

Client Service Receipt Inventory Form



GENOE-F03

Trial ID:

CSRI Part A

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..

							** Exclude cost of medicines or investigations			
1 Have you had contact with any of these health services in the last 3 months?							* If own transport record kms.: _____			
	Health care providers	0=No 1=Yes If YES, ASK FURTHER QUESTIONS	Number of contacts in past 3 months	Was there an accompanying person? 1 = Yes 0 = No	Avg. amt. of money spent on travelling (Return) * for Patient and Accompanying person'	Avg.time waiting to be seen (in minutes)	Avg.time to travel (round trip in minutes)	Avg.time spent with provider (in minutes)	Avg. fee per visit**	
1.1	PHC doctor									
1.2	Hosp. doc (Public Dr.) DHS or GMC									
1.3	Private Doctor									
1.4	Traditional Healer									
1.5	Detoxification services at IPHB, Asilo or Private Hospital or AA (for HD trial participants only)									

2	Have you been admitted to a hospital, i.e. spent at least one night in hospital, in the last 9 months	1 = Yes 0 = No	Type of hospital: Private=1 Public=2	Probe as indicated below on whether admission was planned (1) or unplanned (2) as instructed below	Reason for admission	Number of nights spent	All costs (include travel)
2.1	Admission 1:						Rs.
2.2	Admission 2:						Rs.
2.3	Admission 3:						Rs.
2.4	List Detoxification admissions separately for drinkers						Rs.



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,

Event date:

Specify whether: Admission 1
 Admission 2
 Admission 3

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: <input type="checkbox"/>	0 No: <input type="checkbox"/>
4	Is permission granted to be contacted on phone by clinician?	1 Yes: <input type="checkbox"/>	0 No: <input type="checkbox"/>
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?		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 0 No
5.1	If yes, please give details	Where	Number of nights / visits	All costs (include travel and stay)
		TOTAL		



6	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?	<input type="checkbox"/> 1 Yes		
		<input type="checkbox"/> 0 No		
6.1	If yes,	Patient	Family / friend 1	Family / friend 2
6.2	No. of days in the last 9 months			
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

7	In the last 3months, have you had any X-rays, Blood Tests, ECG, ultrasound, scans or any other tests?	<input type="checkbox"/> 1 Yes			
		<input type="checkbox"/> 0 No			
7.1	If yes, please specify the tests	If yes, description of test	Who from?	Cost of test (include travel)	<p>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.</p> <p>NOTE_2: if tests are repeated, list each separately.</p> <p style="text-align: center;">WHERE AVAILABLE, AND WITH THE PATIENT'S PERMISSION, TAKE A PHOTO OF THE PRESCRIPTION DESCRIBING THE TESTS</p>
			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.	



8	In the last 3 months, have you taken tablets, medicines or injections?						<input type="checkbox"/> 1 Yes	
							<input type="checkbox"/> 0 No	
8.1	If yes, Name/Description of drug	1 Paid 0 Free	Type: 1 Tablet 2 Syrup 3 Injections 4 Ointment 5 Spray 6 Drops 7 Powder 8 Others (Specify)	Quan bought/given e.g. 1 Bo strip of 10 tablets (last 3 months)	Dosage (i.e., strength of medica in mg/ml, etc.)	Consump past 3 months		Cost of Drugs (if available: total cost of last 3 months)
						Per day e.g. tablets/teaspoons	No. of Days	
	TOTAL							

INTERVIEWER NOTE: The aim of this table is to list all medicines and the duration taken so that the amount of rupees can be calculated; however, if the subject is unaware of these details, the total amount of money spent in the past **3 months** can also be entered in the Total Box. A subject may only know how much is spent each week; in this case, multiply the weekly cost by **12** to get the 3 - month total)

WHERE AVAILABLE, AND WITH THE PATIENT'S PERMISSION, TAKE A PHOTO OF THE PRESCRIPTION DESCRIBING THE MEDICINES

Questions about Stigmatisation

Instruction: Now I would like to ask a few ?nal questions about your experiences in last 9 months.

9.	In last 9 months did you feel uncomfortable or worried because you thought other people might ?nd out about your problem, make negative comments or treat you di?erently?	<input type="checkbox"/> 1 Yes
		<input type="checkbox"/> 0 No
10.	In last 9 months did your family members feel uncomfortable or worried because they thought other people might ?nd out about your problem, make negative comments or treat you di?erently?	<input type="checkbox"/> 1 Yes
		<input type="checkbox"/> 0 No

(To be asked only to HD patients)

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