

APPENDICES

There are two appendices attached to the main body of this thesis to provide further information on the questionnaires used and the procedures of building concentration curves, calculating concentration indexes, and performing Oaxaca decomposition.

Appendix I consists of three sections: the household survey questionnaire, the private provider survey questionnaire, and the commune health center survey questionnaire. As private providers and CHC staff were assessed on knowledge and clinical performance using the same questionnaire, we presented the complete private provider survey questionnaire whilst for the CHC survey questionnaire, we presented only the diagram of structure of the CHC survey.

Only the Hung Yen survey questionnaires are presented in this appendix. Hung Yen survey questionnaire was developed from the Thai Binh-An Giang-Binh Thuan health system development surveys, therefore, these questionnaires are rather similar. Furthermore, for the Hung Yen survey questionnaire, only those sections related to the data used in this thesis are presented. Further details of the full questionnaires for both the Hung Yen and Thai Binh-Binh Thuan-An Giang surveys are available at the following web site: www.rtccd.org.vn.

Appendix II presents the ‘Stata-do file’ for calculating concentration indexes and its 95% of confidence intervals, and Oaxaca decomposition of long-term prevalence and four-week morbidity as the examples for the analysis in this study on inequality of health burden and health service utilization between the poor and the better off.

Hung Yen Health Service - LUX Development S.A. - RTCCD

HOUSEHOLD INTERVIEW (H)

Household identification information

District : _____	<input type="text"/>	<input type="text"/>
Commune: _____	<input type="text"/>	<input type="text"/>
Village: _____	<input type="text"/>	<input type="text"/>
Household _____	<input type="text"/>	<input type="text"/>

	Date	Full name
Interviewer	___ / ___ /2001	_____
Supervisor	___ / ___ /2001	_____
Data entry staff	___ / ___ /2001	_____

We, members of the Hung Yen Health System Development Program, take responsibility to evaluate the situation of use of health services and satisfaction of the people in the province with the health services.

We will interview the representative of the household and its members on health status, disease treatment and other related factors such as expenditure, assets and environmental sanitation.

We will ensure that we only use the information provided by the household to consolidate the health system in order to increase the quality of health care for the people.

Looking forward to receiving your cooperation and frank opinion as well as aspirations.

HOUSEHOLD MEMBERS INFORMATION & SCREENING FOR H2, H3, H4, H8

FORM H1 – Page 1/2
Commune Code ____ Household Code ____

1. How many members are there in your household? (Including those living and eating together since January 2001 to date):

Code	2	3	4	5	6	7	8	9	10
ID	Full name (Ask one at a time from the oldest to youngest)	Sex Male.. 1 Female..2	Date of birth (Solar) (<5 years of age, write date, month and year >=5 years of age, write month and year) Day/month/year	Marital status of [name] ?	[Name] finished what grade ?	The highest professional and technical qualification that [name] has obtained?	Occupation during the last 12 months? (the one that occupies the most time)	Do you currently possess a health insurance card? No....0 => 11 Yes ... 1	If yes, what kind of health insurance?
01		---	___/___/___	---	---	---	---	---	---
02		---	___/___/___	---	---	---	---	---	---
03		---	___/___/___	---	---	---	---	---	---
04		---	___/___/___	---	---	---	---	---	---
05		---	___/___/___	---	---	---	---	---	---
06		---	___/___/___	---	---	---	---	---	---
07		---	___/___/___	---	---	---	---	---	---
08		---	___/___/___	---	---	---	---	---	---
09		---	___/___/___	---	---	---	---	---	---
	0 =Single 1 = Married; 2=Divorced; 3 = Separated; 4 =Widow/widower 0=Pre-school age; 1=Not yet finished elementary education; 2=Finished elementary level; 3=Finished secondary level; 4=Finished high school level; 9=Don't know 0= Without qualifications or certificates; 1= Technical worker (elementary); 2= Secondary; 3=Higher-than secondary but lower than university level; 4 = University; 5 = Post-graduate 1 =Farmer; 2=Free occupation, market vendor, small traders; 3=Housewife; 4=Still small; 5= Pupil, student; 6 =Government staff; 7=Worker; 8=Retired/or rest due to lack of labouring power; 9= Others; 10= Incapable of working; 11= Without occupation						HI for Government staff1 HI for pupils and students.....2 Voluntary HI3 HI for the poor.....4 HI for invalids and war-induced patients and revolution-contributor....5 HI for retirees.....6 Other HI9 Specify _____		

HOUSEHOLD MEMBERS INFORMATION & SCREENING FOR H2, H3, H4, H8 (*continued*)

Commune Code __ __

FORM H1 – Page 2/2

Household Code __ __

11	12	13	14	15	16	17
During the last 12 months, has [name] had to stay over night for treatment at any health facilities? <i>No....0 Yes.....1</i>	Is [name] disabled or mentally ill? <i>No....0 Yes.....1</i>	Does [name] have any chronic diseases? <i>No....0 Yes.....1</i>	During the last 4 weeks, has [name] had any acute diseases? (<i>Not including onsets of chronic diseases</i>) <i>No....0 Yes.....1</i>	During the last 4 weeks, has this person experienced accidents, injuries, poisoning or burns? <i>No....0 Yes.....1</i>	Is this person a 15-49 woman having delivered during the last 3 years? <i>No....0 Yes.....1 Don't know..9</i>	Which of the following questionnaires is the person subject to? <i>C11=1H2 C12 or 13=1H3 C14 or 15 = 1H4 C16 = 1H8</i>
---	---	---	---	---		
---	---	---	---	---		
---	---	---	---	---		
---	---	---	---	---		
---	---	---	---	---		
---	---	---	---	---		
---	---	---	---	---		
---	---	---	---	---		
---	---	---	---	---		

=> C2 next person

Note: Only when an interview with one person is ended, can you interview another one.

On completion of form H1, identify: The household will be interviewed according to which of the following forms (please mark the corresponding box) :

H2 [] H3 [] H4 [] H8 [] . **No form [] ==> Fill out form H2 with leading title**

USE OF IN-PATIENT SERVICES IN LAST 12 MONTHS

FORM H2 – Page 1/2

Commune Code __ __ Household Code __ __

Interviewer checks question 17- H1: Is there anyone in the household subject to form H2?

[] 0 No one ---> form H3 [] 1 Yes (number of persons) __ --> Begin to ask the first person

Be sure to finish interviewing for all periods and places of treatment of one person then move to another beginning a new line for each period of treatment.

NO	ID	1	2	3	4	5	6	7	
O R D E R O F L I N E	C O D E	From column 1 - H1	During the last 12 months, at which health facilities has [Name] had to stay overnight for treatment? What is the number of periods of treatment at each of them?		Hereafter, we will ask about the [ordinal number] treatment period at [health facility]	Is [Name] still in the health facility for treatment or has [name] been discharged?	[Name] was discharged on which date for this period of treatment?	(If discharged) was this discharge indicated by the physician or at the request of the patient's relatives?	(If discharged at will) Please provide reasons for this?
	Specify the health facility Note: Reserve enough lines for the next health facility if the number of treatment period at the previous health facility is more than 1		(Note: each period on one line)	Discharged..1 Still at the facility..2 => 8	day/month/year	Discharged at will....1 Indicated by physician2 => 8	Because it was difficult and costly for the caretakers to travel.....1 The disease was not improved.....2 Not satisfied with this facility.....3 Improved, no need to stay on.....4 Not enough money.....5 Cheaper treatment fees in others..6 Less costly treatment in others.....7 Without caretakers.....8 Others (specify).....9		
	ID	NAME	NAME OF HEALTH FACILITY	NO OF PERIODS	PERIOD NUMBER				
1							___ / ___ / ___		
2							___ / ___ / ___		
3							___ / ___ / ___		
4							___ / ___ / ___		
5							___ / ___ / ___		
6							___ / ___ / ___		

USE OF IN-PATIENT SERVICES IN LAST 12 MONTHS (continued)

FORM H2 – Page 2/2

Commune Code __ __ Household Code __ __

8	9	10	11	12	13
<p>[Name] stayed at this health facility for what kind of treatment?</p> <p><i>Refer to the disease code in order to put disease into the corresponding disease category:</i></p> <p>Acute disease..... 1</p> <p>Injuries, accident, poisoning, burn..... 2</p> <p>Chronic diseases..... 3</p> <p>Pregnancy/delivery... 4</p> <p>Others (specify)..... 5</p>	<p>Did [Name] voluntarily go to this facility or was [Name] referred?</p> <p>Went voluntarily....1 =>11</p> <p>Referred.....2</p>	<p>If referred, which health facility or health provider referred [Name]?</p> <p>Upon finishing this question, go to 12</p> <p>Village health workers..... 01</p> <p>Commune health station..... 02</p> <p>District hospital (or similar)..... 03</p> <p>Provincial hospital (or similar) .. 04</p> <p>Other public hospitals.... 05</p> <p>Private clinic/healthcare provider..... 06</p> <p>Pharmacies, drug seller..... 07</p> <p>Private traditional healer..... 08</p> <p>Friends, relatives..... 09</p> <p>Other facilities..... 10</p>	<p>If [Name] went voluntarily, what were the reasons for choosing this health facility for treatment?</p> <p>Convenient, near home..... 01</p> <p>Has HI there..... 02</p> <p>Previously treated there..... 03</p> <p>Believe in quality of treatment..... 04</p> <p>Has modern equipment..... 05</p> <p>Has doctor there..... 06</p> <p>Convenient time of service..... 07</p> <p>Reasonable price..... 08</p> <p>As a result of severe disease..... 09</p> <p>Others (specify)..... 10</p>	<p>How many days did [name] spend at this facility for this treatment period?</p> <p>DAYS</p>	<p>In this treatment period, how many people 15 year old or older accompanied/ took care of [Name]?</p> <p><i>If no one accompanied write 0 and => 16</i></p> <p>PEOPLE</p>

CHRONIC DISEASES, DIABILITIES, AND MENTAL ILLNESS

FORM H3 – Page 1/3

Commune Code __ __ Household Code __ __

Interviewer checks question **17-H1**: Does the household have anyone subject to form H3?

[] 0 No one ---> Form H4 [] 1 Yes (Write number of people) __ --> Start to interview the first person

Note: Finish interviewing all diseases of this person, then move to the next person, starting a new line for each patient

ID	1	2	3	4	5	6	7	
From CODE column H1	From column 1 H1 NAME	Does [Name] suffer from any chronic diseases, disabilities or mental illness? <i>Mark corresponding box</i>	Write specific code and name of disease	Severity of disease <i>Light.....1 Moderate...2 Severe.....3</i>	When was this disease, disability or mental illness diagnosed? <i>Date/month/year</i>	During the last 4 weeks, has there been any recurrence? (From this question, do not ask for disabilities) <i>No.....0 =>C2 next line Yes.....1</i>	If yes, how long did the recurrence last? <i>(If less than 1 day, write 1 day)</i> <i>Number of days</i>	How long did the patient have to lie in bed or have difficulty travelling due to this disease? <i>(If less than 1 day, write 1 day)</i> <i>Number of days</i>
		Chronic 1 ()						
		Chronic 2 ()						
		Disabilities ()						
		Mental ()						
		Chronic 1 ()						
		Chronic 2 ()						
		Disabilities ()						
		Mental ()						
		Chronic 1 ()						
		Chronic 2 ()						
		Disabilities ()						
		Mental ()						

Code for chronic diseases: Grave's disease = 1; Stomach ache = 2; Neurological pain = 3; Asthma = 4; HIV/AIDS = 5; High blood pressure = 6; Low blood pressure = 7; Tumor = 8; Tuberculosis = 9; Stomach and duodenal ulcer = 10; Osteoporosis = 11; Chronic dysentery = 12; Trachoma = 13; Prolonged insomnia = 14; Leukemia = 15; Tooth decay = 16; Kidney and bile stone = 17; Malnutrition = 18; Arthritis = 19; Diabetes = 20; Cardiovascular disease = 21; Cancer (K) = 22; Colonitis = 23; Chronic hepatitis B, C = 24; Chronic bronchitis = 25; Haemorrhoids = 26; Sinusitis = 27; **Others = 35** (write according to what is said by patients)

Code for mental illness and disability: Psychological disorders = 40 Insanity = 41 Epilepsy = 42 Post-traumatic stress (from the war) = 43 Invalid = 50 Eye = 51 Ear = 52 Impaired speech = 53 **Other disability = 54**

CHRONIC DISEASES, DIABILITIES, AND MENTAL ILLNESS (Continued)

FORM H3 – Page 2/3

Commune Code __ __ Household Code __ __

	8	9	10	11	12
<i>Mark following the correspondent line</i>	How many days was the patient himself unable to eat or to do personal hygiene? <i>(If less than 1 day, write 1 day)</i> <i>Number of days</i>	How many days did the patient have to leave work/study/daily activities? <i>Number of days</i>	In this sickness period, did the household buy drug without any prescription from physician to treat [name]'s disease or was it provided with drugs without examination in advance? <i>No.....0</i> <i>Yes.....1</i>	During this period, did the patient go for examination in any healthcare facilities? <i>No.....0</i> <i>Yes.....1 =>13</i>	What is the main reason that made [Name] not go for examination and treatment? --> C 2 the next line
Chronic 1 ()					
Chronic 2 ()					
Disabilities ()					
Mental ()					
Chronic 1 ()					
Chronic 2 ()					
Disabilities ()					
Mental ()					
Chronic 1 ()					
Chronic 2 ()					
Disabilities ()					
Mental ()					
<p><i>1=The health facility is too far; 2=The disease is incurable; 3=The disease has not been cured after more than 2 treatments; 4=Household did not have funds for examination and treatment; 5=Did not have not enough time to seek treatment; 6=The disease was not severe, and [Name] recovered quickly; 7=Don't believe in doctors; 8=Lack of transportation; 9=Household in debt; 10=Bought medicine according to last prescription; 11=Private healthcare provider visited the patient at home; 12=Others</i></p>					

CHRONIC DISEASES, DIABILITIES, AND MENTAL ILLNESS (Continued)

FORM **H3** – Page **3/3**
Commune Code ____ Household Code ____

	13	14	15	16	17
<i>Mark following the corresponding lines</i>	If the patient went for examination and treatment, how long was it from [name] had the onset until [name] got examination and treatment at the first facility? <i>Within 2 days .. 1</i> <i>3 or more days...2</i> <i>Don't know9</i>	If the patient went for examination and treatment during this period, where did [name] for this examination and treatment? <i>(Write name and code for the healthcare facility, may be more than 1 facility)</i>	Is [name] subject to form H5 (use of outpatient health services during the last 4 weeks)? <i>No.....0</i> <i>Yes.....1</i>	Is [name] subject to form H6 (self-treatment during the last 4 weeks) ? <i>No.....0</i> <i>Yes.....1</i>	Is [name] subject to form H7 (private healthcare provider visited the patient at home)? <i>No.....0</i> <i>Yes.....1</i>
Chronic 1 ()					
Chronic 2 ()					
Disabilities ()					
Mental ()					
Chronic 1 ()					
Chronic 2 ()					
Disabilities ()					
Mental ()					
Chronic 1 ()					
Chronic 2 ()					
Disabilities ()					
Mental ()					
		<i>1 = Commune Health Centre; 2 = District hospital; 3 = Provincial hospital; 4 = Central hospital; 5 = Private healthcare facility (western medicine); 6 = Private healthcare facility (traditional medicine); 9 = Others</i>			

ACUTE DISEASES, ACCIDENTS, INJURIES, AND POISONING IN LAST 4 WEEKS

FORM H4 – Page 1/3

Commune Code ____ Household Code ____

Interviewer checks **question 17-H1**: does the household have any one subject to form H4?

[] 0 No one--> Form H5

[] 1 Yes (write the number of people)

--> Begin to interview the first person

ID	1		2	3	4	5	6
(Taking from column CODE form H1)	NAME	Does the patient have acute disease, accident, injuries, or poison during last 4 weeks? <i>Mark following the corresponding lines</i>	Write specific code and name of diseases	Severity of diseases Mild.....1 Moderate...2 Severe.....3	When identified? <i>Date/month/year</i>	How long did it last?	How long did the patient have to lie in bed or have difficulty travelling due to this disease? (If less than 1 day, write 1 day) <i>Number of days</i>
		Acute disease 1()					
		Acute disease 2 ()					
		Accident, injuries ()					
		Poison ()					
		Acute disease 1()					
		Acute disease 2 ()					
		Accident, injuries ()					
		Poison ()					
		Acute disease 1()					
		Acute disease 2 ()					
		Accident, injuries ()					
		Poison ()					
Codes for acute diseases : Tetanus = 1; Rabies = 2; Cholera = 3; Flu = 4; Eye infection = 5; Parasitical worms = 6; Pertussis = 7; Venereal diseases = 8; Dysentery = 9; Acute respiratory infections = 10; Appendicitis = 11; Measles = 12; Malaria = 13; Dengue fever = 14; Cerebral vascular accident = 15; Delivery/pregnancy complication = 16; Typhoid = 17; Diarrhea = 18; Acute tonsillitis/Acute infection of otorhynolarynchological organs = 19; Acute hepatitis A = 20; Encephalitis/meningitis = 21; Acute bronchitis = 22; Acute pneumonia = 23; Urinary tract infection = 24; Gynaecological diseases = 25; Others = 35; (Following what is said by the patient) Codes for accidents and injuries: Transportation accident = 40; Fall = 41; Burn = 42; Drowning = 43; Fighting/violence = 44; Labor accident = 45; Others (Following what is said by the patient) = 49; Codes for Poisoning: Food poisoning = 50; Chemical poisoning = 51; Alcohol poisoning = 52; Drugs = 53; Insecticide = 54; Others (Following what is said by the patient) = 55;							

ACUTE DISEASES, ACCIDENTS, INJURIES, AND POISONING (Continued)

FORM H4 – Page 2/3

Commune Code __ __ Household Code __ __

	7	8	9	10	11
<i>Mark following the corresponding lines</i>	How many days was the patient himself unable to eat or to attend to their personal hygiene? (If less than 1 day, write 1 day) <i>Number of days</i>	How many days did the patient have to leave work/study/daily activities? <i>Number of days</i>	In this sickness period, did the household buy drugs without any prescription from physician to treat [name]'s disease or was it provided with drugs without examination in advance? No.....0 Yes.....1	During this period, did the patient go for examination in any healthcare facilities? No.....0 Yes.....1 =>12	What is the main reasons that made [Name] not go for examination and treatment? --> C2 the next line
Acute disease 1 ()					
Acute disease 2 ()					
Accident, injuries ()					
Poison ()					
Acute disease 1 ()					
Acute disease 2 ()					
Accident, injuries ()					
Poison ()					
Acute disease 1 ()					
Acute disease 2 ()					
Accident, injuries ()					
Poison ()					
<p>1=The health facility is too far; 2=The disease is incurable; 3=The disease has not been cured after more than 2 treatments; 4=Household did not have funds for examination and treatment; 5=Did not have not enough time to seek treatment; 6=The disease was not severe, and [Name] recovered quickly; 7=Don't believe in doctors; 8=Lack of transportation; 9=Household in debt; 10=Bought medicine according to last prescription; 11= Private healthcare provider visited the patient at home; 12=Others</p>					

ACUTE DISEASES, ACCIDENTS, INJURIES, AND POISONING (Continued)

FORM H4 – Page 3/3

Commune Code __ __ Household Code __ __

	12	13	14	15	16
<i>Mark following the corresponding lines</i>	If the patient went for examination and treatment, how long was it from when [name] had the onset until [name] got examination and treatment at the first facility? Within 2 days .. 1 3 or more days...2 Don't remember.....9	If the patient went for examination and treatment during this period, where did [name] go for this examination and treatment? (Write name and code for the healthcare facility, may be more than 1 facility)	Is [name] subject to form H5 (use of outpatient health services during the last 4 weeks)? No.....0 Yes.....1	Is [name] subject to form H6 (self-treatment during the last 4 weeks)? No.....0 Yes.....1	Is [name] subject to form H7 (private healthcare provider visited the patient at home)? No.....0 Yes.....1
Acute disease 1 ()					
Acute disease 2 ()					
Accident, injuries ()					
Poison ()					
Acute disease 1 ()					
Acute disease 2 ()					
Accident, injuries ()					
Poison ()					
Acute disease 1 ()					
Acute disease 2 ()					
Accident, injuries ()					
Poison ()					
		1= Commune Health Centre; 2 = District hospital; 3= Provincial hospital; 4= Central hospital; 5= Private healthcare facility (western medicine); 6= Private healthcare facility (traditional medicine); 9=Others			

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS

FORM H5 – Page 1/9

Commune Code ____ Household Code ____

How many people in the household used health services during the last 4 weeks?

[] 0 No one ---> Form H6 [] 1 Yes --> Number of people: __

Note: investigate each of the health facilities whose services were used during the last 4 weeks. Begin with the first person.

NO	ID	1	2		3	4	5
O R D E R O F L I N E	C	Name of the patient From column 1, form H1	What is the number of health facilities used during the last 4 weeks? <i>Check question 14 form H3 and H4 to determine the number of health facilities used during the last 4 weeks for each person. Then check question 4, 5 of form H2 to determine whether or not the patient had over-night stay for treatment?</i> Specify names of the health facilities <i>Note: each facility, one line</i>		Afterward, ask for outpatient treatment (not staying over night) at [health facility] ? <i>(Note: each health facility, one line)</i>	Is [name] still being treated or is treatment finished? <i>Still being treated.....1</i> <i>Finished.....2</i>	For what disease was this usage of health services? <i>Write code and name of the disease from column 2, form H3 or column 2, form H4 correspondingly</i>
	ID		NAME	NAME OF HEALTH FACILITY			
1							
2							
3							
4							
5							
6							

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS (*continued*)

FORM H5 – Page 2/9
Commune Code __ __ Household Code __ __

6	7	8										
Which health official of the [health facility] was the one who primarily cared for [name]?	Did the health workers of this facility serve [name] within or outside of administrative hours?	Which services of the facility did [name] use?										
		<i>Not using services0</i> <i>Yes.....1</i>										
		1	2	3	4	5	6	7	8	9	10	
		Exam-ination	Injection/t ransfusion	Testing	Operation	X-ray, ultra sound	Contra- ceptive methods	Medicine purch- asing	Acu- puncture /physio- therapy	Ante- natal care	Others	Specify
Doctor..... 1												
Assistant doctor..... 2												
Nurse..... 3												
Midwife..... 4	Within administrative 1 hours.....											
Pharmacist..... 5												
Traditional birth 6 attendant.....	Outside of 2 administrative hours.....											
Traditional healer.... 7												
Others..... 8	Both within & outside of 3 administrative hours.....											
Don't know..... 9												

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS (*continued*)

FORM H5 – Page 3/9
Commune Code __ __ Household Code __ __

9	10	11	12	13	14
What is the distance from the household to the [health facility]?	What means of transport did [name] use mainly to go to [health facility]?	Did [Name] voluntarily go to this facility or was [Name] referred to this facility?	<p>If referred, which health facility or health care provider introduced it to [Name]?</p> <p>Upon finishing this question, go to question 14</p>	If {Name} went voluntarily, what were the reasons for choosing this health facility for treatment?	How many days did [name] spend at this facility without working during the last 4 weeks?
	<p>Walk..... 1</p> <p>Horse, animal-drawn carriage..... 2</p> <p>Motorbike..... 3</p> <p>Bicycle..... 4</p> <p>Car..... 5</p>	<p>Volunteered.....1 =>13</p>	<p>Village health workers..... 01</p> <p>Commune health station..... 02</p> <p>District hospital (or similar)..... 03</p> <p>Provincial hospital (or similar) .. 04</p> <p>Other public hospitals.... 05</p> <p>Private clinics/health care provider.. 06</p> <p>Pharmacies, drug seller..... 07</p> <p>Private traditional healer..... 08</p> <p>Friends, relatives..... 09</p> <p>Other facilities..... 10</p>	<p>Convenient, near home..... 01</p> <p>Has health insurance there..... 02</p> <p>Previously treated there..... 03</p> <p>Believe in quality of treatment..... 04</p> <p>Has modern equipment..... 05</p> <p>Has doctor there..... 06</p> <p>Convenient time of service..... 07</p> <p>Reasonable price..... 08</p> <p>As a result of severe disease..... 09</p> <p>Others (specify)..... 10</p>	<p>If this person doesn't work, write 00</p> <p>DAYS</p>
K M	Others (specify)..... 6	Referred.....2			

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS (*continued*)

FORM H5 – Page 4/9

Commune Code __ __ Household Code __ __

15	16	17	18	19	20	21
<p>In this treatment period, how many people 15 years old or older accompanied/ took care of [Name] at this facility?</p> <p>IF NO ONE ACCOMPANIED WRITE 0 AND => 18</p>	<p>What is the total number of days they spent with [name] in this period?</p> <p>(IF MORE THAN ONE CARETAKER, CALCULATE THE TOTAL NUMBER OF WORKING DAYS)</p>	<p>Given the total number of days spent by the caretaker(s) with [Name], estimate the total amount of money equivalent to this length of time?</p>	<p>In this treatment period, how many people under 15 years old accompanied/ took care of [Name]?</p> <p>IF NO ONE ACCOMPANIED WRITE 0</p>	<p>In this period, did [Name] choose special treatment services on request? (Consultation, quicker testing, better equipment, self-selection of physicians, staying in better rooms)</p>	<p>Was [name]'s expenditures for the consultation and treatment of this period partially or totally reimbursed by health insurance?</p>	<p>Did [Name] receive exemption or reduction in treatment fees during this period? (Not covered by health insurance)</p>
PEOPLE	NUMBER OF DAYS	VND		<p>No.....0</p> <p>Yes.....1</p>	<p>No..... 0</p> <p>Partial payment from HI. 1</p> <p>Total payment from HI. 2 ⇒ 23</p>	<p>Exemption... 1</p> <p>Reduction.. 2</p> <p>No 3 ⇒ 23</p>

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS (*continued*)

FORM H5 – Page 5/9
Commune Code __ __ Household Code __ __

22	23	24	25	26		
Why did [name] receive exemption or reduction in treatment fees?	For this treatment period, how much did [Name] pay for [Name of health facility]? (payment with receipt of the health facility) (Including cost for examination, bed stay, testing, x-ray checks, medicine, and other services)	For this treatment period, besides those costs paid to [health facility], how much did the household spend on other treatment-related items (e.g. medicine, testing, fluid for transfusion, syringe and needle, transfusion set, etc.)?	What is the total cost for this treatment period? IF DON'T KNOW QUESTION 23 & 24, ASK THIS QUESTION IF INFORMATION IS AVAILABLE FOR QUESTIONS 23 & 24, QUESTION 25 = Q 23+Q24	A How much money was spent on gifts and rewards for healthcare providers in this period? (If the gifts were in kind, convert them into money) IF 0 => 27	B Was this amount of money suggested by healthcare providers, other people or was it given to healthcare providers at will? (There may be several situations) Suggested by HC provider..... 1 By others.... 2 At will..... 3 Others..... 4 No answer..... 9	C Was this amount of money given before, during or after treatment? (There may be several situations) Before..... 1 During 2 After..... 3
Child under 6..... 1						
Poor..... 2						
Policy subjects 3						
Relatives and acquaintances of health care provider... 4						
Others..... 5	VND	VND	VND	VND		

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS (*continued*)

FORM H5 – Page 6/9

Commune Code __ __ Household Code __ __

		27	28	29	30	31	32
D	E						
How many times was this amount given?	Was this amount, gifts given to the trade union of the facility or to individuals?	How much was the total cost spent for travel (of both the patient and his/her caretakers)?	Besides, the above-mentioned costs, are there any other costs? (such as those for accommodation and food for the caretakers, costs to hire caretakers, other costs)	Did the household have to borrow money to cover costs of this treatment?	What is the total amount of money borrowed?	Of which, how much was the interest for the borrowed money?	Did your household have to sell any thing to cover the costs for the treatment?
Number of times	Trade union...1 Individuals.....2 Both.....3	VND	VND	No0 => 32 Yes.....1	VND	VND	No.....0 => 34 Yes.....1

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS (*continued*)

FORM H5 – Page 7/9

Commune Code __ __ Household Code __ __

33	34	35	36
<p>What did you have to sell? (May be more than one situation)</p> <p><i>Rice/agriculture products.....1</i> <i>Domestic commodities.....2</i> <i>Small-industry products.....3</i> <i>Means of transport.....4</i> <i>Means of production.....5</i> <i>Others.....6</i></p>	<p>If you could score this health facility in terms of administrative procedures, what score would [name] give with the lowest being 1 and highest 10?</p>	<p>What does [NAME] think should be done to improve the administrative procedures of this health facility so that it will be more convenient for patients? <i>(Specify. If not enough space, please mark and write on the back page)</i> <i>If no ideas, mark 0</i></p>	<p>If you could score ATTITUDE OF PHYSICIANS ON SERVICE PROVISION at this facility, what score would [NAME] give with the lowest being 1 and highest 10?</p>
	SCORE		SCORE

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS (*continued*)

FORM H5 – Page 8/9
Commune Code __ __ Household Code __ __

37	38	39	40
<p>What does [NAME] think should be done to improve the attitude of physicians on service provision at [health facility] ? (Specify. If not enough space, please mark and write on the back page) If no ideas, mark 0</p>	<p>If you could score TRUST IN PROFESSIONAL SKILLS OF PHYSICIANS at this facility, what score would [NAME] give with the lowest being 1 and highest 10?</p>	<p>What does [NAME] think should be done to improve the quality of treatment at [health facility] ? (Specify. If not enough space, please mark and write on the back page) If no ideas, mark 0</p>	<p>If you could score the environmental sanitation at this facility, what score would [NAME] give with the lowest being 1 and highest 10?</p>
	SCORE		SCORE

USE OF SERVICES (OUT-PATIENT) IN LAST 4 WEEKS (*continued*)

FORM H5 – Page 9/9
Commune Code ____ Household Code ____

41	42
<p>What does [NAME] think should be done to improve the environmental sanitation at [health facility]?</p> <p><i>(Specify. If not enough space, please mark and write on the back page)</i></p> <p><i>If no ideas, mark 0</i></p>	<p>Before going to this health facility, where else did [NAME] go for health check-up or treatment?</p> <p><i>(Maybe more than 1 facility, mark separation " - " eg: 03 - 05)</i></p> <p>Village health worker..... 01</p> <p>Commune health station..... 02</p> <p>District hospital or similar 03</p> <p>Provincial hospital or similar..... 04</p> <p>Central hospital..... 05</p> <p>Private healthcare providers/clinics..... 06</p> <p>Pharmacies/drug sellers..... 07</p> <p>Private traditional healers..... 08</p> <p>Friends, relatives..... 09</p> <p>Other facilities..... 10</p> <p><i>Visiting no health facilities 11</i></p>

SELF-MEDICATION WITH MEDICINE WHEN SICK DURING THE LAST 4 WEEKS

FORM H6 – Page 1/3

Commune Code __ __

Household Code __ __

How many people in the household bought medicine for self-treatment during the last 4 weeks (check question 10-H3 and question 9-H4)

[] 0 No one ---> Form H7 [] 1 Yes --> Write number of people _____.

Note: Investigate each of the health facilities where medicine was bought for self-treatment during the last 4 weeks for each individual. Begin with the first person.

No	ID		1		2	3	4	5	6		
LINE ORDER	C O D E	Name of user	During the last 4 weeks, from which health facilities or medicine selling points did the household buy medicine for [name]? SPECIFY NAME OF THE HEALTH FACILITY NOTE: EACH FACILITY, ONE LINE	Ask for each facility	During the last 4 weeks, how many times has the household bought over-the-counter medicine for [name] at this facility?	During the last 4 weeks, has the household bought traditional or western medicine for [name] at this facility? <i>Traditional.....1</i> <i>Western.....2</i> <i>Trad & Western 3</i> <i>Others.....4</i> <i>Check-up.....5</i>	During the last 4 weeks, at this facility, has the household bought medicine for [name] following the previous prescription? <i>No..... 0</i> <i>Yes..... 1</i>	During the last 4 weeks, at this facility, how many medicines has the household bought for [name]? (Count as two times if the medicine has the same name but is in different forms such as: tablet, injection, ointment, spray) NUMBER OF MEDICINES	Of the total number of medicines bought, how many are in the form of injection, orally taken, and others? (IF YES, WRITE NUMBER OF MEDICINE NAMES, IF NONE, WRITE 00)		
			ID		NAME	NO OF TIMES				NO OF MEDICINES IN INJECTION FORM	NO OF MEDICINES TAKEN ORALLY
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

SELF-MEDICATION WITH MEDICINE WHEN SICK DURING THE LAST 4 WEEKS (continued)

Commune Code

FORM H6 – Page 2/3

Household Code

[illegible]

SELF-MEDICATION WITH MEDICINE WHEN SICK DURING THE LAST 4 WEEKS (*continued*)

Commune Code __ __

FORM H6 – Page 3/3

Household Code __ __

12	13	14
What is the main reason leading to the household's choosing this facility but not others?	How much money was spent on buying medicine for [name] at this facility during the last 4 weeks?	Other costs (eg. transportation,... during the times to buy medicine for [name] at this facility?
<i>Only medicine selling point in commune..... 1</i>		
<i>Previously bought medicine there..... 2</i>		
<i>Trust the quality of medicine..... 3</i>		
<i>Relatives/acquaintances working there/introducing..... 4</i>		
<i>Convenient opening time..... 5</i>	(IF NOTHING WRITE 0)	(IF NOTHING WRITE 0)
<i>Convenient, near home..... 6</i>		
<i>Reasonable price..... 7</i>		
<i>Others..... 8</i>	V N D	V N D

HOME VISITS BY PRIVATE HEALTH CARE PROVIDERS IN LAST 4 WEEKS

FORM H7 – Page 1/3

Commune Code __ __

Household Code __ __

How many people in the household were sick and examined at home by private healthcare providers during the last 4 weeks?

[] 0 No one ---> Form H8 [] 1 Yes --> Number of people __ __.

Note: Investigate each patient one by one.

NO	ID	1	2	3	4	5	6	7
O R D E R O F L I N E	C O D E	Name of patient	How many times has [name] been visited by private healthcare providers?	What diseases were treated?	Is [name] still being treated or has treatment finished?	What date did [name] start the treatment?	What date did the treatment or will the treatment finish?	The private healthcare provider who treated the patient at home is:
	Take from column CODE- H1 ↓ ID	From column 1 - H1 NAME	(Check question 17 form H3 and 16 H4)	(Check question 2 form H3 and column 2 form H4)	Being treated...1 Finished... ..2	Date/month	Date/month	<i>Doctor..... 1</i> <i>Assistant Doctor..... 2</i> <i>Nurse..... 3</i> <i>Midwife..... 4</i> <i>Pharmacist..... 5</i> <i>Traditional birth attendant..... 6</i> <i>Traditional healer..... 7</i> <i>Others..... 8</i> <i>Don't know..... 9</i>
1								
2								
3								
4								
5								
6								

HOME VISITS BY PRIVATE HEALTH CARE PROVIDERS IN LAST 4 WEEKS

Commune Code ____

FORM H7 – Page 2/3

Household Code ____

8	9	10								11
Does this private healthcare provider work in a public health facility?	Did this private healthcare provider treat [name] within or outside of administrative hours?	During the treatment visit to [name], did the healthcare provider provide any of the following services?								What was the total expenditure for this private healthcare provider?
		<i>No.....0</i> <i>Yes.....1</i>								
		1	2	3	4	5	6	7	8	
		Exam-ination	Trans-fusion	Testing	Oper-ation	Selling medicine	Acupunc-ture/physio-therapy	Ante-natal care	Others	Specify
	<i>Within administrative hours..... 1</i>									
	<i>Outside administrative hours..... 2</i>									
<i>No.....0</i>	<i>Both of the above..... 3</i>									
<i>Yes.....1</i>										VND

HOME VISITS BY PRIVATE HEALTH CARE PROVIDERS IN LAST 4 WEEKS

Commune Code __ __

FORM H7 – Page 3/3

Household Code __ __

12	13	14	15	16	17	13
Of this amount, how much was for medicine?	Did the household have to borrow money to pay for the treatment?	What was the amount borrowed?	Of which, what was the interest for the borrowed money?	Did your household have to sell anything to cover the costs for the treatment?	What did you have to sell? (May be more than one situation)	What is the reason [name] chose to be visited at home by a private healthcare provider?
						Convenient/near home..... 01
						Previously did that..... 02
					Rice/agricultural products.... 01	Trust the quality of HCP 03
					Domestic commodities..... 02	Modern equipment/machines..... 04
					Small-industry products... 03	Convenient service time..... 05
					Means of transport..... 04	Reasonable price..... 06
					Means of production..... 05	Severe disease..... 07
					Others..... 06	Others (specify)..... 08
VND	No ..0 => 16 Yes.....1	VND	VND	No0 => 13 Yes.....1		

**CARE OF WOMEN DURING PREGNANCY, DELIVERIES IN THE LAST 3 YEARS AND
PREVENTION OF DISEASES IN CHILDREN UNDER 36 MONTHS OLD - FORM H8**

	Commune Code : <input style="width: 80%;" type="text"/>
	Household Code : <input style="width: 80%;" type="text"/>
	Code of the woman interviewed (taken from column 17 form H1): <input style="width: 80%;" type="text"/>

The following questions are to ask whether or not the woman gave birth from July 1998 to the investigation date. Each woman uses a separate questionnaire. If the woman has given birth more than one time, ask for the most recent time.

101	Has the woman given birth from July 1998 to date?			
	- Yes	[] 1		
	- No (check one more time to be sure and move to question 301)	[] 2 ----> H9		
102	When was the latest delivery?	___/___/19___		
Part I- Care during pregnancy (Only ask for the most recent delivery)				
103	Did you go for antenatal care when pregnant with this child? If yes, how many times?			
	- No	[] 1 -----> 201		
	- Yes (number of antenatal check-ups)	___		
	- Don't remember	[] 9 -----> 201		
104	How many months pregnant were you when you went for the first antenatal check-up?			
	- Number of month	___ Month		
	- Don't remember	[] 9		
105	For this pregnancy, where did you go for antenatal care? (Ask for each check-up, mark the answer in the correspondent box)			
		1st time	2nd time	3rd time
	1- City/provincial hospital (specific name).....	[] 1	[] 1	[] 1
	2- District/town hospital (specific name).....	[] 2	[] 2	[] 2
	3- Commune health station	[] 3	[] 3	[] 3
	5- Private healthcare facility (Western medicine)	[] 4	[] 4	[] 4
	6- Private healthcare facilities of those working in the public sector	[] 5	[] 5	[] 5
	8- Private traditional practitioner's clinic (eastern medicine)	[] 6	[] 6	[] 6
	9- Others (specific name)	[] 7	[] 7	[] 7
	10- Not going for the second and third check-ups		[] 8	[] 8
	11- Don't remember	[] 9	[] 9	[] 9
	Where did you go for check-ups the most often? (Write code and specific name of the healthcare facility)	___		

106	Who provided antenatal care to you? (ask for each antenatal check-up, mark the answer in the corresponding box)	<i>1st time</i>	<i>2nd time</i>	<i>3rd time</i>
	- Midwife	[] 1	[] 1	[] 1
	- Nurse	[] 2	[] 2	[] 2
	- Assistant doctor	[] 3	[] 3	[] 3
	- Doctor	[] 4	[] 4	[] 4
	- Traditional healer	[] 5	[] 5	[] 5
	- Traditional birth attendant	[] 6	[] 6	[] 6
	- Others (specify) \approx _____	[] 6	[] 6	[] 6
	- Not going for the 2nd and 3rd check-ups		[] 8	[] 8
107	During the check-ups, which of the following services did you receive? (ask for each type, mark the answer in the corresponding box)	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	- Blood pressure taken	[] 1	[] 2	[] 8
	- Body weighed	[] 1	[] 2	[] 8
	- Waist measured	[] 1	[] 2	[] 8
	- Foetal heart beat checked	[] 1	[] 2	[] 8
	- Urine tested	[] 1	[] 2	[] 8
	- Vaginal examination	[] 1	[] 2	[] 8
	- Tetanus vaccination	[] 1	[] 2	[] 8
	- Ultrasound	[] 1	[] 2	[] 8
	- Given instruction on resting and avoiding hard work during pregnancy	[] 1	[] 2	[] 8
	- Given instructions on eating and the use of medicine during pregnancy	[] 1	[] 2	[] 8
	- Receiving iron tablets	[] 1	[] 2	[] 8
Part 2- Now we would like to ask you about the delivery of this child.				
201	Where did you give birth to this child? (write specific name and mark the corresponding code:)			
	- Commune health station (name of commune).....	[] 1		
	- Private healthcare facility (name of the facility).....	[] 2		
	- District hospital (Name of district)	[] 3		
	- Provincial/city hospital (Name of province/city)	[] 4		
	- Staying home with care from healthcare provider	[] 5		
	- Staying home without care from healthcare provider	[] 6		
	- Others (specific) \approx _____	[] 7		
202	Who attended the birth of this child?			
	- Midwife	[] 1		
	- Obstetric doctor/assistant doctor	[] 2		
	- Doctor/assistant doctor of other specialty	[] 3		
	- Traditional birth attendant	[] 4		
	- Family relative (not health professional)	[] 5		
	- No assistance at all (self-help)	[] 6		
	- Don't remember	[] 9		

Part III- Asking for knowledge and practice of childcare

	Check H1 to ensure that this household has child under 36 months old?	
	- Yes	[] 1
	- No	[] 2 ---> Move to H9
301	According to you, which diseases does the child's vaccination prevent?	
	- Tuberculosis	() 1
	- Polio	() 2
	- Diphtheria	() 3
	- Pertussis	() 4
	- Tetanus	() 5
	- Measles	() 6
	- Japanese Encephalitis	() 7
	- Hepatitis B	() 8
	- Don't know	() 9
302	Does the household keep an immunization card for the child?	
	- Yes	[] 1
	- No	[] 2 ----> 304
	- Don't know	[] 9 ----> 304
303	Copy the contents in the immunization card or from immunization registers into the following table:	
		Yes No
	- BCG	[] 1 [] 2
	- Polio at birth	[] 1 [] 2
	- Polio first time (Sabin 1)	[] 1 [] 2
	- Polio second time (Sabin 2)	[] 1 [] 2
	- Polio third time (Sabin 3)	[] 1 [] 2
	- DPT 1	[] 1 [] 2
	- DPT 2	[] 1 [] 2
	- DPT 3	[] 1 [] 2
	- Measles	[] 1 [] 2
304	During the last 6 months, has the child been supplemented with vitamin A?	
	- Yes	[] 1
	- Not yet	[] 2
	- Don't remember/don't know	[] 9
305	During the last 3 months, has the child's weight been monitored?	
	- Yes	[] 1 ----> time ____
	- Not yet	[] 2
	- Don't remember/don't know	[] 9

Thank you for your cooperation in completing this questionnaire. ----> Move to H9

HOUSEHOLD WEALTH STATUS

Commune Code ____ FORM H9 – Page1/3
Household Code ____

C O D E	21		22	23	24
	Does your household have any of the following household items which are still in working order?	Yes..... 1 No.... 0 ⇒ THE NEXT ASSET	How many sets?	In which year did your household receive the asset? YEAR (write 4 digits)	What was the price of the asset at the time of purchasing/receiving? THOUSAND VND
1	Coloured TV?				
2	Black & white TV?				
3	Video?				
4	Stereo system?				
5	Portable Radio, cassette players (not part of stereo system)?				
6	Telephone (including mobile)?				
7	Refrigerator?				
8	Air-conditioner?				
9	Washing machine?				
10	Hot-cold water basin?				
11	Motorbikes?				
12	Bicycle?				
13	Boat/motor boat?				

3. Housing and environmental sanitation

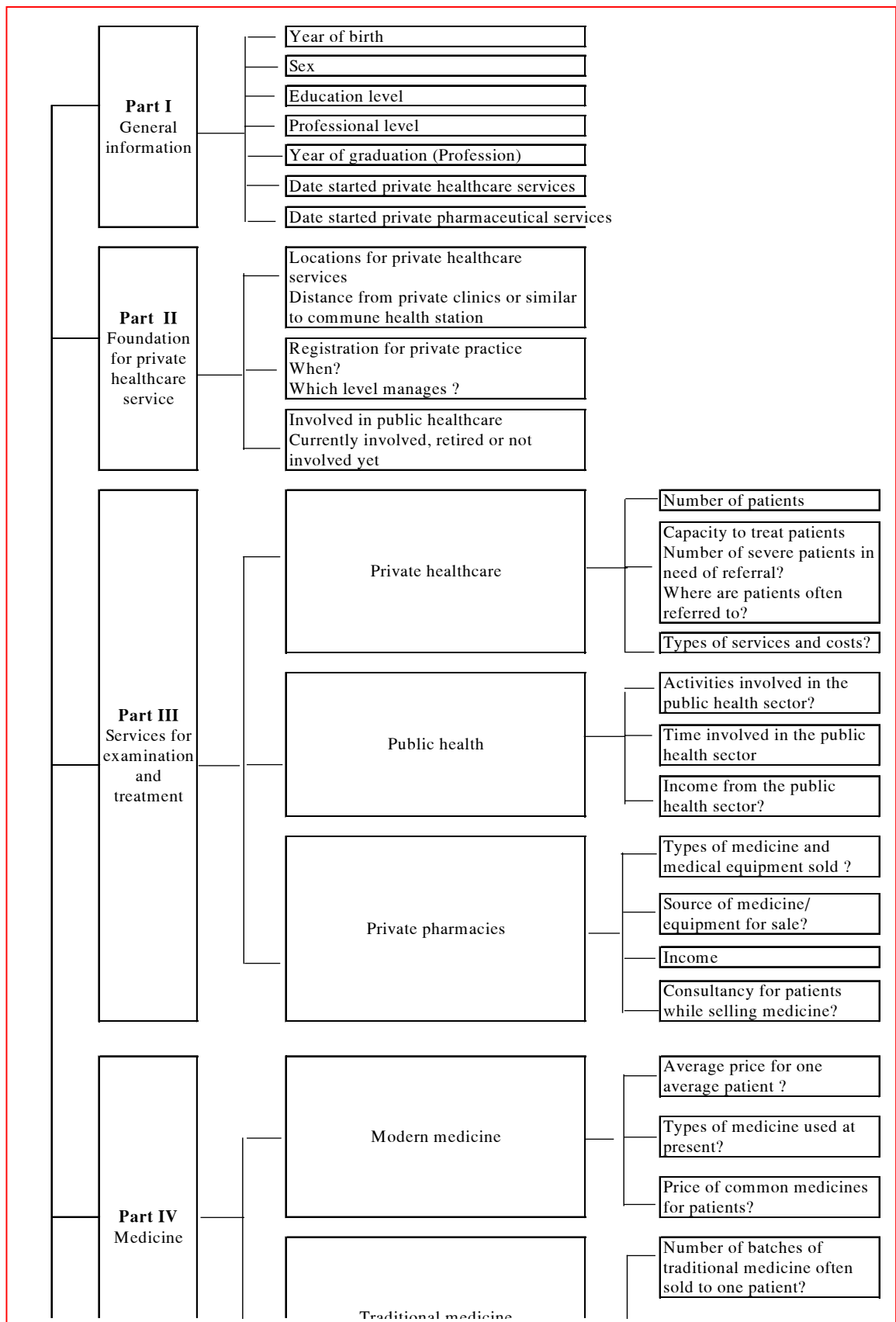
31	What is the total living area of your household? (including all rooms used for dining, sleeping, guestroom, reading/studying, and extra space within your house)-excluding garden and yard.	_____ m ²
32	Interviewer observes type of house and records house type	
	<i>Well-built</i>	[] 1
	<i>Semi-built</i>	[] 2
	<i>Durable wooden frame</i>	[] 3
	<i>Plain but not leaking</i>	[] 4
	<i>Plain and leaking</i>	[] 5
	<i>Others</i>	[] 8
33	Interviewer observes the main floor	
	+ <i>Dirt floor</i>	[] 1
	+ <i>Cement-covered or brick-covered floor</i>	[] 2
	+ <i>Wooden, marble</i>	[] 3
	+ <i>Others (specify)</i>	[] 4
34	Which of the following sources of water have you used as the main source during the last 12 months? (if equal, write the currently used source)	
	<i>Running water</i>	[] 1
	<i>Bore water well</i>	[] 2
	<i>Dug well</i>	[] 3
	<i>Rain water</i>	[] 4
	<i>River, stream, pond water</i>	[] 5
	<i>Others</i>	[] 8
35	Which type of latrine do you use? (combine with observation of interviewer)	
	<i>Sealed and semi-sealed latrine</i>	[] 1
	<i>Water-flushed latrine</i>	[] 2
	<i>Latrine with 2 compartments</i>	[] 3
	<i>Simple/1 compartment latrine</i>	[] 4
	<i>Latrine discharging into ponds, rivers, canal, animal pen</i>	[] 5
	<i>Others</i>	[] 8
36	Do you have a garden and/or pond?	
	- <i>Only garden</i>	[] 1
	- <i>Only pond</i>	[] 2
	- <i>Both garden and pond</i>	[] 3
	- <i>No garden, nor pond</i>	[] 4
37	Do you have built animal pen?	
	- <i>No animal pen</i>	[] 1
	- <i>Not brick-built, but soil built</i>	[] 2
	- <i>Brick-built pen</i>	[] 3

38	Do you have buffalo, cow and cart?		
	- No	[] 0	
	- Yes	[] 1	
39	Last year, did you have to borrow money or items of high value?		
	- No	[] 0	
	- Yes	[] 1	
	- Don't know	[] 2	
40	If yes, what is the total value of these items (Unit = VND)		
41	Where did you borrow money?		
	- Private lender	() 1	
	- Relatives, acquaintances	() 2	
	- Banks, credit organizations	() 3	
	- Social organizations	() 4	
	- Other sources	() 5	
42	For what purpose did you borrow money?		
	- Building house	() 1	
	- Purchasing domestic items/means of transportation	() 2	
	- Investment in production	() 3	
	- Business	() 4	
	- Examination and treatment of disease	() 5	
	- Other purposes	() 6	
43	Which of the following household economic group does this household belong to?	Classified by interviewer	Classified by commune leaders*
	- Hungry	[] 1	[] 1
	- Poor	[] 2	[] 2
	- Enough food	[] 3	[] 3
	- Fairly wealthy	[] 4	[] 4
	- Rich	[] 5	[] 5

* Note: Leave blank for supervisor fill in later

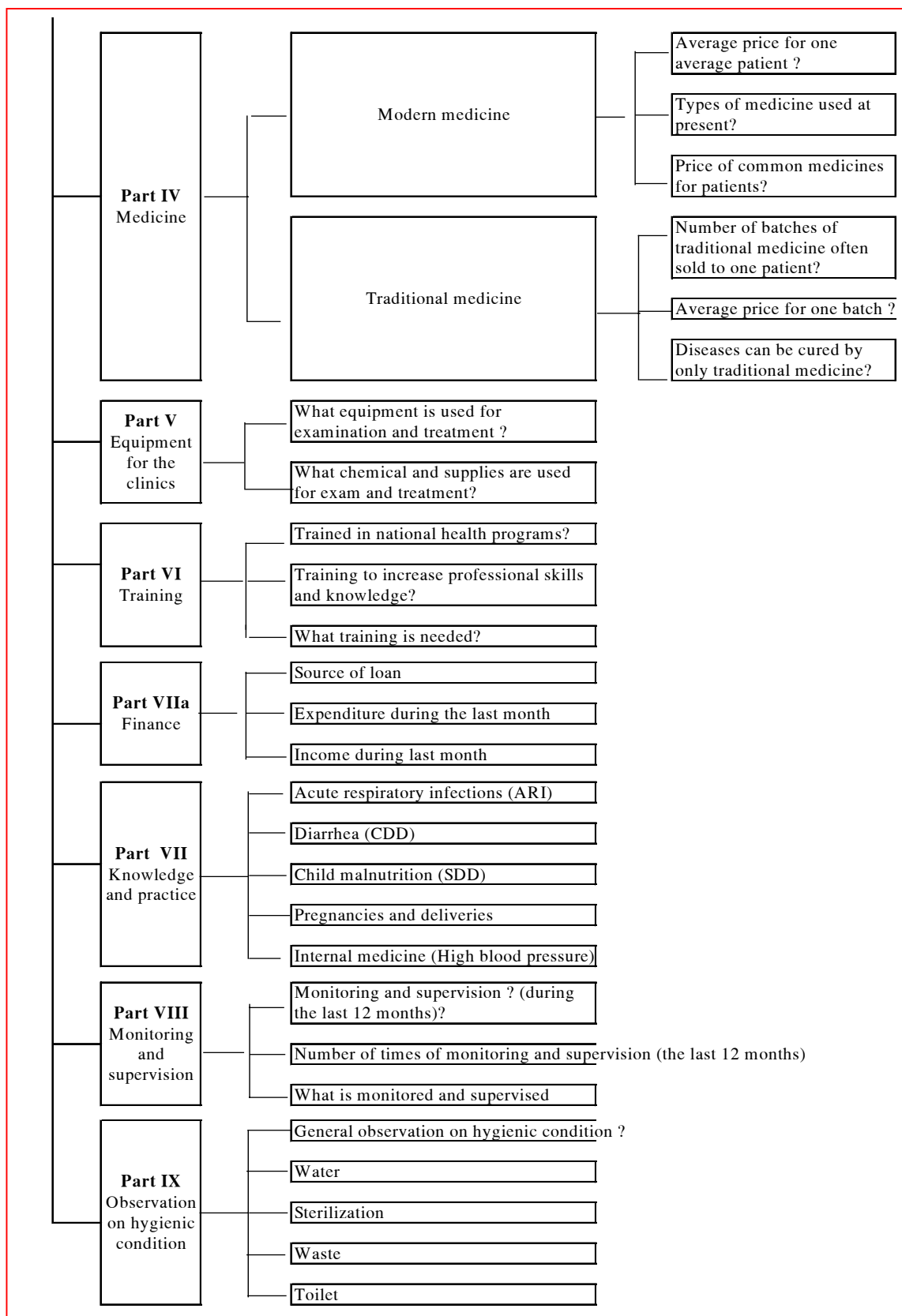
HUNG YEN PRIVATE HEALTH CARE PROVIDER SURVEY- OVERVIEW

Chart for Private Provider Survey Components - Page 1/2



HUNG YEN PRIVATE HEALTH CARE PROVIDER SURVEY- OVERVIEW

Survey Components Chart (continued) - Page 2/2



HUNG YEN PRIVATE HEALTH CARE PROVIDER SURVEY – FORM P; Page 1/6

Part I & II. General Information and Foundation for Private Practice

Part I. General information		
101	Your year of birth?	19 ____
102	Sex	
	+ Male	[] 1
	+ Female	[] 2
103	Your educational level?	
	+ Elementary (Grade 1)	[] 1
	+ Secondary (Grade 2)	[] 2
	+ High school (Grade 3)	[] 3
103a	Do you have a degree, diploma, or any certificate in medical training?	
	+ Yes	[] 1
	+ No	[] 2 → 106
104	Your professional level?	
	+ Doctor	[] 1
	+ General assistant doctor	[] 2
	+ Paediatric-obstetric assistant doctor	[] 3
	+ Other assistant doctor	[] 4
	+ Nurse	[] 5
	+ Secondary midwife	[] 6
	+ Elementary midwife	[] 7
	+ Advanced pharmacist	[] 8
	+ Secondary pharmacist	[] 9
	+ Elementary pharmacist	[] 10
	+ Traditional medicine practitioner	[] 11
	+ Others (specify)	[] 12 _____
105	In which year did you obtain your professional certificate?	19 ____
106	When did you start working in the health/pharmaceutical	____ / ____ / ____
107	When did you start working as a private healthcare/pharmaceutical provider ?	____ / ____ / ____
Part II. Foundation for private health care service		
108	Where do you practice private healthcare services?	
	+ At patients' houses	() 1
	+ At home	() 2
	+ At private clinic	() 3
	+ At clinic shared with others	() 4
	+ At commune health station/ Inter-commune polyclinics/hospitals, etc.	() 5
	+ Others (specify)	() 6 _____
109	What is the distance from your clinic to commune health station?	____ , ____ km
110	Have you registered your private practice?	
	+ Yes	[] 1
	+ No	[] 2 → 112
111	When did you register?	____ / ____ / ____
112	Which level manages your private clinic?	
	+ Provincial health service	[] 1
	+ City/District health centre	[] 2
	+ Commune health station	[] 3
	+ Others (specify)	[] 4 _____
	+ No level manages	[] 5
113	Have you ever been a government staff member ?	
	+ Have never	[] 1 → 207
	+ Yes, but retired	[] 2 → 207
	+ At present being :	[] 3

HUNG YEN PRIVATE HEALTH CARE PROVIDER SURVEY – FORM P; Page 2/6

Part III. Type of services provided by private providers

Part III: Services provided	
201 In general, are you providing:	Yes No
+ Drug sales only	[] 1 → drug sales questionnaire
+ treatment service only	[] 1 [] 2
+ both treatment service and drug sales	[] 1 [] 2
207 During the last 4 weeks, how many patients have you examined and treated?	__ . __ __ __
208 In the event of a severe case, beyond your treatment ability, how do you deal with it?	
+ Don't accept for treatment	[] 1
+ Keep at your clinic for treatment	[] 2
+ Visit the patient's home for treatment	[] 3
+ Refer him or her to other places	[] 4
+ Others (specify)	[] 5 _____
209 During the last 4 weeks, how many patients have you referred to other places ?	__ __
210 Which health facility do you often refer patients to?	
+ Commune health station/inter-commune polyclinics	[] 1
+ District hospital	[] 2
+ City/provincial hospital	[] 3
+ Central or regional hospital	[] 4
+ Other private healthcare facilities	[] 5
211 When practising private healthcare, which of the following services have you provided? What is price for each of them? (read each situation one by one)	Yes No Price
+ Normal delivery assistance	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
+ Pre-natal check-up	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
+ Muscle injection (only cost for your work, not covering cost of medicine)	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
+ Examination and treatment of common diseases	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
+ Minor operation	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
+ Menstrual regulation	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
+ Massage and pressure point	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
+ Acupuncture/aquatic and electric acupuncture	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
+ Pulse palpation and prescription of traditional medicine	[] 1 [] 2 __ . __ __ __ . __ __ __ dong
212 When practising private healthcare, do you reduce or exempt treatment fees ?	
+ Yes	[] 1
+ No	[] 2 → 301
213 Which subjects do you reduce or exempt fees for ?	
+ The poor	() 1
+ Policy households	() 2
+ Other subjects (specify)	() 3 _____

HUNG YEN PRIVATE HEALTH CARE PROVIDER SURVEY – FORM P; Page 3/6

Part IV& V. Availability of medicine and equipment at health care facility

Part IV : Available of essential medicine at the private health care provider's clinic			
301	Do you sell western medicine to patients after examination or treatment ?		
	+ Yes	[] 1	
	+ No	[] 2	→ 303
303	At present, in order to serve your examination and treatment, which of the following medicine do you have? (read clearly each medicine)	Yes	No
	+ Artemisinin	[] 1	[] 2
	+ Mebendazol/ Albendazol	[] 1	[] 2
	+ Iron tablet	[] 1	[] 2
	+ Oxytocin	[] 1	[] 2
	+ Oresol	[] 1	[] 2
	+ Amoxicillin	[] 1	[] 2
	+ Paracetamol	[] 1	[] 2
	+ Diclofenac	[] 1	[] 2
	+ Clorpheneramin	[] 1	[] 2
	+ Adrenaline	[] 1	[] 2
	+ Diazepam	[] 1	[] 2
	+ Dexamethason	[] 1	[] 2
	+ Metronidazol	[] 1	[] 2
	+ Nystatin	[] 1	[] 2
	+ Co-trimoxazol/ Biseptol	[] 1	[] 2
	+ Atropine sulphate	[] 1	[] 2
	+ Cefalexin	[] 1	[] 2
	+ Dextromethorphan 15 mg	[] 1	[] 2
	+Alcohol ASA	[] 1	[] 2
	+ Theophylline	[] 1	[] 2
Part V: Available equipment and supplies at health care facilities			
401	Which of the following equipment do you have (still in use) to serve your private healthcare provision? (read each situation.)	Yes	No
	+ Telephone	[] 1	[] 2
	+ Refrigerator, cold chain	[] 1	[] 2
	+ Sterilizer	[] 1	[] 2
	+ Eye vision measurer	[] 1	[] 2
	+ Sphygmomanometer	[] 1	[] 2
	+ Thermometer	[] 1	[] 2
	+ Stethoscope	[] 1	[] 2
	+ Child growth chart	[] 1	[] 2
	+ Newborn scale	[] 1	[] 2
	+ Scale provided by the nutritional program	[] 1	[] 2
	+ Adult scale	[] 1	[] 2
	+ Microscope	[] 1	[] 2
	+ Delivery/Family Planning table	[] 1	[] 2
	+ Family Planning set	[] 1	[] 2
	+ Foetal heartbeat instrument	[] 1	[] 2
	+ Pelvis measurer	[] 1	[] 2
	+ Otorhinolaryngological set	[] 1	[] 2
	+ Electronic acupuncture	[] 1	[] 2
	+ Picture of body point system	[] 1	[] 2
402	At present, to serve your private healthcare, do you have the following chemicals and supplies? (read each situation)	Yes	No
	+Sterilizing alcohol	[] 1	[] 2
	+ Iodine alcohol	[] 1	[] 2
	+Disinfectant	[] 1	[] 2
	+ Bandages	[] 1	[] 2
	+ Gloves	[] 1	[] 2

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Part V (continued, question 402) & Part VI. Training

402	At present, to serve your private healthcare, do you have the following chemicals and supplies? (read each situation)	Yes	No
	+Sterilizing alcohol	[] 1	[] 2
	+ Iodine alcohol	[] 1	[] 2
	+Disinfectant	[] 1	[] 2
	+ Bandages	[] 1	[] 2
	+ Gloves	[] 1	[] 2
	+ Pregnancy test	[] 1	[] 2
	+Urine protein testing paper	[] 1	[] 2
	+ Sterilized needles and injection set (including plastic disposable syringes)?	[] 1	[] 2
	+ Acupuncture needles	[] 1	[] 2

Part VI : Training

601	During the last 3 years (1998, 1999, 2000) which of the following programs or training courses have you been trained on?	Yes	No	According to your work		
				Very needed	Need Avge	No need
	+ EPI (Expanded Program on Immunization)	[] 1	[] 2	[] 1	[] 2	[] 4
	+ CDD (Control of Diarrheal Diseases)	[] 1	[] 2	[] 1	[] 2	[] 4
	+ ARI (Acute Respiratory Infections)	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Nutritional program	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Population, Family Planning & Reproductive Health	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Tuberculosis control program	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Iodine Deficiency Disorder prevention & control program	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Malarial control program	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Vitamin A deficiency prevention & control program	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Anaemia prevention & control program	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Gynaecological Diseases	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Child healthcare	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Functional rehabilitation	[] 1	[] 2	[] 1	[] 2	[] 4
	+ HIV/AIDS/STDs prevention & control program	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Safe water and sanitation	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Health check-up and treatment	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Management and planning	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Traditional medicine	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Pharmaceutical	[] 1	[] 2	[] 1	[] 2	[] 4
	+ Others (specify)_____	() 20		[] 1	[] 2	[] 4
602	In addition, during the last 3 years have you ever attended in any training session to improve your professional skills					
603	In order to improve the quality of your private healthcare facility, in which of the following would you like to be trained more? Read each situation.					
	+ Retraining of your profession skills	() 1				
	+ Training to upgrade your professional skills	() 2				
	+ Training on management skills	() 3				
	+ Training to update information of medicine and treatment regimens	() 4				
	+Other expectations (specify)	() 5 _____				

Part VII . Knowledge & Clinical Performance

Part VII : Knowledge & clinical performance

701	According to you, what criteria indicate acute respiratory infections (ARI)?			
	+Breathing \geq 50 times/minute	() 1		
	+ Chest withdrawing	() 2		
	+ Fever > 37.5oC	() 3		
	+ Cough	() 4		
702	For a 3 year old child with cough and fever (>37.5oC, breath >50 times/minute), according to you, which of the following medicines can be used? Read clearly each situation.	Usable	Not usable	Don't know
	+ Amoxicillin tablet	[] 1	[] 2	[] 3
	+ Penicillin tablet	[] 1	[] 2	[] 3
	+ Ampicillin tablet	[] 1	[] 2	[] 3
	+ Tetracycline tablet	[] 1	[] 2	[] 3
	+ Peflacin	[] 1	[] 2	[] 3
	+ Penicillin injection	[] 1	[] 2	[] 3
	+ Prednisolone	[] 1	[] 2	[] 3
	+ Erythromycin tablet	[] 1	[] 2	[] 3
	+ Dexamethasone tablet	[] 1	[] 2	[] 3
	+ Paracetamol tablet	[] 1	[] 2	[] 3
	+ Biseptol/ Bactrim	[] 1	[] 2	[] 3
	+ Anti-cough syrup	[] 1	[] 2	[] 3
	+ Anti-cough tablet	[] 1	[] 2	[] 3
703	According to you, what symptoms should a mother know when her child has diarrhea?			
	+ Number of times child has passed stools	() 1		
	+ Characteristics of the stool (solid, loose, with blood)	() 2		
	+ Vomiting	() 3		
	+ Thirsty	() 4		
	+ Fever	() 5		
	+ Others (specify)	() 6		
704	According to you, what should mothers do when their children have diarrhea without fever?			
	+ Use antibiotics	() 1		
	+Feed and breastfeed their children normally	() 2		
	+ Let their children drink ORESOL	() 3		
	+ Take their children to health facilities	() 4		
	+Others (specify)	() 5		
709	A 58 year old man comes for high blood pressure examination, what are the questions related to high blood pressure that you will ask this man?			
	+ Asking for signs: headache, dizziness, blurred vision, chest pain, etc.	() 1		
	+ How long he has had these signs	() 2		
	+ History of high blood pressure (incl. How high BP is)	() 3		
	+ Whether he has other diseases	() 4		
	+ What medicine he has been treated with	() 5		
	+ Who else in his family also has high blood pressure?	() 6		
	+ Occupation, age	() 7		
	+ Eating regimen	() 8		
	+ Smoking or drinking	() 9		
	+ Frequency and amount of physical exercise?	() 10		
	+ Stress levels	() 11		
	+ Others (specify)	() 12		

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Part VIII & IX .Monitoring, Supervision, and Hygiene Condition of Clinics

Part VIII: Monitoring and supervision

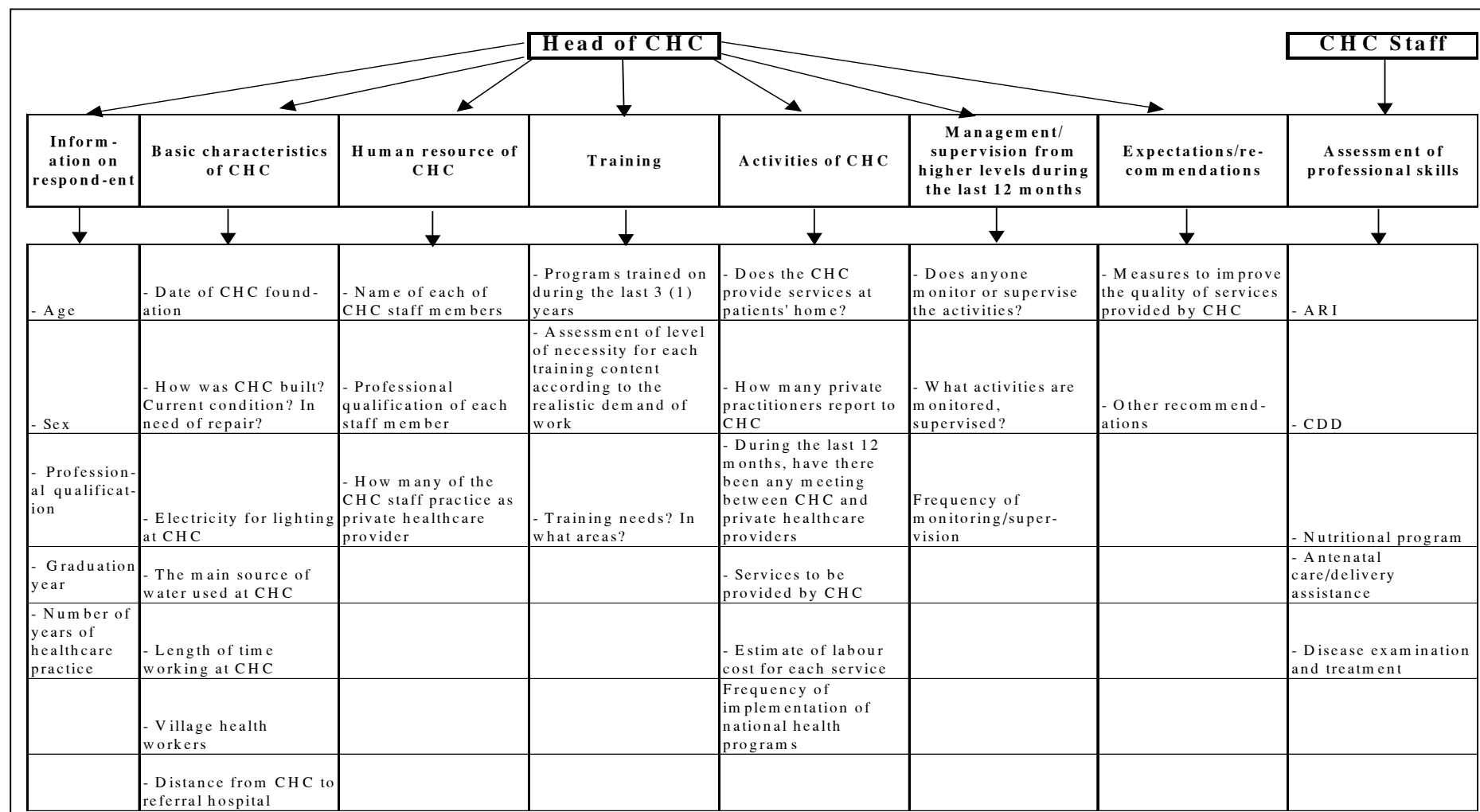
801	During the last 12 months, has someone visited to monitor and supervise your private healthcare activities?	
	+ Yes	[] 1
	+ No	[] 2
802	How many times has monitoring and supervision been carried out?	___ times
803	What have they monitored and supervised?	
	+ Profession or equipment	() 1
	+ Practice regulations	() 2
	+ Environmental sanitation	() 3
	+ Medicine	() 4
	+ Finance	() 5

Part IX: General hygiene condition of the health care facility

901	Comments of the interviewer on the general hygienic condition of the facility?	
	+ Clean	[] 1
	+ Normal	[] 2
	+ Dirty	[] 3
902	Are water and tools available at the facility for washing hands?	
	+ Yes	[] 1
	+ No	[] 2
903	Does the facility use sterilizing measures?	
	+ Yes	[] 1
	+ No	[] 2 → 906
904	Does the facility encounter any difficulty in sterilization?	
	+ Yes	[] 1
	+ No	[] 2
905	What are they ?	
	+ Steamer is out of order	() 1
	+ Dryer is out of order	() 2
	+ No electricity and materials	() 3
	+ Lack of chemicals	() 4
	+ Lack of equipment and tools	() 5
	+ Lack of knowledge	() 6
	+ Others (specify)	() 7 _____
906	How is waste from the facility treated?	
	+ Sterilized before being discharged	() 1
	+ Buried	() 2
	+ Incinerated	() 3
	+ Collected and transported	() 4
	+ Unplanned discharged	() 5
	+ Others (specify)	() 6 _____
907	What type of latrine does the facility have?	
	+ Sealed /semi-sealed latrines	[] 1
	+ 2-compartment latrine	[] 2
	+ Pit latrine	[] 3
	+ Others (specify)	[] 4 _____
	+ No latrine	[] 5
908	Is the latrine hygienic? (no odour, no flies, clean, dry, and closed)	
	+ Yes	[] 1
	+ No	[] 2

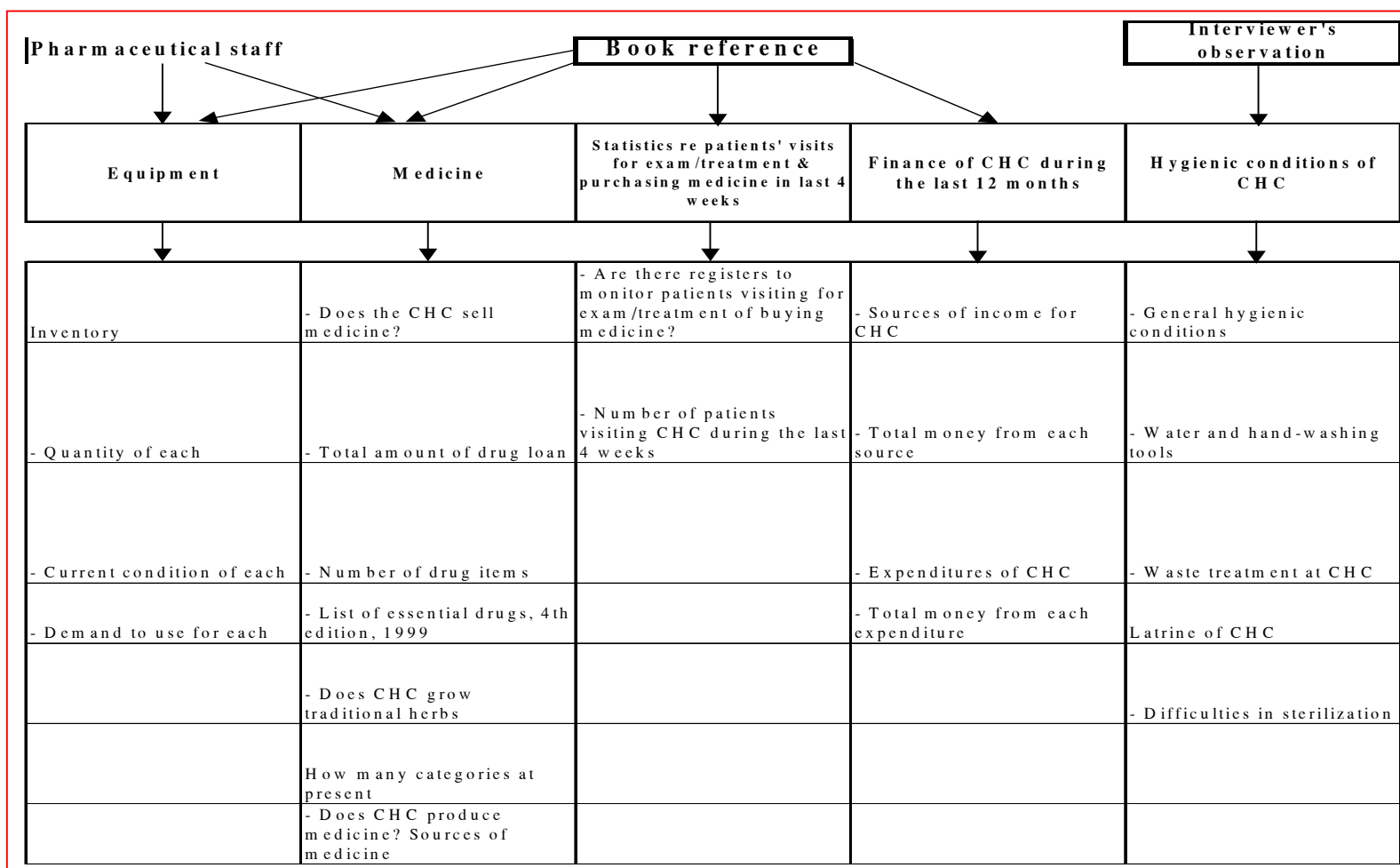
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HUNG YEN PUBLIC HEALTH CARE FACILITY SURVEY - OVERVIEW OF THE SURVEY
CHART FOR COMMUNE HEALTH CENTER SURVEY COMPONENTS *(Continued)*

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Appendix II

Concentration index and Oaxaca decomposition: Stata-do file examples

As presented in chapter 6, there are two techniques used in this study to clarify the gap between the poor and the better-off in perceived health burden (long and short-term) and the use of health care services. They are: (1) constructing concentration curves, calculating concentration index and its 95% of confidence intervals, and (2) Oaxaca decomposition.

Constructing concentration curves and calculating concentration index could be done with group data or micro-level data (see Chapter 6, section 6.2.2.2). In this study, the grouped data approach was used to construct the concentration curves, while the concentration index was calculated by both group-data and micro-data methods. The ‘Stata-do file’ for calculating concentration index, its 95% of confidence intervals, and Oaxaca decomposition of long-term health problem and four-week morbidity is presented below as the examples. The same procedure is used for analyzing the inequality on health service utilization between the poor and the better-off, and therefore, it is not presented here.

For long-term health prevalence

- Calculating concentration index

```
gen pweight1=round(pweight) //Note: glcurve7 run with fw as interger //  
glcurve7 proxy_index [fw=pweight1], pvar(conrnk) //generating the variable fractional  
rank in the household wealth index distribution; proxy_index is the interval variable on  
household wealth index//  
cor conrnk longterm [fw=pweight1], c m //calculating prevalence of long-term health  
problems and covariance between the variable longterm and the variable fracktional  
rank//  
display 2*(-0.012171)/0.3324757 // calculating Concentration Index (C) for long-term  
health problems; the formula:  $C=2cov(y_iR_i)/M_i$ ; see Chapter 6, section 6.2.2.2.b, pages  
130-132 for more details on this formula //
```

- Calculating standard error (SE) for concentration index

```

glcurve7 longterm, glvar(longy) sortvar (quint) pvar(longx)
egen l_meany = mean(longterm)
gen l_ccurve = longy/l_meany
sort l_ccurve
gen l_cclag = l_ccurve[_n - 1]
gen l_a = ((longterm/l_meany)*(2*longx-1-(-.07321437))+2-l_cclag-l_ccurve) // for
formula explanation, see Chater 6, section 6.2.2.2.b, page 132 //
gen l_asq = l_a^2
sum l_asq
display sqrt((1/3497)*(1.547085-(1-.07321437)^2)) //SE = .01402797 //

```

- Calculating 95% of confidence intervals for concentration index

```

display (1.96)*(.01402797) // formular: 1.96*SE = .02749482//
display (-.07321437)+.02749482 //Upper limit: C+1.96*SE= -.04571955 //
display (-.07321437)-.02749482 //Under limit: C-1.96*SE = -.10070919//

```

- Oaxaca decomposition

```

xi:decompose longterm gender i.agegr5 a9 i.job1 educa1 wealthindex
[pweight=pweight], by (poorhouse) detail estimates

```

For four-week morbidity

- Calculating concentration index

```

cor conrnk person_ill [fw=pweight1], c m
display 2*( -.0156 )/.3433391//C=-0.09087226 //

```

- Calculating standard error (SE) for concentration index

```

glcurve7 person_ill, glvar(prsilly) sortvar (quint) pvar(prsillx)
egen prsill_meany = mean(person_ill)
gen prsill_ccurve = prsilly/prsill_meany
sort prsill_ccurve
gen prsill_cclag = prsill_ccurve[_n - 1]
gen prsill_a = ((person_ill/prsill_meany)*(2*prsillx-1-(-.09087226))+2-prsill_cclag-
prsill_ccurve)
gen prsill_asq = prsill_a^2
sum prsill_asq
display sqrt((1/3497)*(1.436756 -(1-.09087226)^2))

```

- Calculating 95% of confidence intervals for concentration index

```

display (1.96)*(.01321002)
display (-.09087226)+.02589164 // Upper limit: -.06498062 //
display (-.09087226)-.02589164 //Lower limit//-.1167639 //

```

- Oaxaca decomposition

```

xi:decompose person_ill gender i.agegr5 a9 i.job1 educa1 wealthindex
[pweight=pweight], by (poorhouse) detail estimates

```