Palestinian Authority
Palestinian Central Bureau of Statistics
Household Health Expenditure Survey
2004

IDH00	Questionnaire's serial number in the sample	☐☐☐☐	**IDH04**	Building's address: _____
IDH01	Governorate:_____	☐☐	**IDH05**	Name of household head: _____
IDH02	Locality: _____	☐☐☐☐☐	**IDH06**	Questionnaire's number in the enumeration area: ☐☐
IDH03	Enumeration area's number in the Locality:	☐☐☐		

Interview record:

IR01	Visits' schedule		Day	Month	
			☐☐	☐☐	1st visit
			☐☐	☐☐	2nd visit
			☐☐	☐☐	3rd visit
IR02	Total number of visits		☐		
IR03	Final result of the interview	☐	1	Completed	
			2	Partially completed	
			3	Family traveling	
			4	Nobody at home	
			5	Refused to cooperate	
			6	Information not available	
			7	Other / specify ………………………………..	

IR04	Line No. of respondent to questions on household	☐☐	IR05	Total No. of household members (males, females)	☐☐
IR06	No. of household members who were sick during the last two weeks	☐☐	IR07	No. of household members who were sick and were interviewed	☐☐
IR07A	No. of household members who were admitted (without stay) to a hospital during the last month	☐☐	IR07B	No. of household members who were admitted (without stay) to a hospital during the last month and were interviewed:	☐☐
IR08	No. of household members who were admitted (with stay) to a hospital during the last month	☐☐	IR09	No. of household members who were admitted (with stay) to a hospital during the last month and were interviewed	☐☐

IR10	Interview's schedule	Day	Month	Hour	
					Start – 1st visit
					End – 1st visit
					Start – 2nd visit
					End – 2ndvisit
					Start – 3rd visit
					End – 3rd visit

IR11	Interviewer's name:	IR13	Supervisor's name:	IR15	Verifier's name:	IR17	Data enterer's name:	
IR12	Interviewer's number:	IR14	Supervisor's number:	IR16	Verifier's number:	IR18	Data enterer's number:	
IR19	Encoder's name:	IR20	Encoder's number:					

☐ Interviewer: Please check the box with X if an additional questionnaire has been used.

Section One: Information on Household Memebrs

HR01	HR02	HR03	HR04	HR05			HR06	HR07
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	What is the relation of (name) to the household head? 1. Household head 2. Spouse 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandparent 7. Grandson/granddaughter 8. Son-in-law/daughter-in-law 9. Other relative 10. Other	Is (name) male or female? 1. Male 2. Female	What is (name)'s date of birth in day, month and year? **Interviewer: record this information from official documents whenever possible** Day Month Year			**Interviewer: calculate age from the date of birth in HR05 and record the result in complete years** **If date of birth is unknown, ask for the age and record it** **Record (00) if age less than 1 year** **98 – Don't know**	Is (name) a registered refugee, non-registered refugee or non-refugee? 1. Registered refugee 2. Non-registered refugee 3. Non-refugee?
01		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
02		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
03		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
04		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
05		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
06		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
07		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
08		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
09		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
10		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
11		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
12		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
13		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
14		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
15		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
16		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢
17		▢▢	▢	▢▢ ▢▢ ▢▢▢			▢▢	▢

		5 Years and over		10 Years and over			12 Years and over
HR01	HR02	HR08	HR09	HR10	HR11	HR12	HR13
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Is (name): 1. Currently attending school 2. attended school and dropped out 3. Attended school and graduated 4. Never attended school → HR27	How many years of schooling did (name) successfully complete? **Record (00) if years of schooling are less than 1 year** **98 – Don't know**	What is (name)'s educational attainment? 01. Illiterate (go to R11) 02. Can read and write 03. Elementary 04. Preparatory 05. Secondary 06. Intermediate level diploma 07. Bachelors degree 08. Higher diploma 09. Masters degree 10. Ph. D. 98. Don't know	Type of relation to labor force during the last week: 1. Employed from 1-14 hours 2. Employed for 15 hours or over 3. Away from job, but will return 4. Unemployed, has ever worked 5. Unemployed, has never worked 6. Full time student 7. Full time involved in household chores 8. Unable to work 9. Does not work and does not seek job 10. Does not work and does not seek job because he/she is discover aged 11. Other **(If answer 5-11, skip to HR13)**	Main occupation: What kind of work (name) is/was doing in detail? **Occupation Code**	What is (name)'s current marital status? Is he/she … 1. Single 2. Engaged for the first time and not married yet 3. Married 4. Divorced 5.Widow/widower 6. Separated
01		☐	☐☐	☐☐	☐☐	☐☐☐	☐
02		☐	☐☐	☐☐	☐☐	☐☐☐	☐
03		☐	☐☐	☐☐	☐☐	☐☐☐	☐
04		☐	☐☐	☐☐	☐☐	☐☐☐	☐
05		☐	☐☐	☐☐	☐☐	☐☐☐	☐
06		☐	☐☐	☐☐	☐☐	☐☐☐	☐
07		☐	☐☐	☐☐	☐☐	☐☐☐	☐
08		☐	☐☐	☐☐	☐☐	☐☐☐	☐
09		☐	☐☐	☐☐	☐☐	☐☐☐	☐
10		☐	☐☐	☐☐	☐☐	☐☐☐	☐
11		☐	☐☐	☐☐	☐☐	☐☐☐	☐
12		☐	☐☐	☐☐	☐☐	☐☐☐	☐
13		☐	☐☐	☐☐	☐☐	☐☐☐	☐
14		☐	☐☐	☐☐	☐☐	☐☐☐	☐
15		☐	☐☐	☐☐	☐☐	☐☐☐	☐
16		☐	☐☐	☐☐	☐☐	☐☐☐	☐
17		☐	☐☐	☐☐	☐☐	☐☐☐	☐

Second section: Information on Health Insurance

HR01	HR02	HI01	HI02	HI03	HI04
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Does (name) have a health insurance? 1. Governmental/compulsory 2. Governmental/voluntary 3. Governmental/contracts and enterprises 4. Governmental/worker in Israel 5. Governmental/social affaires 6. Governmental/prisoners affaires 7. Governmental/ Al Aqsa Intifada 8. Military insurance 9. Private insurance 10. Israeli insurance 11. UNRWA insurance 12. Not Insured (skip to **HI08**)	On what basis is (name) covered by the health insurance? 1. Current/past governmental employee 2. Husband/wife of a current/past governmental employee 3. Father/mother of a current/past governmental employee 4. One of the household members/relatives is a current/past governmental employee 5. UNRWA employee 6. Current/past refugee/displaced 7. Employee in the private sector 8. One of the family members is a private sector employee 9. Israeli worker/social affaires/ prisoners affaires 10. Al Aqsa Intifada 11. Voluntary 12. The member/ or other household members is military 13. Other/ specify:_____	Who pays the insurance premiums? 1. Self 2. Husband/wife 3. Son/daughter 4. Father/mother 5. Grandson/daughter 6. Brother/sister 7. Employer 8. Self and employer 9. Do not pay any premiums 10. Others, specify:_____ 11. Do not know	What is the monthly cost of the health insurance? To the fieldworker: put the cost in NIS. Put 0000 if free of charge. Put 9999 if do not know. In case the cost cover all family members, put the amount beside the name of the member holding the insurance otherwise put the specific amount beside each member.
01		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
02		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
03		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
04		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
05		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
06		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
07		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
08		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
09		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
10		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
11		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
12		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
13		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
14		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
15		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
16		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐
17		1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11	☐☐☐☐

HR01	HR02	HI05	HI06	HI07	HI08		
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	For family members who have a private insurance only. What is the insurance monthly cost? To the fieldworker: In case the cost cover all family members, put the amount beside the name of the member holding the insurance otherwise put the specific amount beside each member. Do not know: 9999	Did the individual use the insurance (regardless of its type) for a health care purpose during the last six months? 1. Yes. (skip to **HI08**) 2. No 3. Do not know (skip to **HI08**)	Why the insurance was not used? 1. There was no need. 2. Insurance coverage was not enough for the requested medical procedures 3. Difficult administrative procedures 4. Long waiting time 5. Low service quality 6. Unavailable service 7. Other, specify:____ 8. Do not know You can choose more than one answer	Is (name) has a disease that require regular treatment? 1. Yes 2. No (skip to the second person) To the fieldworker: register the disease/s from which suffer the individual in the specified places, and leave the code empty. Disease.1	Disease2	Disease3
01		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
02		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
03		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
04		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
05		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
06		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
07		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
08		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
09		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
10		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
11		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
12		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
13		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
14		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
15		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
16		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		
17		☐☐☐☐	|____|	1 2 3 4 5 6 7 8	☐		

HR01	HR02	HI09				HI10	HI11		
Member's serial number	Names of usual household members (three names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Does (name) take a treatment on a regular basis for any disease condition that she/he suffers from? 1. Yes 2. No (skip to **H11**) 3. Do not know (pass to next individual)				What is the monthly cost of the treatment that (name) needs? To the fieldworker: register the total cost if the individual takes treatment for more than one disease. Cost in NIS Do not know: 9999	Why (name) doesn't take a treatment/medication to the disease she/he suffers from? Asks about each disease the individual does not take a treatment for. 1. High cost 2. The health problem is not that serious 3. Do not trust the service provider 4. Carelessness 5. Other, specify:_____ To the fieldworker: register the main reason		
		Disease 1	Disease 2	Disease 3			Disease 1	Disease 2	Disease 3
01		☐	☐	☐			☐	☐	☐
02		☐	☐	☐			☐	☐	☐
03		☐	☐	☐			☐	☐	☐
04		☐	☐	☐			☐	☐	☐
05		☐	☐	☐			☐	☐	☐
06		☐	☐	☐			☐	☐	☐
07		☐	☐	☐			☐	☐	☐
08		☐	☐	☐			☐	☐	☐
09		☐	☐	☐			☐	☐	☐
10		☐	☐	☐			☐	☐	☐
11		☐	☐	☐			☐	☐	☐
12		☐	☐	☐			☐	☐	☐
13		☐	☐	☐			☐	☐	☐
14		☐	☐	☐			☐	☐	☐
15		☐	☐	☐			☐	☐	☐
16		☐	☐	☐			☐	☐	☐
17		☐	☐	☐			☐	☐	☐

Section three: Health Care Services Utilization

AC01	To the fieldworker: ask if any of the houshold members suffered from any disease or was subject to an injury during the two weeks preceeding the date of the visit. **1. Yes** **2. No (skip to the next section)**		☐
AC02	If the answer was "Yes". How many individuals?	No. of individuals:	☐☐

To the fieldworker: ask the following questions in this section about each member who had a disease or injury during the last two weeks. Use extra questionnaires if the number is more than three.

			1ˢᵗ individual	2ⁿᵈ individual	3ʳᵈ individual
AC03	Ind. line No. from **HR01**		☐☐	☐☐	☐☐
AC04	Name from **HR02**		_____	_____	_____
AC05	What health problem did (name) have had? (including dental problem)	1. Acute disease 2. Chronic disease 3. Injury 4. Dental problem 5. Psychological 6. Do not know	☐	☐	☐
AC06	Did (name) have health care for this disease/injury at PHC center/s?	1. Yes 2. No (skip to AC15) 3. Do not know (pass to the next member)	☐	☐	☐
AC07	Where did she/he had the treatment? You can select more than one answer	1. Governmental health center. 2. Gov. MCH center. 3. UNRWA PHC 4. Private doctor 5. NGO center 6. Pharmacy 7. Traditional healers 8. Other, specify:___	1 2 3 4 5 6 7 8_____	1 2 3 4 5 6 7 8_____	1 2 3 4 5 6 7 8_____
AC08	What is the No. of visits held by (name) to health care providers during the last 14 days?	No. of visits: …......	☐☐	☐☐	☐☐

AC09	During the visits, did (name) have had any of the following health care services? You can select more than one answer.	**First visit** 1. Clinical examination 2. Referral 3. Lab test/X-ray 4. Ultrasound 5. CT-scan/ECG/MRI 6. Medications 7. Surgery 8. Dental care 9. Other, specify:___ 10. Nothing	1 2 3 4 5 6 7 8 9 _____ 10	1 2 3 4 5 6 7 8 9 _____ 10	1 2 3 4 5 6 7 8 9 _____ 10
	Second visit	1. Clinical examination 2. Referral 3. Lab test/X-ray 4. Ultrasound 5. CT-scan/ECG/MRI 6. Medications 7. Surgery 8. Dental care 9. Other, specify:__ 10. Nothing	1 2 3 4 5 6 7 8 9 _____ 10	1 2 3 4 5 6 7 8 9 _____ 10	1 2 3 4 5 6 7 8 9 _____ 10
	Third visit	1. Clinical examination 2. Referral 3. Lab test/X-ray 4. Ultrasound 5. CT-scan/ECG/MRI 6. Medications 7. Surgery 8. Dental care 9. Other, specify:___ 10. Nothing	1 2 3 4 5 6 7 8 9 _____ 10	1 2 3 4 5 6 7 8 9 _____ 10	1 2 3 4 5 6 7 8 9 _____ 10

AC10	Did you pay any amount of money out of your income or the income of other members in your household for any of the health care services that was/were received by (name), including the money spent on transportation or other non-medical services related to treatment?	1. Yes 2. No (skip to **AC12**) 3. Do not know (skip to **AC12**)	☐	☐	☐
AC11	How much did (name) pay for all the medical visits? Ask to distribute the amount on the following: Register the amount in NIS Register 9999 for do not know	1. Doctor fees 2. Medications 3. X-ray/analysis 4. Transportation Other, specify:__ Total	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|

AC12	To the fieldworker: reconsider **HI01**:
	  1. The individual has a health insurance (continue)
	  2. The individual does not have a health insurance (skip to the next individual)
			☐	☐	☐

AC13	Did the insurance cover any of the health expenses?	1. Yes, a part 2. Yes, all 3. No (skip to next individual) 4. Do not know (skip to next individual)	☐	☐	☐
AC14	What is the percentage of cost is covered by the insurance? If more than once, register the average coverage	Percentag: _____% Do not know: (999)	☐☐☐ Put the amount and skip to next individual	☐☐☐ Put the amount and skip to next individual	☐☐☐ Put the amount and skip to next individual

AC15	Why (name) did not visit a health care provider to get the service? Ask about the main reason.	1. The problem is not that serious 2. High cost 3. Low quality 4. Afraid to discovering a serious disease 5. Unsuitable provider working hours 6. Physical inablility 7. Long waiting time 8. Far distance 9. Family responsibilities 10. Home care (herbal treatment, massage) 11. Use medications available at home 12. Inaccessibility due to israeli measures 13. Other, specify:_	☐☐	☐☐	☐☐

Section four (A): Out-patient Secondary Health Care Utilization

H00	To the Fieldworker: ask if any of the household members visited a hospital (without admission) for medical care during the last month.	1. Yes 2. No (skip to section 4b)	☐
H01	No. of individuals who received out-patient hospital care. This included emergency and out-patient hospital clinics.	No. of individuals	☐☐

To the fieldworker: ask the following question about each household member who visited a hospital to get health care services without stay during the last month. Use extra questionnaires if more than three individuals.

			1st individual	2nd individual	3rd individual
H02	Individual line No. from **HR01**		☐☐	☐☐	☐☐
H03	Individual name from **HR02**		_____	_____	_____
H04	How many times did this individual visit the hospital during the last month?	1. No. of times…… Do not know: (98)	☐☐	☐☐	☐☐
H05	Did all the visits were for the same hospital?	1. Yes, same 2. No, more than one 3. Do not know	☐	☐	☐
H06	Was the hospital inside, outside Palestine or in Israel?	1. National 2. Abroad (skip to H08) 3. Israeli (skip to H08)	☐	☐	☐
H07	To which health sector the hospital/s belongs? You can select more than one answer.	1. Government 2. Private 3. UNRWA 4. NGO 5. Military	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
H08	What was/were the reason(s) behind the hospital admission?	1. Illness 2. Follow-up 3. Diagnostic tests 4. Emergency 5. Other, specify	1 2 3 4 5_____	1 2 3 4 5_____	1 2 3 4 5_____
H08A	Refere to HI01: Does the individual have a health insurance?	1. Yes 2. No (skip to H11)	☐	☐	☐
H09	Did the insurance cover any part of the health expenses?	1. Yes, part of the cost 2. Yes, all the cost 3. No (skip to H11) 4. Do not know (skip to H11)	☐	☐	☐

H10	What is the percentage of cost is covered by the insurance? If more than once, register the average coverage	Percentag _____% Do not know: (999)	☐☐☐	☐☐☐	☐☐☐
H11	Did you pay any amount of money out of your private income or of the income of any of your household members for any of the services you received, including the money you paid on transportations and non-medical expenditures that have to do with your treatment?	1. Yes 2. No (skip to H13) 3. Do not know (skip to H13)	☐	☐	☐
H12	What is the amount of money paid by individual for all the visits? Ask to distribute the total amount on the following: Register the amounts in NIS.	1. Doctors fees 2. Medications 3. X-ray/analysis 4. Transportation 5. Registration fees 6. Other, specify Total	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|
H13	Did any party participate in paying the hospital costs?	1. Yes 2. No (skip to the next member) 3. Do not know (skip to the next member)	☐	☐	☐
H14	If the answer is yes to H13, by what amount of money did the party contribute?	1. All the cost 2. Part of the costs 3. Do not know	☐ |__|__|__|__|	☐ |__|__|__|__|	☐ |__|__|__|__|
H15	What other party did contribute in the cost? You can select more than one answer	1. MoH 2. Private insurance 3. Compensation account 4. Charity and NGOs 5. UNRWA 6. Other, specify:	1 2 3 4 5 6_____	1 2 3 4 5 6_____	1 2 3 4 5 6_____

Section Four (B): In-patient Secondary Health Care Utilization

HA00: Were any of your household members admitted to a hospital for treatment during the last year?

      1. Yes (continue with the interview)   2. No (skip to the next section) ☐

			1st individual	2nd individual	3rd individual
HA01	Individual line No. from **HR01**		☐☐	☐☐	☐☐
HA02	Individual name from **HR02**		——————	——————	——————
HA03	What is the no. of times that the individual was admitted to the hospital during the last 12 months?	1. No. of times:_____ 98. Do not know	☐☐	☐☐	☐☐
HA04	Were all the admissions to the same hospital?	1. Yes, same hospital. 2. More than one hospital 3. Do not know	☐	☐	☐
HA05	Was the hospital where you were admitted inside, outside Palestine or in Israel?	1. Inside 2. Outside (skip to HA07) 3. In Israel (skip to HA07)	☐	☐	☐
HA06	To which health sector the hospital belongs to? You can select more than one answer	1. Government 2. Private 3. UNRWA 4. NGO 5. Military	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
HA07	What is/are the reason(s) behind the hospital admission? You can select more than one answer	1. Illness 2. Follow up 3. Diagnostic tests 4. Emergency 5. Other, specify:_	1 2 3 4 5_____	1 2 3 4 5_____	1 2 3 4 5_____
HA08	What is the No. of nights spent at the hospital for all admissions?	No. of nights: ____ Do not know (998)	☐☐☐	☐☐☐	☐☐☐
HA09	Does the individual have a health insurance? Reconsider question **HI01**	1. Yes 2. No (skip to **HA12**)	☐	☐	☐
HA10	Did the insurance cover any of the costs that have been paid?	1. Yes, part of the costs 2. Yes, all the costs 3. No (skip to **HA12**) 4. Do not know (skip to **HA12**)	☐	☐	☐

HA11	What is the percentage of cost that was covered by the insurance? If more than once, register the average coverage	Percentage:_____% Do not know (99)	☐☐	☐☐	☐☐
HA12	Did you pay any amount of money out of your private income or any income of your household members for any of the services you received, including the money you paid on transportations and non-medical expenditures that have to do with your treatment?	1. Yes 2. No (skip to HA14) 3. Do not know (skip to HA14)	☐	☐	☐
HA13	What is the amount of money paid by individual for all the visits? Ask to distribute the total amount on the following: Register the amounts in NIS. Put 9999 for Do Not Know	1. Doctors fees 2. Medications 3. X-ray/analysis 4. Transportation 5. Registration fees 6. Others, specify: Total	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|
HA14	Did any party participate in paying the hospital costs?	1. Yes 2. No (skip to the next member) 3. Do not know (skip to the next member)	☐	☐	☐
HA15	If the answer is yes, what amount of money did the other party contribute?	1. All the costs 2. Part of the costs 3. Do not know 9999	☐ |__|__|__|__|	☐ |__|__|__|__|	☐ |__|__|__|__|
HA15	Which party did contribute in the cost? You can select more than one answer	1. MoH 2. Private insurance 3. Compensation account 4. Charity and NGOs 5. UNRWA 6. Other, specify:	1 2 3 4 5 6_____	1 2 3 4 5 6_____	1 2 3 4 5 6_____

Section Five: Utilization of Rehabilitation Centers

RE00: Did any of your household members receive medical care in a rehabilitation center during the last six months?

1. Yes (continue with the interview)   2. No (skip to the next section)   ☐

			1st individual	2nd individual	3rd individual
RE01	Individual line No. from **HR01**		☐☐	☐☐	☐☐
RE02	Individual name from **HR02**		_____	_____	_____
RE03	How many times did the individual receive medical care in rehabilitation centers?	1. No. of times:_____ 98. Do not know	☐☐	☐☐	☐☐
RE04	Is the center where the individual received the medical care inside, outside Palestine or in Israel?	1. Inside 2. Outside (skip to RE06) 3. In Israel (skip to RE06)	☐	☐	☐
RE05	To which health sector does the hospital belong? You can select more than one answer	1. Government 2. Private 3. NGO 4. Other, specify	1 2 3 4_____	1 2 3 4_____	1 2 3 4_____
RE06	Does the individual have a health insurance? Reconsider question **HI01**	1. Yes 2. No (skip to **RE09**)	☐	☐	☐
RE07	Did the insurance cover any of the costs that have been paid?	1. Yes, part of the costs 2. Yes, all the costs 3. No (skip to **RE09**) 4. Do not know (skip to **RE09**)	☐	☐	☐
RE08	What percentage of the cost was covered by the insurance? If more than one visit, register the average coverage	Percentag:_____% Do not know: (999)	☐☐☐	☐☐☐	☐☐☐
RE09	Did you pay any amount of money out of your private income or any income of your household members for any of the services you received, including the money you paid on transportations and non-medical expenditures that have to do with your treatment?	1. Yes 2. No (skip to **RE11**) 3. Do not know (skip to **RE11**)	☐	☐	☐

RE10	What is the amount of money paid by individual for all the visits? Ask to distribute the total amount on the following: Register the amounts in NIS. 9999 for Do not Know	1. Doctors fees 2. Medications 3. X-ray/analysis 4. Transportation 5. Physiotherapy 6. Functional therapy 7. Other, specify: Total	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|	|__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__| |__||__|__|__|
RE11	Did any party participate in paying the rehabilitation costs?	1. Yes 2. No (skip to the next member) 3. Do not know (skip to the next member)	☐	☐	☐
RE12	If the answer is yes to RE12, by what amount of money did the other party contribute?	1. All the cost 2. Part of the costs 3. Do not know 9999	☐ |__|__|__|__|	☐ |__|__|__|__|	☐ |__|__|__|__|
RE13	Which party did contribute in the cost? You can select more than one answer	1. MoH 2. Private insurance 3. Compensation account 4. Charity and NGOs 5. UNRWA 6. Other, specify:	1 2 3 4 5 6_____	1 2 3 4 5 6_____	1 2 3 4 5 6_____

Section Six: Household General Economic Information

HH00	The line number of the individual who answered the following questions	|__|__|
HH01	Individual name	_____
HH02	What was the household average monthly income during the year preceding the day of the visit (in NIS)?	Amount:_____ |__||__|__|__|__|
HH03	What was the household income during the last month? Register 00000 if no income	Amount:_____ |__||__|__|__|__|
HH04	What are the main three sources of household income? This could be in cash or in kind. Rank them according to their importance.	01 Agriculture, animal, fishing 02 Family projects (not agricultural) 03 Wages and salaries from the government 04 Wages and salaries from private sector 05 Wages and salaries from Israel 06 Money transfer from inside the Palestinian Territory 07 Money transfer from outside 08 Social aids 09 International aid agencies 10 Other
HH05	What is the mean of household expenditure in NIS? If Do Not Know put 99998	Amount:_____ |__||__|__|__|__|
HH06	In general, how much does the household spend on the following items during the last month, including self-medication; traditional medicine, diagnostic services, analysis, medications and transportations?	Item Amount 1. Generalists visits |__|__|__|__| 2. Specialists visits |__|__|__|__| 3. Dentists visits |__|__|__|__| 4. Dental filling and crowning |__|__|__|__| 5. Physiotherapy |__|__|__|__| 6. Medical analyses |__|__|__|__| 7. Radiology |__|__|__|__| 8. Nursing and midwifery |__|__|__|__| 9. Ambulance services |__|__|__|__| 10. Medications/vitamins |__|__|__|__| 11. Thermometers and cotton |__|__|__|__| 12. First aid kits |__|__|__|__| 13. Other medical goods |__|__|__|__| 14. Lenses |__|__|__|__| 15. Glasses |__|__|__|__| 16. Auditory instruments |__|__|__|__| 17. Mobile chairs |__|__|__|__|

		18. Medical equipment maintenance	|__|__|__|__|
		19. Governmental hospital stay	|__|__|__|__|
		20. Private hospital stay	|__|__|__|__|
		21. NGO hospital stay	|__|__|__|__|
		22. Traditional medicine	|__|__|__|__|
		23. Renting medical equipment	|__|__|__|__|
		24. Transportation to get medical care	|__|__|__|__|
		25. Other	|__|__|__|__|
		Total	|__|__|__|__|
HH07	Does the household possess the following? 1. Yes 2. No	1. Private car	☐
		2. Refrigerator	☐
		3. Water solar heater	☐
		4. Cloths washing machine	☐
		5. Gas oven	☐
		6. Dish washing machine	☐
		7. Central heating	☐
		8. Vacuum machine	☐
		9. Home library	☐
		10. TV	☐
		11. Video	☐
		12. Telephone line	☐
		13. Mobile (Jawwal)	☐
		14. Israeli mobile	☐
		15. Computer	☐
		16. Satellite	☐
		17. Internet	☐