Study no: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Patients' Cost Tool

Children Hospitalised with Acute Illness

Study site	☐ KILIFI ☐ MOMBASA ☐ NAIROBI ☐ MIGORI ☐ KAMPALA ☐ MBALE
Date of interview (dd/mm/yyyy)	d d m m y y y y
Participant Initials	___ ___ ___
Inpatient/Serial Number	___ ___ ___ ___ ___ ___
Study	☐ Trial ☐ Non-Trial
Study Number	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Place of Interview	☐ Facility ☐ Household ☐ Phone
Interviewer initials	___ ___ ___

Study no: [_] [_] [_] [_] [_] [_] [_] [_]

Introduction to the patient:

I. *As part of the [main] study, we also mentioned that we are interested in the costs that people face when they are seeking health care. Therefore, we would like to inquire how much people spend on healthcare, and more specifically on severe acute malnutrition before and during diagnosis and during treatment.*

II. *It is important for you to understand that your participation in this study is completely voluntary. We would be grateful if you would agree to participate in this study, but do feel free to refuse. If you refuse, there will be no consequence for you and you will receive whatever care and treatment you need at the health facility as usual. If you decline to participate you will not lose any benefit that you are entitled to such as receiving care and support that is provided at the hospital.*

III. *If you choose to participate in this study you need to know that you may withdraw from the study at any stage without giving any explanation for your withdrawal. Your answers will be kept confidential. At some point, I will ask you about your personal income and the income of your household. We will NOT provide this information to anyone including after the end of the study.*

IV. *This survey will take about 30 - 45 minutes.*

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A. Caregiver's (interviewee) Information

This section is about the caregiver's (interviewee) information.

Interviewee Information (to be filled in by interviewer)	
1. Interviewee ***(Tick only one)***	☐ Biological parent ☐ Grandparent ☐ Sibling ☐ Aunt/Uncle/Cousin ☐ Stepmother/stepfather ☐ Care home/orphanage ☐ Other (Specify)_____
2. Gender of the interviewee ***(Tick only one)***	☐ Male ☐ Female
3. Interviewee's age in years	[ ][ ] years ☐ Unknown
4. How long is the travel time to your nearest government health facility? ***(Indicate both forms of travel.***	
If walking, how long is the travel time?	H H M M ***Indicate 0 if it's by transport only***
If taking transport, how long is the travel time?	H H M M ***Indicate 0 if it's by walking only***

CURRENT VISIT

B. Patient/Guardian Travel Cost

We will discuss about your **current visit** to this hospital. This section of the questionnaire asks about the costs of travel to this hospital **on the day of admission**.

Patient's/Guardian's Travel Costs

5. How did you travel from home to this hospital on the day of admission?

Please indicate the form of transport that best describe how you travelled from your home to this hospital. If you used more than one form, please indicate only ONE MAIN form of travel i.e. the longest in terms of distance

☐ Car/Taxi(K)/Special hire (UG) ☐ Bus/Matatu(K)/Taxi(UG) ☐ Motorbike
☐ Tuk-tuk ☐ Bicycle ☐ Train
☐ Walking ☐ Ambulance ☐ Other (Specify) _____

6. Please indicate other forms of transport you used to travel from your home to this hospital?

(You can give more than one answer. Tick no other forms of travel if they used only one form of transport)

☐ No other forms of travel ☐ Car/Taxi(K)/Special hire (UG) ☐ Bus/Matatu(K)/Taxi(UG)
☐ Motorbike ☐ Tuk-tuk ☐ Bicycle
☐ Train ☐ Walking ☐ Ambulance
☐ Other (Specify) _____

7. What was the total cost of travel (*one-way fare*) that you paid for yourself?

(Please indicate amount in whole numbers and indicate 0 if fare not paid or if private means was used)

8. Did you pay extra fare for the child?	☐ Yes	☐ No

9. How much time did it take you to travel from home to the hospital**?** ***(One-way travel on the day of admission)***

H	H	M	M

CURRENT VISIT

C. Patient/Guardian Hospital Stay and Time Cost

We are still discussing about your **current visit** to this hospital. This section of the questionnaire also asks about the costs and effect of staying in this hospital with your child on your other activities.

Patient's/Guardian's Time Costs

10. How much did you pay for the **child and yourself** during the entire stay in this hospital in the current visit?

(Select corner tick box if they don't know. Indicate the amount if the costs were waived or reimbursed)

Item	**Amount** *(Indicate the payment in whole numbers)*
Hospital administration fees	☐
Food	☐
Accommodation/Bed charges	☐
Drugs *(plus travel costs outside facility to obtain drugs)*	☐
Tests *(plus travel costs to other hospital/diagnostic center for tests)*	☐
Subtotal formal hospital payments	☐
Diapers	☐
All other payments	☐
TOTAL	☐
Amount waived or reimbursed	☐

11. How did you pay for the costs of the entire stay in this hospital?
(You can tick more than one answer. If they don't know, please tick the 'Don't know' box only)

☐ Cash
☐ Mobile/visa/master card
☐ Private/employment health insurance
☐ Waived/Exempted
☐ Community health insurance scheme
☐ Given opportunity to pay later (credit)
☐ National Insurance *(E.g. NHIF)*
☐ Other (Specify) _____

☐ Don't know

12. What would you otherwise have been doing as your **MAIN** activity if you had not come to this hospital?

(Select only <u>one MAIN</u> activity. Indicate how much time taken off to take the child to hospital and amount paid for any hired labor or assistance. If they don't know, tick the corner boxes)

Activity	*Days lost*	*Amount paid for hired labor or assistance*
<u>Income activities</u>		
☐ *Paid work*	☐	☐
☐ *Own business*	☐	☐
<u>Non-income activities</u>		
☐ *Housework/own farm work*	☐	☐
☐ *Child care*	☐	☐
☐ *Caring for a relative/friend*	☐	☐
☐ *Attending school/college/university*	☐	☐
☐ *Voluntary work*	☐	☐
☐ *Seeking work*	☐	☐
☐ *Other (Specify)* _____	☐	☐

CURRENT VISIT

D. Companion Travel Costs

In relation to the **<u>current visit</u>** and stay in this hospital, this section of the questionnaire asks about costs incurred by anyone else that accompanied you and the child to this hospital.

13. How many **<u>other people</u>** accompanied you and the child to the hospital for the current hospital stay?

(If no one accompanied, fill 0)

[ ][ ][ ]

14. Who accompanied you and the child to the hospital for the hospital stay?

(You may tick more than one answer. If no one accompanied them, tick 'no one' box only).

☐ No one ☐ Partner/Spouse ☐ Child/Children under 18 years
☐ Other relative ☐ Paid caregiver ☐ Other (Specify) _____

15. What was the total costs for the people accompanying you and the child for the hospital stay?

☐ No one accompanied them to hospital ***(if ticked, skip the rest of the question)***

(Indicate the person as highlighted in Qn. 14 when asking and tick the corner box in each cell if they don't know amount spent. Do not write the currency (KSH/UGX).

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7
Time spent at the hospital in days	___ Days ☐	___ Days☐	___ Days ☐	___ Days ☐	___ Days ☐	___ Days ☐	___ Days ☐
Travel costs *(one-way to hospital for admission)*	☐	☐	☐	☐	☐	☐	☐
Food costs (total)	☐	☐	☐	☐	☐	☐	☐
Accommodation costs(total)	☐	☐	☐	☐	☐	☐	☐
Other costs (total)	☐	☐	☐	☐	☐	☐	☐
Subtotal costs per visit	☐	☐	☐	☐	☐	☐	☐
MAIN activity if they were not in hospital *(Use codes A-I below)*	☐	☐	☐	☐	☐	☐	☐
Time taken off from MAIN activity	___ Days ☐	___ Days☐	___ Days ☐	___ Days ☐	___ Days ☐	___ Days ☐	___ Days ☐

Income activities:
- **A. Paid work**
- **B. Own business**

Non-income activities
- **C. Housework/own farm work**
- **D. Child Care**
- **E. Caring for a relative/friend**

Non-income activities (continued)
- **F. Voluntary work**
- **G. Attending school/college/university**
- **H. Seeking work**
- **I. Other**

CURRENT VISIT

E. Childcare and Other dependants

This section of the questionnaire asks about any assistance that you needed to look after your other child/children and dependants because you had to bring this child to hospital. We are only interested in the assistance you needed because you had to bring this child to hospital and not for any other reason.

(If child is from an orphanage/care home, tick 'NA' in this section)

Study no: [_] [_] [_] [_] [_] [_] [_] [_]

Childcare and other dependants costs

16. How many different people (excluding yourself) have looked after your other child/children and dependents because you were in hospital?

(Indicate 0 if you did not get someone to look after other child/children or dependents or if there are no other children/dependents. Tick NA if from orphanage)

[ ][ ][ ] People ☐ Don't know ☐ NA

17. Think about the person that has spent the most time caring for your child/children and dependents. How many days did they spend looking after your other child/children or other dependents while you were at the hospital?

(Please indicate 0 if there was no child care and NA if from orphanage)

[ ][ ][ ] Day(s) ☐ Don't know ☐ NA

18. Did you pay that person to look after your other child/children or other dependents while you were at the hospital?

☐ Yes
☐ No
☐ To be paid later

☐ Don't know
☐ N/A ***(if there was no child care or if child is from an orphanage)***

19. What would that person have been doing as their **MAIN** activity if they had not been looking after your other child/children or other dependents while you were at the hospital?

(Select only <u>one MAIN</u> activity and tick corner boxes if the 'don't know'. Indicate how much time they took off to take the care of other children/dependents)

Activity	***Days lost***
☐ N/A *(No other child/children or dependents or no child care or from care home)*	
<u>Income activities</u>	
☐ *Paid work*	[ ][ ][ ] ☐
☐ *Own business*	[ ][ ][ ] ☐
<u>Non-income activities</u>	
☐ *Housework/own farm work*	[ ][ ][ ] ☐
☐ *Child care*	[ ][ ][ ] ☐
☐ *Caring for a relative/friend*	[ ][ ][ ] ☐
☐ *Attending school/college/university*	[ ][ ][ ] ☐
☐ *Voluntary work*	[ ][ ][ ] ☐
☐ *Seeking work*	[ ][ ][ ] ☐
☐ *Other (Specify)* _____	[ ][ ][ ] ☐

Study no: [_] [_] [_] [_] [_] [_] [_] [_]

F. Socioeconomic information: household situation

Could you please provide details about yourself and members of the household? These sections will be about your household situation.

Socioeconomic Information: *Household Situation, Income and Spending*

20. What is the total number of members in your household?

Select 'Don't know' checkbox if they do not know the details

Adults (above 18 years old)	☐☐	☐ Don't know
Children (under 6 months old)	☐☐	☐ Don't know
Children (between 6 months and 2 years)	☐☐	☐ Don't know
Children (between 2 years and 5 years)	☐☐	☐ Don't know
Children (between 5 years and 18 years)	☐☐	☐ Don't know
Total	☐☐	☐ Don't know

21. How many people sleep in your household (including the patient)?

☐☐ *people* ☐ Don't know

22. How many rooms are there in the household for sleeping?

☐☐ *rooms* ☐ Don't know

23. How many of the household members are earning an income? **(if from care home/orphanage, tick NA)**

☐☐ *people* ☐ Don't know ☐ NA

24. What is your estimated average income and your household per month? **(Indicate in whole numbers and if from care home/orphanage, tick NA. If no income, write 0)**

Interviewee	☐☐☐☐☐☐☐	☐ Don't Know ☐ NA
Whole household	☐☐☐☐☐☐☐	☐ Don't know ☐ NA

25. How many other people in the household were receiving treatment in the last **one month**?
(Indicate 0 if no other member of household was receiving treatment and NA if from care home/orphanage)

☐☐ *people* ☐ Don't know ☐ NA

26. On average, how much did it cost for treatment of the other household members in the last **one month**? **(Indicate in whole numbers)**
(Please indicate 0 if no other household member was receiving treatment and NA if from care home or orphanage)

							☐ Don't know ☐ NA

27. What is the **MAIN FLOOR** material of the rooms in your household? ***Select one that apply***

☐ Cement ☐ Earth/Sand ☐ Wood
☐ Dung ☐ Lives on boat ☐ Tiles
☐ Carpet ☐ Other (*Specify*) _____ ☐ Unknown

28. What is the **MAIN EXTERIOR WALL** material of your household? ***Select one that apply***

☐ Grass/straw/makuti ☐ Stone ☐ Wood ☐ Planks/shingles
☐ Corrugated iron sheets/Tin ☐ Mud/dung ☐ Brick/block
☐ Other (*Specify*) _____ ☐ No wall ☐ Unknown

29. What is the **MAIN ROOF** material of the house your household? ***Select one that apply***

☐ Grass/thatch/makuti ☐ Tiles/Asbestos sheets ☐ Corrugated iron/tin
☐ Mud ☐ Nylon papers/clothes ☐ Concrete
☐ Other (*Specify*) _____ ☐ Unknown

30. What is the **MAIN source of cooking fuel** in your household? ***Select one that apply***

☐ Electricity ☐ LPG /Natural gas/Biogas ☐ Paraffin ☐ Coal / Lignite
☐ Charcoal ☐ Firewood ☐ Straw/shrubs/grass ☐ Agricultural crop
☐ Animal Dung ☐ No food cooked in household ☐ Other*(Specify)*_____
☐ Unknown

31. What is the **MAIN source of lighting** in your household? ***Select one that apply***

☐ Electricity ☐ Kerosene (lamp) ☐ Gas ☐ Candle
☐ Firewood ☐ Solar ☐ Unknown
☐ Other*(Specify)*_____

32. Does your household have a bank account?	☐ Yes	☐ No	☐ Don't know
33. Does your household have other saving schemes? ***(e.g. Sacco, cooperative, m-bank)***	☐ Yes	☐ No	☐ Don't Know
34. Does your household own a radio?	☐ Yes	☐ No	☐ Don't know
35. Does your household own a television?	☐ Yes	☐ No	☐ Don't know
36. Does your household own a computer	☐ Yes	☐ No	☐ Don't know
37. Does your household own a refrigerator?	☐ Yes	☐ No	☐ Don't know
38. How many acres of land does this household own? ***(Indicate 0 if no land owned by household)***	☐☐.☐☐☐ Acres		☐ Don't know

39. Does any member of this household own?

A watch	☐ Yes	☐ No	☐ Don't know
An animal-drawn cart	☐ Yes	☐ No	☐ Don't know
A bicycle	☐ Yes	☐ No	☐ Don't know
A motorcycle	☐ Yes	☐ No	☐ Don't know
A car or truck	☐ Yes	☐ No	☐ Don't know
A boat with a motor	☐ Yes	☐ No	☐ Don't know
A mobile phone	☐ Yes	☐ No	☐ Don't know

G. Coping costs

Coping costs

40. Where did you get the funds to pay for costs incurred during the current illness?
(Please select all that apply)

a) Borrowed — ☐ Yes ☐ No ☐ Don't know

i) If **YES**, how much did you borrow, what is the interest rate and period of the loan? ***(Tick corner boxes if they don't know)***

	Amount *(indicate whole amount)*	Interest rate *(in %)*	Loan period *(in days)*
Loan 1	☐	____ ____ % ☐	___ ___ ___ ___ days ☐
Loan 2	☐	____ ____ % ☐	___ ___ ___ ___ ___ days ☐
Loan 3	☐	____ ____ % ☐	___ ___ ___ ___ ___ days ☐
Loan 4	☐	____ ____ % ☐	___ ___ ___ ___ ___ days ☐
Loan 5	☐	____ ____ % ☐	___ ___ ___ ___ ___ days ☐

ii) From whom did you borrow? ***(Please select all that apply)***
☐ Family ☐ Neighbours/Friends ☐ Private bank
☐ Cooperative/Sacco ☐ Other (Specify) _____

b) Did you sell household assets/property? — ☐ Yes ☐ No ☐ Don't know

i) If **YES**, what did you sell? ***(Please select all that apply)***
☐ Land ☐ Vehicle/Motorcycle/Bicycle
☐ Livestock ☐ Household item
☐ Farm produce ☐ Other (Specify)_____

c) Have cash available from bank, savings scheme, family, friends, relatives (no repayment expected) — ☐ Yes ☐ No ☐ Don't know

d) Given opportunity to pay later (credit) at health facility — ☐ Yes ☐ No ☐ Don't know

e) Organized fundraising — ☐ Yes ☐ No ☐ Don't know

f) Used insurance — ☐ Yes ☐ No ☐ Don't know

i) If **YES**, what insurance cover did you have? ***(Please select all that apply)***
☐ National insurance (e.g. NHIF) ☐ Community based health insurance
☐ Private/work insurance ☐ Other (Specify) _____

g) Waived/Exempted	☐ Yes ☐ No ☐ Don't know		
h) ☐ Other (Specify)	_____		
i) ☐ Don't know			
41. Did any other child in the household stop going to school because of the child's illness?	☐ Yes	☐ No	☐ Don't know

PREVIOUS VISIT

This section of the questionnaire asks about costs associated with **previous treatment of this illness** prior coming to this hospital.

42. During the **current illness**, how long did the child experience symptoms before you went to seek treatment?			☐☐ Days
43. Did you seek treatment or advice concerning this child's illness prior coming to this hospital?	☐ Yes	☐ No	☐ Don't know

H. PRIOR OUTPATIENT

44. How much did you spend on **yourself and the child** on **current illness** for each of these **prior outpatient** visits when you were seeking treatment or advice?

☐ No prior outpatient visit ***(if ticked, skip the rest of this question)***

Use the codes below to fill provider details If the detailed bill is not available, sub-totals can be indicated. If they don't know, tick the corner boxes.

For A – D, I specify public or private *01. Public health facility* *02. Private health facility*	*A. Hospital* *B. Health Centre* *C. Clinic*	*D. Dispensary* *E. Pharmacy/Chemist* *F. Shop*	*G. Traditional Healer* *H. Religious/Cultural Healers* *I. Nutritional clinics*

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Total
Provider: Where did they seek treatment or advice? ***(Select from A-I)***	☐	☐	☐	☐	☐	☐	☐	☐
Provider: Public or Private? ***(Select either 01 or 02 if A-D,I was chosen)***	☐	☐	☐	☐	☐	☐	☐	☐
Total time spent per visit ***(in hours and/or minutes including travel time)***	H H : M M ☐	H H : M M ☐	H H : M M ☐	H H : M M ☐	H H : M M ☐	H H : M M ☐	H H : M M ☐	H H : M M ☐
Administrative costs **(consultation and registration)**	☐	☐	☐	☐	☐	☐	☐	☐
Test costs (x-rays, laboratory) + transport costs to take the test)	☐	☐	☐	☐	☐	☐	☐	☐
Drug costs (total)	☐	☐	☐	☐	☐	☐	☐	☐

Therapeutic food and diet	☐	☐	☐	☐	☐	☐	☐	☐
Subtotal medical direct costs per visit (A)	☐	☐	☐	☐	☐	☐	☐	☐
Travel costs **(return total)**	☐	☐	☐	☐	☐	☐	☐	☐
Food costs (total)	☐	☐	☐	☐	☐	☐	☐	☐
Subtotal travel and food costs per visit (B)	☐	☐	☐	☐	☐	☐	☐	☐
TOTAL COSTS (A + B)	☐	☐	☐	☐	☐	☐	☐	☐

Extra people accompanying child for prior outpatient visits

45. How many other people accompanied you and the child to the hospital for previous outpatient visits?

(If no prior outpatient visits or no one accompanied, fill 0)

[ ][ ][ ] people ☐ Don't know

46. Who accompanied you and the child to the hospital for previous outpatient visits?

(You may tick more than one answer. If no prior outpatient visit or no one accompanied tick 'no one' box only).

☐ No one ☐ Don't know

☐ Partner/Spouse ☐ Child/Children under 18 years ☐ Other relative
☐ Paid caregiver ☐ Other (Specify) _____

47. How much extra costs were incurred for the any other person accompanying the child to hospital for the previous outpatient?

☐ No one accompanied them to hospital or no prior outpatient visit ***(if ticked, skip the rest of this question)***

If the detailed bill is not available, sub-totals can be indicated. Tick the corner boxes if they don't know.

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Total
Travel costs (one-way to hospital for outpatient)	☐	☐	☐	☐	☐	☐	☐	☐
Food costs (total)	☐	☐	☐	☐	☐	☐	☐	☐
Other costs (total)	☐	☐	☐	☐	☐	☐	☐	☐

Subtotal costs per visit	☐	☐	☐	☐	☐	☐	☐	☐

I. PRIOR ADMISSIONS

We are still discussing costs incurred during previous treatment of current illness prior to coming to this hospital			
48. Has the child been hospitalized ***(at least one overnight stay)*** after experiencing these symptoms for the current illness and not including this admission?	☐ Yes _____ number of times	☐ No	☐ Don't know

49. How much did you spend on the **yourself and the child** on **current illness** for each of these **prior inpatient** stays when the child was hospitalized ***(overnight stay)?***

☐ No prior admissions ***(if ticked, skip the rest of this question)***

Use the codes below to fill provider details. If the detailed bill is not available, sub-totals can be indicated. Tick the corner boxes if they don't know.

For A – D, specify public or private *01. Public health facility* *02. Private health facility*	*A. Hospital* *B. Health Centre* *C. Clinic*	*D. Dispensary* *E. Pharmacy/Chemist* *F. Shop*	*G. Traditional Healer* *H. Religious/Cultural Healers*

	Admission 1	Admission 2	Admission 3	Admission 4	Admission 5	Admission 6	Total
Provider: Where did they seek treatment or advice? ***(Select from A-H)***	☐	☐	☐	☐	☐	☐	☐
Provider: Public or Private? ***(Select either 01 or 02 if A-D was chosen)***	☐	☐	☐	☐	☐	☐	☐
Total time spent per hospital stay	___Days ☐	___Days ☐	___Days ☐	___Days ☐	___Days ☐	___Days ☐	___Days ☐
Administrative costs (consultation, registration and admission)	☐	☐	☐	☐	☐	☐	☐
Test costs (x-rays, laboratory etc.)	☐	☐	☐	☐	☐	☐	☐
Drug costs (total)	☐	☐	☐	☐	☐	☐	☐
Subtotal medical direct costs per visit (A)	☐	☐	☐	☐	☐	☐	☐
Travel costs for the child (one-way)	☐	☐	☐	☐	☐	☐	☐
Travel costs for the carer (one-way)	☐	☐	☐	☐	☐	☐	☐

Study no: [_] [_] [_] [_] [_] [_] [_] [_]

Food costs (total)	☐	☐	☐	☐	☐	☐	☐
Accommodation / bed charge costs (total)	☐	☐	☐	☐	☐	☐	☐
Subtotal travel, accommodation and food costs per visit (B)	☐	☐	☐	☐	☐	☐	☐
TOTAL COSTS (A + B)	☐	☐	☐	☐	☐	☐	☐

50. How many other people accompanied you and the child to the hospital for previous admission?

(If no prior admissions or no one accompanied, fill 0)

[ ][ ][ ] people ☐ Don't know

51. Who accompanied you and the child to the hospital for previous admission?

(You may tick more than one answer. If no prior admissions or no one accompanied tick 'no one' box only).

☐ No one ☐ Don't know

☐ Partner/Spouse ☐ Child/Children under 18 years ☐ Other relative
☐ Paid caregiver ☐ Other (Specify) _____

52. How much <u>extra costs</u> were incurred for the <u>any other person accompanying</u> the child to hospital for the <u>previous admission</u>?

☐ No one accompanied them to hospital or no prior admission ***(if ticked, skip the rest of this question)***

If the detailed bill is not available, sub-totals can be indicated. Tick the corner boxes if they don't know.

	Admission 1	Admission 2	Admission 3	Admission 4	Admission 5	Admission 6	Total
Travel costs (one-way to hospital for admission)	☐	☐	☐	☐	☐	☐	☐
Food costs (total)	☐	☐	☐	☐	☐	☐	☐
Accommodation / bed charge costs (total)	☐	☐	☐	☐	☐	☐	☐
Other costs (total)	☐	☐	☐	☐	☐	☐	☐
Subtotal costs per visit	☐	☐	☐	☐	☐	☐	☐

53. Why did you not go to the public health facility, such as government clinic or hospital for prior treatment? ***(Tick <u>ONE</u> MOST applicable).***

☐ **No prior outpatient visit/admission** ***(Skip the rest of the question if either of these three is ticked)***
☐ **Went to a public health facility**
☐ **Went to non-hospital provider** ***(e.g. shop/pharmacy/traditional healers)***

☐ Distance to public health facility ☐ Too expensive at the public health facility
☐ Time consuming to wait ☐ Lack of drugs/facilities at the public health facility

- ☐ Concerns about quality
- ☐ Belief system
- ☐ I know the health worker *(e.g. pharmacist, clinician, nurse etc.)*
- ☐ Other *(Specify)* _____

Additional information

54. Do you have any other further comments or any information you would like to add about the cost to you of coming to the hospital for your child's treatment?