**Instruction:** I am now going to ask you questions about all the different types of services you have used for health care in the past 3 months.

**Have you had contact with any of these health services in the last 3 months?**

<table>
<thead>
<tr>
<th>Health care providers</th>
<th>Number of contacts in past 3 months</th>
<th>Was there an accompanying person?</th>
<th>Avg. amt. of money spent on travelling (Return) *</th>
<th>Avg. time waiting to be seen (in minutes)</th>
<th>Avg. time to travel (round trip in minutes)</th>
<th>Avg. time spent with provider (in minutes)</th>
<th>Avg. fee per visit**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 PHC doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Hosp. doc (Public Dr.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Private Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Traditional Healer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 Detoxication services at IPHB, Asilo or Private Hospital or AA (for HD trial participants only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Have you been admitted to a hospital, i.e. spent at least one night in hospital, in the last 9 months**

<table>
<thead>
<tr>
<th>Admission</th>
<th>1 = Yes</th>
<th>Type of hospital: Private=1</th>
<th>Probe as indicated below on whether admission was planned (1) or unplanned (2) as instructed below</th>
<th>Reason for admission</th>
<th>Number of nights spent</th>
<th>All costs (include travel)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Exclude cost of medicines or investigations
* If own transport record kms.: __________

**Exclude cost of medicines or investigations**

---

Trial ID: __________

CSRI Part A

Client Service Receipt Inventory Form

GENOE-F03
### Instruction to assess whether an admission was planned or not

Ask: “Did you know you were going to be admitted because the doctor had asked you to come that particular day or for a particular reason?” OR: “Was the admission planned in advance?”

1) If respondent says ‘no’ clearly, please treat this as an UNPLANNED admission and select the appropriate response option.

2) If the respondent says ‘yes’, find out what was the reason for the admission and ensure you are satisfied that this was a PLANNED admission.

3) If the respondent is not sure, treat this as an UNPLANNED admission

In case of unplanned hospitalisation ask the following,

<table>
<thead>
<tr>
<th>Event date:</th>
<th>Specify whether: Admission 1</th>
<th>Admission 2</th>
<th>Admission 3</th>
</tr>
</thead>
</table>

### Instruction: If an adverse event is indicated, please inform the respondent that this information will be shared with clinician who will arrange to meet the patient either at home or a clinic to find out more about the event and offer the necessary support. (Tick in the box as appropriate below.)

| 3 | Is permission granted to share name with clinician? | 1 Yes: ☐ 0 No: ☐ |
| 4 | Is permission granted to be contacted on phone by clinician? | 1 Yes: ☐ 0 No: ☐ |

**If yes, please provide phone number**

| 5 | In the past 9 months, have you been to a pilgrimage, holy place retreat, such as to Potta or a jatra, because of your health? | ☐ 1 Yes ☐ 0 No |
| 5.1 | If yes, please give details | Where | Number of nights / visits | All costs (include travel and stay) |
| | | | | |
| | | | | |
| | | | | TOTAL |
### Client Service Receipt Inventory Form

<table>
<thead>
<tr>
<th></th>
<th>In the last 9 months, has the patient, a family member or friend had to stop or reduce usual work / activities due to your ill-health?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>1 Yes 0 No</td>
</tr>
<tr>
<td>6.1</td>
<td>If yes,</td>
</tr>
<tr>
<td>6.2</td>
<td>No. of days in the <strong>last 9 months</strong></td>
</tr>
</tbody>
</table>
| 6.3 | Type of work/education forgone (1-4; see key)  
**Key:** Type of work forgone:  
1 = unpaid housework (e.g. housewife)  
2 = manual work (e.g. agricultural or factory worker)  
3 = office / non-manual work (e.g. skilled worker, business, professional)  
4 = student | | | |
| 6.4 | If applicable, income lost per day | Rs. | Rs. | Rs. |

### CSRI PART B

<table>
<thead>
<tr>
<th></th>
<th>In the last 3 months, have you had any X-rays, Blood Tests, ECG, ultrasound, scans or any other tests?</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1 Yes 0 No</td>
</tr>
</tbody>
</table>
| 7.1 | If yes, please specify the tests | If yes, description of test | Who from? | Cost of test (include travel) | NOTE_1: For government tests, note the actual tests from case notes; for private tests you may take total costs of all tests in case there are no detailed receipts or prescription.  
NOTE_2: if tests are repeated, list each separately. |
|   |   |   | 1=Govt.Lab | 2=Pvt.Lab | 3= Other (specify) | Rs. | |
|   |   |   | 1=Govt.Lab | 2=Pvt.Lab | 3= Other (specify) | Rs. | |
|   |   |   | 1=Govt.Lab | 2=Pvt.Lab | 3= Other (specify) | Rs. | |
|   |   |   | 1=Govt.Lab | 2=Pvt.Lab | 3= Other (specify) | Rs. | |
|   |   |   | 1=Govt.Lab | 2=Pvt.Lab | 3= Other (specify) | Rs. | |
|   | TOTAL |   | 1=Govt.Lab | 2=Pvt.Lab | 3= Other (specify) | Rs. |
Readiness to change
How ready are you to make change in your drinking?

1. Not at all
2. A little ready
3. Ready/not ready equally
4. Moderately ready
5. Already trying to change
6. Already made a change