent to help you correct the income numbers from questions 10 and 11) | | | | | | | | | | | | | | | |
| **Script:** *Now I’m going to ask about your routine household expenses.* | | | | | | | | | | | | | | | |
| **12.a How much does your household spend each month on food?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | **12.b How much does your household spend each month on education?** (If respondent reports an annual school fee, divide this by 12)  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | | **12.c How much does your household spend on health care each month** (doctors and medicine, not including the health insurance premium)**?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | |
| **12.d How much does your household spend each month on the farm business?** (fertilizer, pesticides, veterinary care for livestock)  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | **12.e How much does your houeshold spend each month on transport?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | | **12.f How much does your household spend each month on kerosene, charcoal, or firewood?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | |
| **12.g How much does your household spend each month on loan payments? Please include all formal loans (like from a bank) and informal loans (like from a neighbor).**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | **12.f How much are your monthly household expenses for everything else?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | |  |
| **Script:** *In total, your monthly household expenses are \_\_\_ [XX CURRENCY]. Does that sound right?*  If no, ask the respondent to help you correct the expense numbers from question 12.    **Script:** *Next, I will ask about how you manage your money.* | | | | | | | | | | | | | | | |
| **13.a Do you have any outstanding loans with cooperatives, groups, or banks?**   Sí  No  Doesn’t know  Doesn’t answer  **13.a.1 What is the total value in [XX CURRENCY] of your these loans?\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | | **13.b Do you have any outstanding loans from friends, family, buyers, or moneylenders?**   Sí  No  Doesn’t know  Doesn’t answer  **13.b.1 What is the total value in [XX CURRENCY] of these loans? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | |
| **14.a Which sources of borrowing do you use regularly?**  *Surveyor, please mark all those that apply.*  i. [XX MFI]  ii.  [Savings group]  iii.  Bank  iv. Friends and family  v. Money lender  vi. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | **14.b Which sources of borrowing are the cheapest?**  *Surveyor, please mark up to two responses.*  i. [XX MFI]  ii.  [Savings group]  iii.  Bank  iv. Friends and family  v. Money lender  vi. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | |
| **14.c What are the most important factors or conditions when taking out a loan?**  *Surveyor, please allow the respondent to answer freely, and choose the options that most closely resemble the response.*  i.Interest rate ii.Time period to pay it back iii.Flexibility of repayment iv.Don’t want to bother friends and family v. Service courtesy/staff friendliness vi. Few requirements vii.Access an insurance through a loan viii.Access savings through a loan  ix.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| 1. **Do you have a savings account?**   Yes No  Doesn’t know  Doesn’t answer  15.a With what institution(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  15.b Are any of your savings accounts compulsory**?** Sí No  15.c How much money do you currently have in your savings account(s)?\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]   Doesn’t know  Doesn’t answer | | | | | | | | **16.a Do you have any type of insurance, other than health?**  Yes  No Doesn’t know  Doesn’t answer  **16.b If Yes, what type of insurance do you have?**  *Surveyor, please read all of the options and mark all those that apply.*  Life/Funeral  Vehicle  Personal accident  Property/Calamity (fire, flood, etc.)  Other insurance (Specify)\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | |
| **Section C. Cost and Quality of Care** | | | | | | | | | | | | | | | |
| **Script:** *Next, I’m gong to ask you a few questions about your illness and your visit to the facility. In case you don’t know or remember the answer to any questions, please let us know and we will skip the question.* | | | | | | | | | | | | | | | |
| **17. Before you went to the facility, what symptoms did you have?**  *Surveyor, please allow the respondent to answer freely, and mark the responses that are closest.*   Fever  Coughing/Wheezing  Faintness/Fatigue  Muscle aches  Chills/Sweats  Blood in sputum  Chest pain   Headache  Diarrhea  Nausea  Vomiting Shortness of breath  Rapid heartbeat  Weight loss   Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **18.a Which of the following statements best describes how you felt?**  *Surveyor, please read all options and mark one.*   I was still able to work and accomplish my normal tasks It was difficult to work and accomplish my normal tasks, but I managed I was not able to work or accomplish my normal tasks.  **18.c Did you believe you might die if you did not see a doctor?**  Sí No Doesn’t know Doesn’t answer  **19. How worried were you about your ability to pay the doctor?**   Not worried Somewhat worried Very worried  Did not think about it  **20.a Before you went to the facility, did you …** (Surveyor, please read all options below and mark all that apply)  try a home remedy?  buy medication?  call on friends or faily for advice?  go to a traditional healer?  call a nurse or doctor on the phone?  go to another health facility?  **20.b How many days did you wait between getting sick and going to a doctor?** \_\_\_\_\_\_\_\_ days  Doesn’t know  Doesn’t answer  *Surveyor: if respondent reports waiting 3 days or more, please go to Question 20.c. If the respondent waited 4 days or less, skip to Question 20.d.*  **20.c Why did you wait that long?** *(Allow the respondent to answer freely and select all that apply)*  Did not think the illness was very serious Unable to miss work/obligations Did not have time Did not have money  The facility was far awayOther (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **20.d What did the health worker say the problem was?**  MalariaPneumoniaBronchitis/Upper RespiratoryTuberculosisDiarrheal DiseaseThe doctor didn’t know / didn’t tell me   Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Script:** *Next, I’m going to ask you about the health facility you visited.* | | | | | | | | | | | | | | | |
| **21. Where did you go to receive treatment?** (Allow the respondent to answer freely and select all that apply)   [List of Providers]     Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **21.a Did you know this was your Primary Society’s assigned facility?**   Sí No Doesn’t know Doesn’t answer  *If No or Doesn’t know/Doesn’t answer, please skip to Question 22.*  **21.b How did you know that it was your assigned facility?**  *Surveyor, please allow the respondent to answer freely and mark all those that apply*   1.  You were told by [XX MFI]   ii.  You were informed once you arrived at the facility  iii.  You were informed by staff at a different facility  iv.  You were informed by family or friends  v.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Cost of Care** | | | | | | | | | | | | | | | |
| **TREATMENT COSTS**  **Script: First, I would like to ask you about any costs you and your family paid out of your own pocket to treat the illness.**    **22. Did you pay a fee to see the doctor?** **Yes** **No** **Doesn’t know** **Doesn’t answer**  **22.a If Yes, how much was that fee? \_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**  **23. Did you pay for any lab tests?****Yes** **No** **Doesn’t know** **Doesn’t answer**  **23.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  **24. Did you pay for any medicines, either at the facility or somewhere else?****Yes** **No** **Doesn’t know** **Doesn’t answer**  **24.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  **25. Did you pay for X-rays or other scans?****Yes** **No** **Doesn’t know** **Doesn’t answer**  **25.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  **26. Did you pay for anything else to treat the illness?****Yes** **No** **Doesn’t know** **Doesn’t answer**  **26.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  **26.b What waí it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **So you paid \_\_\_\_\_\_ [XX CURRENCY] for the treatment. Does that sound right? If No, ask the respondent to help you correct the numbers in questions 22-26.** | | | | | | | | | | | | | | | |
| **Script: Now, I would like to ask about other costs you had to pay because of your illness.** | | | | | | | | | | | | | | | |
| **TRANPORT COSTS**  **27. Did you pay for your own transport to and from the facility or pharmacy?****Yes****No**  **27.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**  **28. Did anyone accompanying you have to pay for transport to and from the facility or pharmacy?** **Yes****No**  **28.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]** | | | | | | | | | | | | | | | |
| **SUBSTITUTE COSTS**  **29. Did you hire anyone to replace you at work while you were sick?** **Yes** **No**  **29.a For how many days did you hire them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_days**  **29.b How much did you pay them each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**  **29.c How much money did they earn for you each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]** | | | | | | | | | | | | | | | |
| **OTHER COSTS**  **30. Did you have to pay any other costs because of this illness?** **Yes****No**  **30.a What did you pay for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **30.b How much did it cost? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]** | | | | | | | | | | | | | | | |
| **Script: So, with \_\_\_\_[XX CURRENCY] in costs at the clinic, \_\_\_\_[XX CURRENCY] of transport costs, \_\_\_\_[XX CURRENCY] of hired worker costs and \_\_\_[XX CURRENCY] of other costs adds to \_\_\_\_ [XX CURRENCY] of total out-of-pocket costs.**  **31. Do you agree with this total?** **Yes** **No** **Doesn’t know  Doesn’t answer**  **31.a If No, what was the rough total cost in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **OPPORTUNITY COSTS**  **Script: Next, I’m going to ask about any work you missed and your family missed because you were sick.** | | | | | | | | | | | | | | | |
| **32. Did you have to miss work?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 33*  **32.a How many days of work did you miss?**  \_\_\_\_\_\_\_\_\_\_\_days   Doesn’t know  Doesn’t answer  **32.b** **How much money would you have made each day?** \_\_\_\_\_\_[XX CURRENCY]   Doesn’t know  Doesn’t answer  *If the respondent does not know, ask (1)the value of the crop they usually pick in a day or (2)how much the respondent would pay a replacement each day.* | | | | | | | | | | **33. Did another household member miss work to take care of you?**  Yes No  Doesn’t know  Doesn’t answer  **33.a How many days of work did each person miss?**  i. Member 1\_\_\_\_\_\_\_\_\_\_\_days  ii. Member 2\_\_\_\_\_\_\_\_\_\_\_days  iii. Member 3\_\_\_\_\_\_\_\_\_\_\_days   Doesn’t know  Doesn’t answer  **33.b. - What is their daily income?**  i.Member 1\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  ii.Member 2\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  iii.Member 3\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]   Doesn’t know  Doesn’t answer | | | | | |
| **34. So, with \_\_\_ people missing \_\_\_ days of work you lost \_\_\_[XX CURRENCY] of potential income. Do you agree with this total?**  Yes No  Doesn’t know  Doesn’t answer  **34.a If No, around how much income did you lose?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | | | | | | | | | | | |

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| **Quality of Service**  **Script:** Next, I’m going to ask about the quality of care you received at the facility. | | |
| **35. How would you rate the quality of services you received at the facility? For the following questions, I would like you to rate the quality as good, average, or poor.** *Surveyor, please read ALL the indicators below and mark ONE response per indicator.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | i. Waiting time before seeing the doctor |  Good |  Average |  Poor |  Doesn’t Know | | ii. Courtesy and attention from reception staff |  Good |  Average |  Poor |  Doesn’t Know | | iii. Courtesy and attention from doctor or nurse |  Good |  Average |  Poor |  Doesn’t Know | | iv. Thoroughness of examination |  Good |  Average |  Poor |  Doesn’t Know | | v. Cleanliness of the facility |  Good |  Average |  Poor |  Doesn’t Know | | vi. Availabilty and condition of medical equipment |  Good |  Average |  Poor |  Doesn’t Know |   **36.a Please say whether the following happened while you were waiting to see the doctor.**  *Surveyor, please read all the options mentioned below and mark all that apply:*   1.  They made me wait a long time for treatment. 2. They demanded papers I did not have. 3.  They made me feel embarrassed. 4.  They did not address me by my name. 5. Other (Specify)\_\_\_\_\_\_\_\_\_\_   **36.b Describe your perception of your treatment by staff at the facility.**  *Surveyor, please read the options below and mark one that applies.*   1. I was treated better than other patients because of our insurance coverage 2. I was treated worse than other patients because of our insurance coverage 3. I was treated like all other patients in the facility 4.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **37. Did the doctor prescribe any medicine?** Sí No  **a. If Sí, was the medicine available at the facility?** Sí No  **b. Did you get the medicine?** Sí No | **38. Did the doctor prescribe a lab test?** Sí No  **a. If Sí, was the lab test available at the facility?** Sí No  **b. Did you get the lab test?** Sí No | |
| **39. Was the medical treatment successful?**  Yes No  Doesn’t know  Doesn’t answer | | |
| **40.a Did the doctor recommend that you return to the facility for a follow-up visit?** Yes No  Doesn’t know  Doesn’t answer  *If No, skip to Question 41.* | | **40.b Did you go to the follow-up visit?** Yes No  Doesn’t know  Doesn’t answer  *If Sí, skip to Question 41* |
| **40.c Why didn’t go go to the follow-up visit?** (Surveyor, do not read answers. Allow the respondent to answer freely and select one response)  i.  I couldn’t miss more days of work.  ii.  I felt better after my initial treatment  iii.  I didn’t have time  iv.  I had no money  v.  It was not covered by the insurance.  vi.  The facility was too distant  vii.  Other (Specify)\_\_\_\_\_\_\_\_\_\_ | | |
| **41.a Did the doctor recommend that you be admitted to a hospital?**  Sí No  Doesn’t know  Doesn’t answer  *If No, skip to Question 42.* | | **41.b Did you go to the hospital?**  Sí No  Doesn’t know  Doesn’t answer  *If Sí, skip to Question 42.* |
| **41.c Why didn’t you go to the hospital?** (Surveyor, do not read answers. Allow the respondent to answer freely and select one response)  i.  I couldn’t miss more days of work.  ii.  I felt good after my initial treatment  iii.  I didn’t have time  iv.  I had no money  v.  It was not covered by the insurance / my coverage was exceeded  vi.  The hospital was too distant  vii.  Other (Specify)\_\_\_\_\_\_\_\_\_\_ | | |
| **42.a Which type of facility in this area has higher quality?** (Please read the options and mark one that applies)   Government facilities   Non-government facilities   Both are the same   Doesn’t know  Doesn’t answer | **42.b Which type of facility do you trust more? (**Please read the options and mark one that applies)   Government facilities   Non-government facilities   Both are the same   Doesn’t know  Doesn’t answer | |

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| **Section D. How the costs of the illness were financed (in addition to the insurance)** | | | | | | | | |
| **Script: According to what you told me before, you spent \_\_\_\_\_[XX CURRENCY] out of pocket** (copy from Question 31) **and lost \_\_\_\_\_\_\_\_[XX CURRENCY] in income** (copy from Question 34)**, totalling \_\_\_\_\_\_\_\_[XX CURRENCY]. Now I’m going to ask you how you paid for these costs.** | | | | | | | | |
| **43. Did you borrow money to pay for the costs of your illness?**  Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 44.*  *Please ensure that the loan amount below is ONLY the amount borrowed to pay direct or indirect costs related to the illness, and does not include loans taken for other purposes.*  **Who did you borrow from?** (Surveyor, read all options abd mark all that apply) | | | | | | | | |
| a. [XX Delivery Channel] | 1. Value \_\_\_\_\_\_\_[XX CURRENCY] | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month | |
| b. [Other] | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month | |
| c. Bank | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month | |
| c. Family | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month | |
| d. Friend or other community member | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month | |
| e. Money lender | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month | |
| f. Pawn shop | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month | |
| g.Other loan (Specify)\_\_\_\_\_\_\_\_\_ | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month | |
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| **44. Did you have any outstanding loans BEFORE you got sick?** Yes No  Doesn’t know  Doesn’t answer  *If No or Doesn’t know/Doesn’t answer, skip to Question 46*  **44.a How much did you owe in total?** \_\_\_\_\_\_\_\_\_[XX CURRENCY]  **45. Did you stop making payments on these loans to pay for your illness?**   Yes No  Doesn’t know  Doesn’t answer  *If No, skip to Question 46.* | | | | | | | | |
| a. Loans from a cooperative, SACCOS, or bank | i. How many weeks did you stop making payments? \_\_\_\_\_\_\_\_\_ | | | | ii. Have you restarted payments?Yes No Doesn’t know Doesn’t answer | | | |
| b. Loans from friends and family | i. How many weeks did you stop making payments? \_\_\_\_\_\_\_\_\_ | | | | ii. Have you restarted payments?Yes No Doesn’t know Doesn’t answer | | | |
| b. Loans from a moneylender, pawnshop or grocery store | i. How many weeks did you stop making payments? \_\_\_\_\_\_\_\_\_ | | | | ii. Have you restarted payments?Yes No Doesn’t know Doesn’t answer | | | |
|  | | | | | | | | |
| **46. Did you receive any gifts or donations (not a loan) to pay for the illness?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 47.*  **What type of gift did you receive?** (Please read all options and mark all that apply) | | | | | | | | |
| a. Cash from family or friends who live nearby | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| b. Cash sent from family or friends who live elsewhere | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| d. Items or food from family or friends | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| c. Local government support | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| e. Other gift (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| **47. Did you spend less on other things to cover costs related to the illness?** Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 48.*  **On what did you spend less?** (Please read all options and mark all that apply) | | | | | | | | |
| a. Have you spent less on education? | i. How much less per week?\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY] | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | iii. Has any member of the household stopped going to school? Yes  No | |
| b. Have you spent less on health care? | i. How much less per week? \_\_\_\_\_\_\_\_\_[XX CURRENCY] | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | iii. Has any member of the household stopped going to the doctor or stopped taking medicine?  Yes No | |
| c. Have you spent less on food? | i. How much less per week? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | iii. Did any household member eat fewer meals each day?  Yes No | |
| d. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | i. How much less per week? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | ii. Number of weeks \_\_\_\_\_\_\_ | | | | | |  | |
|  | | | | | | | | |
| **48. Did you use money that you and your family earned to to pay for the illness?** Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 49.*    **What income did you use?** (Please read all options and mark all that apply) | | | | | | | | |
| a. Your own income | | | i. Value in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| b. Income of other household adults (over 18) | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| c. Income of children under 18 | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| d. An advance from an employer or buyer | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| e. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **49. Did you use savings or sell assets to cover costs related to the illness?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 50.*  **What savings or assets did you use?** (Please read all options and mark all that apply) | | | | | | | | |
| a. Your household’s savings | i. Value used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | |  | | |
| b. Sale of electrical appliances, bicycle, jewelry, or other small asset | i. How many [XX CURRENCY] did you sell it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | ii.How many [XX CURRENCY] of the sale did you use to pay for the illness? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | |
| c. Sale of animals | i. How many [XX CURRENCY] did you sell it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | ii. How many [XX CURRENCY] of the sale did you use to pay for the illness? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | |
| d. Sale of vehicle, house or other big asset | i. How many [XX CURRENCY] did you sell it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | ii. How many [XX CURRENCY] of the sale did you use to pay for the illness? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | |
| e. Other sale (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | i. How many [XX CURRENCY] did you sell it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | ii. How many [XX CURRENCY] of the sale did you use to pay for the illness? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | |

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| **Section E. Counterfactual** | |
| **Script:** *Now I’m going to ask about what you would have done if you did not have insurance when you became ill.*  **50. Did you spend more or less than you expected on the illness?**More than I expected Less than I expected About what I expected Doesn’t know Doesn’t answer  **50.a If you had not had insurance, how much do you think you would have spent for the same illness?** \_\_\_\_\_\_\_\_[XX CURRENCY]  Doesn’t know Doesn’t answer    **51.a If you had not had insurance coverage, would you have still visited a health facility?**  Yes No Doesn’t know Doesn’t answer  If Yes, continue to Question 51.b. If No or Doesn’t Know/Doesn’t answer, skip to Question 51.c. | |
| **51.b If you had not had insurance, would you have visited…**  (Read all options to respondent and select all that apply)  i. …the same facility?  ii. …a cheaper facility?  iii. …facility that is closer to your house?  iv.  …another facility? (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | **51.c Instead of visiting a health facility, would you have…**  (Read all options to respondent and select all that apply)  i.  …bought medicine?  ii. …gone to a traditional healer  iii.  …done something else? (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer |

* 1. Outpatient Health Study: Uninsured

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| **INTRODUCTION: [XX] has been contracted to conduct a study to better understand the how members of this community choose health facilities and pay for health care visits. Our survey will focus on the costs of a recent health facility visit. You have been invited to come here today because a health facility you recently visited suggested that you would provide valuable insight to our study. We would like to invite you to participate in this study, which will last approximately one hour. Any information you provide will be confidential and will be used only for this research. Your participation is entirely voluntary and you can refuse to partcipate if you wish. If you are not comfortable with any question, you may choose not to answer it. Also, please feel free to ask any question at any time. Thank you in advance for your participation and cooperation. If you agree to be interviewed, can we begin now?**  **Did the person give consent?**  Yes  No | | | | | | | | | | | | | | | |
| **Healthcare and Health Financing for Primary Health Care** | | | | | | | | | | | | | | | |
| **Date of survey\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Starting time \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ending time \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | **Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Survey ID\_\_\_\_\_\_\_\_\_\_** | |
| **Section A. Demographic Data** | | | | | | | | | | | | | | | |
| *The first section includes some basic questions about you and your household.* | | | | | | | | | | | | | | | |
| **About the respondent** | | | | | | | | | | | | | | | |
| 1. **a First name of the respondent** *(to validate)*   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | **1.b Last name of the respondent** *(to validate)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Validation:**  **1.c Do you remember visiting a health facility on (DATE)?**  *Please refer to the date on your validation sheet.*  Yes No (If No, please stop the interview.)  **1.d Do you have [Insurers A, B, C or D], or any other health insurance coverage?**  Yes No (If Yes, please stop the interview.) | | | | | | | | | | | | | | | |
| **2.a Age \_\_\_\_\_** | **2.b Sex:** Male  Female | | **2.c Marital status:** Married Single Divorced/Separated Widowed Unmarried union | | | | | | | | | | | | |
| **About the household** | | | | | | | | | | | | | | | |
| **3. Are you the head of your household?** Yes No Doesn’t know Doesn’t answer | | | | | | | | | | | | | | | |
| **4.a How may adults age 65 live in the household (including yourself if you are in this age bracket) \_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer | | | | | | **4.b How many adults over age 65 live in the household (including yourself if you are in this age bracket) \_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer | | | | | | **4.c How many children under age 18 live in the household \_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer | | | |
| **5. Has any member of the household migrated to another city or country?** Yes No  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| **Section B. Economic Status and Financial Practices** | | | | | | | | | | | | | | | |
| **Next, I’m going to ask you a few questions about your work and how you manage your money.** | | | | | | | | | | | | | | | |
| **About the respondent and his or her household** | | | | | | | | | | | | | | | |
| **6. Do you work as a farmer?** **Yes** **No** **Doesn’t answer (If No, please skip to Question 7)**  **6.a What kind of farming do you do? (Select all that apply)** **Coffee** **Bananas** **Maize** **Beans** **Livestock/cattle**  **Other (Specify)\_\_\_\_\_\_\_\_\_\_\_**  **6.b Does your family own your land or do you work on another person’s land? My family owns the land  I work on someone else’s land  Doesn’t answer**  **6.b.1 (If “My family owns the land”) Do you hire employees to work on your land?** **Yes** **No** **Doesn’t answer**  **6.c How are you paid for your farm work? (Select all that apply)** **Daily wage** **Per bag or per kilo** **Other \_\_\_\_\_\_\_\_\_\_\_**  **Doesn’t know/ Doesn’t answer** | | | | | | | | | | | | | | | |
| **7. Do you earn any money from something other than farming?** Yes No (If No, please skip to Question 8)  **7.a Are you an employee, a day worker or a business owner?**  Employee Day worker Business owner  I am presently not working  Doesn’t know Doesn’t answer  **7.b What type of work do you do?** (Mark all categories that apply)  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *code (see box)*  Doesn’t know  Doesn’t answer | | | | | | | | | *Code*  *01 Tourism*  *02 Trade (eg. buying /selling, grocery/general store)*  *03 Services (eg. cooking, sewing shop, hairdressing)*  *04 Manufacture (eg: carpentry, food processing)*  *05 Transportation services (eg: taxi driver, truck or bus driver)*  *06 Government employee*  *07 Home*  *08 Retired*  *09 Student*  *10 Other (Specify)* | | | | | | |
| **8. How many years did you attend school?**  **\_\_\_\_\_\_\_\_\_\_\_\_** Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| **9.a Do you own or rent your home?**  i. Own  ii. Rent  iii. Other \_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know   Doesn’t answer | | **9.b In your household, do you have?** (Read each item individually and select all that apply)  TV  Motorbike or automobile  Radio  Bicycle  Refrigerator  Chickens  Generator  Cows  Cell phone  Goats or pigs Doesn’t know  Doesn’t answer | | | | | | | | | | | | | |
| *Surveyor, for the following four questions, please include only the income of the respondent, without adding the income of any other member of the household, before any household spending. If respondent gives you a yearly estimate, please divide by 12 months. If respondent gives you a weekly estimate, please multiply by 4 weeks.*  **Script:** *Now, I’m going to ask about your family’s income. First, I would like to ask about the money that YOU earn yourself. This does not include money earned by anyone else in your household.*  *If respondent is a farmer:*  **10.a What is approximately your CURRENT monthly income from farming in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_**Doesn’t know  Doesn’t answer  **10.a.1 What was your monthly income from farming BEFORE you got sick? \_\_\_\_\_\_\_\_\_** Doesn’t know  Doesn’t answer  *If respondent has non-farm income:*  **10.b What is approximately your CURRENT monthly non-farm income in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_**Doesn’t know  Doesn’t answer  **10.b.1 What was your monthly non-farming income BEFORE you got sick? \_\_\_\_\_\_\_\_\_**Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| **Script:** *Now, I would like to ask about the money earned by other people in your household This includes all of the people who live in your home or hep to pay houweshold expenses, including people who have moved away.*  *Surveyor, if respondent gives you a yearly estimate, please divide by 12 months. If respondent gives you a weekly estimate, please multiply by 4 weeks.* | | | | | | | | | | | | | | | |
| **11.a What is the approximate monthly income from the other members of your household, not including your own? \_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**  Doesn’t know  Doesn’t answer  **11.b Do you receive money from family members who live in another city or country?** Yes No  Doesn’t know  Doesn’t answer *(If No, skip to the Script.)*  **11.b.1 How much money do these family members send you each month?\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]** Doesn’t know  Doesn’t answer  **11.b.2 How do they send you this money?**   **List of options****Bank transfer** **They bring money when they visit** **Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **Script:** *So, including your own income, your other family members’ income, and your income from remittances, your household’s total monthly income is \_\_\_\_\_. Does that sound right?* (If no, ask the respondent to help you correct the income numbers from questions 10 and 11) | | | | | | | | | | | | | | | |
| **Script:** *Now I’m going to ask about your routine household expenses.* | | | | | | | | | | | | | | | |
| **12.a How much does your household spend each month on food?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | **12.b How much does your household spend each month on education?** (If respondent reports an annual school fee, divide this by 12)  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | | **12.c How much does your household spend on health care each month** (doctors and medicine)**?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | |
| **12.d How much does your household spend each month on the farm business?** (fertilizer, pesticides, veterinary care for livestock)  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | **12.e How much does your houeshold spend each month on transport?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | | **12.f How much does your household spend each month on kerosene, charcoal or kerosene?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | |
| **12.g How much does your household spend each month on loan payments? Please include all formal loans (like from a bank) and informal loans (like from a neighbor).**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | **12.h How much are your monthly household expenses for everything else?**  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | |  |
| **Script:** *In total, your monthly household expenses are \_\_\_ [XX CURRENCY]. Does that sound right?*  If no, ask the respondent to help you correct the expense numbers from question 12.    **Script:** *Next, I will ask about how you manage your money.* | | | | | | | | | | | | | | | |
| **13.a Do you have any outstanding loans with cooperatives, savings groups, or banks?**   Yes  No  Doesn’t know  Doesn’t answer  **13.a.1 What is the total value in [XX CURRENCY] of your these loans?\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | | **13.b Do you have any outstanding loans from friends, family, buyers, or moneylenders?**   Yes  No  Doesn’t know  Doesn’t answer  **13.b.1 What is the total value in [XX CURRENCY] of these loans? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**   Doesn’t know  Doesn’t answer | | | | | | | |
| **14.a Which sources of borrowing do you use regularly?**  *Surveyor, please mark all those that apply.*  i.  [XX Delivery Channel]  ii.  Savings group  iii.  Bank  iv. Friends and family  v. Money lender  vi. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | **14.b Which sources of borrowing are the cheapest?**  *Surveyor, please mark up to two responses.*  i.  [XX Delivery Channel]  ii.  Savings group  iii.  Bank  iv. Friends and family  v. Money lender  vi. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | |
| **14.c What are the most important factors or conditions when taking out a loan?**  *Surveyor, please allow the respondent to answer freely, and choose the options that most closely resemble the response.*  i.Interest rate ii.Time period to pay it back iii.Flexibility of repayment iv.Don’t want to bother friends and family v. Service courtesy/staff friendliness vi. Few requirements vii.Access an insurance through a loan viii.Access savings through a loan  ix.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| 1. **Do you have a savings account?**   Yes No  Doesn’t know  Doesn’t answer  15.a With what institution(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  15.b Are any of your savings accounts compulsory**?** Yes No  15.c How much money do you currently have in your savings account(s)?\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]   Doesn’t know  Doesn’t answer | | | | | | | | **16.a Do you have any type of insurance?**  Yes  No Doesn’t know  Doesn’t answer  **16.b If yes, what type of insurance do you have?**  *Surveyor, please read all of the options and mark all those that apply.*  Life/Funeral  Vehicle  Personal accident  Property/Calamity (fire, flood, etc.)  Other insurance (Specify)\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | |
| **Section C. Cost and Quality of Care** | | | | | | | | | | | | | | | |
| **Script:** *Next, I’m gong to ask you a few questions about your illness and your visit to the facility. In case you don’t know or remember the answer to any questions, please let us know and we will skip the question.* | | | | | | | | | | | | | | | |
| **17. Before you went to the facility, what symptoms did you have?**  *Surveyor, please allow the respondent to answer freely, and mark the responses that are closest.*   Fever  Coughing/Wheezing  Faintness/Fatigue  Muscle aches  Chills/Sweats  Blood in sputum  Chest pain   Headache  Diarrhea  Nausea  Vomiting Shortness of breath  Rapid heartbeat  Weight loss   Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **18.a Which of the following statements best describes how you felt?**  *Surveyor, please read all options and mark one.*   I was still able to work and accomplish my normal tasks It was difficult to work and accomplish my normal tasks, but I managed   I was not able to work or accomplish my normal tasks.  **18.c Did you believe you might die if you did not see a doctor?**  Yes No Doesn’t know Doesn’t answer  **19. How worried were you about your ability to pay the doctor?**   Not worried Somewhat worried Very worried  Did not think about it  **20.a Before you went to the facility, did you …** (Surveyor, please read all options below and mark all that apply)  try a home remedy?  buy medication?  call on friends or faily for advice?  go to a traditional healer?  call a nurse or doctor on the phone?  go to another health facility?  **20.b How many days did you wait between getting sick and going to a doctor?** \_\_\_\_\_\_\_\_ days  Doesn’t know  Doesn’t answer  *Surveyor: if respondent reports waiting 3 days or more, please go to Question 20.c. If the respondent waited 4 days or less, skip to Question 20.d.*  **20.c Why did you wait that long?** *(Allow the respondent to answer freely and select all that apply)*  Did not think the illness was very serious Unable to miss work/obligations Did not have time Did not have money  The facility was far awayOther (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **20.d What did the health worker say the problem was?**  MalariaPneumoniaBronchitis/Upper RespiratoryTuberculosisDiarrheal DiseaseThe doctor didn’t know / didn’t tell me   Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Script:** *Next, I’m going to ask you about the health facility you visited.* | | | | | | | | | | | | | | | |
| **21. Where did you go to receive treatment?** (Allow the respondent to answer freely and select all that apply)   List of providers   Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **21.a Why did you choose this facility over others in your area?**  *Surveyor, please read all the options mentioned below and mark all those that apply*  i.  You have personally received good quality services in this facility  ii.  This facility has a reputation for providing good quality services  iii.  Your doctor works there or recommended it.  iv.  It was closer to your house.  v.  It was cheaper.  vi.  The treatment could only be done at this facility.  vii.  You knew you could get lab exams or additional treatments there if you needed.  vii.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Cost of Care** | | | | | | | | | | | | | | | |
| **TREATMENT COSTS**  **Script: First, I would like to ask you about any costs you and your family paid out of your own pocket to treat the illness.**  **22. Did you pay a fee to see the doctor?** **Yes** **No** **Doesn’t know** **Doesn’t answer**  **22.a If Yes, how much was that fee? \_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**  **23. Did you pay for any lab tests?** **Yes** **No** **Doesn’t know** **Doesn’t answer**  **23.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  **24. Did you pay for any medicines, either at the facility or somewhere else?** **Yes** **No** **Doesn’t know** **Doesn’t answer**  **24.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  **25. Did you pay for X-rays or other scans?** **Yes** **No** **Doesn’t know** **Doesn’t answer**  **25.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  **26. Did you pay for anything else to treat the illness?** **Yes** **No** **Doesn’t know** **Doesn’t answer**  **26.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]**  **26.b What was it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **So you paid \_\_\_\_\_\_ [XX CURRENCY] for the treatment. Does that sound right? If No, ask the respondent to help you correct the numbers in questions 22-26.** | | | | | | | | | | | | | | | |
| **Script: Now, I would like to ask about other costs you had to pay because of your illness.** | | | | | | | | | | | | | | | |
| **TRANPORT COSTS**  **27. Did you pay for your own transport to and from the facility or pharmacy?****Yes** **No**  **27.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**  **28. Did anyone accompanying you have to pay for transport to and from the facility or pharmacy?** **Yes****No**  **28.a If Yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]** | | | | | | | | | | | | | | | |
| **SUBSTITUTE COSTS**  **29. Did you hire anyone to replace you at work while you were sick?** **Yes** **No**  **29.a For how many days did you hire them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_days**  **29.b How much did you pay them each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]**  **29.c How much money did they earn for you each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]** | | | | | | | | | | | | | | | |
| **OTHER COSTS**  **30. Did you have to pay any other costs because of this illness?** **Yes** **No**  **30.a What did you pay for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **30.b How much did it cost? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]** | | | | | | | | | | | | | | | |
| **Script: So, with \_\_\_\_[XX CURRENCY] in costs at the clinic, \_\_\_\_[XX CURRENCY] of transport costs, \_\_\_\_[XX CURRENCY] of hired worker costs and \_\_\_[XX CURRENCY] of other costs adds to \_\_\_\_ [XX CURRENCY] of total out-of-pocket costs.**  **31. Do you agree with this total?** **Yes** **No** **Doesn’t know** **Doesn’t answer**  **31.a If No, what was the rough total cost in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **OPPORTUNITY COSTS**  **Script: Next, I’m going to ask about any work you missed and your family missed because you were sick.** | | | | | | | | | | | | | | | |
| **32. Did you have to miss work?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 33*  **32.a How many days of work did you miss?**  \_\_\_\_\_\_\_\_\_\_\_days   Doesn’t know  Doesn’t answer  **32.b** **How much money would you have made each day?** \_\_\_\_\_\_[XX CURRENCY]   Doesn’t know  Doesn’t answer  *If the respondent does not know, ask (1)the value of the crop they usually pick in a day or (2)how much the respondent would pay a replacement each day.* | | | | | | | | | | **33. Did another household member miss work to take care of you?**  Yes No  Doesn’t know  Doesn’t answer  **33.a How many days of work did each person miss?**  i. Member 1\_\_\_\_\_\_\_\_\_\_\_days  ii. Member 2\_\_\_\_\_\_\_\_\_\_\_days  iii. Member 3\_\_\_\_\_\_\_\_\_\_\_days   Doesn’t know  Doesn’t answer  **33.b. - What is their daily income?**  i.Member 1\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  ii.Member 2\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  iii.Member 3\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]   Doesn’t know  Doesn’t answer | | | | | |
| **34. So, with \_\_\_ people missing \_\_\_ days of work you lost \_\_\_[XX CURRENCY] of potential income. Do you agree with this total?**  Yes No  Doesn’t know  Doesn’t answer  **34.a If No, around how much income did you lose?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | | | | | | | | | | | |

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| **Quality of Service**  **Script:** Next, I’m going to ask about the quality of care you received at the facility. | | |
| **35. How would you rate the quality of services you received at the facility? For the following questions, I would like you to rate the quality as good, average, or poor.** *Surveyor, please read ALL the indicators below and mark ONE response per indicator.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | i. Waiting time before seeing the doctor |  Good |  Average |  Poor |  Doesn’t Know | | ii. Courtesy and attention from reception staff |  Good |  Average |  Poor |  Doesn’t Know | | iii. Courtesy and attention from doctor or nurse |  Good |  Average |  Poor |  Doesn’t Know | | iv. Thoroughness of examination |  Good |  Average |  Poor |  Doesn’t Know | | v. Cleanliness of the facility |  Good |  Average |  Poor |  Doesn’t Know | | vi. Availabilty and condition of medical equipment |  Good |  Average |  Poor |  Doesn’t Know |   **36.a Please say whether the following happened while you were waiting to see the doctor.**  *Surveyor, please read all the options mentioned below and mark all that apply:*   1.  They made me wait a long time for treatment. 2. They demanded papers I did not have. 3.  They made me feel embarrassed. 4.  They did not address me by my name. 5. Other (Specify)\_\_\_\_\_\_\_\_\_\_   **36.b Describe your perception of your treatment by staff at the facility.**  *Surveyor, please read the options below and mark one that applies.*   1. I was treated better than other patients because I paid out of pocket 2. I was treated worse than other patients because I paid out of pocket 3. I was treated like all other patients in the facility 4.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **37. Did the doctor prescribe any medicine?** Yes No  **a. If yes, was the medicine available at the facility?** Yes No  **b. Did you get the medicine?** Yes No | **38. Did the doctor prescribe a lab test?** Yes No  **a. If yes, was the lab test available at the facility?** Yes No  **b. Did you get the lab test?** Yes No | |
| **39. Was the medical treatment successful?**  Yes No  Doesn’t know  Doesn’t answer | | |
| **40.a Did the doctor recommend that you return to the facility for a follow-up visit?** Yes No  Doesn’t know  Doesn’t answer  *If No, skip to Question 41.* | | **40.b Did you go to the follow-up visit?** Yes No  Doesn’t know  Doesn’t answer  *If Yes, skip to Question 41* |
| **40.c Why didn’t go go to the follow-up visit?** (Surveyor, do not read answers. Allow the respondent to answer freely and select one response)  i.  I couldn’t miss more days of work.  ii.  I felt better after my initial treatment  iii.  I didn’t have time  iv.  I had no money  v.  The facility was too distant  vi.  Other (Specify)\_\_\_\_\_\_\_\_\_\_ | | |
| **41.a Did the doctor recommend that you be admitted to a hospital?**  Yes No  Doesn’t know  Doesn’t answer  *If No, skip to Question 42.* | | **41.b Did you go to the hospital?**  Yes No  Doesn’t know  Doesn’t answer  *If Yes, skip to Question 42.* |
| **41.c Why didn’t you go to the hospital?** (Surveyor, do not read answers. Allow the respondent to answer freely and select one response)  i.  I couldn’t miss more days of work.  ii.  I felt good after my initial treatment  iii.  I didn’t have time  iv.  I had no money  v.  The hospital was too distant  vi.  Other (Specify)\_\_\_\_\_\_\_\_\_\_ | | |
| **42.a Which type of facility in this area has higher quality?** (Please read the options and mark one that applies)   Government facilities   Non-government facilities   Both are the same   Doesn’t know  Doesn’t answer | **42.b Which type of facility do you trust more? (**Please read the options and mark one that applies)   Government facilities   Non-government facilities   Both are the same   Doesn’t know  Doesn’t answer | |

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| **Section D. How the costs of the illness were financed** | | | | | | | | |
| **Script: According to what you told me before, you spent \_\_\_\_\_[XX CURRENCY] out of pocket** (copy from Question 31) **and lost \_\_\_\_\_\_\_\_[XX CURRENCY] in income** (copy from Question 34)**, totalling \_\_\_\_\_\_\_\_[XX CURRENCY]. Now I’m going to ask you how you paid for these costs.** | | | | | | | | |
| **43. Did you borrow money to pay for the costs of your illness?**  Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 44.*  *Please ensure that the loan amount below is ONLY the amount borrowed to pay direct or indirect costs related to the illness, and does not include loans taken for other purposes.*  **Who did you borrow from?** (Surveyor, read all options abd mark all that apply) | | | | | | | | |
| a. [XX Delivery Channel] | 1. Value \_\_\_\_\_\_\_[XX CURRENCY] | | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month |
| b. Savings group | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month |
| c. Bank | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month |
| c. Family | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month |
| d. Friend or other community member | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month |
| e. Money lender | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month |
| f. Pawn shop | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month |
| g.Other loan (Specify)\_\_\_\_\_\_\_\_\_ | i. Value \_\_\_\_\_\_\_[XX CURRENCY] | | ii. Term of loan (months)\_\_\_\_\_\_\_\_\_\_\_ | | | | | iii. Repayment \_\_\_\_\_\_\_\_\_ [XX CURRENCY] per month |
| **44. Did you have any outstanding loans BEFORE you got sick?** Yes No  Doesn’t know  Doesn’t answer  *If No or Doesn’t know/Doesn’t answer, skip to Question 46*  **44.a How much did you owe in total?** \_\_\_\_\_\_\_\_\_[XX CURRENCY]  **45. Did you stop making payments on these loans to pay for your illness?**   Yes No  Doesn’t know  Doesn’t answer  *If No, skip to Question 46.* | | | | | | | | |
| a. Loans from a cooperative, savings group, or bank | i. How many weeks did you stop making payments? \_\_\_\_\_\_\_\_\_ | | | | | ii. Have you restarted payments?Yes No Doesn’t know Doesn’t answer | | |
| b. Loans from friends and family | i. How many weeks did you stop making payments? \_\_\_\_\_\_\_\_\_ | | | | | ii. Have you restarted payments?Yes No Doesn’t know Doesn’t answer | | |
| b. Loans from a moneylender, pawnshop or grocery store | i. How many weeks did you stop making payments? \_\_\_\_\_\_\_\_\_ | | | | | ii. Have you restarted payments?Yes No Doesn’t know Doesn’t answer | | |
| **46. Did you receive any gifts or donations (not a loan) to pay for the illness?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 47.*  **What type of gift did you receive?** (Please read all options and mark all that apply) | | | | | | | | |
| a. Cash from family or friends who live nearby | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| b. Cash sent from family or friends who live elsewhere | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| d. Items or food from family or friends | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| c. Local government support | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| e. Other gift (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **47. Did you spend less on other things to cover costs related to the illness?** Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 48.*  **On what did you spend less?** (Please read all options and mark all that apply) | | | | | | | | |
| a. Have you spent less on education? | i. How much less per week?\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY] | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | iii. Has any member of the household stopped going to school? Yes  No |
| b. Have you spent less on health care? | i. How much less per week? \_\_\_\_\_\_\_\_\_[XX CURRENCY] | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | iii. Has any member of the household stopped going to the doctor or stopped taking medicine?  Yes No |
| c. Have you spent less on food? | i. How much less per week? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | iii. Did any household member eat fewer meals each day?  Yes No |
| d. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | i. How much less per week? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | ii. Number of weeks \_\_\_\_\_\_\_ | | | | | |  |
|  | | | | | | | | |
| **48. Did you use money that you and your family earned to to pay for the illness?** Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 49.*    **What income did you use?** (Please read all options and mark all that apply) | | | | | | | | |
| a. Your own income | | | | i. Value in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| b. Income of other household adults (over 18) | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| c. Income of children under 18 | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| d. An advance from an employer or buyer | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| e. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | | | | | |
| **49. Did you use savings or sell assets to cover costs related to the illness?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is No or “Doesn’t know/Doesn’t answer”, please skip to Question 50.*  **What savings or assets did you use?** (Please read all options and mark all that apply) | | | | | | | | |
| a. Your household’s savings | i. Value used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | |  | |
| b. Sale of electrical appliances, bicycle, jewelry, or other small asset | i. How many [XX CURRENCY] did you sell it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | | ii.How many [XX CURRENCY] of the sale did you use to pay for the illness? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | |
| c. Sale of animals | i. How many [XX CURRENCY] did you sell it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | | ii. How many [XX CURRENCY] of the sale did you use to pay for the illness? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | |
| d. Sale of vehicle, house or other big asset | i. How many [XX CURRENCY] did you sell it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | | ii. How many [XX CURRENCY] of the sale did you use to pay for the illness? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | |
| e. Other sale (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | i. How many [XX CURRENCY] did you sell it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | | ii. How many [XX CURRENCY] of the sale did you use to pay for the illness? \_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | |

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| **Section E. Counterfactual** | | | | |
| **50. Did you spend more or less than you expected on the illness?**More than I expected Less than I expected About what I expected Doesn’t know Doesn’t answer | | | | |
| **51. If you were not worried about the cost of treatment, would you have visited…**  (Read all options to respondent and select all that apply)  i. …the same facility?  ii. …a more expensive facility?  iii. …facility that is closer to your house?  iv.  …another facility? (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | |
| **52. PRETEND that you had an emergency hospital visit costing 50,000 [XX CURRENCY]. Name all of the ways you would pay for this cost.**  **Surveyor, please read out loud every option below and mark all that apply. When asking why or why not (part b), allow the respondent to answer freely and select the code(s) on the right that most closely match their answer.** | | | | |
| **a.Would you have used this strategy?** | | **b. Why or why not?** | | Codes |
| 1. Borrow from a cooperative, a savings group, or a bank  2. Borrow from family or friends  3. Borrow from a buyer, money lender, or pawnshop  4. Gift from family or friend who live here  5. Government support  6. Money that was sent to you from outside Moshi  7. Spend less  8. Use savings  9. Sell assets (house, vehicle, bicycle, animal, etc.)  10. Work more (you or other household members)  11. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_\_\_  11. \_\_\_\_\_\_\_\_\_\_\_\_\_ | | (01) It’s easy  (02) It’s fast  (03) It’s cheap  (04) I know the person  (05) I have done it before  (06) Recommended by family/friends  (07) I have family or friends who can  (08) It’s too expensive  (09) I would be ashamed  (10) It takes too long  (11) It’s too difficult  (12) I would not be accepted  (13) It isn’t necessary  (14) It’s too dangerous  (15) I don’t know anyone who could help  (16) Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section F. Additional questions** | | | | |
| **Script:** *Finally, I want to ask you your experience with and opinion of health insurance.* | | | | |
| **53. Other than health, what types of risks or needs can be covered by insurance?**  *Surveyor, please do not prompt; mark all those that apply.*  Life/Funeral  Vehicle  Personal accident  Property/Calamity (fire, flood, etc.)  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | **54.a Have you ever had health insurance before?**  Yes No  Doesn’t know  Doesn’t answer  (If No, skip to question 55)  **54.b With what organization?**  i.  [List of organizations]  …  ii.Other Insurance (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | |
| **55.a Has anyone tried to sell you health insurance that you decided not to buy?**  Yes No  Doesn’t know Doesn’t answer  If No, please skip to question 56. | | | **55.b What organization offered you the coverage?**  i.  [List of organizations]  …  ii.Other Insurance (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | |
| **56 Would you consider buying health insurance in the future?** Yes No Doesn’t know Doesn’t answer | | | | |
| **57. What are the main disadvantages of health insurance?**  *Surveyor, please allow respondent to offer his/her own comments, without reading from the list below. Select all that apply.*  The premium is expensive.  Most of the time, you pay more than you receive.  Not all clinics accept the insurance.  I don’t trust insurance companies  Insurance is only for rich people  It does not cover all the services you need.  I don’t need insurance because I am healthy and don’t often get sick  I don’t need insurance, because my family can manage financially on our own  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | **58. What are the main advantages of health insurance?**  *Surveyor, please allow respondent to offer his/her own comments, without reading from the list below. Select all that apply.*  I could save money on health care.  I could avoid borrowing, selling assets or cutting consumption to cover health costs.  I would be more likely to go to a health facility when sick.  I would go to a health facility sooner when sick  I would have access to better quality facilities.  I would live a healthier, longer life.  I would have more peace of mind and less stress.  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | |

* 1. Inpatient Health Study: Insured

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| **INTRODUCTION: [XX] has been contracted to help conduct a study to better understand the value generated by the [XX MFI] health care scheme for its customers. [XX MFI] provided us your contact information and suggested that we interview you for this research. For this purpose, we would like to invite you to participate in this study, which is expected to last approximately for one hour. Rest assured that any information you provide will be considered confidential and will be used only for this research. Your participation is entirely voluntary and you can refuse to partcipate if you wish. If you are not comfortable with any question, you may choose not to answer it. Also, please feel free to ask any question at any time. Thank you in advance for your participation and cooperation. If you agree to be interviewed, can we begin now?**  **Did the person give consent?**  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Value to Customer of a Health Care Microinsurance Program:**  **[XX MFI] Health Care Scheme.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of survey \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Starting time** | | | | **Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ending time:** | | | | | | | | **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | **Survey #**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **ID \_\_\_\_** |
| **Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | |
| **Section A. Demographic data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a First name of the respondent** *(to validate)*   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | **1.b Last name of the respondent** *(to validate)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **1.c Age \_\_\_\_\_** | **1.d Sex:** Male  Female | | | | | **1.e Marital status:** | | | Married | | | | | Single | | | | | | | Divorced/ separated | | | | | | | Widowed Unmarried union | | | |
| **1.f Are you the subscriber of the health care program?** Yes No Doesn’t know Doesn’t answer  *(*if No, please stop the interview) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Are you the head of the household?** Yes No Doesn’t know Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Number of Adults (18-64) living in the household (including yourself if you are in this age bracket)\_\_\_\_\_\_\_**   Doesn’t know Doesn’t answer  **0.b Are these members covered by the program?**  Yes No Only \_\_\_\_ are covered  Doesn’t know  Doesn’t answer  | | | | | | | **0.c Number of Children (under 18) living in the household\_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer  **0.d Are these members covered by the program?**  Yes No Only \_\_\_\_ are covered  Doesn’t know Doesn’t answer | | | | | | | | | | | | | | | | **0.e Number of Adults (over 65) living in the household (including yourself if you are in this age bracket)\_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer  **0.f Are these members covered by the program?**  Yes No Only \_\_\_\_ are covered  Doesn’t know Doesn’t answer | | | | | | | | |
| 1. **Any member of the household migrated to another town/country?** Yes No  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B. Economic status/Financial Behavior** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *This section includes a series of questions about you, your household and the management of your financial responsibilities in your household. Some questions will be about you and others will be about your household. If it is not clear to you whom I am asking about, please feel free to ask for a clarification at anytime.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent and its household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Are you an employee, an independent or a business owner?**   Empoyee Independent Business owner  Doesn’t know  Doesn’t answer  **0.b What is the main source of your incomes? (respondent)**  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *code (see box)*  Doesn’t know  Doesn’t answer  **0.c Do you have other sources of incomes? (respondent) Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *code (see box)*  Doesn’t know  Doesn’t answer | | | | | | | | | | *Code*  *01 Agriculture (laborer for someone else)*  *02 Agriculture (work on my land)*  *03 Fishing*  *04 Tourism*  *05 Trade (eg. Buying /selling, grocery/general store)*  *06 Services (eg. Bakery, sewing shop, beautician)*  *07 Manufacture (eg: Food processing, carpentry, furniture making)*  *08 Transportation services (eg: Taxi driver, truck or bus driver)*  *09 Public employee*  *10 Home*  *11 Retired*  *12 Student*  *13 Other (Specify)* | | | | | | | | | | | | | | | | | | | | | |
| 1. **How many years of formal education did you receive? Years of schooling (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Is your home?**   **(respondent):**  i. Your own  ii. Rented  iii. Other  Doesn’t know   Doesn’t answer | | **0.b Characteristics of the housing (respondent):**  *Surveyor, please answer this question according to your observations. If the interview does not take place in the respondent’s accomodation, please write NA.*  i. Toilet condition (01 with flush, 02 without flush/water sealed, 03 open pit, 04 shared, 05 none): \_\_\_\_\_\_  ii. Roof material: (01 light *- straw, plastic tile -,* 02 strong *-wood, iron, aluminium, brick, concrete, stone-* o 03 mixed) \_\_\_\_\_\_  iii. Outer walls material (01 light *- straw, bamboo, plastic tile -,* 02 strong *-wood, iron, aluminium, brick, concrete, stone-* o 03 mixed) \_\_\_\_\_\_  iv. Flooring material: (01 soil, 02 cement, 03 floor tile, 04 wood) \_\_\_\_\_\_  vi. Access road condition: (01 rural terrain with no cement road, 02 rural terrain with cement orad, 03 urban) \_\_\_\_\_\_  vii. Does not apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **0.c Do you have any of those household goods in your home? (respondent):**  i. TV v. Motorbike or automobile Doesn’t know  Doesn’t answer  ii. Radio vi.  Bicycle  iii. Refrigerator vii.  Chickens, cows or pigs (How many?)\_\_\_\_\_\_  iv. Cell phone viii. Others (Specify) \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a What is approximately your monthly income in [XX CURRENCY]? (respondent)\_\_\_\_\_\_\_**   *Please include only the income of the respondent, without adding the income of any other member of the household, after deduction of any expenses or business investments and before any household spending.*  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *The following questions refer to the total incomes of your household. This includes all of the people who live in your home or contribute financially to your household expenses, including people who may have moved away.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **0.b What is approximately in [XX CURRENCY] the total amount of MONTHLY income of the other members of your household, without including yours?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Doesn’t know  Doesn’t answer  **0.c How much of your household income in [XX CURRENCY] comes from outside of the village/town?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a How much are your monthly household expenses for food?**   Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | **11.b How much are your monthly household expenses for education?**  Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| **11.c How much are your monthly household expenses for health care (doctors and medicine)?**  Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | **11.d How much are your monthly household expenses for utilities** (electricity, water, telephone, cable)**?**  Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | **11.e How much are your monthly household expenses for everything else?**  Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | |
| *The following questions refer to your financial behavior. We would like to know if you have bank accounts, loans or other insurance, including those that you may have contracted from microfinance institutions, banks and any other community resources.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **What is the value in [XX CURRENCY] of your loans in force with [XX MFI] (outstanding loans)? (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_**    Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | 1. **What is the value in [XX CURRENCY] of other outstanding loans you contracted? (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**    I don’t have other loans  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| 1. **Which sources of borrowing do you use regularly? (respondent)** *Surveyor, please read all the options mentioned below and mark all those that apply*   i. [XX MFI]  ii. Other Microfinance institution  iii. Cooperative Society  iv. Bank  v. Credit card  vi. Grocery/general store  vii. Money lender  viii.Friends and family  ix. Community groups  x. Pawnshop  xi. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | 1. **Which sources of borrowing are the cheapest? (respondent)**   *Surveyor, please read all the options mentioned below and mark up to two responses*  i. [XX MFI]  ii. Other Microfinance institution  iii. Cooperative Society  iv. Bank  v. Credit card  vi. Grocery/general store  vii. Money lender  viii.Friends and family  ix. Community groups  x. Pawnshop  xi. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | |
| **14. What are the most important factors or conditions when contracting a loan?** *Surveyor, please read all the options mentioned below and mark all those that apply*  i.Interest rate ii.Time period to pay it back iii.Flexibility of repayment iv.Don’t want to bother friends and family v. Service courtesy/staff friendliness  vi. Few requirements vii.Access an insurance through a loan viii.Access savings through a loan  ix.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Do you have any savings account?**   Yes No  Doesn’t know  Doesn’t answer  i. Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Is it compulsory**?** Yes No  iii. What is the balance in [XX CURRENCY] (of all saving accounts)?\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | 1. **Are you insured by any of these institutions?**   i. Employees State Insurance Scheme (ESI)  ii.Rashtriya Swasthya Bima Yojna (RSBY)  iii.Private insurance company/Bank (Specifiy)  \_\_\_\_\_\_\_\_\_\_\_\_  iv.Microfinance institution  (Specify)  \_\_\_\_\_\_\_\_\_\_\_\_  v.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  vi.No, I am not insurered by these institutions.   Doesn’t know  Doesn’t answer | | | | | | | | | | | | |
| **Section C. Treatment and Costs of a Shock** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *As mentioned earlier, the main purpose of this study is to ask you questions about your health insurance and about the costs related to health care. Please listen carefully to the following questions and do your best to recall the details and provide precise answers. In this survey, we are not looking for any specific answer but for ones that are as close to the reality and as truthful as possible. In case you don’t know or remember the answer to any questions, please let us know and we will skip the question.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outpatient Treatment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17.a. In the last 3 months, how many times have you or a member of your family been sick (*please explain that this is any sickness that does not require spending the night at the hospital)*?**  i.  No one was sick – Skip to Q17c and then to Q24.  i.  Only once  ii.  3 times (around once each month)  iii. 6 times (around twice each month)  iv. 9 times or more (more than three times a month)  v. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know   Doesn’t answer  For what reason? Who? Was this person covered by insurance?  i.  Illness 1\_\_\_\_\_\_\_\_\_ Spouse Child under 18 Adult child Parent Other\_\_\_\_\_\_\_\_\_\_ Partially Totally Not  ii.  Illness 2\_\_\_\_\_\_\_\_\_ Spouse Child under 18 Adult child Parent Other\_\_\_\_\_\_\_\_\_ Partially Totally Not  iii.  Illness 3\_\_\_\_\_\_\_\_\_ Spouse Child under 18 Adult child Parent Other\_\_\_\_\_\_\_\_\_ Partially Totally Not  iv. Other (Specify)\_\_\_\_\_\_\_ Spouse Child under 18 Adult child Parent Other\_\_\_\_\_\_\_\_\_\_ Partially Totally Not   Doesn’t know   Doesn’t answer   1. **b. Which of the above (i, ii, iii or iv) was the most recent illness? \_\_\_\_\_\_**   **17.c Does your [XX MFI] health plan include outpatient coverage?**  i.  Yes, partial coverage  ii.  Yes, full coverage  iii.  No, it doesn’t include out-patient coverage  iv.  I’m not sure if / what it covers   Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18.a Did you or they go to the doctor for any treatment?**  Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 0.*  **18.b Why not?**  i.  I did not have the time  ii.  I went to the pharmacy instead  iii. I went to a traditional doctor  iv.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  *Please skip to question 24* | | | | | | | | | | | | | | | | | | **19. How many days did you or they wait on average before going to a doctor?**  i.  Less than 3 days.  ii.  1 week.  iii. 2 weeks.  iv. 3 weeks.  v.  Almost one month  vi.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know   Doesn’t answer | | | | | | | | | | | | | |
| *Surveyor, if more than one illness was reported, please select the most recent illness reported by the respondent (if any); if not, select the most recent illness of the respondent’s spouse (if any); if not, select the most recent illness of an adult child (if any); if not, select the most recent illness of any other family member. Circle that illness above, and explain to the respondent that the following questions apply to that illness only.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **For the *most recent* illness above, where did you or they receive the treatment?** 2.  At a private doctor’s office/clinic 3. At a pharmacy   ii.  At a private nursing home  iii. At a private hospital  iv. At a Government clinic or PHC  v. At a Government hospital  iv.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | 1. **a Were these visits covered by the health program?**   Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 22.*  **21.b If No, why?**  *Surveyor, please read all the options mentioned below and mark all those that apply.*  i.  I paid the 10 [XX CURRENCY] of consultantcy fee but was not given the 20% discount on tests.  ii.  I don’t like the doctor of the scheme.  iii.  The doctor of the scheme is too far.  iv. The doctor of the scheme was not available at the clinic I visited.  v. The doctor of the scheme office does not offer additional services (laboratory tests, exams, curative procedures…)  vi.  I didn’t know I had the doctors’ visits covered by the insurance of the scheme.  vii. My insurance coverage had not gone into effect (in waiting period)  vii.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  viii.  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | |
| 1. **a Did you or they have any laboratory tests or any medicine/drug prescribed after the visits?**   Lab test Medicine Neither  Doesn’t know  Doesn’t answer  *If No, please skip to question 23.*  **22.b What was the cost?**  \_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]  Doesn’t know  Doesn’t answer  **22.c. If you received a diagnostic test at a network doctor, did you obtain a discount?**  Yes No  Doesn’t know  Doesn’t answer  **22. d. If yes, what was your total discount in [XX CURRENCY]\_\_\_\_\_\_\_\_**  **22.e How did you pay for the tests / medicines?**   1.  With my income 2.  With income from others in my HH   iii.  With my savings  iiv.  Borrowing from [XX MFI]  v.  Borrowing from members of my community  vi.  Borrowing from other microfinance institution or a bank  vii.  Credit card  viii. Borrowing from a money lender  ix.  Borrowing from family/friends  x.  Pawnshop  xi.  With remittances  xii.  I couldn’t pay for everything, so I skipped it  xiii.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | 1. **a Was the illness/problem resolved after the visit to the doctor?**   Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 24.*  **23.b Why not?**   1.  The doctor was not good. 2. My condition needs more time to improve   iii.  I/they didn’t finish the treatment (medication, therapy…)   * **Why not?**   *Surveyor, please read all the options mentioned below and mark all those that apply.*   I/they felt good after a little time so stopped taking it   We had no more money to buy the medication  iv.  It is not curable.  v.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  **22.f. Was it a financial burden paying for the medicine/tests?**  Yes No  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | |
| **Inpatient Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **In the last 3 months, did you or any member of your family have a fever related illness for which you should have had a hospital stay?**   Yes No  Doesn’t know  Doesn’t answer   1. **a Did they (or you) go to the hospital?**   Yes No  Doesn’t know  Doesn’t answer  *If Yes, skip to question 26*  **25.b If no, why not?**  i.  Did not have the time  ii.  Went to another type of facility instead  iii.  Went to a traditional doctor  iv. Couldn’t afford to go to the hospital  v. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer   1. **Please describe the cause of this hospitalization:**  |  |  |  |  | | --- | --- | --- | --- | |  | a. Typhoid | b. Gastroenteritis | c. Other fever | | i. List the main symptoms | Fever  Headaches  Loss of appetite  Adominal pain  Fatigue or body aches  Body rash  Nausea and vomiting  Dehydration  Diarrhea  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fever  Headaches  Loss of appetite  Adominal pain  Fatigue or body aches  Body rash  Nausea and vomiting  Dehydration  Diarrhea  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fever  Headaches  Loss of appetite  Adominal pain  Fatigue or body aches  Body rash  Nausea and vomiting  Dehydration  Diarrhea  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ii. Who? | Self  Spouse  Child under 18  Adult child  Parent  Other (Specify) \_\_\_\_\_\_\_\_ | Self  Spouse  Child under 18  Adult child  Parent  Other (Specify) \_\_\_\_\_\_\_\_ | Self  Spouse  Child under 18  Adult child  Parent  Other (Specify) \_\_\_\_\_\_\_\_ | | iii. When did it happen (month)? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | iv. Was this person covered by insurance? | Partially Totally Not | Partially Totally Not | Partially Totally Not | | v. Where did this person receive treatment? *(List the name and location of hospital)* | Clinic  Nursing home  Hospital   Name\_\_\_\_\_\_\_\_\_\_\_\_   Location\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Clinic  Nursing home  Hospital   Name\_\_\_\_\_\_\_\_\_\_\_\_   Location\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Clinic  Nursing home  Hospital   Name\_\_\_\_\_\_\_\_\_\_\_\_   Location\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | vi. Was this hospital approved by the insurance scheme? |  Yes, in the scheme   No, outside the scheme  Doesn’t know   Doesn’t answer |  Yes, in the scheme   No, outside the scheme  Doesn’t know   Doesn’t answer |  Yes, in the scheme   No, outside the scheme  Doesn’t know   Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Surveyor, if more than one hospitalization event related to fever was reported, please select the most recent covered inpatient treatment undergone by the respondent (if any); if not, select the most recent covered inpatient treatment of the respondent’s spouse (if any); if not, select the most recent covered inpatient treatment t an adult child (if any); if not, select the most recent covered inpatient treatment of any other family member. Circle that treatment above, and explain to the respondent that the following questions apply to that treatment only.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **27.a How did they (or you) know it was an approved hospital?**  *Surveyor, please read all the options mentioned below and mark all those that apply*  i.  You were informed when you subscribed to the insurance  ii.  You were informed once you got to the hospital  ii.  You were informed by your doctor  iv.  You were informed/recommended by family/friends  v.  You were informed by members of [XX MFI]  vi.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | **0.b. If it was not an approved hospital, why did they (or you) still receive treatment there?**  *Surveyor, please read all the options mentioned below and mark all those that apply*  i.  You did not know it was not approved.  ii.  The service was better.  iii.  Your doctor works there / recommended it.  iv.  It was closer to your house.  v.  The treatment could only be done at this hospital.  vi.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **28.a Please describle the customer service you received:**  *Surveyor, please read all the options mentioned below and mark one that applies:*  Medical staff were *extremely* attentive and curtious   1. Medical staff were *sufficiently* attentive and curtious 2.  Medical staff were *not* attentive or curtious 3. Medical staff were extremely rude 4. Other (Specify)\_\_\_\_\_\_\_\_\_\_   **28.b. Describe your perception of this treatment**  *Surveyor, please read the options below and mark one that applies.*   1. We were treated well because of our insurance coverage 2. We were treated poorly because of our insurance coverage 3.  We were treated like all other patients in the hospital 4.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_   **28.c. Was the treatment successful?**  Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 0.e* | | | | | | | | | | | | | | | | | | **28.d. Why wasn’t it successful?**  *Surveyor, please read all the options mentioned below and mark all those that apply.*  i.  Complications cropped up.  ii.  The doctor was not good.  iii.  I didn’t finish the treatment (medication, therapy, follow-up visits)   * **Why not?**   *Surveyor, please read all the options mentioned below and mark all those that apply.*   They (or I) felt good after the surgery   They (or I) didn’t have time / couldn’t miss work   We had no money   It was not covered by the insurance / coverage was exceeded   The hospital was too distant  iv.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **28.e Did the doctor recommend that they (or you) be re-admitted?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 0.* | | | | | | | | | | | | | | | | | | **28.f Did they (or you) go?**  Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 0 a.* | | | | | | | | | | | | | |
| **28.g Why didn’t they (or you) go back to the hospital for additional treatment?**  i.  I couldn’t miss other days of work.  ii.  I felt good after my initial treatment  iii.  I didn’t have time / couldn’t miss work  iv.  I had no money  v.  It was not covered by the insurance / my coverage was exceeded  vi.  The hospital was too distant  vii.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **29.a Did you have to pay for anything related to your *primary admission* at the hospital?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 0.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **29.b What did you have to pay for? (Direct costs)**  *Surveyor, please read all the options mentioned below and mark all those that apply.*  i.  Administrative fees Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii.  Stay at the hospital Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii.  Doctors’ fees Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iv.  Additional hospital staff services Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  v.  Laboratory tests Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  vi.  Supplies for my treatment Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  vii.  Medicine Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  viii.  Food at the hospital Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ix.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Surveyor, please check the total costs and confirm with respondent*  Total value in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **29.c Do you agree with the total value of the costs?** Yes No  Doesn’t know  Doesn’t answer  i. If No, what was the rough amount in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **30.a What are the other expenses related to the primary hospitalization but not directly incurred in the hospital? (Indirect costs)**   |  |  | | --- | --- | | i. What was the rough cost of transportation to the hospital for the person who had treatment ? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ii. What was the rough cost of the transportation and accomodation of the people who accompanied that person to the hospital? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | iii. Did they (or you) have to be on a special diet after being discharged?  If No, please skip to proposition v. | Yes No | | iv. How much money did you or your family spend on this special food (total in [XX CURRENCY])? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | v. How much did you or your family spend on drugs/medicine after discharge ? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | vi. How much did you or your family spend on laboratory tests after discharge? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | vii. Any other expenses? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   *Surveyor, please check the costs related to the treatment and confirm with respondent*  Total value in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **30. b. Do you agree with the total value of the costs?** Yes No  Doesn’t know  Doesn’t answer  If No, what was the rough amount in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **30.c**  **1- Did the person who had treatment have to miss work?**  Yes No  Doesn’t know  Doesn’t answer  If No, please skip to question 4  **2- How many days of work did the person who had treatment miss incuding the hospitilization and the time spent home resting?**  Specify \_\_\_\_\_\_\_\_\_\_\_days  **3- What is the daily income of the person who had treatment?**  Specify \_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  **4- Were they (or you) accompanied and taken care of by any member of your household?**  Member 1\_\_\_\_\_\_\_\_\_\_\_  Member 2\_\_\_\_\_\_\_\_\_\_\_  Member 3\_\_\_\_\_\_\_\_\_\_\_  **5- Did those people miss work?**  Yes No  Doesn’t know  Doesn’t answer  If No, please skip to next question. (0.d)  **6- How many days of work did they miss incuding during the hospitalization and the time they spent at home?**  Member 1\_\_\_\_\_\_\_\_\_\_\_days  Member 2\_\_\_\_\_\_\_\_\_\_\_days  Member 3\_\_\_\_\_\_\_\_\_\_\_days  **7- What is their daily income?**  Member 1\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  Member 2\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  Member 3\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  **30.d. If you were re-admitted (answered “Yes” to Q 28.f), please describe the costs of re-admission:**  i.  The direct and indirect costs were **higher** than the primary admission, by approximately [XX CURRENCY] \_\_\_\_\_\_\_\_\_  ii.  The direct and indirect costs were **lower** than the primary admission, by approximately [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_  iii.  The direct and indirect costs were **about the same** as the primary admission  iv. I did not incur any out-of-pocket expenses for re-admission  iv.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  **30.e Did they (or you) have a follow up visit after the treatment?** Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 0.*  **How many? \_\_\_\_\_\_\_\_\_\_\_**   |  |  | | --- | --- | | i. What was the rough cost of transportation to get to the hospital for this/these visit(s) for the person who had treatment? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ii. What was the rough cost of the transportation and accomodation of the people who accompanied that person to the hospital? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | iii. Any other expenses? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   *Surveyor, please check the costs related to the treatment and confirm with respondent*  Total value in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **30. f. Do you agree with the total value of the costs?** Yes No  Doesn’t know  Doesn’t answer  If No, what was the rough amount in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **30.g**  **1- For the follow-up visit(s), did the person who had treatment have to miss work?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 0.*  **2- How many days of work did that person miss to go for the follow-up visit(s)?**  Specify \_\_\_\_\_\_\_\_\_\_\_days  **3- Were they (or you) accompanied and taken care of by any member of your household for the follow-up visit(s)?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to next question 0.*  Member 1\_\_\_\_\_\_\_\_\_\_\_  Member 2\_\_\_\_\_\_\_\_\_\_\_  Member 3\_\_\_\_\_\_\_\_\_\_\_  **4- Did the people mentioned above miss work for the follow-up visit(s)?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to next question 0.*  **5- How many days of work did they miss for the follow-up visit(s)?**  Member 1\_\_\_\_\_\_\_\_\_\_\_days  Member 2\_\_\_\_\_\_\_\_\_\_\_days  Member 3\_\_\_\_\_\_\_\_\_\_\_days  **6- What is their daily income?**  Member 1\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  Member 2\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  Member 3\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section D. How were the costs of treatment financed in addition to the insurance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please mention all the financial mechanisms used to pay the direct and indirect expenses discussed above:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31. Did you use loans?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with question 0. Please ensure that the loan amount below is ONLY the amount borrowed for the health event.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Loans from [XX MFI] | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| b. Loans from other Microfinance intitution or bank | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| c. Loans from Cooperative Society | | | i Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| d. Loans from family | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | ii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| e. Loans from friends, acquaintances and community members | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | ii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| f. Loans from moneylender | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | ii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| g. Loans from credit cards | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | ii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| h. Loans from chit fund | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | ii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| i. Loans from pawnshop, grocery/general store | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | ii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months) | | | | | | | | | | | | ii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **32. Did you receive any other gifts or help that was not a loan?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with question 0.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| a. Remittance of friends or family from abroad | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| b. In kind gifts of family or friends (not previously mentioned) | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| c. Local government support | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| d. Cash Constributions of family members or friends (not previously mentioned) | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| e. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| **33. Has your consumption decreased?** Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with question 0.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Has your consumption in education decreased? | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | | | | iii. Has any member of the household stopped going to school? Yes  No | | | | |
| b. Has your consumption in medicine or doctor decreased? | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | | | | iii. Has any member of the household stopped going to the doctor or stopped its consumption of medicine?  Yes No | | | | |
| c. Has your consumption of food decreased? | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | | |
| d. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | | | |
| **34. Did you use your income?** Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with question 0.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Incomes of the respondent | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Incomes of under-18s who had to take new jobs | | | | | i. Value in [XX CURRENCY] of new income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | ii. Value in [XX CURRENCY] used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| c. Income of other household members (not under-18s) | | | | | i. Value in [XX CURRENCY] used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Advance from work | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Did you take any additional job afterwards?  Yes No | | | | | i. Value in [XX CURRENCY] of new income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | ii. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| f. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **35. Did you use savings or any other strategies?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with the next section.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Savings of the respondent or household | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | ii.Value remaining in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| b. Sale of electrical appliances, bicycle, jewelry, or other small asset | | |  | | | | | i. Value in [XX CURRENCY] of the sale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| c. Sale of animals | | |  | | | | | i. Value in [XX CURRENCY] of the sale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| d. Sale of vehicle, house or other big asset | | |  | | | | | i. Value in [XX CURRENCY] of the sale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| e. Chit fund | | |  | | | | | i. Value in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| f. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| **Section E. Counterfactual** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **36. a How much did you expect the health program to cover from all your expenses (respondent) Total value in [XX CURRENCY]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  **0.b How much did the health program actually cover? Total value in [XX CURRENCY]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRETEND that you did not enroll in the health care scheme. Name all the ways that you would have paid for the costs we described above. Interviewer, please ask for each item 1-15. Please mention all the resources/mechanisms that you would have used to cover the costs previously mentioned. Surveyor, please read out loud every option mentioned below and mark all that apply.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Tick all those that apply.* | | | | | | a. Did you use this resource/mechanism? | | | | | | | | | | | | b. Why didn’t you use it?  (see box) | | | | | | | | | | | | | Codes | |
| 1*.* Loan of moneylender  *2.* Loan fron family or friends  *3.* Loan from a financial institution (inluding microfinance and credit cards)   *4.* Gambling   *5.* Donations   *6.* Money of someone abroad  *7.* Spend less   *8.* Use of savings   *9.* Sale of assets (house, vehicle, bicycle, animal, jewelry)   10. Remittances   11. Help and gifts from family and friends   12. Chit fund   13. Worked more hours   14. Had family members work more hours   15.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 1.Yes No  2. Yes No  3. Yes No  4.Yes No  5.Yes No  6.Yes No  7.Yes No  8.Yes No  9. Yes No  10.Yes No  11.Yes No  12. Yes No  13.Yes No  14.Yes No  15.Yes No | | | | | | | | | | | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_\_\_  11. \_\_\_\_\_\_\_\_\_\_\_\_\_  12. \_\_\_\_\_\_\_\_\_\_\_\_\_  13. \_\_\_\_\_\_\_\_\_\_\_\_\_  14. \_\_\_\_\_\_\_\_\_\_\_\_\_  15. \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | (01) Easy  (02) Fast  (03) Knew the person  (04) I have done it before  (05) Cannot pay any credit  (06) Recommended by family/friends  (07) Was ashamed  (08) Couldn’t make the payments  (09) It takes too long  (10) Tried but was not accepted  (11) Wasn’t necessary  (12) Has family/friends who can help  (13) Expensive  (14) Dangerous/unsafe  (15) I have no time  (16) Other (Specify) \_\_\_\_\_\_\_\_\_\_ | |
| **Section F. Additional questions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **38.** **How did you hear about [XX MFI]’s health program?**  *Surveyor, please read all of the options mentioned in the box on the right and mark all those that apply.* | | | | | | | | | | | | | | | |  a. Health camps organized by [XX MFI]   b. Health camps organized by the government or community   c. [XX MFI] loan officer   d. Members of my [XX MFI] group   e. Family/friends   Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | |
| **39.a How did you find the enrollment process?**  *Surveyor, please read all of the options mentioned in the box on the right and mark all those that apply.*  **0.b Did the enrollment process suit you?**  If Yes, please skip to question 40.  **0.c If No, why?**  *Surveyor, please read all of the options mentioned in the box on the right and mark all those that apply.* | | | | | | | | | | | | | | | | a. I was not aware about an enrollment process   b.It was easy  c. It was difficult  Doesn’t know  Doesn’t answer  Yes  No Doesn’t know  Doesn’t answer  a.The mode of payment was not flexible enough  b The time given to enrol was not flexible enough  c. The period of enrolment was not appropriate  d. The location where to enrol was too far  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | |
| 1. **a How much did you pay in membership fees to join the scheme?**   \_\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY], for \_\_\_\_\_\_\_\_\_members of my household Monthly? Yearly? Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **40.b How do you perceive this amount?**  Very expensive Expensive Not too expensive/reasonable Cheap Very cheap Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **How do you feel the health program affected your household?**   *Surveyor, please refer to each category (Income, Savings,…) and read all of the options specified on its right. It is possible that the respondent wants to please you and answers “better” for everything. Please encourage them to be honest and thoughtful, because their answers can help other people in the future, or can lead to improvements in this product. Mark the answers that apply.*  a- INCOME i.Much worse ii.Worse iii.Same iv.Better v. Much better Doesn’t know  Doesn’t answer  b- SAVINGS i.Much worse ii.Worse iii.Same iv.Better v. Much better Doesn’t know  Doesn’t answer  c- BORROWING i.Much worse ii.Worse iii.Same iv.Better v. Much better Doesn’t know  Doesn’t answer  d- CONSUMPTION i.Much worse ii.Worse iii.Same iv.Better v. Much better Doesn’t know  Doesn’t answer  e- PEACE OF MIND i.Much worse ii.Worse iii.Same iv.Better v. Much betterDoesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **How do you feel the health program affected your health?**   *Surveyor, if the responded does not understand this question, you can probe that having insurance may have encouraged them to visit a doctor sooner, access more preventive health, or conversely, to engage in riskier behavior.*   Much sicker Sicker Same Better Much better Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Do you think it was a good decision to enroll in the health scheme?**   Yes No Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Which 3 reasons were most important when joining this scheme?**   *Surveyor, please read all of the options and mark only three main reasons.*  a. Because I am often sick and it cost me a lot in the past.  b.  To protect my family in case I die  c. To protect my health in case I am sick  d. To protect my family’s health in case they are sick  e. The people at [XX MFI] motivated me to  f. I don’t know  g. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Do you have any other additional insurance?** | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | |  No  Doesn’t know  Doesn’t answer  *Please skip to question 0.* | | | | |
| **45b. What type of insurance?**  *Surveyor, please read all of the options and mark all those that apply.* | | | | | | | | | | | | a.Life  b. Vehicle (mandatory)) | | | | | | | | | | | c. Accident  d.Fire/flood  e.Other health insurance | | | | | f. Weather/disaster  g. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | |
| 1. **What are the main advantages of health insurance?**   *Surveyor, please read all of the options and mark all those that apply.* | | | | | | | | | | | | a. Financial:  Save money  Avoid borrowing  Protect income  Other(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | b. Health:  Be more healthy  Work more  Live longer  Peace of mind  e. Other(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | |
| 1. **What are the main disadvantages of health insurance?**   *Surveyor, please read all of the options and mark all those that apply.* | | | | | | | | | | | | a. It is expensive  b. Most of the time, you don’t receive anything in exchange | | | | | | | | | | | | | | | | c. The insurer is slow and inefficient  d. The service is bad   e. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | |
| **48.a Would you recommend this health program?**  *If Yes, please skip to question 0.*  **0.b If No, why?**  *Surveyor, please read all of the options and mark all those that apply.* | | | | | | | | | | | | a. Yes b.  No c. Doesn’t know  Doesn’t answer  a. It is expensive  b. Most of the time, you don’t receive anything in exchange  c. The insurer is slow and inefficient  d. The service is bad   e. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **49.a. Have you recommended this health program?**  *If Yes, please skip to question 0.*  **0. b. If No, why?**  *Surveyor, please read all of the options and mark all those that apply.* | | | | | | | | | | | | a. Yes b.  No c. Doesn’t know  Doesn’t answer  a. It is expensive  b. Most of the time, you don’t receive anything in exchange  c. The insurer is slow and inefficient  d. The service is bad   e. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **50.a. Will you renewyour membership in this program?**  **0.b. If No, why?**  *Surveyor, please read all of the options and mark all those that apply.* | | | | | | | | | | | | a. Yes b.  No c. Doesn’t know  Doesn’t answer  a. It is expensive  b. Most of the time, you don’t receive anything in exchange  c. The insurer is slow and inefficient  d. The service is bad.   e. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |

* 1. Inpatient Health Study: Uninsured

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| **INTRODUCTION: [XX] has been contracted to help conduct a study to better understand how people cope with difficult health-related costs. XX\_\_\_\_\_\_ Hospital provided us your contact information and suggested that we interview you for this research. For this purpose, we would like to invite you to participate in this study, which is expected to last approximately for one hour. Rest assured that any information you provide will be considered confidential and will be used only for this research. Your participation is entirely voluntary and you can refuse to partcipate if you wish. If you are not comfortable with any question, you may choose not to answer it. Also, please feel free to ask any question at any time. Thank you in advance for your participation and cooperation. If you agree to be interviewed, can we begin now?**  **Did the person give consent?**  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Survey Instrument: Non-Client** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of survey \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Starting time** | | | **Surveyor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ending time:** | | | | | | | | **Phone** | | | | | | | | | | | | | | | **Survey #**  **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **ID \_\_\_\_\_\_\_\_** | |
| **Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Section A. Demographic data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a First name of the respondent** *(to validate)*   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | **1.b Last name of the respondent** *(to validate)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **1.c Age \_\_\_\_\_** | **1.d Sex:** Male  Female | | | | | **1.e Marital status:** | | | Married | | | | Single | | | | | | Divorced/ separated | | | | | | Widowed Unmarried union | | | |
| **1.f Are you or any members in your household the subscriber of any health insurance product?** Yes No Doesn’t know Doesn’t answer  *(*if Yes, please stop the interview)  **1.g. Are you or any members in your household beneficiaries of any *public* health insurance scheme?**  i. Employees State Insurance Scheme  ii.[Other insurance providers]  iii.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  (if Yes, please stop the interview) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Are you the head of the household?** Yes No Doesn’t know Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Number of Adults (18-64) living in the household (including yourself if you are in this age bracket)\_\_\_\_\_\_\_**   Doesn’t know Doesn’t answer | | | | | | | **3.c Number of Children (under 18) living in the household\_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer | | | | | | | | | | | | | | **3.e Number of Adults (over 65) living in the household (including yourself if you are in this age bracket)\_\_\_\_\_\_\_**  Doesn’t know Doesn’t answer | | | | | | | |
| 1. **Any member of the household migrated to another town/country?** Yes No  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B. Economic status/Financial Behavior** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *This section includes a series of questions about you, your household and the management of your financial responsibilities in your household. Some questions will be about you and others will be about your household. If it is not clear to you whom I am asking about, please feel free to ask for a clarification at anytime.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the respondent and its household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Are you an employee, an independent or a business owner?**   Empoyee Independent Business owner  Doesn’t know  Doesn’t answer  **5.b What is the main source of your incomes? (respondent)**  **Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *code (see box)*  Doesn’t know  Doesn’t answer  **5.c Do you have other sources of incomes? (respondent) Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *code (see box)*  Doesn’t know  Doesn’t answer | | | | | | | | | | *Code*  *01 Agriculture (laborer for someone else)*  *02 Agriculture (work on my land)*  *03 Fishing*  *04 Tourism*  *05 Trade (eg. Buying /selling, grocery/general store)*  *06 Services (eg. Bakery, sewing shop, beautician)*  *07 Manufacture (eg: Food processing, carpentry, furniture making)*  *08 Transportation services (eg: Taxi driver, truck or bus driver)*  *09 Public employee*  *10 Home*  *11 Retired*  *12 Student*  *13 Other (Specify)* | | | | | | | | | | | | | | | | | | |
| 1. **How many years of formal education did you receive? Years of schooling (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Is your home?**   **(respondent):**  i. Your own  ii. Rented  iii. Other  Doesn’t know   Doesn’t answer | | **7.b Characteristics of the housing (respondent):**  *Surveyor, please answer this question according to your observations. If the interview does not take place in the respondent’s accomodation, please write NA.*  i. Toilet condition (01 with flush, 02 without flush/water sealed, 03 open pit, 04 shared, 05 none): \_\_\_\_\_\_  ii. Roof material: (01 light *- straw, plastic tile -,* 02 strong *-wood, iron, aluminium, brick, concrete, stone-* o 03 mixed) \_\_\_\_\_\_  iii. Outer walls material (01 light *- straw, bamboo, plastic tile -,* 02 strong *-wood, iron, aluminium, brick, concrete, stone-* o 03 mixed) \_\_\_\_\_\_  iv. Flooring material: (01 soil, 02 cement, 03 floor tile, 04 wood) \_\_\_\_\_\_  vi. Access road condition: (01 rural terrain with no cement road, 02 rural terrain with cement orad, 03 urbain) \_\_\_\_\_\_  vii. Does not apply | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.c Do you have any of those household goods in your home? (respondent):**  i. TV v. Motorbike or automobile Doesn’t know  Doesn’t answer  ii. Radio vi.  Bicycle  iii. Refrigerator vii.  Chickens, cows or pigs (How many?)\_\_\_\_\_\_  iv. Cell phone viii. Others (Specify) \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a What is approximately your MONTHLY income in [XX CURRENCY]? (respondent)\_\_\_\_\_\_\_**   *Please include only the income of the respondent, without adding the income of any other member of the household, after deduction of any expenses or business investments and before any household spending.*  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *The following questions refer to the total incomes of your household. This includes all of the people who live in your home or contribute financially to your household expenses, including people who may have moved away.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.b What is approximately in [XX CURRENCY] the total MONTHLY income of the other members of your household, without including yours?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Doesn’t know  Doesn’t answer  **8.c How much of your household income in [XX CURRENCY] comes from outside of the village/town?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a How much are your monthly household expenses for food?**   Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | **9.b How much are your monthly household expenses for education?**  Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | |
| **9.c How much are your monthly household expenses for health care (doctors and medicine)?**  Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | **9.d How much are your monthly household expenses for utilities** (electricity, water, telephone, cable)**?**  Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | **9.e How much are your monthly household expenses for everything else?**  Approximate value in [XX CURRENCY]  **Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | |
| *The following questions refer to your financial behavior. We would like to know if you have bank accounts, loans or other insurances, including those that you may have contracted from microfinance institutions, banks and any other community resources.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Are you currently a client of [XX MFI]?**    Yes  No  Doesn’t know  Doesn’t answer  **10.bWhat is the value in [XX CURRENCY] of your loans in force with [XX MFI] (outstanding loans)? (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_**   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | 1. **What is the value in [XX CURRENCY] of other outstanding loans you contracted? (respondent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**    I don’t have other loans Doesn’t know  Doesn’t answer | | | | | | | | | | | | |
| 1. **Which sources of borrowing do you use regularly? (respondent)** *Surveyor, please read all the options mentioned below and mark all those that apply*   i. [XX MFI]  ii. Other Microfinance institution  iii. Cooperative Society  iv. Bank  v. Credit card  vi. Grocery/general store  vii. Money lender  viii.Friends and family  ix. Community groups  x. Pawnshop  xi.  I do not regularly access loans (Skip to Q14a)  xii. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | 1. **Which sources of borrowing are the cheapest? (respondent)**   *Surveyor, please read all the options mentioned below and mark up to two responses*  i. [XX MFI]  ii. Other Microfinance institution  iii. Cooperative Society  iv. Bank  v. Credit card  vi. Grocery/general store  vii. Money lender  viii.Friends and family  ix. Community groups  x. Pawnshop  xi. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | |
| **14.a. If you do not regularly access loans, why not?**  i. I do not need to borrow ii  The cost of borrowing is too high iii.  Financial institutions (banks, MFIs) will not lend to me  iv. I don’t want to bother friends and family v. I don’t believe it taking out loans vi. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  **14.b. What are the most important factors or conditions when (if) contracting a loan?** *Surveyor, please read all the options mentioned below and mark all those that apply*  i.Interest rate ii.Time period to pay it back iii.Flexibility of repayment iv.Don’t want to bother friends and family v. Service courtesy/staff friendliness  vi. Few requirements vii.Access an insurance through a loan viii.Access savings through a loan  ix.I do not regularly access loans. x.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Do you have any savings account?**   Yes No  Doesn’t know  Doesn’t answer  i. Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Is it compulsory?Yes No  iii. What is the balance in [XX CURRENCY] (of all saving accounts)?\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section C. Treatment and Costs of a Shock** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *As mentioned earlier, the main purpose of this study is to ask you questions about your costs related to health care. Please listen carefully to the following questions and do your best to recall the details and provide precise answers. In this survey, we are not looking for any specific answer but for ones that are as close to the reality and as truthful as possible. In case you don’t know or remember the answer to any questions, please let us know and we will skip the question.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outpatient Treatment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a. In the last 3 months, how many times have you or a member of your family been sick (*please explain that this is any sickness that does not require spending the night at the hospital)*?**   i.  No one was sick (Skip to Q 22)  i.  Only once  ii.  3 times (around once each month)  iii. 6 times (around twice each month)  iv. 9 times or more (more than three times a month)  v. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know   Doesn’t answer  For what reason? Who?  i.  Illness 1\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Child under 18 Adult child Parent Other\_\_\_\_\_\_\_\_\_\_\_\_  ii.  Illness 2\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Child under 18 Adult child Parent Other\_\_\_\_\_\_\_\_\_\_\_\_  iii.  Illness 3\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Child under 18 Adult child Parent Other\_\_\_\_\_\_\_\_\_\_\_\_  iv. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ Spouse Child under 18 Adult child Parent Other\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know   Doesn’t answer  **16.b. Which of the above (i, ii, iii or iv) was the most recent illness? \_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **a Did you or they go to the doctor for any treatment?**   Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 18.*  **17.b Why not?**  i.  I did not have the time  ii.  I went to the pharmacy instead  iii. I went to a traditional doctor  iv.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  *Please skip to question 24.* | | | | | | | | | | | | | | | | | 1. **How many days did you or they wait on average before going to a doctor?**   i.  Less than 3 days.  ii.  1 week.  iii. 2 weeks.  iv. 3 weekks.  v.  Almost one month  vi.Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know   Doesn’t answer | | | | | | | | | | | |
| *Surveyor, if more than one illness was reported, please select the most recent illness reported by the respondent (if any); if not, select the most recent illness of the respondent’s spouse (if any); if not, select the most recent illness of an adult child (if any); if not, select the most recent illness of any other family member. Circle that illness above, and explain to the respondent that the following questions apply to that illness only.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **For the *most recent* illness above, where did you or they receive the treatment?**   i. At a private doctor’s office/clinic.  ii. At a pharmacy  iii.  At a private nursing home.  iv.  At a private hospital.  v.  At a Government clinic or PHC  vi. At a Government hospital  iv. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20.a Did you or they have any laboratory tests or any medicine/drug prescribed after the visits?**  Lab test Medicine Neither  Doesn’t know  Doesn’t answer  *If No, please skip to question 21.*  **20.b What was the cost?**  \_\_\_\_\_\_\_\_\_\_\_\_\_ [XX CURRENCY]  Doesn’t know  Doesn’t answer  **20.c How did you pay?**   1.  With my income 2.  With income from others in my HH   iii.  With my savings  iii.  Borrowing from [XX MFI]  iv.  Borrowing from members of my community  v.  Borrowing from other microfinance institution or a bank  vi.  Credit card  vii.  Borrowing from a money lender  viii.  Borrowing from family/friends  ix.  Pawnshop  x.  With remittances  xi.  I couldn’t pay for everything, so I skipped it  xii.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_  ii Doesn’t know  Doesn’t answer  **20.d. Was it a financial burden paying for the medicine/tests?**  Yes No  Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | **21. a Was the illness/problem resolved after the visit to the doctor?**  Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 22.*  **21.b Why not?**   1.  The doctor was not good. 2.  My condition needs more time to improve.   iii.  I/they didn’t finish the treatment (medication, therapy…)   * **Why not?**   *Surveyor, please read all the options mentioned below and mark all those that apply.*   I/they felt good after a little time so stopped taking it   We had no more money to buy the medication  iv.  It is not curable.  v.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | |
| **Inpatient Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22. In the last 3 months, did you or any member of your family have a fever related illness for which you should have had a hospital stay?**  Yes No  Doesn’t know  Doesn’t answer  **23. a Did they (or you) go to the hospital?**  Yes No  Doesn’t know  Doesn’t answer  *If Yes, skip to question 2426*  **23.b If not, why not?**  i.  Did not have the time  ii.  Went to another type of facility instead  iii.  Went to a traditional doctor  iv. Couldn’t afford to go to the hospital  v. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  **24. Please describe the cause of this hospitilization**   |  |  |  |  | | --- | --- | --- | --- | |  | a. Typhoid | b Gastroenteritis | c. Other fever | | i. List the main symptoms | Fever  Headaches  Loss of appetite  Adominal pain  Fatigue or body aches  Body rash  Nausea and vomiting  Dehydration  Diarrhea  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fever  Headaches  Loss of appetite  Adominal pain  Fatigue or body aches  Body rash  Nausea and vomiting  Dehydration  Diarrhea  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fever  Headaches  Loss of appetite  Adominal pain  Fatigue or body aches  Body rash  Nausea and vomiting  Dehydration  Diarrhea  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ii. Who? | Self  Spouse  Child under 18  Adult child  Parent  Other (Specify) \_\_\_\_\_\_\_\_ | Self  Spouse  Child under 18  Adult child  Parent  Other (Specify) \_\_\_\_\_\_\_\_ | Self  Spouse  Child under 18  Adult child  Parent  Other (Specify) \_\_\_\_\_\_\_\_ | | iii. When did it happen (month)? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | iv. Where did this person receive treatment? | Clinic  Nursing home  Hospital   Name\_\_\_\_\_\_\_\_\_\_\_\_   Location\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Clinic  Nursing home  Hospital   Name\_\_\_\_\_\_\_\_\_\_\_\_   Location\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Clinic  Nursing home  Hospital   Name\_\_\_\_\_\_\_\_\_\_\_\_   Location\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Surveyor, if more than one hospitilization event related to fever was reported, please select the most recent inpatient treatment y undergone by the respondent (if any); if not, select the most recent treatment of the respondent’s spouse (if any); if not, select the most recent treatment of an adult child (if any); if not, select the most recent surgery of any other family member. Circle that treatment above, and explain to the respondent that the following questions apply to that treatment only.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **25. Why did you choose to receive treatment at that hospital?**  *Surveyor, please read all the options mentioned below and mark all those that apply*   1.  You have personally received good quality services in this facility 2.  It has a reputation for providing good quality services 3.  Your doctor works there / recommended it. 4.  It was close to your house. 5.  The treatment specialization could only be done at this hospital. 6.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **26.a. Please describle the customer service you received:**  *Surveyor, please read all the options mentioned below and mark one that applies.*   1.  Medical staff were *extremely* attentive and curtious 2. Medical staff were *sufficiently* attentive and curtious 3.  Medical staff were *not* attentive or curtious 4. Medical staff were extremely rude 5. Other (Specify)\_\_\_\_\_\_\_\_\_\_   **26.b. Describe your perception of this treatment**  *Surveyor, please read the options below and mark one that applies.*   1. We were treated well because we paid out of pocket 2. We were treated poorly because we paid out of pocket (no insurance) ha 3.  We were treated like all other patients in the hospital 4.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_   **26c. Was the treatment successful?**  Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 27.a* | | | | | | | | | | | | | | | | | **6.d. Why wasn’t it successful?**  *Surveyor, please read all the options mentioned below and mark all those that apply.*  i.  Complications cropped up.  ii.  The doctor was not good.  iii.  I didn’t finish the treatment (medication, therapy, follow-up visits)   * **Why not?**   *Surveyor, please read all the options mentioned below and mark all those that apply.*   They (or I) felt good after the treatment   They (or I) didn’t have time / couldn’t miss work   We had no money   It was not covered by the insurance / coverage was exceeded   The hospital was too distant  iv.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **27.a. Did the doctor recommend that they (or you) be re-admitted?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 0.* | | | | | | | | | | | | | | | | | **27.b. Did they (or you) go?**  Yes No  Doesn’t know  Doesn’t answer  *If Yes, please skip to question 0.* | | | | | | | | | | | |
| **27.c. Why didn’t they (or you) go back to the hospital for re-admission?**  i.  I couldn’t miss other days of work.  ii.  I felt good after the treatment  iii.  I didn’t have time / couldn’t miss work  iv.  I had no money  v.  The hospital was too distant  vi.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **28. a Did you have to pay for anything related to your primary admission at the hospital?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 0.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **28.b What did you have to pay for? (Direct costs)**  *Surveyor, please read all the options mentioned below and mark all those that apply.*  i.  Administrative fees Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii.  Stay at the hospital Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iii.  Doctors’ fees Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iv.  Additional hospital staff services Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  v.  Laboratory tests Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  vi.  Supplies for the treatment Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  vii.  Medicine for the treatment Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  viii.  Food at the hospital Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ix.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Surveyor, please check the total costs and confirm with respondent*  Total value in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **28.c Do you agree with the total value of the costs?** Yes No  Doesn’t know  Doesn’t answer  i. If No, what was the rough amount in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **29.a What are the other expenses related to the treatment but not directly in the hospital? (Indirect costs)**   |  |  | | --- | --- | | i. What was the rough cost of transportation to the hospital for the person whowas hospitalized ? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ii. What was the rough cost of the transportation and accomodation of the people who accompanied that person to the hospital? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | iii. Did they (or you) have to be on a special diet aftertreatment ?  If No, please skip to proposition v. | Yes No | | iv. How much money did you or your family spend on this special food (total in [XX CURRENCY])? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | v. How much did you or your family spend on drugs/medicine after treatment ? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | vi. How much did you or your family spend on laboratory tests after treatment ? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | vii. Any other expenses? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   *Surveyor, please check the costs related to the treatment and confirm with respondent*  Total value in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **29.b. Do you agree with the total value of the costs?** Yes No  Doesn’t know  Doesn’t answer  If No, what was the rough amount in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **29.c.**  **1- Did the person who had treatment have to miss work?**  Yes No  Doesn’t know  Doesn’t answer  If No, please skip to question 4  **2- How many days of work did the person who had treatment miss incuding the time spent home resting?**  Specify \_\_\_\_\_\_\_\_\_\_\_days  **3- What is the daily income of the person who had treatment?**  Specify \_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  **4- Were they (or you) accompanied and taken care of by any member of your household?**  Member 1\_\_\_\_\_\_\_\_\_\_\_  Member 2\_\_\_\_\_\_\_\_\_\_\_  Member 3\_\_\_\_\_\_\_\_\_\_\_  **5- Did those people miss work?**  Yes No  Doesn’t know  Doesn’t answer  If No, please skip to next question. (29.d)  **6- How many days of work did they miss incuding during the hospitalization and the time they spent at home?**  Member 1\_\_\_\_\_\_\_\_\_\_\_days  Member 2\_\_\_\_\_\_\_\_\_\_\_days  Member 3\_\_\_\_\_\_\_\_\_\_\_days  **7- What is their daily income?**  Member 1\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  Member 2\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  Member 3\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  **29.d. If you were re-admitted (answered “Yes” to Q 27.b), please describe the costs of re-admission:**  i.  The direct and indirect costs were **higher** than the primary admission, by approximately [XX CURRENCY] \_\_\_\_\_\_\_\_\_  ii.  The direct and indirect costs were **lower** than the primary admission, by approximately [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_  iii.  The direct and indirect costs were **about the same** as the primary admission  iv. I did not incur any costs for re-admission  v.  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer  **29.e Did they (or you) have a follow up visit after the treatment ?** Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 0.*  **How many? \_\_\_\_\_\_\_\_\_\_\_**   |  |  | | --- | --- | | i. What was the rough cost of transportation to get to the hospital for this/these visit(s) for the person who hadfollow-up treatment? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ii. What was the rough cost of the transportation and accomodation of the people who accompanied that person to the hospital? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | iii. Any other expenses? | Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   *Surveyor, please check the costs related to the treatment and confirm with respondent*  Total value in [XX CURRENCY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **29. f. Do you agree with the total value of the costs?** Yes No  Doesn’t know  Doesn’t answer  If No, what was the rough amount in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **29.g.**  **1- For the follow-up visit(s), did the person who had treatment have to miss work?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to question 30.*  **2- How many days of work did that person miss to go for the follow-up visit(s)?**  Specify \_\_\_\_\_\_\_\_\_\_\_days  **3- Were they (or you) accompanied and taken care of by any member of your household for the follow-up visit(s)?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to next question.*  Member 1\_\_\_\_\_\_?\_\_\_\_\_  Member 2\_\_\_\_\_\_?\_\_\_\_\_  Member 3\_\_\_\_\_\_?\_\_\_\_\_  **4- Did the people mentioned above miss work for the follow-up visit(s)?**  Yes No  Doesn’t know  Doesn’t answer  *If No, please skip to next question.*  **5- How many days of work did they miss for the follow-up visit(s)?**  Member 1\_\_\_\_\_\_\_\_\_\_\_days  Member 2\_\_\_\_\_\_\_\_\_\_\_days  Member 3\_\_\_\_\_\_\_\_\_\_\_days  **6- What is their daily income?**  Member 1\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  Member 2\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY]  Member 3\_\_\_\_\_\_\_\_\_\_\_[XX CURRENCY] | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section D. How were the costs of treatment for fever financed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please mention all the financial mechanisms used to pay the expenses discussed above:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **30. Did you use loans?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with question 0. Please ensure that the loan amount below is ONLY the amount borrowed for the health event.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Loans from [XX MFI] | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| b. Loans from other Microfinance intitution or bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| c. Loans from Cooperative Society | | | | i Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii.Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| d. Loans from family | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| e. Loans from friends, acquaintances and community members | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| f. Loans from moneylender | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| g. Loans from credit cards | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| h. Loans from chit fund | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| i. Loans from pawnshop, grocery/general store | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_ | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Term of loan (months)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | iii. Interest rate (monthly)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **31. Did you receive any other gifts or help that was not a loan?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with question 0.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| a. Remittance of friends or family from abroad | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| b. In kind gifts of family or friends (not previously mentioned) | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Local government support | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Cash Constributions of family members or friends (not previously mentioned) | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| **32. Has your consumption decreased?** Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with question 0.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Has your consumption in education decreased? | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | | | | | | iii. Has any member of the household stopped going to school? Yes  No | | | | | |
| b. Has your consumption in medicine or doctor decreased? | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | | | | | | iii. Has any member of the household stopped going to the doctor or stopped its consumption of medicine?  Yes No | | | | | |
| c. Has your consumption of food decreased? | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| d. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii. Number of weeks \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **33. Did you use incomes?** Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with question 0.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Incomes of the respondent | | | | | i. Value in [XX CURRENCY] used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| b. Incomes of under-18s who had to take new jobs | | | | | i. Value in [XX CURRENCY] of new income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | ii. Value in [XX CURRENCY] used per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| c. Income of other household members (not under-18s) | | | | | i. Value in [XX CURRENCY] used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| d. Advance from work | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| e. Did you take any additional job afterwards?  Yes No | | | | | i. Value in [XX CURRENCY] of new income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | ii. Value in [XX CURRENCY] used per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| f. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| **34. Did you use savings or any other strategies?**Yes No  Doesn’t know  Doesn’t answer  *If the answer is negative or “doesn’t know/doesn’t answer”, please proceed with the next section.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Savings of the respondent | | | | i. Value in [XX CURRENCY] used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | ii.Value remaining in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| b. Sale of electrical appliances, bicycle, jewelry, or other small asset | | | | i. Value in [XX CURRENCY] of the sale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Sale of animals | | | | i. Value in [XX CURRENCY] of the sale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Sale of vehicle, house or other big asset | | | | i. Value in [XX CURRENCY] of the sale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| e. [Fund] | | | | i. Value in [XX CURRENCY]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_ | | | | i. Value in [XX CURRENCY] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section E. Additional questions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **35. What is your general opinion about insurance?**  *Surveyor, please do not prompt; mark all those that apply.* | | | | | | | | | | | | | | | a. I don’t know anything about insurance  b. I don’t trust insurance companies  c. If I had health insurance, my family would feel more secure  d. I have a positive opinion of insurance  e. Insurance is only for the rich people  f. I think non-health types of insurance are useful (life, theft, damages, weather)  g. We don’t need insurance, we are healthy and don’t regularly get sick  h. We don’t need insurance, we can manage financially on our own  i. We don’t need insurance, we can manage financially with family and friends   Doesn’t answer | | | | | | | | | | | | | |
| **36. What insurance products do you know/have you heard about?**   a. Health  e. Property   b. Disability  f. Agriculture   c. Life  g. Educational support   d. Funeral/burial  h. Others (specify) \_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | | | | | | | | | **37. Do you know who provides insurance in your community?**   a. [XX MFI]   b. Other MFI/MBA   c. Cooperative   d. Rural Bank   e. Others (specify) \_\_\_\_\_\_\_\_\_\_\_   Doesn’t know  Doesn’t answer | | | | | | | | | | |
| **38. Would you consider buying insurance?**  Yes  No *(skip to question40.)* I don’t know*(skip to question41.)*  Doesn’t answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **39. If yes, what type of insurance?** *(mark all that apply)*   a. Health   b. Disability   c. Life   d. Funeral/burial   e. Property   f. Agriculture   g. Educational support   h. Others (specify) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **40. If no, why not?** *(mark all that apply)*   a. Too expensive   c. I don’t trust insurance companies   e. I don’t know anything about insurance   b. I don’t know where I can buy an insurance policy   d. I don’t need insurance   f. Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **41. What are the main advantages of health insurance?**  *Surveyor, please read all of the options and mark all those that apply.* | | | | | | | | | | | | a. Financial:  Save money  Avoid borrowing  Protect income  Other(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | b. Health:  Be more healthy  Work more  Live longer  Peace of mind  e. Other(Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | | |
| **42. What are the main disadvantages of health insurance?**  *Surveyor, please read all of the options and mark all those that apply.* | | | | | | | | | | | | a. It is expensive  b. Most of the time, you don’t receive anything in exchange | | | | | | | | c. The insurer is slow and inefficient  d. The service is bad   e. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doesn’t know  Doesn’t answer | | | | | | | | | |

1. PACE (Product, Access, Cost and Experience) is an assessment tool developed by the ILO’s Microinsurance Innovation Facility to explore client value. [↑](#footnote-ref-1)
2. We use the terms “insured” and “uninsured” to describe the two groups rather than “treatment” and “control” because Client Math, unlike impact studies, is not designed to prove causal effects. [↑](#footnote-ref-2)
3. Most respondents were unable to report on the incomes of other adults in their household. We have estimated individual monthly incomes based on typical daily profits, and we have included clients’ estimates of their monthly household expenses to arrive at an estimated figure for household income. [↑](#footnote-ref-3)