

Appendix - 5.1

AP Health State Valuation Study 1999 - Manual for Surveyors

A. General

1. “Please take a look at the checklist that has been prepared before you start for a survey. This will help you be organised so that you do not fumble for things during the course of your survey. Make sure you have all the things with you before you start for the survey. Please have the escort accompany you so that you do not knock at someone’s door as a stranger. First find out from the escort the location of the valuer. The valuer’s list has all the person’s name by house number. Wait for the escort to introduce you to the prospective valuer. First confirm the name and husband or father’s name to make sure the person you want to interview is in your master list.

B. Interview and the valuation exercise:

1. Please take some time to get acquainted with the valuers. You may ask questions like how many people are there in the family and what are the children doing and so on. Ask regarding how the crop has been this year, and also take some time to wish other persons in the family.
2. Start with the “Valuer’s personal information” form. Fill out all the details. If you see a T.V, radio or other household item in the room do not ask them if they own one. At the same time do not guess their age, caste and other details. You will have to be careful while asking questions regarding land and cattle ownership. Please specify that you are not from the government and this is just a standard pattern to know their standard of living.
3. After this form you will have to ask regarding their own health states. To assess this, you need to show them the cards with pictures of all the levels in each dimension one by one. You can explain to them the meaning of the dimensions along with examples. You will also have to explain the meaning of each level. Go step by step in order to explain the degree of severity of the levels in the dimensions. Once you have covered all the levels of all the dimensions, pick up the card that has all the levels of mobility and ask the valuer which level describes her own level of mobility. Allow him/her to pick the picture of the level and once s(he) picks up the picture of her choice, stick it on to the first box (left upper corner, meant for the mobility dimension) of the “own health today” card. Continue this process until s(he) has chosen levels for all the dimensions. Keep sticking them in their assigned places in the “own health today” condition card. Then show this card to the valuer. Show them the levels of the dimensions that describes his/her health state on that day. Ask them to review the card and agree on their own health as on that day.
4. Then move on to describing each of the health states. Make sure to read out the detailed labels of the health states. For each of the health states start explaining the condition as having the assigned dimension levels. You can use the number of x signs as a cue for assessing the levels of the dimensions quickly. If there are no signs under a particular dimension it means that this dimension has a level of 1. If two signs then level 2 and so on. Place all the 11 cards in front of you so that the valuer can see all the pictures of all the health states. Then ask the valuer which condition she considers the worst of all the health states, i.e., including his/her own health state. You will have to read the detailed

labels of the health states along with the levels of the dimension in each card again. Assume that the valuer is having difficulty remembering all the levels of the dimensions in all the cards. At the same time do not feel impatient of the time they take to choose a health state. If they take more time, it means they are having difficulty in remembering all the health states. Now you may read out the detailed labels of all the 11 health states. You will then find them choosing one health state. Pick up this card from the 11 and then ask them which card is the next worst health state of the remaining 10. It may be a good idea now to point out the levels of the dimensions that are more than 1 in individual health states. Continue this process until the valuer has chosen all the cards. Keep mentioning all the levels of the dimensions in the health states. Once s(he) has selected all the 11 health states in order of preference, read out the order that she has actually given to these health states. If she wants to make any changes, make the necessary changes to the order. Now, you can write down the order of the health states in the card sorting log form. Please note down all the comments that she makes regarding the health states in this process. This information is very valuable for our study. The backside of the card sorting log form has all the health states of the four sets. We have provided this space for the qualitative information. Write down the comments beside the names of the health states.

5. Once the card sorting is done, arrange the set of pin mounted health state cards in the order from best to worst, based on the valuer's rank order given earlier. Again stick the pictures of the levels of the dimensions that the valuer has chosen for him / her. Now keep the cork board with the VAS form pinned to it in front of the valuer. Explain to him / her the following:
 - i. “This straight line has 100 small divisions. The sad face is near the lower end of the line and the happy face is at the upper end. I would like you to pin these cards along this straight line. Any health state that you consider being worse should be pinned towards the lower end of this line and any health state that you consider to be not that worse should be pinned towards the upper end. Please look at the expressions of these faces. The sad face represents suffering and the happy face represents no suffering. If you think that any of these 11 health states is the best imaginable health state then you should probably pin it on the upper most end of the line. But you have to understand that this is the best health state that anyone can have. If you think that you know of health states that are better than all in this list then you should not pin the best in your list on the highest point. Think how far the best health state that we have here is from the best health state that you know. Now look at this card that you have sorted as the worst. Do you think there isn't any health state worse than this. Any health state that is equal to death should be pinned to the lowest point in this line. So, if the health state that you have rated as the worst is equal to death then you can pin to the lowest end. But if you think that there is any other health state that is worse than this then you may leave some space and pin this.”
 - ii. Then give the card that has a ranking of 2 from best to worst and give it to the valuer to pin it to the line. Give a lot of emphasis to the distance of this card from the best card. Ask the valuer as how far it is from the best imaginable health state and also from death. The valuer has to be kept focused to the two ends of the line and also to the distance of each disease from each other. Look for any other qualitative information (like the comments that the valuer makes through the course) and record

- them in the form. Once s(he) has pinned all the cards, measure the points by the paper scale and note down the scores under the “VAS Scores” column in the card sorting log form. Then wish the valuer in the traditional manner and take leave after offering a small token of appreciation that have been determined by your project coordinator.
6. After completing each household survey, sit down in one place and fill out the IOR (Interviewer Observations and Report, HSV Household) form. This form is pretty simple to understand. Make sure to write down the ID and name of the valuer as well as all your observations for this particular valuer.”

C. Other things that surveyors are cautioned to keep in mind:

1. Please keep in mind the dress code and wear a dress that is acceptable to the rural persons.
2. Do not laugh or make fun of them or at any response they make. You have to keep in mind that there is no right answer regarding health state preference. So we should give equal importance to the responses that people have.
3. Be careful not to suggest your own preferences to the valuers. You can do this by non-verbal cues and the length of time you take to stress the different dimensions in the health states.
4. Stress on the healthy states rather than the disease states in each of the conditions.
5. Please do not be impatient with the valuers. You have to understand that this task carries cognitive load that may be difficult for the rural and illiterate persons to deal with.
6. Follow the instructions carefully and do not deviate from the format. If you find that there is a better way to carry out this survey, first consult the coordinator and then use them. Otherwise stick to the format given to you. We want all the surveyors to use a standard format.
7. You will be expected to complete in between 6 to 8 interviews every day. In between the surveys you have to come back to your base and start entering the data of the survey. Each person will be responsible for the entry of his / her data. Please do not keep a backlog of too much data as it will be difficult to enter too much at one go.
8. Each of you will have an escort in the village. Be friendly with them. Your success as a surveyor will depend on how you maintain your interpersonal relationship with your escorts. Do not give them an impression that there is a big difference level between them and you.
9. There will be a review meeting with the study coordinator every alternate day. Note down all the issues to be discussed during this time.
10. Please be prepared to forgo some luxuries of the urban life and be prepared to tolerate some inconveniences in toilet and bath facilities available in the village.
11. Remember always that we are a team and we will work together and make the whole project a grand success.

Appendix 5.2

Valuer's Personal Information

I. Valuation Information:

Valuer ID

Interviewer Code

Date of Interview

Place of Interview

II. Respondent:

Name

Same as valuer

Attendant

Relationship with Valuer

III. Valuer Information:

Name

Age

Sex: Male Female Caste: SC ST BC OC

If age \geq 15 years; How many years you have attended school?

If age $<$ 15 years; How many years has the mother attended school?

Can you write a letter to your relatives / friends?

Yes

No

IV. Valuer's Household Information:

A. Does your house have -

	Yes	No
a radio		
a television?		
a refrigerator?		
a bicycle?		
a moped, motor cycle or scooter?		
a sewing machine?		
a sofa set?		

B. Does your household own -

	Yes	No
Agricultural land?		
Any live stock?		
A bullock?		
A bullock cart?		
A water pump?		
A fan?		

C. What is the main source of drinking water for members of your household?

Private protected (piped / deep bore well)	
Private unprotected (shallow bore well, open well)	
Public protected (piped, deep bore well)	
Public unprotected (open well)	
Natural unprotected (spring, river, pond, lake)	
Other	

D. What kind of toilet facility do most members of your household use?

Private flush toilet	
Shared flush toilet	
Public flush toilet	
Traditional pit latrine	
Ventilated improved pit latrine	
Other	
No facility / bush / field	

E. What type of fuel does your household mainly use for cooking?

LPG / Natural gas	
Bio-gas	
Kerosene	
Coal	
Fire wood / straw	
Dung	
Other	

F. Do you own a house? Yes No

1. If yes, type of house owned:

Pucca house	
Kachha house	
Semi pucca	

Appendix - 5.3

వాల్యువర్ యొక్క స్వ సమాచారము

I. వాల్యువర్ షన్ సమాచారము

వాల్యు-వర్ ఐ.డి.

ఇంటర్వ్యు చేసిన వారి కోడ్

ఇంటర్వ్యు చేసిన తేది

ఇంటర్వ్యు చేసిన స్థలము

II. సమాధానము ఇచ్చువారు

పేరు

సంబంధిత వ్యక్తి

బంధుత్వం

III. వాల్యువర్ సమాచారము

పేరు

వయస్సు

స్త్రీ

పురుషుడు

కులము:

రునాసి

యన్.టి

బి.సి

ఓసి

వయస్సు

మీ వయస్సు 15 సంవత్సరాలు మించి-న-అ-యితే: మీరు ఎన్ని సంవత్సరాలు స్కూలుకి వెళ్లి-నారు

మీ వయస్సు 15 సంవత్సరాలు కన్నా తక్కువ-వైతే: మీ తల్లి-గారు ఎన్ని సంవత్సరాలు స్కూలు కి వెళ్లి-నారు

IV. వాల్యువర్ కుటుంబ సమాచారము

A. మీరు స్వంతంగా కలిగి ఉన్నవి

	అవును	కాదు
రేడియో		
టెలి-వి-జన్ (దూర-ద-ర్సన్)		
రాప్రి-జ-రే-టర్ (ప్రిజ్)		
సైకిలు		
మోటారు వాహనము (స్కూటరు)		
కుట్టు యంత్రము		
సో ఫా		
గోడ గడి-యా-రము		
ప్రజర్ కుక్కర్		

B. మీ కుటుంబం స్వంతంగా కలిగి ఉన్నవి

	అవును	కాదు
వ్యవ-సాయ భూమి		
చరాశ్శి		
ఎద్దులు		
ఎద్దుల బండి		
మోటారు పంపు		
ఫంకా (ఫ్యాను)		

A. మీ యొక్క కుటుంబము కలిగియున్న తాగునీటి సౌకర్యము ఎటువంటిది?

స్వంతంగా నిర్మించు-కొ-న్నవి(ట్రైపు/ గొట్టపు-బావి)	
ప్రభుత్వం నిర్మించి-నవి (ట్రైపు/ గొట్టపు బావి)	
సహ-జ-ముగా ఎర్ప-డి-నవి(నది/ కొలను / గుంట/ సరస్సు)	
ఇత-ర-ములు	

B. మీ కుటుంబసభ్యులు ఉప-యో-గించు-చున్న మరు-గు-దొడ్ల సౌక-ర్యము ఎటు-వంటిది

స్వంతంగా నిర్మించు-కొ-న్నవి	
కొంత-మంది కలసి నిర్మించు-కొ-న్నవి	
ప్రభుత్వ మరు-గు-దొడ్లు	
పురా-తన మరు-గు-దొడ్లు	
ఇత-ర-ములు	
ఎ సౌక-ర్య-ము-లేదు/ పొదలు / ఆరు-బ-యట ప్రదేశము	

C. మీ కుటుంబము వంట కొరకు ఉపయోగించుచున్న పద్ధతి ఏమిటి?

ఇంధనము (గ్యాస్)	
బయె-గ్యాస్	
కిరో-సిన్	
బొగ్గు	
వంట చెరకు	
పేడ	
ఇత-ర-ములు	

D. మీరు ఇల్లు స్వంతంగా కలి-గి-ఉ-న్నారా?

అవును/కాదు

ప్రక్కా యిల్లు			
కచ్చా-యిల్లు(మట్టి యిల్లు)			

Appendix-5.4

Comments by the valuer for health states to be captured in this sheet

Core Set

Space for comments

ఈరోజు మీ ఆరోగ్య స్థితి

కొద్దిగా చెక్క-ర-వ్యాధి, ఎటు-పంటి రోగ-ల-క్షణాలు లేవు.
మందు-లతో అదు-పులో వుంచ-వచ్చు

చికిత్స చేయించు-కుం-టున్న క్షయ-వ్యాధిగ్రస్తుడు, కొద్దిగా
రోగ -ల-క్షణాలు,అప్పు-డ-ప్పుడు దగ్గు

మన-స్థా-పము, ఎ పని-చే-యా-డా-ని-కైన అయి-ష్ట-త,
తక్కువ శక్తి, ఆలోచిం-చ-డంలో మరియి
కేంద్రి-క-రిం-చ-డంలో కొద్దిగా కష్టం

రెండు కాళ్లు చేతులు చచ్చు-బ-డుట

చాలా నొప్పి, పొట్టు తో కూడ-న-టు-పంటి
నీళ్ల-వి-రే-చ-న-ములు (రోజుకు 5 సార్లు)

ఎప్ప-టికీ తగ్గన-టు-పంటి తీవ్ర-మైన తల-పోటు

Set -1

కొద్దిగా నొప్పి, కీళ్లు పట్టే-సి-నట్లు ఉండుట

మూత్ర-ములో స్వాధిసం లేక-పో-వుట

ఎప్పుడు ఉండే తెమడ/ కళ్లతో కూడి-న-టు-పంటి దగ్గు
మరియి శ్వాస- తీసు-కో-ప-డంలో కష్టం

మతిస్థిమి-తం-లే-క-పో-వుట, మూట తడ-బాటు మరియి
ఆలో-చ-నలో తిక-మక, ఆలో-చిం-చుట,
కేంద్రి-క-రించుట-లో చాల కష్టం, మనసు స్థిమితం
లేక-పో-వుట

Set - 2

తీవ్ర-మైన జ్వరం వలన ఆలో-చనలు
స్వాధి-సం-లే-క-పో-వుట -(ఘ్రాఫా-యిడ్ జ్వరం వలె)

కొద్ది-పాటి వ్యాయమము చేయు-న-పుడు ఛాతీ(చెస్ట్) లో
కొద్ది గా నొప్పి

సంతా-నము కావాలనీ కోరిక వున్నా కన-లే-క-పో-వుట

గుడ్డిత-సము

Set - 3

Space for comments

విరి-గిన రెండు చేతు-లకు కట్టు

కడు-పులో బాధ మరియు మంట --- (కడు-పులో పుండు పలే ఉన్నది)

ఒక-మో-కాలి క్రింది-భా-గ-ము-
తీసి-వే-యుటనడ-ప-డా-నికి వీలైన సాధ-న-ములు కలవు
(క్రచ్)

రెండు మోకాలి క్రింది-భా-గములు తీసి-వేయుట
-----చక్రాల కుర్చి కల-దు (వీల్చైర్)

Set - 4

ముఖ-ము-మీద తెల్లని మచ్చలు

విన-డంలో కొద్దిగా కష్టం అయితే గట్టిగా మాట్లా-డినా, పెద్ద
శబ్ద-మైనపుడు మాత్రమే విన-గ-లడు

ఎప్పుడు ఉండే కొద్దిపాటి వెన్ను-నొప్పి

తీవ్ర-మైన గుండె-జబ్బు కార-ణంగా భరిం-చ-లేని ఛాతీలో
నొప్పి మరియు (దమ్ము) శ్వా-స-తీ-సు-కో-లే-క-పో-వడం

Appendix 5.5

Interviewer Observations and Report, HSV Household Survey (IOR)

Valuer Name:

ID	M				
	F				

Did the respondent...

	No	Yes	Can't assess
...have a hearing impairment?	0	1	8
...have any vision problems?	0	1	8
...use crutches, cane, other walking aid or support?	0	1	8
...have any difficulties walking?	0	1	8
...have paralysis in the arms, hands or legs?	0	1	8
...have any amputations of arms, hands or legs?	0	1	8
...cough continually?	0	1	8
...have shortness of breath?	0	1	8

Did the respondent have difficulties understanding the questions or tasks on...?

	No difficulties	Yes, some difficulties	Yes, a lot of difficulties	Can't assess
Personal information	0	1	2	8
Own health status assessment	0	1	2	8
Card sort exercise	0	1	2	8
Visual analog exercise	0	1	2	8

Respondent's cooperation was:

Excellent	Very good	Good	Fair	Poor
1	2	3	4	5

Overall, how would you rate the accuracy and completeness of the respondent's answers?

Very high	High	Average	Low	Very low
1	2	3	4	5

Any unusual circumstances or happenings during the interview:

Any other comments:

Appendix - 5.6

Summary of comments about specific health states from valuers in the household survey.

HealthSt	No of Comm ents	6D5L	Comments
Quadriplegia	74	554341	Useless life. Equal to death. Totally dependent on others. Burdened life.
Severe continuous migraine	24	113431	Cannot concentrate. Difficult to work.
Unipolar major depression	22	124142	Cannot work. Makes life miserable. Cannot concentrate.
Mild Tuberculosis with treatment	15	111221	Stigma. Anxiety. Isolation.
Two broken arms in cast	15	154321	Cannot work.
Watery Diahorrea 5 times a day	15	111211	Cannot work. Weakness.
Blindness	14	323122	Dependent on others. Difficult to work.
Mild diabetes, no symptoms	13	111121	Has to take medicine daily. Food restrictions. Risk of complications.
White marks on face	13	111131	Problems in social life. Depression. But not a big problem.
Below the knee amputation (two legs)	11	433221	No use living. Difficult to work. Dependent on others.
Infertility	11	111131	Life long depression. Anxiety of loosing spouse. No problem.
Severe Hallucinatory Fever	8	444333	No problem. Can be cured. Risk of death.
Mild hearing disorder	7	112121	Prone to traffic accidents. Difficult to work.
Pain and stiffness in joints	7	222331	Difficult to walk. Difficult to work.
Angina	6	111321	May cause death. Difficult to work. No concentration.
Peptic Ulcer	6	322211	No concentration. Difficult to work.
Bronchitis	5	112311	Inconvenience
Continuous moderate back pain	4	212321	Pain. Problem in work.
Schizophrenia	4	234244	Useless life.
Severe heart failure (congestive)	4	434531	Unexpected death.
Urinary incontinence	4	113331	Problem in social life. Difficult to work.
Own Health Today	3		
Below the knee amputation (one leg)	2	322211	Little problems. Difficult to work.