

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

B0. Number of household members:

[*Age for babies: <3 months 3 - < 6 months

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

= 0.25

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.]

6 - < 9 months = 0.59 - < 12 months = 0.7512 - < 24 months = 1 etc.] Tabs B1. Age: B2. Sex: Male/Female (years*) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 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.

| 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 |
| >30.000 |
| 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 <u>SECONDARY</u> 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 provid 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 | de transportation to a secondary health facility for a sick household member? (Leones) |
|---|--|
| C2.5. Transport money avail | able? e these means for transport of a sick household member? |
| C3.1. TRANSPORT TO TERT What is the main way for you o Public transport (bus/taxi) Car Motorcycle Bicycle Boat Animal On foot Carried | IARY HEALTH FACILITY: or your household members to go to your tertiary health facility? |
| Tertiary health facility: | type of facility can be found for the person to be able to respond Health facility with functioning operating room and minimal one surgical specialists (Surgeons/Orthopedics/Gynecologist/Urologist) In walk 3 miles in one hour or 1 mile takes 20 minutes to walk] |
| C3.2. Travel time to tertiary has long does it take you in to | nealth facility: otal to get to your tertiary health facility if you don't have to wait for transportation? (hours |
| C3.3. Waiting time for transp How long do you probably hav | port: e to wait for transportation to a tertiary health facility? (hours) |
| C3.4. Cost for transport: What does it cost you to provid 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 | de transportation to a tertiary health facility for a sick household member? (Leones) |
| C3.5. Transport money avail Are you always able to provide Yes No N/A | able? e these means for transport of a sick household member? |



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 c | leath: |
|-----|-----|------|--------|
|-----|-----|------|--------|

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 |
|---|---|---|---|---|
| | | | | |
| | | | | |

D2. Sex:

What was the sex of the household member?

Male Female

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| | | | | |
| | | | | |

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?

| ſ | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| ſ | | | | | |

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

> 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

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| | | | | |
| | | | | |

D4.1.1. Traditional Healer:

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

Yes No

No

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| | | | | |
| | | | | |



D5. Type of healthcare received: fonly if D4 is vest What kind of treatment did the household member receive? 2..... 3..... 4..... 5..... None / No surgical care Major procedure = a procedure which requires regional or general anesthesia Minor procedures = dressings, wound care, punctures, suturing and I&D 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? 2.. 3. 4. 5. 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) 3.... 4... 5... D7. Location of death: Where did the household member die? Home Health Facility Somewhere else 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: [signature of interviewer] [date] [name]

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]

'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

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 RESPECTIVILY.

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 1I) E1. Household list (ID) number: ——— | FIRST RESPONDENT [from the table with the questions [Check this box if this is a replace | |
|--|--|---|
| E2. Sex: Male Female | [If a surrogate is answering for a | child, ask all the questions about the child.] |
| 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.] | | |
| Good morning/evening. My name is Health [show the information letter]. We are trying enough surgeons. A surgeon is a medical doctor masses. Sometimes surgeons must put you to sle part. | to find out if there are enough doc who cures patients by taking care o | of wounds and broken bones or cutting out |
| To find out if there are enough doctors taking care will ask you questions about your health, such as these questions, we hope that we can help make care right now, but we hope that the information y | whether you have ever had wound more skilled doctors available in yo | s, broken bones, or masses. By asking you our village. We won't be offering medical |
| This survey will take about 30 minutes. All of you survey, or to stop during the interview. We have a you have any questions at this moment? | | |
| | ate in this survey? OR on/daughter to participate in this su | urvey? |
| Yes No, what is the reason? (no time / no willingn | ess / no reason / no seen benefit / | other: explain) |
| [For minors (individuals under age 18), this consecannot proceed. Make sure the person understan mark this.] | | |
| E.5 Minor assent: [under 18 years of age only] W | Vould you like to participate in this s | survey? |
| No, what is the reason? (no time / no willingn Surrogate consent only | ess / no reason / no seen benefit / | other: explain) |
| [Surrogate consent only: this can be used in case | e of a child under 12 years of age, w | who is not around for the interview. The |
| guardian/parent can answer all the questions for a When the child is around, the permission to partic held together with the guardian/parent. For childred depending on the wish of the child.] | cipate (assent) is asked and only wi | |
| The following questions are general questions, lat | ter on I will ask more about your he | alth. |
| E6. Education: What is the highest educational level that you hav None (includes nursery) Primary school Secondary school (junior / senior) Tertiary (diploma, colleges, bachelors) Graduate degree (Master degree, PhD) | re achieved or are currently following | ng? |
| E6.1 Literacy: Are you able to read and write in any language? [For adults and children who are currently learning Yes No | g how to read and write answer: 'No | 0] |



| E7. Occupation: What is your primary occupation? Unemployed Home maker Domestic helpers Farmer Self-employed / small-business Government employee Non-government employee | [Currently looking for jobs, retiree's, students] [Housewives] [Cleaners, housekeepers, watch guards] [Herders, agriculture, pastoralist] [Small business owners like: shops, kiosks, food traders] [Police officer, accountant, teachers, health care workers] [Cooperation managers, NGO-staff] |
|--|---|
| E8. Tribe? What is your ethnic background? [In case of refuse | cal to answer, ask whether the person was born in Sierra Leone] |
| E9. Length of stay in house: How many years have you lived in this household [years] | ? |
| E10. Health status: Are you generally healthy? Yes No [if 'Yes' to E10. The following questions E11, E12 | [TIME: hour min] |
| E11. Time ill: In total how many weeks have you been ill during[weeks] | |
| E12. Number of health facility visits: How many times have you visited a clinic or hospi ——— | ital, or nurse / medical doctor in the last year? |
| E13. Recovery from illness: Have you recovered fully from the illness you had YesNo | ? |
| EXPLAIN: | |
| Surgery, also known as an operation, can be done | e for a swelling, mass, abdominal pain, and many other things. Patients of |

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 HERE ARE MORE PROBLEMS] F1.1. Face / head / neck location: Problem 1 Problem 2 Problem 3 On what part of your head / neck / face did the problem occur? Eye Ear / nose / throat Dental / lips / mouth Neck Head F2.1. Face / head / neck specifics: Tell me what problem you have had. Problem 1 Problem 2 Problem 3 Wound injury related Wound not injury related Mass or growth / goiter Deformity congenital Deformity acquired [Wound: Open skin; sometimes leaking blood, pus or liquid Deformity: An abnormal tissue arrangement or malformation The person is born with the problem. Think about: cleft lips, hydrocephalus etc. Congenital: 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.] 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 F3.1. Timing: Problem 1 Problem 2 Problem 3 In the last month When did this problem start? During the past 12 months but longer than a month ago Longer than 12 months ago F3.1.1 At this moment: Problem 1 Problem 2 Problem 3 Do you have this problem now (or during the last week)? Yes No Problem 1 Problem 2 Problem 3 F4.1. Healthcare sought: Did you go to a health facility or see a doctor/nurse for this problem? Yes No

F4.1.1. Traditional Healer:

or bone setter for this problem?

Did you go to a traditional healer, traditional doctor, witch doctor

Problem 1

Yes

No

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.]

| | 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 | | | |

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 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

[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]

| 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 |

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 ALL THE QUESTIONS ON THIS PAGE AND GO FURTHER IF HERE ARE MORE PROBLEMS]

| 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]



Problem 3

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.]

| 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

G3.1. 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 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

Problem 2

G3.1.1 At this moment:

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

Yes No

Nο

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

G4.1. Healthcare sought:

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

Problem 1 Problem 2 Problem 3

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 |
|-----------|-----------|-----------|
| | | |
| | | |

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 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

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.]

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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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 |
|-----------|-----------|-----------|
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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]



| H. BACK | | | | | |
|---|--|--|-------------------|-----------------|-----------------|
| Yes | a wound, burn, mass, deformity, or a | n operation on your l | back? | | |
| | o problems with this anatomical secti tion you question first on problem 1 a | | | | |
| H2.1. Back specific | | | | | |
| Tell me what proble | | ound injury related | Problem 1 | Problem 2 | Problem 3 |
| | | d not injury related | | | |
| | | Burn Mass or growth | | | |
| | | eformity congenital Deformity acquired | | | |
| [Wound: Deformity: Congenital: Acquired: | Open skin; sometimes leaking blood An abnormal tissue arrangement, m The person is born with the problem. The person got the problem later in | alformation n. | | | |
| [Pick the one that b | rry / accident: rted after an injury or accident? Wha est describes the injury / accident. Pe intentional or unintentional.] | t kind of accident? edestrian and bicycle | crash definition: | there was no mo | torized vehicle |
| | No, it was not due to | an injury / accident | 1 TOBICHT 1 | T TOBICITI 2 | 1 TODICITI O |
| | | ar, truck, bus crash | | | |
| | Pedes | Motorcycle crash trian, bicycle crash | | | |
| | | Gunshot | | | |
| | | / slash / cut / crush ite or animal attack | | | |
| | | Fall | | | |
| | | pen fire / explosion of liquid / hot object | | | |
| | | or inquita / Tiot object | | • | |
| H3.1. Timing: | | | Problem 1 | Problem 2 | Problem 3 |
| When did this proble | | In the last month | | | |
| | During the past 12 months but longe Longer th | r tnan a month ago nan 12 months ago | | | |
| 110 4 4 44 41 4 | · · | 3 | | 1 | |
| H3.1.1 At this mon | ient: | | Problem 1 | Problem 2 | Problem 3 |
| Do you have this pr | oblem now (or during the last week)? | Yes No | | | |
| | | NO | | | |
| H4.1. Healthcare s | ought: | | Problem 1 | Problem 2 | Problem 3 |
| | Ith facility or see a doctor/nurse for the | nis problem? Yes | Fioblemi | FTODIEITI 2 | FIODIEIII 3 |
| | | No | | | |
| | | | Γ = | T = | 1 |
| H4.1.1. Traditional Did you go to a trad | Healer: itional healer, traditional doctor, witch | n doctor Yes | Problem 1 | Problem 2 | Problem 3 |
| or bone setter for th | | No | | | |
| H5.1. Type of healt | | when 'Yes' to H4.1] | | | |
| vviiat kind of treatm | ent did you receive? | | Problem 1 | Problem 2 | Problem 3 |
| Major procedure | None a procedure which requires regional/ | e / No surgical care | | | 1 |
| Minor procedure = a | a procedure willor requires regional/ | yeneral anesthesia | | + | |



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 | | | |
| () () () | | | |

| No (manay far) transportation | | | |
|--|------------------------------|------------------------------|-------------------|
| 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 | | | |
| Thou holp that daily living | | I. | Į. |
| [Disability: a physical problem that impacts your life, or makes it difficult to car | | • | |
| [ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANA FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING AN THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND | HERE ARE NO IATOMICAL LOC | OTHER PROBL ATION. IN CAS | EMS E OF MORE |
| I. ABDOMEN I1. Abdomen: Have you ever had a wound, burn, mass, deformity, inability to urinate, bleedi operation on your abdomen? Yes No [If there were/are no problems with this anatomical section you can continue this anatomical section you question first on problem 1 all the questions on the | with the following | . If the person ha | ad a problem with |
| I2.1. Abdomen specifics: | Problem 1 | Problem 2 | Problem 3 |
| Tell me what problem you have had. 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 involved. All can be intentional or unintentional.] | crash definition: | there was no mo | |
| involved. All out to interfaction of armiterfactional. | 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 | | | |
| | | | |

| | | |
|--|------|--|
| 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 | | |



| I3.1. Timing: | | Problem 1 | Problem 2 | Problem 3 |
|---|-------------------|--------------------------------------|-------------------|-----------|
| 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 | | | 1 | 1 |
| | | | | |
| Zongo, than 12 monar | o ago | | • | |
| I3.1.1 At this moment: | | Problem 1 | Problem 2 | Problem 3 |
| Do you have this problem now (or during the last week)? | Yes | | | |
| | No | | | |
| | | | | |
| I4.1. Healthcare sought: | ., | Problem 1 | Problem 2 | Problem 3 |
| Did you go to a health facility or see a doctor/nurse for this problem? | Yes No | | | |
| | | | | |
| I4.1.1. Traditional Healer: | | Problem 1 | Problem 2 | Problem 3 |
| Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem? | Yes No | | | |
| or porie setter for this problem: | INO | | | |
| I5.1. Type of healthcare received: What kind of treatment did you receive? | 0 [4.1] | | | |
| what kind of treatment did you receive: | | Problem 1 | Problem 2 | Problem 3 |
| None / No surgica | | | | |
| Major procedure = a procedure which requires regional/general anest Minor procedures = dressings, wound care, punctures, suturing and | | | + | |
| Cesarean se | | | | |
| [Cesarean section: Abdominal delivery. The baby is born with an abdo | ominal c | peration.] | | |
| | | | | |
| I6.1. Reason for not having surgical care: [Only when 'none A' What was the main reason not to go to a health facility to see a doctor [If the person went to a traditional healer ask why (s)he didn't go to a lift the person was referred but did not go to the referral hospital, mark | nurse on health c | or not to have an are facility and m | operation or dres | |
| | | Problem 1 | Problem 2 | Problem 3 |
| No money for health | care | | | |
| No (money for) transpor | | | | |
| No Fear / no | time | | | |
| Not available (facility/personnel/equipe | | | | |
| ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | need | | | |
| IZ 4. Disability | | | | |
| I7.1. Disability: Does this problem still impact your daily life? | | Problem 1 | Problem 2 | Problem 3 |
| The condition is not disa | _ | | | |
| I feel ash | | | | |
| I'm not able to work like I us I need help with transpor | | | | |
| I need help with daily | | | | |
| , , | 3 | L | • | |

[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 Problem 1 Problem 2 Problem 3 J2.1. Groin / genitalia specifics: Tell me what problem you have had. Wound due to an injury Wound not due to an injury 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) [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.] 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 Open fire / explosion Hot liquid / hot object Problem 1 Problem 2 Problem 3 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 J3.1.1 At his moment: Problem 1 Problem 2 Problem 3 Do you have this problem now (or during the last week)? Yes No J4.1. Healthcare sought: Problem 1 Problem 2 Problem 3 Did you go to a health facility or see a doctor/nurse for this problem? Yes No J4.1.1. Traditional Healer: Problem 1 Problem 2 Problem 3 Did you go to a traditional healer, traditional doctor, witch doctor Yes or bone setter for this problem? No [Only when 'Yes' to J4.1] J5.1. Type of healthcare received: Problem 1 Problem 2 Problem 3 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



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 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! 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 [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] Problem 1 Problem 2 Problem 3 **K2.1. Extremity location:** On what part of your body did the problem occur? 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

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

Deformity acquired

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

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 Open fire / explosion Hot liquid / hot object

K4.1. 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

| L | Problem 1 | Problem 2 | Problem 3 |
|---|-----------|-----------|-----------|
| I | | | |
| ľ | | | |
| İ | | | |

K4.1.1 At this moment:

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

Problem 1 Problem 2 Problem 3

K5.1. Fracture:

Did you break a bone or dislocate a joint?

Problem 1 Problem 3 Problem 2 Yes Nο

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

K6.1.1. Traditional Healer:

Did you go to a traditional healer, traditional doctor, witch doctor

Yes or bone setter for this problem? No

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

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

Problem 2

Problem 3

Problem 1

[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.]

> 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 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



| | | Ass | SURGEONS OVERSEAS ESSMENT OF SURGICAL NE |
|---|--------------------|--------------|---|
| K9.1. 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 call | rry out your daily | activities.] | |
| [ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANA | | , | |

FOLLOWING COLLUMN, PROBLEM 2 AND/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] L. WOMEN'S HEALTH L1. Reproductive age screening: Have you had a bleeding cycle in the last year? Yes Nο 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? 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 o | f interviewer] |
| | |
| I see that I have everything that I need; your survey is complete. Thanks again on b | pehalf 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: ——— | [TIME: hour min] [from the table with the questions B1 and B2] [Check this box if this is a replaced household member] |
|---|--|
| Ex2. Sex: Male Female | [If a surrogate is answering for a child, ask all the questions about the child.] |
| 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.] | |
| Health [show the information letter]. We are trying enough surgeons. A surgeon is a medical doctor | . I work for Surgeons OverSeas (SOS), who works with the Ministry of g to find out if there are enough doctors in this area, specifically if there are who cures patients by taking care of wounds and broken bones or cutting out eep to do these things, and other times they must only numb the hurt body |
| will ask you questions about your health, such as these questions, we hope that we can help make | e of these problems in your village, we'd like to ask you some questions. We whether you have ever had wounds, broken bones, or masses. By asking you more skilled doctors available in your village. We won't be offering medical you provide will help create improved services in the future. |
| | or responses will be confidential. You have the right to not participate in the an information sheet for you, and we will obtain your consent to participate. Do |
| Ex4. Informed consent: Would you like to partice Is it okay for your s | ipate in this survey? OR con/daughter to participate in this survey? |
| Yes No, what is the reason? (no time / no willingn | less / no reason / no seen benefit / other: explain) |
| | ent E4 is obtained from a guardian/parent. Without informed consent you add the purpose of this survey. If they don't want to participate, ask why and |
| Ex5. Minor assent: [under 18 years of age only] —— Yes | |
| No, what is the reason? (no time / no willingn Surrogate consent only | ess / no reason / no seen benefit / other: explain) |
| [Surrogate consent only: this can be used in case guardian/parent can answer all the questions for | of a child under 12 years of age, who is not around for the interview. The |
| When the child is around, the permission to partic | cipate (assent) is asked and only with the assent of the child the interview is en over the age of 12 the guardian/parent can be around for the interview |
| The following questions are general questions, la | ter on I will ask more about your health. |
| Ex6. Education: What is the highest educational level that you have a none (includes nursery) Primary school Secondary school (junior / senior) Tertiary (diploma, colleges, bachelors) Graduate degree (Master degree, PhD) | ve achieved or are currently following? |
| Ex6.1 Literacy: Are you able to read and write in any language? [For adults and children who are currently learning Yes No | g how to read and write answer: 'No'] |



| Ex7. Occupation: What is your primary occupation? Unemployed Home maker Domestic helpers Farmer Self-employed / small-business Government employee Non-government employee | [Currently looking for jobs, retiree's, students] [Housewives] [Cleaners, housekeepers, watch guards] [Herders, agriculture, pastoralist] [Small business owners like: shops, kiosks, food traders] [Police officer, accountant, teachers, health care workers] [Cooperation managers, NGO-staff] |
|--|---|
| Ex8. Tribe? What is your ethnic background? [In case of refus Creole Fullah | al to answer, ask whether the person was born in Sierra Leone] |
| Ex9. Length of stay in house: How many years have you lived in this household: [years] | ? |
| Ex10. Health status: Are you generally healthy? Yes No [if 'Yes' to E10. The following questions E11, E12 | [TIME: hour min] and E13, can be skipped] |
| Ex11. Time ill: In total how many weeks have you been ill during[weeks] | the past year? |
| Ex12. Number of health facility visits: How many times have you visited a clinic or hospi ——— | ital, or nurse / medical doctor in the last year? |
| Ex13. Recovery from illness: Have you recovered fully from the illness you had' Yes No | ? |
| EXPLAIN: | |
| have a bandage after having surgery or may need | e for a swelling, mass, abdominal pain, and many other things. Patients ofte I to stay in the hospital for some time. Sometimes, children are born with mples 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 HERE ARE MORE PROBLEMS] Fx1.1. Face / head / neck location: Problem 1 Problem 2 Problem 3 On what part of your head / neck / face did the problem occur? Eye Ear / nose / throat Dental / lips / mouth Neck Head Fx2.1. Face / head / neck specifics: Tell me what problem you have had. Problem 1 Problem 2 Problem 3 Wound injury related Wound not injury related Mass or growth / goiter Deformity congenital Deformity acquired [Wound: Open skin; sometimes leaking blood, pus or liquid Deformity: An abnormal tissue arrangement or malformation The person is born with the problem. Think about: cleft lips, hydrocephalus etc. Congenital: 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.] Problem 2 Problem 1 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 Fx3.1. Timing: Problem 1 Problem 2 Problem 3 In the last month When did this problem start? During the past 12 months but longer than a month ago Longer than 12 months ago Fx3.1.1 At this moment: Problem 1 Problem 2 Problem 3 Do you have this problem now (or during the last week)? Yes No Problem 1 Problem 2 Problem 3 Fx4.1. Healthcare sought: Did you go to a health facility or see a doctor/nurse for this problem? Yes No Fx4.1.1. Traditional Healer: Problem 1 Problem 2 Problem 3 Did you go to a traditional healer, traditional doctor, witch doctor Yes

or bone setter for this problem?

No



Fx5.1. 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 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

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 |
|--|-----------|-----------|-----------|
| 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?

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]

| 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 |

IIF 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]

Gx2.1. 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]



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 Open fire / explosion

Hot liquid / hot object

Gx3.1. 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 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

Gx3.1.1 At this moment:

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

Yes Nο

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

Gx4.1. Healthcare sought:

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

Yes Nο

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

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 |
|-----------|-----------|-----------|
| | | |
| | | |

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 |
|-----------|-----------|-----------|
| | | |
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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.]

> 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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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 |
|-----------|-----------|-----------|
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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]



| H. BACK | | | | | |
|---|--|------------------------------------|-------------------|-----------------|-----------------|
| Hx1. Back: Have you ever had Yes | a wound, burn, mass, deformity, or an op | peration on your b | pack? | | |
| | o problems with this anatomical section y ion you question first on problem 1 all th | | | | |
| Hx2.1. Back specif | | | | | |
| Tell me what proble | | d injury related | Problem 1 | Problem 2 | Problem 3 |
| | | ot injury related | | | |
| | | Burn | | | |
| | | Mass or growth | | | |
| | | mity congenital ormity acquired | | | |
| [Wound: Deformity: Congenital: Acquired: | Open skin; sometimes leaking blood, pu An abnormal tissue arrangement, malfo The person is born with the problem. The person got the problem later in life] | rmation | | | |
| | ury / accident: rted after an injury or accident? What kin es <i>t describes the injury / accident. Ped</i> es | | crash definition: | there was no mo | torized vehicle |
| involved. All can be | intentional or unintentional.] | | Problem 1 | Problem 2 | Problem 3 |
| | No, it was not due to an i | niury / accident | 1 TODICITI 1 | 1 TODICITI Z | 1 TODICITI O |
| | | ruck, bus crash | | | |
| | | otorcycle crash | | | |
| | Pedestriar | n, bicycle crash | | | |
| | Stab / sla | Gunshot ash / cut / crush | | | |
| | | or animal attack | | | |
| | 2.10 0 | Fall | | | |
| | | fire / explosion | | | |
| | Hot liq | uid / hot object | | | |
| | | | | | |
| Hx3.1. Timing: | | | Problem 1 | Problem 2 | Problem 3 |
| When did this proble | | the last month | | | |
| | During the past 12 months but longer than | an a month ago 12 months ago | | | |
| | Longer than | 12 months ago | | | |
| Hx3.1.1 At this mo | ment: | | | | |
| | | ., | Problem 1 | Problem 2 | Problem 3 |
| Do you have this pr | oblem now (or during the last week)? | Yes No | | | |
| | | 140 | | | |
| Hx4.1. Healthcare | | | Problem 1 | Problem 2 | Problem 3 |
| Did you go to a hea | Ith facility or see a doctor/nurse for this p | | | | |
| | | No | | | |
| Hx4.1.1. Traditiona | ıl Healer: | | Problem 1 | Problem 2 | Problem 3 |
| | itional healer, traditional doctor, witch do | ctor Yes | 1 TODICITI 1 | 1 TODICITI Z | 1 TODICITI O |
| or bone setter for th | | No | | | |
| Hx5.1. Type of hea What kind of treatm | Ithcare received: [Only who | en 'Yes' to H4.1] | | _ | |
| | • | | Problem 1 | Problem 2 | Problem 3 |
| Malananassalisas | | lo surgical care | | | |
| | a procedure which requires regional/gene s = dressings, wound care, punctures, su | | | | |
| procoduro | | 5 | | -1 | 1 |



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 | | | |
| | | | |

| 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? The condition is not disabling I feel ashamed I'm not able to work like I used to I need help with daily living I feel ashamed I'm not able to work like I used to I need help with daily living I feel ashamed I'm not able to work like I used to I need help with daily living I feel ashamed I'm not able to work like I used to I need help with daily living I feel ashamed I'm not able to work like I used to I need help with daily living I feel ashamed I'm not able to work like I used to I need help with daily living I feel ashamed I'm not able to work like I used to I need help with daily living I feel ashamed I'm not able to work like I used to I need help with daily living I for the Feel Low I work like I used to I need help with daily living I for the Feel Low I work like I was a feel of the Feel Low I work I was a feel of the Feel Low I work I was a feel of the Feel Low I | no money for nealth care | | | 1 |
|--|--|---|--|------------------|
| No time Fear / no trust Not available (facility/personnel/equipment) No need ### Not available (facility/personnel/equipment) No need #### No need ### No need | No (money for) transportation | | | |
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| Hx7.1. 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 I need help with transportation I need help with daily living I need help with that daily living I need help with that daily living I need help with transportation I need help with daily living I need help with transportation I need help with daily living I need help with the late of the person had a NOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, GO TO THE FOLLOWING NANTOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND MOST RELEVANT FOR THE REPONDENT! I. ABDOMEN IABDOMEN IAB | | | | |
| Hx7.1. 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 I need help with transportation I need help with daily living I need help with the subscription I need help with daily living I need help with the subscription I need help with daily living I need help with the subscription I need help with daily living I need help with the subscription I need help with daily living I need help with the subscription I need help with the subscrip | Not available (facility/personnel/equipment) | | | |
| Hx7.1. Disability: Does this problem still impact your daily life? The condition is not disabling feel ashamed feel asha | | | | |
| Does this problem still impact your daily life? The condition is not disabling I feel sahamed I'm not able to work like I used to I need help with transportation to I not I need help with transportation to I need help with transportation to I not I need help with transportation to I need help with transportation tr | | | | |
| Does this problem still impact your daily life? The condition is not disabling I feel sahamed I'm not able to work like I used to I need help with transportation to I not I need help with transportation to I need help with transportation to I not I need help with transportation to I need help with transportation tr | | | | |
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| The condition is not disabling lefel ashamed l'm not able to work like I used to I need help with transportation I need help with daily living I need with the following. If the person had a problem with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you can continue with the following. If the person had a problem with this anatomical section you can continue with the following. If the person had a | | D 11 4 | I D . I . O | I D . I . O |
| If ell ashamed I'm not able to work like I used to I need help with transportation I need help with daily living | Does this problem still impact your daily life? | Problem 1 | Problem 2 | Problem 3 |
| If ell ashamed I'm not able to work like I used to I need help with transportation I need help with daily living | The condition is not disabling | | | |
| I'm not able to work like I used to I need help with transportation I need help with transportation I need help with transportation I need help with daily living | · · · · · · · · · · · · · · · · · · · | | | |
| Ineed help with transportation | | | | |
| I need help with daily living | I'm not able to work like I used to | | | |
| I need help with daily living | I need help with transportation | | | |
| [Disability: a physical problem that impacts your life, or makes it difficult to carry out your daily activities.] JASK 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! 1. ABDOMEN I. ABDOMEN II. ABDOMEN III. ABDOMEN I | | | | |
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| 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] 1. ABDOMEN 1. | | | | |
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| FOLLOWING ROW, PROBLEMS 2 OR 3, TO REGISTER THIS PROBLEM. IF HERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION NO UCAN 60 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] 1. ABDOMEN | TACK IS THE DEDOON HAD ANOTHED DOOD EN DECADDING THIS AND | TOMON 1 000 | TION IF CO CC | TO THE |
| 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] 1. 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 Iff 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] Ix2.1. Abdomen specifics: Tell me what problem you have had. Wound injury related Wound not injury related Wound not injury related Wound not injury related Burn Mass or growth (solid) Mass or growth (solid) Mass or growth (solid) 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? 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 Gunshot Stab / slash / Cut / crush | | | | |
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| Yes | | 9 , , , , , , , , , , , , , , , , , , , | , | 7, |
| No | | | | |
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| [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 | | | | |
| 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 | Did the problem started after an injury or accident? What kind of accident? | | | |
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| No, it was not due to an injury / accident Car, truck, bus crash Motorcycle crash Pedestrian, bicycle crash Gunshot Stab / slash / cut / crush | | | | |
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| Car, truck, bus crash Motorcycle crash Pedestrian, bicycle crash Gunshot Stab / slash / cut / crush | | . 100.0111 1 | . 100.01112 | . 100.01110 |
| Car, truck, bus crash Motorcycle crash Pedestrian, bicycle crash Gunshot Stab / slash / cut / crush | No, it was not due to an injury / accident | | ļ | |
| Motorcycle crash Pedestrian, bicycle crash Gunshot Stab / slash / cut / crush | | | | |
| Pedestrian, bicycle crash Gunshot Stab / slash / cut / crush | | | 1 | |
| Gunshot Stab / slash / cut / crush | | | | + |
| Gunshot Stab / slash / cut / crush | Pedestrian, bicycle crash | | | |
| Stab / slash / cut / crush | · · · | | | 1 |
| | | | | |
| Bite or animal attack | | | | |
| | Stab / slash / cut / crush | | | |

| lo, 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 | | |
| | | |



| | | | 7133 | ESSMENT OF SURGICAL INEE |
|--|----------------|---------------------|-------------------|--------------------------|
| Ix3.1. Timing: | | Problem 1 | Problem 2 | Problem 3 |
| When did this problem start? In the last m | | | 1 | |
| During the past 12 months but longer than a mont | - | | | |
| Longer than 12 month | s ago | | | |
| | | | | |
| Ix3.1.1 At this moment: | | Problem 1 | Problem 2 | Problem 3 |
| Do you have this problem now (or during the last week)? | Yes No | | | |
| | NO | | | |
| | | | | |
| Ix4.1. Healthcare sought: | | Problem 1 | Problem 2 | Problem 3 |
| Did you go to a health facility or see a doctor/nurse for this problem? | Yes | 1 TODIETTI 1 | 1 TODIETTI Z | 1 TODIETTI 3 |
| Did you go to a reduit radiity of occ a doctor/range for this problem: | No | | | |
| | | | • | • |
| lx4.1.1. Traditional Healer: | | Problem 1 | Problem 2 | Problem 3 |
| Did you go to a traditional healer, traditional doctor, witch doctor | Yes | 1 TODICITI 1 | 1 TODIOTI Z | 1 TODICITI O |
| or bone setter for this problem? | No | | | |
| | | | | |
| Ix5.1. Type of healthcare received: [Only when 'Yes' to | o <i>14.1]</i> | | | |
| What kind of treatment did you receive? | - | | I D . I . O | |
| Name (Ne comite | | Problem 1 | Problem 2 | Problem 3 |
| None / No surgica Major procedure = a procedure which requires regional/general anest | | | | |
| Minor procedures = dressings, wound care, punctures, suturing an | | | | |
| Cesarean si | | | | |
| [Cesarean section: Abdominal delivery. The baby is born with an abdominal delivery. | | peration.] | | |
| | | | | |
| Ix6.1. Reason for not having surgical care: [Only when 'none] | / no sur | nical care' to 15.1 | or 'no' to 1/1 11 | |
| What was the main reason not to go to a health facility to see a doctor | | | | ssings? |
| [If the person went to a traditional healer ask why (s)he didn't go to a | | | | |
| If the person was referred but did not go to the referral hospital, mark | | | | |
| | | Ducklam 4 | Duckless 0 | Duchlam 0 |
| No manay for hoolth | | Problem 1 | Problem 2 | Problem 3 |
| No money for health No (money for) transpor | | | | |
| · · · · · · · · · · · · · · · · · · · | time | | | |
| Fear / no | | | | |
| Not available (facility/personnel/equip | ment) | | | |
| No | need | | | |
| | | | | |
| Ix7.1. Disability: | | | | |
| Does this problem still impact your daily life? | | Problem 1 | Problem 2 | Problem 3 |
| The condition is not disa | _ | | | |
| I feel ash | | | | |
| I'm not able to work like I us | | | + | + |
| I need help with transpor I need help with daily | | | 1 | |
| Thosa hop with daily | | | 1 | 1 |
| [Disability: a physical problem that impacts your life, or makes it difficult | ult to ca | rry 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 Problem 1 Problem 2 Problem 3 Jx2.1. Groin / genitalia specifics: Tell me what problem you have had. Wound due to an injury Wound not due to an injury 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) [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.] 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 Open fire / explosion Hot liquid / hot object Problem 1 Problem 2 Problem 3 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 Jx3.1.1 At his moment: Problem 1 Problem 2 Problem 3 Do you have this problem now (or during the last week)? Yes No Jx4.1. Healthcare sought: Problem 1 Problem 2 Problem 3 Did you go to a health facility or see a doctor/nurse for this problem? Yes No Jx4.1.1. Traditional Healer: Problem 1 Problem 2 Problem 3 Did you go to a traditional healer, traditional doctor, witch doctor Yes or bone setter for this problem? No [Only when 'Yes' to J4.1] Jx5.1. Type of healthcare received: Problem 1 Problem 2 Problem 3 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



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.]

| [If the person went to a traditional healer ask why (s)he didn't go to a health on If the person was referred but did not go to the referral hospital, mark the ans | | | nswer. |
|--|-----------------------------|-------------------------------|-------------------|
| | Problem 1 | Problem 2 | Problem 3 |
| No money for health care | 1 TODIETTI 1 | 1 TODIETTI Z | 1 TODIETTI 3 |
| No (money for) transportation | | | |
| No time | | | |
| Fear / no trust | | | |
| Not available (facility/personnel/equipment) No need | | | |
| No need | | | |
| Jx7.1. Disability: | | | 15 |
| 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 as | rn, out vour doil | continuition 1 | |
| [Disability: a physical problem that impacts your life, or makes it difficult to ca | rry out your daily | activities.j | |
| [ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANA FOLLOWING ROW, PROBLEM 2 OR 3, TO REGISTER THIS PROBLEM. IF REGARDING TO THIS LOCATION YOU CAN GO TO THE FOLLOWING AN THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RESENT AND | HERE ARE NO NATOMICAL LO | OTHER PROBL CATION. IN CAS | EMS E OF MORE |
| Kx1. Extremities: Have you ever had an injury, burn, wound, mass, deformity, broken bone, or Yes No [If there were/are no problems with this anatomical section you can continue this anatomical section you question first on problem 1 all the questions on the continuation of | with the following | g. If the person ha | ad a problem with |
| Kx2.1. Extremity location: | Problem 1 | Problem 2 | Problem 3 |
| On what part of your body did the problem occur? Finger(s) | | | 1 102.0 0 |
| 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.] | olem 1 | | |
| [If the problem is based on a joint you need to choose the most proximate loc For example: an elbow fracture is documented as the upper arm, a knee skir. | cation to the abdo | | e 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 hig | h suspicion for c | steomyelitis, infe | cted bone |
| Deformity: An abnormal tissue arrangement, malformation Congenital: The person is born with the problem. Think about: clubfe | eet | | |

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

| involvea. Ali can de intentional or unintentional. | pe 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 Open fire / explosion Hot liquid / hot object

Kx4.1. 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 |
|-----------|-----------|-----------|
| | | |
| | | |
| | | |

Kx4.1.1 At this moment:

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

Problem 1 Problem 2 Problem 3

Kx5.1. Fracture:

Did you break a bone or dislocate a joint?

Problem 1 Problem 3 Problem 2 Yes Nο

Kx6.1. 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

Kx6.1.1. 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

Kx7.1. 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

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

[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.]

> 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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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 COLLUMN, PROBLEM 2 AND/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]

| 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 | | | | |
|---|---|--|--|--|
| TIF '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? | | | | |
| | | | | |
| Lx3. Pregnant: Are you currently pregnant? Yes No I don't know | | | | |
| Lx3.1. Bleeding during pregnancy: Have you had bleeding during your current pregnation Yes No | [Only for those who are currently pregnant.] ancy? | | | |
| Lx4. Gestational Age: How many months are you pregnant? | [Only for those who are currently pregnant.] | | | |
| Lx5. Parity: [THIS CANNOT BE MORE THAN TI How many times have you delivered a baby? | HE ANSWER TO QUESTION L2] [Includes C-sections and instrumental deliveries] | | | |
| [If the answer is 0, continue with question L11] | | | | |
| Lx6. Home deliveries: [THIS CANNOT BE MOR How many babies were delivered at home? | E THAN THE ANSWER TO QUESTION L5] | | | |
| Lx7. Health facility deliveries: [THIS CAN BE C How many babies were delivered in a health facilit ——— | | | | |
| Lx8. C-section: [THIS CANNOT BE MORE THAN How many times where your babies delivered with | | | | |
| Lx9. Instrumental deliveries: [THIS CANNOT B] How many times where your babies delivered with | E MORE THAN THE ANSWER TO QUESTION L7] In 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?YesNo |
| 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 |
| 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 | ete. Thanks again on behalf of the research team. Do you have |
| questions for me? You are always welcome to contact us. Ha | ve 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 t | hat below: |
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