

The questionnaire about the household's out-of-pocket healthcare expenditures

1. Formal Consent was provided:
  - Yes
  - No

**Predisposing factors**

2. Household head gender:
  - Male
  - Female
3. Household head age:
4. Household head marital status
  - Married
  - Not married
5. Household head living condition
  - Alone
  - With family
6. Household size
7. Household head educational
  - Illiterate/read/write
  - School degree
  - Higher education
8. Presence of at least one member less than 14 years
  - Yes
  - No
9. Nationality
  - Saudi
  - Non-Saudi

**Enabling factors**

## 10. Household head employment status

- Employed
- Unemployed

## 11. Residential area

- Urban
- Rural

## 12. Having a regular doctor:

- Yes
- No

## 13. Having health insurance:

- Yes
- No

## 14. Households' asset holdings

Type of housing	<input type="checkbox"/> A Traditional Home <input type="checkbox"/> A Villa <input type="checkbox"/> A Floor In A Villa <input type="checkbox"/> An Apartment <input type="checkbox"/> Other Forms Of Housing	Housing tenure	<input type="checkbox"/> House Owned <input type="checkbox"/> Home Leased <input type="checkbox"/> The Home Provided <input type="checkbox"/> Other Forms Of Tenure
Car ownership	<input type="checkbox"/> No Car <input type="checkbox"/> One Car <input type="checkbox"/> Two Or More Cars	Phone available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Television available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal computer available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet access	<input type="checkbox"/> Yes <input type="checkbox"/> No	Library available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Satellite available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Video available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Video games available	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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### Need-based factors

15. Household head's level of physical activity

- Active (at least 75 minutes of vigorous activity or at least 150 minutes of moderate or vigorous activity per week)
- Moderately active (1 to 74 minutes of vigorous activity or 1 to 149 minutes of moderate or vigorous activity per week)
- Inactive ( 0 minutes of moderate or vigorous activity per week)

16. Presence of at least one member with a chronic condition

- Yes
- No

17. Presence of at least one member with a disability:

- Yes
- No

18. Presence of at least one pregnant member:

- Yes
- No

19. The number of members with a chronic condition in the households:

20. Current chronic condition

Dyslipidemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes mellitus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thyroid disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Congestive Heart Failure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OTHER</b>	

**OOPHE Components**

23. Monthly out-of-pocket on services:

24. Monthly out-of-pocket on medicine:

26. Monthly out-of-pocket on other expenses: