##### Additional File 3: Assessment of Health Seeking Behaviour and Out of Pocket Expenses (Only for Diabetic Or Hypertensive clients)

**Now, I will ask you about where you take your treatment from and the cost of medication.**

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| Line.No.Of Members Diagnosed with Diabetes or Hypertension | **STATUS OF DIABETES AND BP FROM SECTION VIII**Knew, Diabetic=1Knew, Hypertensive=2Knew Both=3Identified Now, ONLY Diabetic=4Identified Now, ONLY Hypertensive=5Identified Now, Both=6Knew Diabetic, identified now hypertensive=7Knew hypertensive, identified now diabetic=8 | From this list where would/do you visit (often) for treatment of your diabetes/hypertension or both?Government hospital (DH/TH/ CHC)=1UPHC=2Private Hospital/Clinic=3NGO Hospital/Clinic=4Private Pharmacy=5Others=6No Where=7Do Not Know=8**IF “7” or “8“ GO TO I6** | Name of Preferred Facility and Provider AddressIF “4” or “5” or “6” in I2 END | **IF I2 is “4/5/6” THEN GO TO NEXT**How many times did you visit the facility for treatment in last 12 months?**RECORD NUMBER** | **IF I2 is “4/5/6” THEN GO TO NEXT**How much did you spend from your own pocket towards medicines, consultation, investigations for diabetes or hypertension in the **last six months**?**RECORD 998 IF DO NOT KNOW****M: Med****I: INV****C: CON** | How did you pay for the medicines, investigations and consultancy for your diabetes or hypertension or both?**No Medication/treatment=0**Free of Cost form govt. hospital=1Pay out of pocket=2Partially covered by insurance scheme=3Completely covered by insurance scheme=4**M: Med****I: INV****C: CON** | **IF I7 “0” THEN GO TO I13 ELSE****ASK ONLY IF I2 is “1” or “3” or “7”**Do you have your medicines for diabetes at home today?**IF Yes, ASK TO SHOW THE MEDICINES AND RECORD ACCORDINGLY****Yes, Shown=1****Yes, Not Shown=2****No=3** | **ASK ONLY IF I2 is “2” or “3” or “8”**Do you have your medicines for hypertension at home today?**IF Yes, ASK TO SHOW THE MEDICINES AND RECORD ACCORDINGLY****Yes, Shown=1****Yes, Not Shown=2****No=3** | **ASK FOR THE PRESCRIPTION**IF PRESCRIPTION AVAILABLE- RECORD Names of medicines Consumed**(Only those for diabetes or hypertension)** | Please mention the number of days for which medicines are obtained by you at one time usually? | Have you been able to take medicines as directed?Yes, fully able to=1Partially able to=2Not at all=3**IF 1 OR 2 Go TO NEXT MEMBER** | ONLY FOR THOSE NOT TAKING TREATMENT/MEDICATIONS EVEN AFTER KNOWING THEIR STATUS What is/are the reason/s for not fully able to take medicines as directed OR not taking treatment?**MULTIPLE ANSWERS POSSIBLE PROBE AND MARK ALL APPLICABLE****Could not travel to facility=A****Medicine not available at facility/shop= B****No money to buy medicines/treatment=C****Side effects of medicines = D****Forgot to take medicines as per prescription= E****Do not know where to go= F****Do not think that this needs treatment= G****Self-test at home=H****Other=X** |
| I1 | I2  | I3 | I4 | I5 | I6 | I7 | I8 | I9 | I10 | I11 | I12 | I13 |
|  |  |  |  |  | A) B) C)  | A) B) C)  |  |  |  |  |  |  |
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