

Surgeons OverSeas Assessment of Surgical Need (SOSAS) Version 3.0

Items in bold are the new questions.

Under the bold items the questions to be asked.

[Items in italics are instructions to the interviewer.]

Paragraphs in the boxes are explanations during the interview for the respondent. Read these out loud and be sure that the person understands the explanation.

A. HOUSEHOLD INFORMATION (TAB: Household)

A1. Number of visits: ___ 1 ___ 2 ___ 3 ___ 4

[Check off each visit to the household, check the box at the end if this is a replaced household]

A2. Village # OR Cluster #: _____

A3. Village Type: ___ Rural ___ Urban ___ Slum

A4. Household Code: _____

A5. Interviewer Name: _____

Good morning/evening. My name is _____. I work for Surgeons OverSeas (SOS), who work with the Ministry of Health *[show the information letter]*. We are trying to find out if there are enough doctors in this area, specifically if there are enough surgeons. A surgeon is a medical doctor who cures patients by taking care of wounds and broken bones or cutting out masses. Sometimes surgeons must put you to sleep to do these things, and other times they must only numb the hurt body part.

To find out if there are enough doctors taking care of these problems in your village, we'd like to ask you and some other members of your household some questions. We will ask questions about health, such as whether members of your household have ever had wounds, broken bones, or masses. By asking these questions, we hope that we can help make more skilled doctors available in your village. We won't be offering medical care right now, but we hope that the information you provide will help create improved services in the future.

This survey will take about 30 minutes to 1 hour. All of your responses will be confidential. You have the right to not participate in the survey, or to stop during the interview. First I will ask you some questions about the people who live in this house. After that, I will randomly choose two people from your household and ask them more detailed questions about their health. This information is confidential, and nobody will find out what answers you gave other than me and my research team and we will not collect your name or address. We have an information sheet for you, and we will obtain your consent to participate and separate from the household members who will participate. Do you have any questions at this moment?

A6. Informed consent:

Would you like to participate in this survey?

___ Yes

___ No (If no, what is the reason? _____)

(no time / no willingness / no reason / no seen benefit / other: explain....)

[Without informed consent you cannot proceed. Make sure the person understands the purpose of this survey. If they don't want to participate, ask why and mark this.]

B. LIVING HOUSEHOLD MEMBERS

The following questions will be about your household members. I want to include every household member that normally eats from the same cooking pot, and slept here last night. We will start the information of the oldest household member and finish with the youngest, also babies and neonates and disabled household members need to be listed in order of their age.

[Fill in all the household members' age and sex in the table, ordered by age, the oldest household person first. Also the household members who are disabled or ill should be mentioned. At the end of the list of household members you need to ask specifically for the newborns and babies in the family and collect the information for each of them in individual tabs.]

B0. Number of household members:

In total, how many people live in your household? _____

*[*Age for babies:*

- <3 months = 0*
- 3 - < 6 months = 0.25*
- 6 - < 9 months = 0.5*
- 9 - < 12 months = 0.75*
- 12 - < 24 months = 1 etc.]*

| Tab | B1. Age: (years*) | B2. Sex: Male/Female |
|-----|----------------------|-------------------------|
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| 29 | | |
| 30 | | |

- Step 1. Check if all information is filled in for all the household members, remember the definition: all the persons eating from the same pot.*
- Step 2. The total number of household members should be the same as the total number ages and sexes you filled in for question B.*
- Step 3. Check the order of the household members, should be starting with the oldest person ending with the youngest person, make sure you ask for neonates /babies.*
- Step 4. Make corrections before you go to step 5.*
- Step 5. Remember the total numbers of living household members. Open your Random Generator on your iPad: fill in for 'Min':1 and for 'Max': the number of living household members. Press Generate. The first number which appears corresponds with the number of the household member to interview. Repeat the procedure also to assign the person for the second interview.*

Tab number of the assigned household member for the first interview: _____
 Tab number of the assigned household member for the second interview: _____

C. TRANSPORTATION MEANS

The following questions will be about the health facilities availability for you and your household members, and the transportation you are able to provide for them in need of health care.

C1.1. TRANSPORT TO PRIMARY HEALTH FACILITY:

What is the main way for you or your household members to go to a primary health facility?

- Public transport (bus/taxi)
- Car
- Motorcycle
- Bicycle
- Boat
- Animal
- On foot
- Carried

*[Call the village/city where this type of facility can be found for the person to be able to respond
 Primary health facility: Health facility without functioning operating room
 Time guideline: one person can walk 3 miles in one hour or 1 mile takes 20 minutes to walk]*

C1.2. Travel time to primary health facility:

How long does it take you in total to get to your primary health facility if you don't have to wait for transportation? (hours)

C1.3. Waiting time for transport:

How long do you probably have to wait for transportation to a primary health facility? (hours)

C1.4. Cost for transport:

What does it cost you to provide transportation to a primary health facility for a sick household member? (Leones)

- 0 – 500
- 501 – 1.000
- 1.001 – 2.000
- 2.001 – 5.000
- 5.001 – 10.000
- 10.001 – 20.000
- 20.001 – 50.000
- > 50.000

C1.5. Transport money available?

Are you always able to provide these means for transport of a sick household member?

- Yes
- No
- N/A

C2.1. TRANSPORT TO SECONDARY HEALTH FACILITY:

What is the main way for you or your household members to go to a secondary health facility?

- Public transport (bus/taxi)
- Car
- Motorcycle
- Bicycle
- Boat
- Animal
- On foot
- Carried

*[Call the village/city where this type of facility can be found for the person to be able to respond
 Secondary health facility: Health facility with functioning operating room
 Time guideline: one person can walk 3 miles in one hour or 1 mile takes 20 minutes to walk]*

C2.2. Travel time to secondary health facility:

How long does it take you in total to get to your secondary health facility if you don't have to wait for transportation? (hours)

C2.3. Waiting time for transport:

How long do you probably have to wait for transportation to a secondary health facility? (hours)

C2.4. Cost for transport:

What does it cost you to provide transportation to a secondary health facility for a sick household member? (Leones)

- 0 – 500
- 501 – 1.000
- 1.001 – 2.000
- 2.001 – 5.000
- 5.001 – 10.000
- 10.001 – 20.000
- 20.001 – 50.000
- > 50.000

C2.5. Transport money available?

Are you always able to provide these means for transport of a sick household member?

- Yes
- No
- N/A

C3.1. TRANSPORT TO TERTIARY HEALTH FACILITY:

What is the main way for you or your household members to go to your tertiary health facility?

- Public transport (bus/taxi)
- Car
- Motorcycle
- Bicycle
- Boat
- Animal
- On foot
- Carried

[Call the village/city where this type of facility can be found for the person to be able to respond

*Tertiary health facility: Health facility with functioning operating room and minimal one surgical specialists
 (Surgeons/Orthopedics/Gynecologist/Urologist)*

Time guideline: one person can walk 3 miles in one hour or 1 mile takes 20 minutes to walk]

C3.2. Travel time to tertiary health facility:

How long does it take you in total to get to your tertiary health facility if you don't have to wait for transportation? (hours)

C3.3. Waiting time for transport:

How long do you probably have to wait for transportation to a tertiary health facility? (hours)

C3.4. Cost for transport:

What does it cost you to provide transportation to a tertiary health facility for a sick household member? (Leones)

- 0 – 500
- 501 – 1.000
- 1.001 – 2.000
- 2.001 – 5.000
- 5.001 – 10.000
- 10.001 – 20.000
- 20.001 – 50.000
- > 50.000

C3.5. Transport money available?

Are you always able to provide these means for transport of a sick household member?

- Yes
- No
- N/A

D. DECEASED HOUSEHOLD MEMBERS

D0. Number of household deaths:

Did you have any household member who passed away in the past year?
I'm very sorry to hear that, how many people from your household died in the past year?

[Ask specifically for neonates and babies.]

[FOLLOWING QUESTIONS ONLY IF THERE WAS A DECEASED HOUSEHOLD MEMBER IN THE LAST YEAR, UNDER ROW 1 THE ANSWERS FOR THE FIRST HOUSEHOLD DEATH, CONTINUE WITH THE FOLLOWING ROWS IF THERE WERE MORE HOUSEHOLD DEATHS IN THE LAST YEAR]

'I'm sorry to hear that you lost a household member in the last year. The following questions are about this/these deceased person(s).'

D1. Age at death:

How old was the household member when she/he died?

[Age for babies:

- <3 months = 0
- 3 - <6 months = 0.25
- 6 - <9 months = 0.5
- 9 - <12 months = 0.75
- 12 -<24 months = 1 etc.]

| 1..... | 2..... | 3..... | 4..... | 5..... |
|--------|--------|--------|--------|--------|
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D2. Sex:

What was the sex of the household member?

Male
Female

| 1..... | 2..... | 3..... | 4..... | 5..... |
|--------|--------|--------|--------|--------|
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D2.1 Pregnant at death: Yes = 1 No = 2

Was the household member pregnant when she died or did she deliver within 6 weeks of her death?

| 1..... | 2..... | 3..... | 4..... | 5..... |
|--------|--------|--------|--------|--------|
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D3.1. Death specifics:

Did the household member have any of the following problems less than a week before s/he died?

For neonates / babies: Did the child look normal and could it drink, urinate and defecate normally after birth?

[Show empathy for the story told. Don't be judgmental in any way; let the person tell his/her story. For definitions see Question F2.1]

- Injury
- Wound not due to an injury
- Bleeding or ill around childbirth
- Mass (Growth or Swelling)
- Deformity congenital
- Deformity acquired
- Abdominal distention or pain
- None of the above

| 1..... | 2..... | 3..... | 4..... | 5..... |
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D3.1.1 Type of injury / accident: [Only if D3.1 is answered with 'Injury']

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

- Car, truck, bus crash
- Motorcycle crash
- Pedestrian, bicycle crash
- Gunshot / firearm
- Stab / slash / cut / crush
- Bite or animal attack
- Fall
- Open fire / explosion
- Hot liquid / hot object

| 1..... | 2..... | 3..... | 4..... | 5..... |
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D4. Healthcare sought:

Did the household member go to a health facility or see a doctor/nurse before she/he died?

Yes
No

| 1..... | 2..... | 3..... | 4..... | 5..... |
|--------|--------|--------|--------|--------|
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D4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

Yes
No

| 1..... | 2..... | 3..... | 4..... | 5..... |
|--------|--------|--------|--------|--------|
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D5. Type of healthcare received: *[only if D4 is yes]*
What kind of treatment did the household member receive?

None / No surgical care
Major procedure = a procedure which requires regional or general anesthesia
Minor procedures = dressings, wound care, punctures, suturing and I&D

| 1..... | 2..... | 3..... | 4..... | 5..... |
|--------|--------|--------|--------|--------|
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D6. Reason for not having surgical care: *[Only if D4 is 'No' or D5 is 'No surgical care']*
[If the person went for traditional medicine ask why and mark that answer]

What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?

No money for health care
No (money for) transportation
No time (person died before arrangements)
Fear / no trust
Not available (facility/personnel/equipment)
No need (condition is not surgical)

| 1..... | 2..... | 3..... | 4..... | 5..... |
|--------|--------|--------|--------|--------|
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D7. Location of death:

Where did the household member die?

Home
Health Facility
Somewhere else

| 1..... | 2..... | 3..... | 4..... | 5..... |
|--------|--------|--------|--------|--------|
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D8. Give a brief explanation of the story told.

'Thank you very much for answering these questions. Let me go quickly over the survey to check everything.'

[Go over all the tabs to ensure that you have everything, ask the questions again which you accidentally skipped.]

I checked the household information tab, there is no data missing:

_____ [date] _____ [name] _____ [signature of interviewer]

'Thank you very much for giving all this information. I have a letter with contact information for you if you would have questions for us about this survey. Can I speak to the household members who I have randomly chosen to ask them more specific questions about their health?'

[Give the letter with the (contact) information about the survey. If the household members are not available now, you should make an appointment for later on that day or the next day.] [TIME: ____ hour ____ min]

IF THERE WERE MORE THAN ONE DECEASED HOUSEHOLD MEMBER, FILL IN THE SECOND OR THIRD PERSONS DETAILS IN THE APPROPRIATE SPACES (THE TABS OR COLLUMNS WITH 2 OR 3 RESPECTIVLY).

THE FOLLOWING QUESTIONS IN SECTION E, F, G, H, I, J, K, L, ARE TO BE ASKED TO THE TWO HOUSEHOLD MEMBERS OF THE FAMILY WHO WERE RANDOMLY SELECTED FOR THE INTERVIEW.

IN THE IPAD VERSION THIS IS DISPLAYED AS EXTRA TABS, IN THE PAPER FORMAT THIS IMPLIES DOUBLE PRINTING OF THE FOLLOWING QUESTIONS. PERMANENT ATTACHEMENT OF THE FILES TOWARDS THE HOUSEHOLD INFORMATION IS NEEDED TO CONNECT THE INDIVIDUAL DATA WITH THE HOUSEHOLD AND CLUSTER DATA.

E. GENERAL INFORMATION (Survey 11)

E1. Household list (ID) number:

E2. Sex:

- Male
 Female

E3. Age:

[Age for babies:
<3 months = 0
3- <6 months = 0.25
6- <9 months = 0.5
9- <12 months = 0.75
12-24 months = 1 etc.]

FIRST RESPONDENT

[TIME: ____ hour ____ min]

[from the table with the questions B1 and B2]

[Check this box if this is a replaced household member]

[If a surrogate is answering for a child, ask all the questions about the child.]

Good morning/evening. My name is _____. I work for Surgeons OverSeas (SOS), who works with the Ministry of Health [show the information letter]. We are trying to find out if there are enough doctors in this area, specifically if there are enough surgeons. A surgeon is a medical doctor who cures patients by taking care of wounds and broken bones or cutting out masses. Sometimes surgeons must put you to sleep to do these things, and other times they must only numb the hurt body part.

To find out if there are enough doctors taking care of these problems in your village, we'd like to ask you some questions. We will ask you questions about your health, such as whether you have ever had wounds, broken bones, or masses. By asking you these questions, we hope that we can help make more skilled doctors available in your village. We won't be offering medical care right now, but we hope that the information you provide will help create improved services in the future.

This survey will take about 30 minutes. All of your responses will be confidential. You have the right to not participate in the survey, or to stop during the interview. We have an information sheet for you, and we will obtain your consent to participate. Do you have any questions at this moment?

E4. Informed consent: Would you like to participate in this survey? OR

Is it okay for your son/daughter to participate in this survey?

- Yes
 No, what is the reason? (no time / no willingness / no reason / no seen benefit / other: explain....)

[For minors (individuals under age 18), this consent E4 is obtained from a guardian/parent. Without informed consent you cannot proceed. Make sure the person understands the purpose of this survey. If they don't want to participate, ask why and mark this.]

E.5 Minor assent: *[under 18 years of age only]* Would you like to participate in this survey?

- Yes
 No, what is the reason? (no time / no willingness / no reason / no seen benefit / other: explain....)
 Surrogate consent only

[Surrogate consent only: this can be used in case of a child under 12 years of age, who is not around for the interview. The guardian/parent can answer all the questions for the child. When the child is around, the permission to participate (assent) is asked and only with the assent of the child the interview is held together with the guardian/parent. For children over the age of 12 the guardian/parent can be around for the interview depending on the wish of the child.]

The following questions are general questions, later on I will ask more about your health.

E6. Education:

What is the highest educational level that you have achieved or are currently following?

- None (includes nursery)
 Primary school
 Secondary school (junior / senior)
 Tertiary (diploma, colleges, bachelors)
 Graduate degree (Master degree, PhD)

E6.1 Literacy:

Are you able to read and write in any language?

[For adults and children who are currently learning how to read and write answer: 'No']

- Yes
 No

E7. Occupation:

What is your primary occupation?

- Unemployed *[Currently looking for jobs, retiree's, students]*
- Home maker *[Housewives]*
- Domestic helpers *[Cleaners, housekeepers, watch guards]*
- Farmer *[Herders, agriculture, pastoralist]*
- Self-employed / small-business *[Small business owners like: shops, kiosks, food traders]*
- Government employee *[Police officer, accountant, teachers, health care workers]*
- Non-government employee *[Cooperation managers, NGO-staff]*

E8. Tribe?

What is your ethnic background? *[In case of refusal to answer, ask whether the person was born in Sierra Leone]*

- Creole
- Fullah
- Kissi
- Kono
- Koranko
- Limba
- Loko
- Mandingo
- Mende
- Sherbro
- Susu
- Temne
- Vai
- Yalunka
- Sierra Leonean
- Other African
- Non African

E9. Length of stay in house:

How many years have you lived in this household?

_____ *[years]*

E10. Health status:

[TIME: _____ hour _____ min]

Are you generally healthy?

- Yes
- No

[if 'Yes' to E10. The following questions E11, E12 and E13, can be skipped]

E11. Time ill:

In total how many weeks have you been ill during the past year?

_____ *[weeks]*

E12. Number of health facility visits:

How many times have you visited a clinic or hospital, or nurse / medical doctor in the last year?

E13. Recovery from illness:

Have you recovered fully from the illness you had?

- Yes
- No

EXPLAIN:

Surgery, also known as an operation, can be done for a swelling, mass, abdominal pain, and many other things. Patients often have a bandage after having surgery or may need to stay in the hospital for some time. Sometimes, children are born with problems that can be fixed with an operation. Examples of these problems are open lips, missing anus, or strange feet.

Some people who break a bone or have a wound, may not have an operation but still need to be seen by a doctor or stay in the surgical ward of a hospital. Since this does not include an operation, but includes surgical consultation, we call it surgical care.

Now I'm going to ask you about all the surgical problems you've had in your lifetime. We'll start with your head and move all the way down to your toes.

F. FACE / HEAD / NECK

F1. Face / head / neck:

Have you ever had a wound, burn, mass / goiter, deformity, problem with eating/drinking, a problem with your eyes or ears or an operation on your face, head, or neck?

Yes
 No

[IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH SECTION G. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION YOU QUESTION FIRST ON PROBLEM 1 ALL THE QUESTIONS ON THIS PAGE AND GO FURTHER IF THERE ARE MORE PROBLEMS]

F1.1. Face / head / neck location:

On what part of your head / neck / face did the problem occur?

Eye
Ear / nose / throat
Dental / lips / mouth
Neck
Head

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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F2.1. Face / head / neck specifics:

Tell me what problem you have had.

Wound injury related
Wound not injury related
Burn
Mass or growth / goiter
Deformity congenital
Deformity acquired

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
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*[Wound: Open skin; sometimes leaking blood, pus or liquid
Deformity: An abnormal tissue arrangement or malformation
Congenital: The person is born with the problem. Think about: cleft lips, hydrocephalus etc.
Acquired: The person got the problem later in life. Think about: scars and broken bones]*

F2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

No, it was not due to an injury / accident
Car, truck, bus crash
Motorcycle crash
Pedestrian, bicycle crash
Gunshot
Stab / slash / cut / crush
Bite or animal attack
Fall
Open fire / explosion
Hot liquid / hot object

| Problem 1 | Problem 2 | Problem 3 |
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F3.1. Timing:

When did this problem start?

In the last month
During the past 12 months but longer than a month ago
Longer than 12 months ago

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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F3.1.1 At this moment:

Do you have this problem now (or during the last week)?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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F4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
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F4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

F5.1. Type of healthcare received: [Only when 'yes' to F4.1]

What kind of treatment did you receive?

None / No surgical care
Major procedure = a procedure which requires regional/general anesthesia
Minor procedures = dressings, wound care, punctures, suturing and I&D

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

F6.1. Reason for not having surgical care: [Only when 'none / no surgical care' to F5.1 or 'no' to F4.1]

What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?
[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.
If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

No money for health care
No (money for) transportation
No time
Fear / no trust
Not available (facility/personnel/equipment)
No need

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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F7.1. Disability:

Does this problem still impact your daily life?

The condition is not disabling
I feel ashamed
I'm not able to work like I used to
I need help with transportation
I need help with daily living

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF HERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

G. CHEST / BREAST (TAB: Survey Part II)

G1. Chest / breast:

Have you ever had a wound, burn, breast mass, deformity, or an operation on your chest (including heart or lungs) or breast?

Yes
 No

[IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE FOLLOWING. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION YOU QUESTION FIRST ON PROBLEM 1 ALL THE QUESTIONS ON THIS PAGE AND GO FURTHER IF THERE ARE MORE PROBLEMS]

G2.1. Chest / breast specifics:

Tell me what problem you have had.

Wound injury related
Wound not injury related
Burn
Breast mass / breast cancer
Deformity congenital
Deformity acquired

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
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[Wound: Open skin; sometimes leaking blood, pus or liquid
Deformity: An abnormal tissue arrangement, malformation
Congenital: The person is born with the problem. Example: heart malformation
Acquired: The person got the problem later in life]

G2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No, it was not due to an injury / accident | | | |
| Car, truck, bus crash | | | |
| Motorcycle crash | | | |
| Pedestrian, bicycle crash | | | |
| Gunshot | | | |
| Stab / slash / cut / crush | | | |
| Bite or animal attack | | | |
| Fall | | | |
| Open fire / explosion | | | |
| Hot liquid / hot object | | | |

G3.1. Timing:

When did this problem start?

| | Problem 1 | Problem 2 | Problem 3 |
|---|-----------|-----------|-----------|
| In the last month | | | |
| During the past 12 months but longer than a month ago | | | |
| Longer than 12 months ago | | | |

G3.1.1 At this moment:

Do you have this problem now (or during the last week)?

Yes

No

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

G4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem?

Yes

No

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

G4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

Yes

No

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

G5.1. Type of healthcare received: *[Only when 'Yes' to G4.1]*

What kind of treatment did you receive?

None / No surgical care

Major procedure = a procedure which requires regional/general anesthesia

Minor procedures = dressings, wound care, punctures, suturing and I&D

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| None / No surgical care | | | |
| Major procedure = a procedure which requires regional/general anesthesia | | | |
| Minor procedures = dressings, wound care, punctures, suturing and I&D | | | |

G6.1. Reason for not having surgical care: *[Only when 'none / no surgical care' to G5.1 or 'no' to G4.1]*

What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?

[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.

If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No money for health care | | | |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) | | | |
| No need | | | |

G7.1. Disability:

Does this problem still impact your daily life?

The condition is not disabling

I feel ashamed

I'm not able to work like I used to

I need help with transportation

I need help with daily living

| | Problem 1 | Problem 2 | Problem 3 |
|-------------------------------------|-----------|-----------|-----------|
| The condition is not disabling | | | |
| I feel ashamed | | | |
| I'm not able to work like I used to | | | |
| I need help with transportation | | | |
| I need help with daily living | | | |

[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF HERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

H. BACK

H1. Back:

Have you ever had a wound, burn, mass, deformity, or an operation on your back?

- Yes
 No

[If there were/are no problems with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you question first on problem 1 all the questions on this page and go further if here are more problems]

H2.1. Back specifics:

Tell me what problem you have had.

- Wound injury related
- Wound not injury related
- Burn
- Mass or growth
- Deformity congenital
- Deformity acquired

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
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| | | |

- [Wound: Open skin; sometimes leaking blood, pus or liquid
Deformity: An abnormal tissue arrangement, malformation
Congenital: The person is born with the problem.
Acquired: The person got the problem later in life]*

H2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

- No, it was not due to an injury / accident
- Car, truck, bus crash
- Motorcycle crash
- Pedestrian, bicycle crash
- Gunshot
- Stab / slash / cut / crush
- Bite or animal attack
- Fall
- Open fire / explosion
- Hot liquid / hot object

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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H3.1. Timing:

When did this problem start?

- In the last month
- During the past 12 months but longer than a month ago
- Longer than 12 months ago

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

H3.1.1 At this moment:

Do you have this problem now (or during the last week)?

- Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

H4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem?

- Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

H4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

- Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

H5.1. Type of healthcare received:

[Only when 'Yes' to H4.1]

What kind of treatment did you receive?

- None / No surgical care
- Major procedure = a procedure which requires regional/general anesthesia
- Minor procedures = dressings, wound care, punctures, suturing and I&D

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
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H6.1. Reason for not having surgical care: [Only when 'none / no surgical care' to H5.1 or 'no' to H4.1]
 What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?
 [If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.
 If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No money for health care | | | |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) | | | |
| No need | | | |

H7.1. Disability:
 Does this problem still impact your daily life?

| | Problem 1 | Problem 2 | Problem 3 |
|-------------------------------------|-----------|-----------|-----------|
| The condition is not disabling | | | |
| I feel ashamed | | | |
| I'm not able to work like I used to | | | |
| I need help with transportation | | | |
| I need help with daily living | | | |

[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

I. ABDOMEN

I1. Abdomen:

Have you ever had a wound, burn, mass, deformity, inability to urinate, bleeding from your bottom, abdominal delivery, or an operation on your abdomen?

Yes
 No

[If there were/are no problems with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you question first on problem 1 all the questions on this page and go further if there are more problems]

I2.1. Abdomen specifics:

Tell me what problem you have had.

| | Problem 1 | Problem 2 | Problem 3 |
|---------------------------------|-----------|-----------|-----------|
| Wound injury related | | | |
| Wound not injury related | | | |
| Burn | | | |
| Mass or growth (solid) | | | |
| Mass or growth (soft reducible) | | | |
| Deformity congenital | | | |
| Deformity acquired | | | |
| Abdominal distention or pain | | | |
| Inability to urinate | | | |
| Bleeding (per rectum) | | | |
| Bleeding(per penis) | | | |

I2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No, it was not due to an injury / accident | | | |
| Car, truck, bus crash | | | |
| Motorcycle crash | | | |
| Pedestrian, bicycle crash | | | |
| Gunshot | | | |
| Stab / slash / cut / crush | | | |
| Bite or animal attack | | | |
| Fall | | | |
| Open fire / explosion | | | |
| Hot liquid / hot object | | | |

13.1. Timing:
When did this problem start? In the last month
During the past 12 months but longer than a month ago
Longer than 12 months ago

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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13.1.1 At this moment:
Do you have this problem now (or during the last week)?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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| | | |

14.1. Healthcare sought:
Did you go to a health facility or see a doctor/nurse for this problem?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

14.1.1. Traditional Healer:
Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

15.1. Type of healthcare received: [Only when 'Yes' to 14.1]
What kind of treatment did you receive?

None / No surgical care
Major procedure = a procedure which requires regional/general anesthesia
Minor procedures = dressings, wound care, punctures, suturing and I&D
Cesarean section

[Cesarean section: Abdominal delivery. The baby is born with an abdominal operation.]

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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16.1. Reason for not having surgical care: [Only when 'none / no surgical care' to 15.1 or 'no' to 14.1]
What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?
[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.
If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

No money for health care
No (money for) transportation
No time
Fear / no trust
Not available (facility/personnel/equipment)
No need

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
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17.1. Disability:
Does this problem still impact your daily life?

The condition is not disabling
I feel ashamed
I'm not able to work like I used to
I need help with transportation
I need help with daily living

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF HERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE REPONDENT]

J. GROIN / GENITALIA / BUTTOCKS (TAB: Survey Part III)

J1. Groin / genitalia / buttocks:

Have you ever had a wound, burn, mass, deformity, leaking of urine or feces, bleeding from your bottom, bleeding from your penis, or an operation on your groin, genitalia or buttocks?

Yes
 No

J2.1. Groin / genitalia specifics:

Tell me what problem you have had.

- Wound due to an injury
- Wound not due to an injury
- Burn
- Mass or growth (solid) [*testicular cancer or hydrocele/cystocele*]
- Mass (soft or reducible) [*inguinal hernia*]
- Deformity congenital
- Deformity acquired
- Leaking of urine or feces (like fistula)
- Bleeding (per rectum)
- Bleeding (from the penis)

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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[*Deformity: An abnormal tissue arrangement, malformation*

Congenital: The person is born with the problem. Think about: born without anus, hypospadias etc.

Acquired: The person got the problem later in life]

J2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[*Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.*]

- No, it was not due to an injury / accident
- Car, truck, bus crash
- Motorcycle crash
- Pedestrian, bicycle crash
- Gunshot
- Stab / slash / cut / crush
- Bite or animal attack
- Fall
- Open fire / explosion
- Hot liquid / hot object

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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J3.1. Timing:

When did this problem start? In the last month
During the past 12 months but longer than a month ago
Longer than 12 months ago

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

J3.1.1 At his moment:

Do you have this problem now (or during the last week)? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

J4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

J4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

J5.1. Type of healthcare received: [*Only when 'Yes' to J4.1*]

What kind of treatment did you receive? None / No surgical care
Major procedure = a procedure which requires regional/general anesthesia
Minor procedures = dressings, wound care, punctures, suturing and I&D

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

J6.1. Reason for not having surgical care: *[Only when 'none / no surgical care' to J5.1 or 'no' to J4.1]*
 What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?
[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.
If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No money for health care | | | |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) | | | |
| No need | | | |

J7.1. Disability:
 Does this problem still impact your daily life?

| | Problem 1 | Problem 2 | Problem 3 |
|-------------------------------------|-----------|-----------|-----------|
| The condition is not disabling | | | |
| I feel ashamed | | | |
| I'm not able to work like I used to | | | |
| I need help with transportation | | | |
| I need help with daily living | | | |

[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE REPONDENT]

K. EXTREMITIES

K1. Extremities:

Have you ever had an injury, burn, wound, mass, deformity, broken bone, or an operation on your hands, feet, arms, or legs?
 Yes
 No

[If there were/are no problems with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you question first on problem 1 all the questions on this page and go further if here are more problems]

K2.1. Extremity location:

On what part of your body did the problem occur?

| | Problem 1 | Problem 2 | Problem 3 |
|--------------|-----------|-----------|-----------|
| Finger(s) | | | |
| Thumb / Hand | | | |
| Lower arm | | | |
| Upper arm | | | |
| Foot | | | |
| Lower leg | | | |
| Upper leg | | | |

[If the problem is right and left: make two separate tabs to document the problem.]

[If the problem is based on a joint you need to choose the most proximate location to the abdomen.

For example: an elbow fracture is documented as the upper arm, a knee skin contracture is documented as the upper leg.]

K3.1. Extremity specifics:

Tell me what problem you have had.

| | Problem 1 | Problem 2 | Problem 3 |
|----------------------------------|-----------|-----------|-----------|
| Wound injury related | | | |
| Wound not injury related | | | |
| (Recurrent) drainage / discharge | | | |
| Burn | | | |
| Mass growth | | | |
| Deformity congenital | | | |
| Deformity acquired | | | |

[Recurrent) drainage / discharge from small sore or opening in the skin: a high suspicion for osteomyelitis, infected bone

Deformity: An abnormal tissue arrangement, malformation

Congenital: The person is born with the problem. Think about: clubfeet

Acquired: The person got the problem later in life. Think about: broken bones and scar contractures]

K3.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No, it was not due to an injury / accident | | | |
| Car, truck, bus crash | | | |
| Motorcycle crash | | | |
| Pedestrian, bicycle crash | | | |
| Gunshot | | | |
| Stab / slash / cut / crush | | | |
| Bite or animal attack | | | |
| Fall | | | |
| Open fire / explosion | | | |
| Hot liquid / hot object | | | |

K4.1. Timing:

When did this problem start?

| | Problem 1 | Problem 2 | Problem 3 |
|---|-----------|-----------|-----------|
| In the last month | | | |
| During the past 12 months but longer than a month ago | | | |
| Longer than 12 months ago | | | |

K4.1.1 At this moment:

Do you have this problem now (or during the last week)?

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

K5.1. Fracture:

Did you break a bone or dislocate a joint?

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

K6.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem? Yes
No

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

K6.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem? Yes
No

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

K7.1. Type of healthcare received:

[Only when 'Yes' to K6.1]

What kind of treatment did you receive?

None / No surgical care
Major procedure = a procedure which requires regional/general anesthesia
Minor procedures = dressings, wound care, punctures, suturing and I&D
Manipulation / casting / sling
Traction

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| None / No surgical care | | | |
| Major procedure = a procedure which requires regional/general anesthesia | | | |
| Minor procedures = dressings, wound care, punctures, suturing and I&D | | | |
| Manipulation / casting / sling | | | |
| Traction | | | |

[Internal / external fixation: the bone is fixed with an operation. Sometimes the metal needs to be removed afterwards.

Manipulation / casting / sling: the broken bone was immobilized for some time.

Traction: the patient needed to stay in a hospital bed for a long time, the broken limb was fixed to the bed or a heavy object.]

K8.1. Reason for not having surgical care:

[Only when 'none / no surgical care' to K7.1 or 'no' to K6.1]

What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?

[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.

If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No money for health care | | | |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) | | | |
| No need | | | |

K9.1. Disability:

Does this problem still impact your daily life?

The condition is not disabling
I feel ashamed
I'm not able to work like I used to
I need help with transportation
I need help with daily living

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
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[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING COLUMN, PROBLEM 2 AND/OR 3, TO REGISTER THIS PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

L. WOMEN'S HEALTH

L1. Reproductive age screening:

Have you had a bleeding cycle in the last year?

- Yes
 No
 Male
 Girl under the age of 12 years

[IF 'NO', YOU CAN SKIP ALL THE FOLLOWING QUESTIONS TILL QUESTION L19. ABOUT FAMILY PLANNING. IF 'MALE' OR 'GIRL UNDER THE AGE OF 12 YEARS' YOU CAN SKIP ALL THE FOLLOWING QUESTIONS AND GO TO THE END OF THIS FORM TO FINISH THE SURVEY WITH A LAST CHECK OF THE SURVEY AND YOUR SIGNATURE]

L2. Gravida:

How many times, including the miscarriages and current pregnancy, have you been pregnant?

[If the answer is 0, continue with question L11]

L3. Pregnant:

Are you currently pregnant?

- Yes
 No
 I don't know

L3.1. Bleeding during pregnancy:

[Only for those who are currently pregnant.]

Have you had bleeding during your current pregnancy?

- Yes
 No

L4. Gestational Age:

[Only for those who are currently pregnant.]

How many months are you pregnant?

L5. Parity: [THIS CANNOT BE MORE THAN THE ANSWER TO QUESTION L2]

How many times have you delivered a baby? *[Includes C-sections and instrumental deliveries]*

[If the answer is 0, continue with question L11]

L6. Home deliveries: [THIS CANNOT BE MORE THAN THE ANSWER TO QUESTION L5]

How many babies were delivered at home?

L7. Health facility deliveries: [THIS CAN BE CALCULATED FROM QUESTION L5 MINUS L6]

How many babies were delivered in a health facility?

L8. C-section: [THIS CANNOT BE MORE THAN THE ANSWER TO QUESTION L7]

How many times where your babies delivered with an abdominal delivery / C-section?

L9. Instrumental deliveries: [THIS CANNOT BE MORE THAN THE ANSWER TO QUESTION L7]

How many times where your babies delivered with the help of instruments (Vacuum / Forceps)?

L10. Breastfeeding:

Are you currently breastfeeding?

- Yes
 No

The following questions are about your menstrual period.

L11. Length of period:

How long does your period last? (number of days)

L12. Regularity:

Does your period come regularly?

- Yes
 No

L13. Intermittent bleeding:

Do you have small bleedings in-between your period?

- Yes
 No

L14. Pain:

Do you have pain during your period so that you cannot work?

- Yes
 No

L15. Pads or towels/cloths:

Do you use pads or towels/cloths?

- Pads
 Towels/cloths

L16. Pads/towels:

How many sanitary pads do you use on the heaviest day of your period?

L 17. Health care needed:

Is there, in your opinion need for healthcare for your menstrual cycle?

- Yes
 No

L17.1 Traditional healer:

Is there need to go to a traditional healer for your menstrual cycle?

- Yes
 No

L18. Possibilities for health care [only if L17 is Yes]

Do you have the possibility for health care for your menstrual problem?

- No, no money for health care
 No, no (money for) transportation
 No, no time
 No, because of fear / no trust
 No, not available (facility/personnel/equipment)
 Yes, will go

L19. Family Planning:

Do you use a family planning method at the moment? [Not including traditional methods]

- Yes
 No

L20. Type of family planning? [only if L19 is answered with 'Yes']

What method do you use currently?

- Contraceptive pills
 Implant
 Injectable
 Intra uterine device / coil
 Condom
 Other (surgical methods)

Thank you very much for answering these questions. Let me check everything.

[Go over all the tabs to ensure that you have everything. Ask the questions again which you accidentally skipped.]

I checked the full Survey, there is no data missing:

_____ [date] _____ [name] _____ [signature of interviewer]

I see that I have everything that I need; your survey is complete. Thanks again on behalf of the research team. Do you have questions for me? You are always welcome to contact us. Have a nice day.

[Give or refer to the letter with the (contact) information about the survey.]

[TIME: ____ hour ____ min]

If you wish to make a comment for this interview you can do that below:

E. GENERAL INFORMATION (Survey 2)

Ex1. Household list (ID) number:

Ex2. Sex:

- Male
 Female

Ex3. Age:

- [Age for babies:*
<3 months = 0
3- <6 months = 0.25
6- <9 months = 0.5
9- <12 months = 0.75
12-24 months = 1 etc.]

SECOND RESPONDENT

[TIME: ____ hour ____ min]

[from the table with the questions B1 and B2]

[Check this box if this is a replaced household member]

[If a surrogate is answering for a child, ask all the questions about the child.]

Good morning/evening. My name is _____. I work for Surgeons OverSeas (SOS), who works with the Ministry of Health [show the information letter]. We are trying to find out if there are enough doctors in this area, specifically if there are enough surgeons. A surgeon is a medical doctor who cures patients by taking care of wounds and broken bones or cutting out masses. Sometimes surgeons must put you to sleep to do these things, and other times they must only numb the hurt body part.

To find out if there are enough doctors taking care of these problems in your village, we'd like to ask you some questions. We will ask you questions about your health, such as whether you have ever had wounds, broken bones, or masses. By asking you these questions, we hope that we can help make more skilled doctors available in your village. We won't be offering medical care right now, but we hope that the information you provide will help create improved services in the future.

This survey will take about 30 minutes. All of your responses will be confidential. You have the right to not participate in the survey, or to stop during the interview. We have an information sheet for you, and we will obtain your consent to participate. Do you have any questions at this moment?

Ex4. Informed consent: Would you like to participate in this survey? OR

Is it okay for your son/daughter to participate in this survey?

- Yes
 No, what is the reason? (no time / no willingness / no reason / no seen benefit / other: explain....)

[For minors (individuals under age 18), this consent E4 is obtained from a guardian/parent. Without informed consent you cannot proceed. Make sure the person understands the purpose of this survey. If they don't want to participate, ask why and mark this.]

Ex5. Minor assent: *[under 18 years of age only]* Would you like to participate in this survey?

- Yes
 No, what is the reason? (no time / no willingness / no reason / no seen benefit / other: explain....)
 Surrogate consent only

[Surrogate consent only: this can be used in case of a child under 12 years of age, who is not around for the interview. The guardian/parent can answer all the questions for the child. When the child is around, the permission to participate (assent) is asked and only with the assent of the child the interview is held together with the guardian/parent. For children over the age of 12 the guardian/parent can be around for the interview depending on the wish of the child.]

The following questions are general questions, later on I will ask more about your health.

Ex6. Education:

What is the highest educational level that you have achieved or are currently following?

- None (includes nursery)
 Primary school
 Secondary school (junior / senior)
 Tertiary (diploma, colleges, bachelors)
 Graduate degree (Master degree, PhD)

Ex6.1 Literacy:

Are you able to read and write in any language?

[For adults and children who are currently learning how to read and write answer: 'No']

- Yes
 No

Ex7. Occupation:

What is your primary occupation?

- Unemployed *[Currently looking for jobs, retiree's, students]*
- Home maker *[Housewives]*
- Domestic helpers *[Cleaners, housekeepers, watch guards]*
- Farmer *[Herders, agriculture, pastoralist]*
- Self-employed / small-business *[Small business owners like: shops, kiosks, food traders]*
- Government employee *[Police officer, accountant, teachers, health care workers]*
- Non-government employee *[Cooperation managers, NGO-staff]*

Ex8. Tribe?

What is your ethnic background? *[In case of refusal to answer, ask whether the person was born in Sierra Leone]*

- Creole
- Fullah
- Kissi
- Kono
- Koranko
- Limba
- Loko
- Mandingo
- Mende
- Sherbro
- Susu
- Temne
- Vai
- Yalunka
- Sierra Leonean
- Other African
- Non African

Ex9. Length of stay in house:

How many years have you lived in this household?

_____ *[years]*

Ex10. Health status:

[TIME: _____ hour _____ min]

Are you generally healthy?

- Yes
- No

[if 'Yes' to E10. The following questions E11, E12 and E13, can be skipped]

Ex11. Time ill:

In total how many weeks have you been ill during the past year?

_____ *[weeks]*

Ex12. Number of health facility visits:

How many times have you visited a clinic or hospital, or nurse / medical doctor in the last year?

Ex13. Recovery from illness:

Have you recovered fully from the illness you had?

- Yes
- No

EXPLAIN:

Surgery, also known as an operation, can be done for a swelling, mass, abdominal pain, and many other things. Patients often have a bandage after having surgery or may need to stay in the hospital for some time. Sometimes, children are born with problems that can be fixed with an operation. Examples of these problems are open lips, missing anus, or strange feet.

Some people who break a bone or have a wound, may not have an operation but still need to be seen by a doctor or stay in the surgical ward of a hospital. Since this does not include an operation, but includes surgical consultation, we call it surgical care.

Now I'm going to ask you about all the surgical problems you've had in your lifetime. We'll start with your head and move all the way down to your toes.

F. FACE / HEAD / NECK

Fx1. Face / head / neck:

Have you ever had a wound, burn, mass / goiter, deformity, problem with eating/drinking, a problem with your eyes or ears or an operation on your face, head, or neck?

Yes
 No

[IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH SECTION G. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION YOU QUESTION FIRST ON PROBLEM 1 ALL THE QUESTIONS ON THIS PAGE AND GO FURTHER IF THERE ARE MORE PROBLEMS]

Fx1.1. Face / head / neck location:

On what part of your head / neck / face did the problem occur?

Eye
Ear / nose / throat
Dental / lips / mouth
Neck
Head

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Fx2.1. Face / head / neck specifics:

Tell me what problem you have had.

Wound injury related
Wound not injury related
Burn
Mass or growth / goiter
Deformity congenital
Deformity acquired

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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*[Wound: Open skin; sometimes leaking blood, pus or liquid
Deformity: An abnormal tissue arrangement or malformation
Congenital: The person is born with the problem. Think about: cleft lips, hydrocephalus etc.
Acquired: The person got the problem later in life. Think about: scars and broken bones]*

Fx2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

No, it was not due to an injury / accident
Car, truck, bus crash
Motorcycle crash
Pedestrian, bicycle crash
Gunshot
Stab / slash / cut / crush
Bite or animal attack
Fall
Open fire / explosion
Hot liquid / hot object

| Problem 1 | Problem 2 | Problem 3 |
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Fx3.1. Timing:

When did this problem start?

In the last month
During the past 12 months but longer than a month ago
Longer than 12 months ago

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Fx3.1.1 At this moment:

Do you have this problem now (or during the last week)?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Fx4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Fx4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

Fx5.1. Type of healthcare received: [Only when 'yes' to F4.1]

What kind of treatment did you receive?

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

None / No surgical care

Major procedure = a procedure which requires regional/general anesthesia

Minor procedures = dressings, wound care, punctures, suturing and I&D

Fx6.1. Reason for not having surgical care: [Only when 'none / no surgical care' to F5.1 or 'no' to F4.1]

What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?

[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.

If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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| | | |

No money for health care

No (money for) transportation

No time

Fear / no trust

Not available (facility/personnel/equipment)

No need

Fx7.1. Disability:

Does this problem still impact your daily life?

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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| | | |

The condition is not disabling

I feel ashamed

I'm not able to work like I used to

I need help with transportation

I need help with daily living

[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF HERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

G. CHEST / BREAST (TAB: Survey Part II)

Gx1. Chest / breast:

Have you ever had a wound, burn, breast mass, deformity, or an operation on your chest (including heart or lungs) or breast?

Yes

No

[IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE FOLLOWING. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION YOU QUESTION FIRST ON PROBLEM 1 ALL THE QUESTIONS ON THIS PAGE AND GO FURTHER IF THERE ARE MORE PROBLEMS]

Gx2.1. Chest / breast specifics:

Tell me what problem you have had.

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Wound injury related

Wound not injury related

Burn

Breast mass / breast cancer

Deformity congenital

Deformity acquired

[Wound: Open skin; sometimes leaking blood, pus or liquid

Deformity: An abnormal tissue arrangement, malformation

Congenital: The person is born with the problem. Example: heart malformation

Acquired: The person got the problem later in life]

Gx2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No, it was not due to an injury / accident | | | |
| Car, truck, bus crash | | | |
| Motorcycle crash | | | |
| Pedestrian, bicycle crash | | | |
| Gunshot | | | |
| Stab / slash / cut / crush | | | |
| Bite or animal attack | | | |
| Fall | | | |
| Open fire / explosion | | | |
| Hot liquid / hot object | | | |

Gx3.1. Timing:

When did this problem start?

| | Problem 1 | Problem 2 | Problem 3 |
|---|-----------|-----------|-----------|
| In the last month | | | |
| During the past 12 months but longer than a month ago | | | |
| Longer than 12 months ago | | | |

Gx3.1.1 At this moment:

Do you have this problem now (or during the last week)?

Yes
No

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

Gx4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem?

Yes
No

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

Gx4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

Yes
No

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

Gx5.1. Type of healthcare received: *[Only when 'Yes' to G4.1]*

What kind of treatment did you receive?

None / No surgical care

Major procedure = a procedure which requires regional/general anesthesia

Minor procedures = dressings, wound care, punctures, suturing and I&D

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| None / No surgical care | | | |
| Major procedure = a procedure which requires regional/general anesthesia | | | |
| Minor procedures = dressings, wound care, punctures, suturing and I&D | | | |

Gx6.1. Reason for not having surgical care: *[Only when 'none / no surgical care' to G5.1 or 'no' to G4.1]*

What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?

[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.

If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No money for health care | | | |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) | | | |
| No need | | | |

Gx7.1. Disability:

Does this problem still impact your daily life?

The condition is not disabling
I feel ashamed
I'm not able to work like I used to
I need help with transportation
I need help with daily living

| | Problem 1 | Problem 2 | Problem 3 |
|-------------------------------------|-----------|-----------|-----------|
| The condition is not disabling | | | |
| I feel ashamed | | | |
| I'm not able to work like I used to | | | |
| I need help with transportation | | | |
| I need help with daily living | | | |

[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF HERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

H. BACK

Hx1. Back:

Have you ever had a wound, burn, mass, deformity, or an operation on your back?

- Yes
 No

[If there were/are no problems with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you question first on problem 1 all the questions on this page and go further if here are more problems]

Hx2.1. Back specifics:

Tell me what problem you have had.

- Wound injury related
- Wound not injury related
- Burn
- Mass or growth
- Deformity congenital
- Deformity acquired

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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- [Wound: Open skin; sometimes leaking blood, pus or liquid*
- Deformity: An abnormal tissue arrangement, malformation*
- Congenital: The person is born with the problem.*
- Acquired: The person got the problem later in life]*

Hx2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

- No, it was not due to an injury / accident
- Car, truck, bus crash
- Motorcycle crash
- Pedestrian, bicycle crash
- Gunshot
- Stab / slash / cut / crush
- Bite or animal attack
- Fall
- Open fire / explosion
- Hot liquid / hot object

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Hx3.1. Timing:

When did this problem start?

- In the last month
- During the past 12 months but longer than a month ago
- Longer than 12 months ago

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Hx3.1.1 At this moment:

Do you have this problem now (or during the last week)?

- Yes
- No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

Hx4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem?

- Yes
- No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Hx4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

- Yes
- No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

Hx5.1. Type of healthcare received:

[Only when 'Yes' to H4.1]

What kind of treatment did you receive?

- None / No surgical care
- Major procedure = a procedure which requires regional/general anesthesia
- Minor procedures = dressings, wound care, punctures, suturing and I&D

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Hx6.1. Reason for not having surgical care: [Only when 'none / no surgical care' to H5.1 or 'no' to H4.1]
What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?
[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.
If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No money for health care | | | |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) | | | |
| No need | | | |

Hx7.1. Disability:
Does this problem still impact your daily life?

| | Problem 1 | Problem 2 | Problem 3 |
|-------------------------------------|-----------|-----------|-----------|
| The condition is not disabling | | | |
| I feel ashamed | | | |
| I'm not able to work like I used to | | | |
| I need help with transportation | | | |
| I need help with daily living | | | |

[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

I. ABDOMEN

Ix1. Abdomen:

Have you ever had a wound, burn, mass, deformity, inability to urinate, bleeding from your bottom, abdominal delivery, or an operation on your abdomen?

Yes
 No

[If there were/are no problems with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you question first on problem 1 all the questions on this page and go further if there are more problems]

Ix2.1. Abdomen specifics:

Tell me what problem you have had.

| | Problem 1 | Problem 2 | Problem 3 |
|---------------------------------|-----------|-----------|-----------|
| Wound injury related | | | |
| Wound not injury related | | | |
| Burn | | | |
| Mass or growth (solid) | | | |
| Mass or growth (soft reducible) | | | |
| Deformity congenital | | | |
| Deformity acquired | | | |
| Abdominal distention or pain | | | |
| Inability to urinate | | | |
| Bleeding (per rectum) | | | |
| Obstructed delivery | | | |

Ix2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No, it was not due to an injury / accident | | | |
| Car, truck, bus crash | | | |
| Motorcycle crash | | | |
| Pedestrian, bicycle crash | | | |
| Gunshot | | | |
| Stab / slash / cut / crush | | | |
| Bite or animal attack | | | |
| Fall | | | |
| Open fire / explosion | | | |
| Hot liquid / hot object | | | |

Ix3.1. Timing:

When did this problem start? In the last month
During the past 12 months but longer than a month ago
Longer than 12 months ago

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Ix3.1.1 At this moment:

Do you have this problem now (or during the last week)? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Ix4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Ix4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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| | | |

Ix5.1. Type of healthcare received:

[Only when 'Yes' to I4.1]

What kind of treatment did you receive?

None / No surgical care

Major procedure = a procedure which requires regional/general anesthesia
 Minor procedures = dressings, wound care, punctures, suturing and I&D
 Cesarean section

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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[Cesarean section: Abdominal delivery. The baby is born with an abdominal operation.]

Ix6.1. Reason for not having surgical care:

[Only when 'none / no surgical care' to I5.1 or 'no' to I4.1]

What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?
*[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.
 If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]*

No money for health care
 No (money for) transportation
 No time
 Fear / no trust
 Not available (facility/personnel/equipment)
 No need

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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Ix7.1. Disability:

Does this problem still impact your daily life? The condition is not disabling
I feel ashamed
I'm not able to work like I used to
I need help with transportation
I need help with daily living

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF HERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE REPONDENT]

J. GROIN / GENITALIA / BUTTOCKS (TAB: Survey Part III)

Jx1. Groin / genitalia / buttocks:

Have you ever had a wound, burn, mass, deformity, leaking of urine or feces, bleeding from your bottom, bleeding from your penis, or an operation on your groin, genitalia or buttocks?

Yes
 No

Jx2.1. Groin / genitalia specifics:

Tell me what problem you have had.

- Wound due to an injury
- Wound not due to an injury
- Burn
- Mass or growth (solid) [*testicular cancer or hydrocele/cystocele*]
- Mass (soft or reducible) [*inguinal hernia*]
- Deformity congenital
- Deformity acquired
- Leaking of urine or feces (like fistula)
- Bleeding (per rectum)
- Bleeding (from the penis)

| Problem 1 | Problem 2 | Problem 3 |
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[*Deformity: An abnormal tissue arrangement, malformation*

Congenital: The person is born with the problem. Think about: born without anus, hypospadias etc.

Acquired: The person got the problem later in life]

Jx2.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[*Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.*]

- No, it was not due to an injury / accident
- Car, truck, bus crash
- Motorcycle crash
- Pedestrian, bicycle crash
- Gunshot
- Stab / slash / cut / crush
- Bite or animal attack
- Fall
- Open fire / explosion
- Hot liquid / hot object

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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| | | |

Jx3.1. Timing:

When did this problem start? In the last month
During the past 12 months but longer than a month ago
Longer than 12 months ago

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

Jx3.1.1 At his moment:

Do you have this problem now (or during the last week)? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

Jx4.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

Jx4.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem? Yes
No

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |

Jx5.1. Type of healthcare received: [*Only when 'Yes' to J4.1*]

What kind of treatment did you receive?

None / No surgical care

Major procedure = a procedure which requires regional/general anesthesia
 Minor procedures = dressings, wound care, punctures, suturing and I&D

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

Jx6.1. Reason for not having surgical care: *[Only when 'none / no surgical care' to J5.1 or 'no' to J4.1]*
 What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?
[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.
If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No money for health care | | | |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) | | | |
| No need | | | |

Jx7.1. Disability:

Does this problem still impact your daily life?

| | Problem 1 | Problem 2 | Problem 3 |
|-------------------------------------|-----------|-----------|-----------|
| The condition is not disabling | | | |
| I feel ashamed | | | |
| I'm not able to work like I used to | | | |
| I need help with transportation | | | |
| I need help with daily living | | | |

[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF HERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

K. EXTREMITIES

Kx1. Extremities:

Have you ever had an injury, burn, wound, mass, deformity, broken bone, or an operation on your hands, feet, arms, or legs?

Yes
 No

[If there were/are no problems with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you question first on problem 1 all the questions on this page and go further if here are more problems]

Kx2.1. Extremity location:

On what part of your body did the problem occur?

| | Problem 1 | Problem 2 | Problem 3 |
|--------------|-----------|-----------|-----------|
| Finger(s) | | | |
| Thumb / Hand | | | |
| Lower arm | | | |
| Upper arm | | | |
| Foot | | | |
| Lower leg | | | |
| Upper leg | | | |

[If the problem is right and left: make two separate tabs to document the problem.]

[If the problem is based on a joint you need to choose the most proximate location to the abdomen.

For example: an elbow fracture is documented as the upper arm, a knee skin contracture is documented as the upper leg.]

Kx3.1. Extremity specifics:

Tell me what problem you have had.

| | Problem 1 | Problem 2 | Problem 3 |
|----------------------------------|-----------|-----------|-----------|
| Wound injury related | | | |
| Wound not injury related | | | |
| (Recurrent) drainage / discharge | | | |
| Burn | | | |
| Mass / growth | | | |
| Deformity congenital | | | |
| Deformity acquired | | | |

[Recurrent) drainage / discharge from small sore or opening in the skin: a high suspicion for osteomyelitis, infected bone

Deformity: An abnormal tissue arrangement, malformation

Congenital: The person is born with the problem. Think about: clubfeet

Acquired: The person got the problem later in life. Think about: broken bones and scar contractures]

Kx3.1.1 Type of injury / accident:

Did the problem started after an injury or accident? What kind of accident?

[Pick the one that best describes the injury / accident. Pedestrian and bicycle crash definition: there was no motorized vehicle involved. All can be intentional or unintentional.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No, it was not due to an injury / accident | | | |
| Car, truck, bus crash | | | |
| Motorcycle crash | | | |
| Pedestrian, bicycle crash | | | |
| Gunshot | | | |
| Stab / slash / cut / crush | | | |
| Bite or animal attack | | | |
| Fall | | | |
| Open fire / explosion | | | |
| Hot liquid / hot object | | | |

Kx4.1. Timing:

When did this problem start?

| | Problem 1 | Problem 2 | Problem 3 |
|---|-----------|-----------|-----------|
| In the last month | | | |
| During the past 12 months but longer than a month ago | | | |
| Longer than 12 months ago | | | |

Kx4.1.1 At this moment:

Do you have this problem now (or during the last week)?

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

Kx5.1. Fracture:

Did you break a bone or dislocate a joint?

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

Kx6.1. Healthcare sought:

Did you go to a health facility or see a doctor/nurse for this problem?

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

Kx6.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?

| | Problem 1 | Problem 2 | Problem 3 |
|-----|-----------|-----------|-----------|
| Yes | | | |
| No | | | |

Kx7.1. Type of healthcare received:

[Only when 'Yes' to K6.1]

What kind of treatment did you receive?

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| None / No surgical care | | | |
| Major procedure = a procedure which requires regional/general anesthesia | | | |
| Minor procedures = dressings, wound care, punctures, suturing and I&D | | | |
| Manipulation / casting / sling | | | |
| Traction | | | |

[Internal / external fixation: the bone is fixed with an operation. Sometimes the metal needs to be removed afterwards.

Manipulation / casting / sling: the broken bone was immobilized for some time.

Traction: the patient needed to stay in a hospital bed for a long time, the broken limb was fixed to the bed or a heavy object.]

Kx8.1. Reason for not having surgical care: *[Only when 'none / no surgical care' to K7.1 or 'no' to K6.1]*

What was the main reason not to go to a health facility to see a doctor/nurse or not to have an operation or dressings?

[If the person went to a traditional healer ask why (s)he didn't go to a health care facility and mark that as the answer.

If the person was referred but did not go to the referral hospital, mark the answer why (s)he did not go here.]

| | Problem 1 | Problem 2 | Problem 3 |
|--|-----------|-----------|-----------|
| No money for health care | | | |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) | | | |
| No need | | | |

Kx9.1. Disability:

Does this problem still impact your daily life?

- The condition is not disabling
- I feel ashamed
- I'm not able to work like I used to
- I need help with transportation
- I need help with daily living

| Problem 1 | Problem 2 | Problem 3 |
|-----------|-----------|-----------|
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[Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.]

[ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING COLUMN, PROBLEM 2 AND/OR 3, TO REGISTER THIS PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE RESPONDENT]

L. WOMEN'S HEALTH

Lx1. Reproductive age screening:

Have you had a bleeding cycle in the last year?

- Yes
- No
- Girl under the age of 12 years
- Male

[IF 'NO', YOU CAN SKIP ALL THE FOLLOWING QUESTIONS TILL QUESTION L19. ABOUT FAMILY PLANNING. IF 'MALE' OR 'GIRL UNDER THE AGE OF 12 YEARS' YOU CAN SKIP ALL THE FOLLOWING QUESTIONS AND GO TO THE END OF THIS FORM TO FINISH THE SURVEY WITH A LAST CHECK OF THE SURVEY AND YOUR SIGNATURE]

Lx2. Gravida:

How many times, including the miscarriages and current pregnancy, have you been pregnant?

[If the answer is 0, continue with question L11]

Lx3. Pregnant:

Are you currently pregnant?

- Yes
- No
- I don't know

Lx3.1. Bleeding during pregnancy:

[Only for those who are currently pregnant.]

Have you had bleeding during your current pregnancy?

- Yes
- No

Lx4. Gestational Age:

[Only for those who are currently pregnant.]

How many months are you pregnant?

Lx5. Parity: [THIS CANNOT BE MORE THAN THE ANSWER TO QUESTION L2]

How many times have you delivered a baby? *[Includes C-sections and instrumental deliveries]*

[If the answer is 0, continue with question L11]

Lx6. Home deliveries: [THIS CANNOT BE MORE THAN THE ANSWER TO QUESTION L5]

How many babies were delivered at home?

Lx7. Health facility deliveries: [THIS CAN BE CALCULATED FROM QUESTION L5 MINUS L6]

How many babies were delivered in a health facility?

Lx8. C-section: [THIS CANNOT BE MORE THAN THE ANSWER TO QUESTION L7]

How many times where your babies delivered with an abdominal delivery / C-section?

Lx9. Instrumental deliveries: [THIS CANNOT BE MORE THAN THE ANSWER TO QUESTION L7]

How many times where your babies delivered with the help of instruments (Vacuum / Forceps)?

Lx10. Breastfeeding:

Are you currently breastfeeding?

- Yes
 No

The following questions are about your menstrual period.

Lx11. Length of period:

How long does your period last? (number of days)

Lx12. Regularity:

Does your period come regularly?

- Yes
 No

Lx13. Intermittent bleeding:

Do you have small bleedings in-between your period?

- Yes
 No

Lx14. Pain:

Do you have pain during your period so that you cannot work?

- Yes
 No

Lx15. Pads or towels/cloths:

Do you use pads or towels/cloths?

- Pads
 Towels/cloths

Lx16. Pads/towels:

How many sanitary pads do you use on the heaviest day of your period?

Lx17. Health care needed:

Is there, in your opinion need for healthcare for your menstrual cycle?

- Yes
 No

Lx17.1 Traditional healer:

Is there need to go to a traditional healer for your menstrual cycle?

- Yes
 No

Lx18. Possibilities for health care [only if L17 is Yes]

Do you have the possibility for health care for your menstrual problem?

- No, no money for health care
 No, no (money for) transportation
 No, no time
 No, because of fear / no trust
 No, not available (facility/personnel/equipment)
 Yes, will go

Lx19. Family Planning:

Do you use a family planning method at the moment? [Not including traditional methods]

- Yes
 No

Lx20. Type of family planning? [only if L19 is answered with 'Yes']

What method do you use currently?

- Contraceptive pills
 Implant
 Injectable
 Intra uterine device / coil
 Condom
 Other (surgical methods)

Thank you very much for answering these questions. Let me check everything.

[Go over all the tabs to ensure that you have everything. Ask the questions again which you accidentally skipped.]

I checked the full Survey, there is no data missing:

_____ [date] _____ [name] _____ [signature of interviewer]

I see that I have everything that I need; your survey is complete. Thanks again on behalf of the research team. Do you have questions for me? You are always welcome to contact us. Have a nice day.

[Give or refer to the letter with the (contact) information about the survey.]

[TIME: ____ hour ____ min]

If you wish to make a comment for this interview you can do that below:
