**IN THE NAME OF GOD**

**Dear participant**

This questionnaire has been developed aimed to estimate the direct and indirect costs of breast cancer. Please answer the questions carefully.

**THANK YOU**

**Demographic and socio-economic variables**

|  |
| --- |
| 1. Age -----years old <40 years❒ 40-60 years❒ >60 years❒
 |
| 1. Marital status Single❒ Married❒
 |
| 1. Education status Illiterate❒ Diploma❒ Academic education❒
 |
| 1. Health insurance coverage Yes❒ No❒
 |
| 1. If your answer is ‘Yes’ please select one of the following choices

Social security insurance❒ Iranian health insurance❒ Relief foundation insurance❒ Other basic insurances❒  |
| 1. Supplementary insurance coverage Yes❒ No❒
 |
| 1. Habitation status Rural area❒ Urban area❒
 |
| 1. Disease duration….……years I don’t know❒
 |

1. **Direct costs**

**A.B. Direct medical costs**

**A.B.1. Outpatient costs**

* Over the last two months, which of the following services and cares have you received for your disease?
1. General practitioner visit

Yes❒ No❒ How many times? ------ The amount of paid cost---------

1. Specialist visit

Yes❒ No❒ How many times? ------ The amount of paid cost---------

1. Visit at Emergency

Yes❒ No❒ How many times? ------- The amount of paid cost----------

1. Injections

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Prescription drugs

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Over-The-Counter drugs

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Medical equipment such as wheelchairs and so on

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Palliative care

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Chemotherapy

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Radiotherapy

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Hormone therapy

Yes❒ No❒ How many times? ------- The amount of paid cost------------ **Diagnostic tests**

1. MRI

Yes❒ No❒ How many times? ------- The amount of paid cost----------

1. Sonography

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Echocardiography

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. CT scan

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Radiology

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. PET scan

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Blood test

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Urine test

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Biopsy

Yes❒ No❒ How many times? ------- The amount of paid cost------------

1. Over the last year, have you received complementary and alternative medicines (CAM) or traditional medicine (acupuncture, massage therapy, herbal remedies …)?

Yes❒ No❒ How many times? ------- The amount of paid cost---------

**A.B.2. Inpatient costs**

* Over the last year, have you been admitted to other healthcare centers owing to your breast cancer?

Yes❒ No❒

If your answer is ‘Yes’ completes the following table:

|  |  |  |  |
| --- | --- | --- | --- |
|  | The cause of hospitalization | Length of hospital stay  | The total paid cost |
| Hospitalization 1 |  |  |  |
| Hospitalization 2 |  |  |  |
| Hospitalization 3 |  |  |  |
| Hospitalization 4 |  |  |  |
| Hospitalization 5 |  |  |  |
| Hospitalization 6 |  |  |  |

* **Informal payments**

 1) Have you paid an additional cost (informal payments) to the hospital, surgeon or other healthcare providers? Bad

Yes❒ No❒ How many times? ------- The amount of paid cost---------

**A.C. Direct non-medical costs**

1. Over the last two months, have you had the food cost during the receiving health care services?

Yes❒ No❒ How many times? ------- The amount of paid cost---------

1. Over the last two months, have you had the accommodation cost during the receiving health care services?

Yes❒ No❒ How many times? ------- The amount of paid cost---------

1. Over the last two months, have you had the commuting cost due to referring to health care centers?

Yes❒ No❒ How many times? ------- The amount of paid cost---------

1. Over the last two months, have you paid to others in order to care for family members such as children, adults or things like cleaning and so on?

Yes❒ No❒ How many times? ------- The amount of paid cost---------

1. Are there any other costs other than the costs mentioned above?

 Yes❒ No❒ If yes: the amount of paid cost--------------

1. **Indirect costs (lost productivity)**
2. Have you had missed workdays owing to your breast cancer?

Yes❒ No❒ If yes, how many days-----------

1. Have your family members had missed workdays owing to your disease?

Yes❒ No❒ If yes, how many days-----------

1. Have you changed your job owing to your breast cancer?

Yes❒ No❒ If yes, how much your monthly income have decreased -----------Rials

1. Have your family members changed their job owing to your disease?

Yes❒ No❒ If yes, how much their monthly income have decreased -----------Rials

1. Have you lost your job owing to your disease?

Yes❒ No❒ If yes, How long…….

1. Have your family members lost their job owing to your disease?

Yes❒ No❒ If yes, How long…….

* **Delay or forgone care**
1. Have you ever delayed your treatment process owing to the distance from your place of living to the medical center?

Yes ❒ No ❒ If yes, how many weeks?---------

1. Have you ever delayed your treatment owing to financial inability?

Yes ❒ No ❒ If yes, how many weeks?---------

1. Has financial inability caused you to forgo your treatment?

Yes ❒ No ❒ If yes, how many weeks?---------