



QUESTIONNAIRE No _____

Marz code	Medical Facility Rank 1. small 2. medium 3. large	Medical Facility/ Settlement Code	Cluster 1. Treatment group One 2. Treatment group Two 3. Treatment group Three 4. Treatment group Four 5. Control Group	Respondent's ID

Interviewer Code	Date /day.month/	Interview started /hh:mm/	Questionnaire is valid /Coordinators signature/

INTERVIEWER: MAKE SURE THAT THE INTRODUCTORY TEXT IS READ OUT AND THE CONSENT FORM IS SIGNED BY THE RESPONDENT.

Good day, my name is _____ (Name, Surname): I'm representing Media-Model LLC, which is implementing an impact evaluation for the WB project "Comparing different demand-side incentives for health screenings in Armenia". You have already familiarized yourself with the consent form and expressed your willingness to participate. I would like to ask you several additional questions, which are very important for this impact evaluation. This information will be used for analytical purposes only, and all identifiable information such as names or contact information will be removed. Once the study is completed data from the study will be generalized and presented as summarized analysis.

Your participation is extremely important for future improvement of programs on healthcare for people in your community and in Armenia. The interview will take about 5 minutes.

Do you have any questions before we start?

Your reliable answers are very important for us.

A. BASIC SOCIO-DEMOGRAPHIC PROFILE

1. **Gender**
 1. Male 2. Female

2. **When were you born? (write down the year in four digits) _____**

3. **Your marital status:**
 1. Never married/Single
 2. Married/live together
 3. Divorced/separated
 4. Widowed

4. **Your last completed education level**
 1. non-educated
 2. primary/secondary general
 3. technical vocational /college, TVET, other/
 4. higher/post-graduate (diploma, Ph.D., other)

5. **During last month did you have any paid job for which you received a monetary payment?**
 1. Yes
 2. No /GO TO QUESTION 8/

6. **If yes, then your job is...**
 1. Everyday job with a salary
 2. One-time short-term job
 3. Periodical short-term or long-term job
 4. Other (SPECIFY) _____

7. **In which sector are you employed?**
 1. Employed in state sector
 2. Employed in private sector
 3. Employed in NGO/International organization
 4. Self-account worker/entrepreneur
 5. Other /SPECIFY/ _____

8. **Do you currently have a medical insurance?**
 1. Yes
 2. No

9. **Based on our records, during the past 12 months you have not taken medical screening for diabetes and/or for hypertension at this particular medical facility (INTERVIEWER: READ OUT THE NAME OF THE FACILITY) Could you please tell me why? (DO NOT READ OUT THE OPTIONS, CODE)**
 1. there is no need, as I have no problems with health
 2. the facility is far from my house
 3. the screening is expensive
 4. the screening takes a lot of time: I'm busy
 5. I can't leave my house due to illness/disability
 6. the services at the facility are of poor quality
 7. the doctors and other staff at the facility are not good
 8. I'm afraid of doctors and screenings
 9. I have moved to another permanent place of residence
 10. Other /specify/ _____

10. **Please, tell me ...**

INTERVIEWER: IN CASE OF DON'T KNOW AND REFUSALS, WRITE DOWN 99.

	Yes	No
Do you watch TV programs about healthcare?	1	2
Do you have any close relatives, friends, neighbors with medical education, whom you communicate with at least once per week?	1	2
Are there any people with diabetes among your relatives, friends, neighbors?	1	2
Are there any people with hypertension among your relatives, friends, neighbors?	1	2

B. CONSUMPTION AND MONETARY INCOME OF HH MEMBERS

Now I have got several questions about the living conditions of your household. By saying a household I mean people who usually live together, share the same housekeeping and have the same budget.

11. How many members are there in your household /including you and minors /younger than 18 years old/? Please, do not include those members of your family who do not leave with you/are absent for more than 1 year.

Number of HH 18+ members	Number of children /under 18/

12. How much is spent by your family for various purposes, including food, utility, transport, etc. during a typical month? (WRITE DOWN THE AMMOUNT IN AMD AS A WHOLE NUMBER)

13. Which of the following statements best describes your HH current well-being?

1. Our income is not sufficient for everyday food
2. Our income is sufficient for everyday food, but not for cloths and other basic needs
3. Our income is sufficient for family basic needs, such as food, clothing, utilities, but not enough for big purchases, such as equipment or a car
4. Our income is sufficient to meet all family needs, make big purchases, but not enough for savings
5. Our income is sufficient to meet all family needs, make any kind of purchases and have some savings

THANK YOU

End time (hh:mm) _____

Interviewer's special comments
