Questionnaire

Dear Cherished Participant, we are undertaking a study, titled "The Economic Burden of Diabetes and Prediabetes Management Among Adult Patients in Ghana: A Cross-Sectional Study". We kindly ask you to answer these questions below to help us better understand the economic burden of these two NCDs and inform appropriate management decisions. Any information provided here will be treated confidential, that is, it will be prevented from any third party who is not a correspondent author of the study. Your support will be much appreciated, and confidentiality is highly assured.

Section A: Socio-Demographic Characteristics

	Questions	**Responses**
1	What is your age in years?	……..
2	What is your marital status	1. Single 2. 2. Married 3. Co-habiting 4. Divorced 5. Widowed 6. Other
3	What is your sex?	1. Male 2. Female 3. Other (please specify)…….
4	What is your level of education	1. No formal education 2. Primary 3. Junior High School (JHS) 4. Senior High School (SHS) 5. Tertiary 6. Other (please specify)……
5	What is your occupation	1. Schooling 2. Apprentice 3. Formally employed 4. Unemployed 5. Daily laborer 6. Self-employed 7. Pensioner
6	What is your average monthly income in Ghana Cedis (GHC)	……
7	What is your NHIS status	1. Insured, active 2. Insured, inactive 3. Not insured 4. Private insurance

Section B: Health Seeking Behavior, Travel Costs and Productivity Losses associated with diabetes and prediabetes management

	Questions	**Responses**
8	What is your diagnosis	1. Prediabetes 2. Diabetes
9	How long (in years) have you been diagnosed with prediabetes or diabetes?	**…….**
10	How many times have you visited this facility in the last 3 months because of the condition?	……. times
11	On average, how long (in minutes) did it take you to travel to the health facility for each of the visits? Eg. If walking, state how many minutes you spend on travel time, if by car, indicate same?	……hours……..minutes
12	When you visit the hospital/Clinic, how do you normally travel? Please select the option that best describes how you **normally** travel from your home to the hospital/clinic. If you normally used more than one form of transport, please indicate the way you travelled for **the main** (longest in terms of distance) part of your journey	1. Walk ..... 2. Bicycle..... 3. Public transport (trotro)..... 4. Taxi/Uber/Bolt..... 5. Private car..... 6. Motorbike ..... 7. Other (please specify) …….....
13	On average, how much do you spend on transportation to the facility for each visit if you travel by public transport including uber? (one-way) Skip questions 13 and 14 if respondent chose walking or bicycle	GHS ……..
14	On average, how much do you spend on fuel travelling to the facility for each visit by private car? (one-way) If you don't know the amount of fuel spent, please indicate the distance (in km/h) you travelled to the facility, or ask for a	GHS …….. GHS ……..

	landmark of where you stay (This will be used to check for distance to health facility on google map).	
15	On average, how much time (in minutes) do you spend when you visit the hospital?	……..
16	Have you been absent from your work in the past 3 months because you were ill as a result of prediabetes**?**	1. Yes, …… 2. No……>> skip to question 24 If no, skip to question 24
17	Cumulatively, how many days have you been absent from work in the last 3 months?	…….. days (1,2,3…n)
18	Has anyone, such as family or a friend accompanied you to the facility for prediabetes-related care in the last 3 months?	1. Yes …….. 2. No…….. If yes, answer questions 19-23
19	How many times were you accompanied?	……. times
20	How many people accompanied you to the hospital	…….. people
21	What is the occupation of the person/people who accompanied you.	Person 1…… Person 2…….
22	Did they miss work because of the clinic visit? Skip if respondent is a student, unemployed or pensioner	1. Yes …….. 2. No……
23	How much do they earn in a day?	Person 1……GHS Person 2……GHS

Section C: Treatment Costs-Prediabetes/diabetes

	Questions	**Responses**
24	In the last 3 months, how much did you spend on each of the following items?	
a	Card	…… GHS
b.	Consultation fees	…… GHS
c.	Laboratory tests	…… GHS
d.	Medication	Medication 1……GHS Medication 2……GHS, etc
25	In the last 3 months, have you taken any medicine other than your normal diabetes tablets to control your diabetes? E.g. vitamins	1. Yes…… 2. No……>>skip to 28

	Questions	Responses
26	If yes to question 26, please list the medications and their prices	Medication 1(Name/price) …… Medication 2 (Name/price)…… Medicine 3 (Name/price)……
27	If you didn't pay for any things listed in questions 24-26 above, why did you not pay?	1. Health Insurance member…… 2. Exempted…….. 3. Other (please specify)…….
28	In the last 3 months, has there been any other cost you have incurred due to diabetes or prediabetes you would like to tell me about?	1. Yes 2. No If yes, kindly specify ……
29	Do you have any other condition apart from diabetes/prediabetes, kindly indicate the name of the condition (eg hypertension)	…….
30	Kindly indicate the name of this facility. Question 30 to be answered by data collectors only.	……..