

Household Information

Participant ID

Date of Visit

Time of Visit

Zone

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

Village

Cluster

Household

Interviewer Name

'Good day. My name is _____. I am working with a doctor from USA in collaboration with the Tanzania Red Cross. 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 speak with 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. We will obtain your consent to participate. Do you have any questions at this moment?

Informed Consent

Yes

No

(Would you like to participate in this survey?
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 enter the reason below)

If No state reason

no time

no willingness

no reason

no seen benefit

other

Explain other reasons

Respondent Demographics

Participant ID

Respondent's Age

(Age as at last birthday)

Respondent Gender

- Man
 Woman
 Other

Education

- No formal education
 Primary school
 Secondary School
 College, Diploma, Bachelors, Graduate degree (Masters/PhD)
(What is the highest educational level that you have achieved or are currently following?)

Literacy

- Yes
 No
(Are you able to read and write in any language?
[For adults and children who are currently learning how to read and write answer: 'No'])

Occupation

- I don't have a job
 Farmer
 Small-business
 Househelper
 Self-employed
 Stay at home mother
 Other
(What profession is the individual engaged in.
(Teaching, Lawyer etc))

Country of Origin

- Democratic Republic of Congo
 Burundi
 Other

Marital Status

- Married
 Single
 Divorced
 Other

Religion

- Christian
 Muslim
 Other

Health status

- Yes
 No
(Are you generally healthy)

Have you been sick in the past year?

- Yes
 No
 I don't know

Time ill

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

Number of health facility visits

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

Recovery from illness

Yes
 No
(Have you recovered fully from the illness you had?)

Transportation Means and Referral

Participant ID _____

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 when in need of health care.

Have you ever been to a primary health facility in Nyarugusu (e.g. health post, annex, main dispensary)?

- Yes
 No

If no, why not?

- No money for health care
 No (money for) transportation
 No time
 Fear / lack of trust
 Not available (facility/personnel/equipment)
 No need
 Not aware of treatment

What is the main way for you or your household members to go to a primary health facility? Select all that apply.

- On foot
 Bus/taxi/car
 Motorcycle
 Bicycle
 Animal

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

- Less than an hour
 1-2 hours
 3-5 hours
 6-12 hours
 > 12 hours

How long do you normally wait for transportation to go to the hospital (minutes)?

- Less than an hour
 1-2 hours
 3-5 hours
 6-12 hours
 > 12 hours

How long do you have to wait to be seen after arriving to the hospital?

- Less than an hour
 1-2 hours
 3-5 hours
 6-12 hours
 > 12 hours

What does it cost you to provide transportation to a primary health facility?

- 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

Are you always able to pay for these means for transport to go to the clinic?

- Yes
 No
 N/A

The following questions ask about referral to other hospitals. They apply to the person answering the question. If the person has been referred more than once, write the total number of times. To answer the remaining questions, use the most recent time.

Have you ever been told you need to be sent to another hospital for treatment? Yes
 No

If yes, how many times have you been referred? _____

If yes, did you go to the other hospital? i.e. were you sent/transferred to the other hospital? Yes
 No

Have you ever been recommended to be referred to another hospital but decided not to go? Yes
 No

If you did decide not to go, what was the reason?
 Fear
 Too long of a process
 No money
 Too sick to travel
 No transportation

If you were referred to another hospital, were you given a referral slip? Yes
 No
 I don't Know

Was it for a surgical problem? Yes
 No
 I don't Know

Did you get imaging as part of your hospital care at the other hospital (e.g. x-ray, CT scan)? Yes
 No
 I don't know

Was the referral for an urgent condition? Yes
 No
 I don't know
(Urgent conditions include someone who is unstable, bleeding, or needs immediate transfer.)

How long did you have to wait for the referral?
 < 1 day
 1-3 days
 4-6 days
 1-2 weeks
 2-4 weeks
 1-3 months
 > 3 months
(Waiting means the decision was made to refer the patient but they were waiting at home or admitted in the hospital.)

Which hospital were you referred to for treatment?
 Kabanga
 Heri Mission
 Kasulu District Hospital
 Maweni Regional Referral Hospital
 Bugando Medical Centre
 Muhimbili National Hospital
 Other

If you were referred, how long were you receiving treatment at another hospital (days)?

1-3 days
 3-7 days
 1-2 weeks
 2-4 weeks
 > 1 month

Did you get better after the referral?

Yes
 No
 I don't know

Is the problem you were referred for still an ongoing problem?

Yes
 No
 I don't know

Comments

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.

Facial Problems

Participant ID

Has had face/head/neck problems?

- Yes
 No

(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?)

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Location of facial pathology

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

Pathology specifics

- Wound injury related
 Wound not injury related
 Burn
 Mass or growth / goiter
 Deformity congenital
 Deformity acquired
(Tell me what problem you have had?)

Type of injury / accident

- 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
 Other
(If the problem was due to an injury or an accident)

Timing:

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

At this moment:

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

Healthcare sought:

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

Traditional care sought	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?)
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Type of healthcare received	<input type="checkbox"/> None / No surgical care <input type="checkbox"/> Major procedure (a procedure which requires regional/general anesthesia) <input type="checkbox"/> Minor procedures (dressings, wound care, punctures, suturing and I&D) <input type="checkbox"/> Medication <input type="checkbox"/> Herbal remedies (What kind of treatment did you receive?)
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Reason for not having surgical care	<input type="radio"/> No money for health care <input type="radio"/> No (money for) transportation <input type="radio"/> No time <input type="radio"/> Fear / lack of trust <input type="radio"/> Not available (facility/personnel/equipment) <input type="radio"/> No need <input type="radio"/> Not aware of orthodox/surgical remedy (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)
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Is the condition disabling?	<input type="radio"/> Yes <input type="radio"/> No (Does this problem still impact your daily life?)
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Disability	<input type="checkbox"/> I feel ashamed <input type="checkbox"/> I'm not able to work like I used to <input type="checkbox"/> I need help with transportation <input type="checkbox"/> I need help with daily living (Does this problem still impact your daily life?)
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Has the person had another face/head/neck problem in this anatomical area?	<input type="radio"/> Yes <input type="radio"/> No (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?)
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IF THERE WERE/ARE NO OTHER PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION

Location of facial pathology	<input type="radio"/> Eye <input type="radio"/> Ear / nose / throat <input type="radio"/> Dental / lips / mouth <input type="radio"/> Neck <input type="radio"/> Head
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Pathology specifics	<input type="radio"/> Wound injury related (Open skin; sometimes leaking blood, pus or liquid) <input type="radio"/> Wound not injury related <input type="radio"/> Burn <input type="radio"/> Mass or growth / goiter <input type="radio"/> Deformity congenital (The person is born with the problem. Think about: cleft lips, cleft palate, hydrocephalus etc) <input type="radio"/> Deformity acquired (The person got the problem later in life. Think about: scars and broken bones) (Tell me what problem you have had?)
Type of injury / accident	<input type="radio"/> No, it was not due to an injury / accident <input type="radio"/> Car, truck, bus crash <input type="radio"/> Motorcycle crash <input type="radio"/> Pedestrian, bicycle crash <input type="radio"/> Gunshot <input type="radio"/> Stab / slash / cut / crush <input type="radio"/> Bite or animal attack <input type="radio"/> Fall <input type="radio"/> Open fire / explosion /Hot liquid / hot object <input type="radio"/> Other (If the problem was due to an injury or an accident)
Timing:	<input type="radio"/> In the last month <input type="radio"/> During the past 12 months but longer than a month ago <input type="radio"/> Longer than 12 months ago (When did this problem start?)
At this moment:	<input type="radio"/> Yes <input type="radio"/> No (Do you have this problem now (or during the last week)?)
Healthcare sought:	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a health facility or see a doctor/nurse for this problem?)
Traditional care sought	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?)
Type of healthcare received	<input type="checkbox"/> None / No surgical care <input type="checkbox"/> Major procedure (a procedure which requires regional/general anesthesia) <input type="checkbox"/> Minor procedures (dressings, wound care, punctures, suturing and I&D) <input type="checkbox"/> Medication <input type="checkbox"/> Herbal remedies (What kind of treatment did you receive?)

Reason for not having surgical care

- No money for health care
- No (money for) transportation
- No time
- Fear / lack of trust
- Not available (facility/personnel/equipment)
- No need
- Not aware of orthodox/surgical remedy
(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)

Is the condition disabling?

- Yes
- No
(Does this problem still impact your daily life?)

Disability

- I feel 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?)

Comments:

Chest Problems

Participant ID

Has had breast/chest problems?

- Yes
 No
(Have you ever had a wound, burn, breast mass, deformity, or an operation on your chest (including heart or lungs) or breast?)

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Pathology specifics

- Wound injury related (Open skin; sometimes leaking blood, pus or liquid)
 Wound not injury related
 Burn
 Breast mass / Breast cancer
 Deformity congenital (The person is born with the problem.)
 Deformity acquired (The person got the problem later in life. Think about: scars and broken bones) (Tell me what problem you have had?)

Type of injury / accident

- 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
 Other
(If the problem was due to an injury or an accident)

Timing:

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

At this moment:

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

Healthcare sought:

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

Traditional care sought

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

Type of healthcare received

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

Reason for not having surgical care

- No money for health care
 No (money for) transportation
 No time
 Fear / lack of trust
 Not available (facility/personnel/equipment)
 No need
 Not aware of orthodox/surgical remedy
 (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)

Is the condition disabling?

- Yes
 No
 (Does this problem still impact your daily life?)

Disability

- I feel 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?)

Has the person had another breast/chest problem?

- Yes
 No
 (Have you ever had a wound, burn, breast mass, deformity, or an operation on your chest (including heart or lungs) or breast?)

IF THERE WERE/ARE NO MORE PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION

Pathology specifics

- Wound injury related (Open skin; sometimes leaking blood, pus or liquid)
 Wound not injury related
 Burn
 Breast mass / Breast cancer
 Deformity congenital (The person is born with the problem.)
 Deformity acquired (The person got the problem later in life. Think about: scars and broken bones)
 (Tell me what problem you have had?)

Type of injury / accident	<input type="radio"/> No, it was not due to an injury / accident <input type="radio"/> Car, truck, bus crash <input type="radio"/> Motorcycle crash <input type="radio"/> Pedestrian, bicycle crash <input type="radio"/> Gunshot <input type="radio"/> Stab / slash / cut / crush <input type="radio"/> Bite or animal attack <input type="radio"/> Fall <input type="radio"/> Open fire / explosion /Hot liquid / hot object <input type="radio"/> Other (If the problem was due to an injury or an accident)
Timing:	<input type="radio"/> In the last month <input type="radio"/> During the past 12 months but longer than a month ago <input type="radio"/> Longer than 12 months ago (When did this problem start?)
At this moment:	<input type="radio"/> Yes <input type="radio"/> No (Do you have this problem now (or during the last week?))
Healthcare sought:	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a health facility or see a doctor/nurse for this problem?)
Traditional care sought	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?)
Type of healthcare received	<input type="checkbox"/> None / No surgical care <input type="checkbox"/> Major procedure (a procedure which requires regional/general anesthesia) <input type="checkbox"/> Minor procedures (dressings, wound care, punctures, suturing and I&D) <input type="checkbox"/> Medication <input type="checkbox"/> Herbal remedies (What kind of treatment did you receive?)
Reason for not having surgical care	<input type="radio"/> No money for health care <input type="radio"/> No (money for) transportation <input type="radio"/> No time <input type="radio"/> Fear / lack of trust <input type="radio"/> Not available (facility/personnel/equipment) <input type="radio"/> No need <input type="radio"/> Not aware of orthodox/surgical remedy (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)
Is the condition disabling?	<input type="radio"/> Yes <input type="radio"/> No (Does this problem still impact your daily life?)

Disability

- I feel 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?)

Comments:

Back Problems

Participant ID

Has had back problems?

Yes

No

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

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood, pus or liquid)

Wound not injury related

Burn

Mass or growth

Deformity congenital (The person is born with the problem. Think about: cleft lips, cleft palate, hydrocephalus etc)

Deformity acquired (The person got the problem later in life. Think about: scars and broken bones)

Work related back problems

(Tell me what problem you have had?)

Type of injury / accident

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

Other

(If the problem was due to an injury or an accident)

Timing:

In the last month

During the past 12 months but longer than a month ago

Longer than 12 months ago

(When did this problem start?)

At this moment:

Yes

No

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

Healthcare sought:

Yes

No

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

Traditional care sought

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

Type of healthcare received

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

Reason for not having surgical care

No money for health care
 No (money for) transportation
 No time
 Fear / lack of trust
 Not available (facility/personnel/equipment)
 No need
 Not aware of orthodox/surgical remedy
(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)

Is the condition disabling?

Yes
 No
(Does this problem still impact your daily life?)

Disability

I feel 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?)

Has the person had another back problem?

Yes
 No
(Have you ever had a wound, burn, mass, deformity, or an operation on your back?)

IF THERE WERE/ARE NO OTHER PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood, pus or liquid)
 Wound not injury related
 Burn
 Mass or growth
 Deformity congenital (The person is born with the problem. Think about: cleft lips, cleft palate, hydrocephalus etc)
 Deformity acquired (The person got the problem later in life. Think about: scars and broken bones)
 Work related back problems
(Tell me what problem you have had?)

Type of injury / accident	<input type="radio"/> No, it was not due to an injury / accident <input type="radio"/> Car, truck, bus crash <input type="radio"/> Motorcycle crash <input type="radio"/> Pedestrian, bicycle crash <input type="radio"/> Gunshot <input type="radio"/> Stab / slash / cut / crush <input type="radio"/> Bite or animal attack <input type="radio"/> Fall <input type="radio"/> Open fire / explosion /Hot liquid / hot object <input type="radio"/> Other (If the problem was due to an injury or an accident)
Timing:	<input type="radio"/> In the last month <input type="radio"/> During the past 12 months but longer than a month ago <input type="radio"/> Longer than 12 months ago (When did this problem start?)
At this moment:	<input type="radio"/> Yes <input type="radio"/> No (Do you have this problem now (or during the last week?))
Healthcare sought:	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a health facility or see a doctor/nurse for this problem?)
Traditional care sought	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?)
Type of healthcare received	<input type="checkbox"/> None / No surgical care <input type="checkbox"/> Major procedure (a procedure which requires regional/general anesthesia) <input type="checkbox"/> Minor procedures (dressings, wound care, punctures, suturing and I&D) <input type="checkbox"/> Medication <input type="checkbox"/> Herbal remedies (What kind of treatment did you receive?)
Reason for not having surgical care	<input type="radio"/> No money for health care <input type="radio"/> No (money for) transportation <input type="radio"/> No time <input type="radio"/> Fear / lack of trust <input type="radio"/> Not available (facility/personnel/equipment) <input type="radio"/> No need <input type="radio"/> Not aware of orthodox/surgical remedy (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)
Is the condition disabling?	<input type="radio"/> Yes <input type="radio"/> No (Does this problem still impact your daily life?)

Disability

- I feel 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?)

Comments:

Abdominal Problems

Participant ID

Has had abdominal problems?

- Yes
 No

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

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Pathology specifics

- Wound injury related (Open skin; sometimes leaking blood, pus or liquid)
 Wound not injury related
 Burn
 Mass or growth (solid)
 Mass or growth (soft reducible)
 Deformity congenital (The person is born with the problem. Think about: umbilical hernia, patent urachus, periumbilical hernias etc)
 Deformity acquired (The person got the problem later in life. Think about: scars)
 Abdominal Distention or pain
 Abdominal Operation
 Other
(Tell me what problem you have had?)

Explain

If you had an abdominal operation, why was it done?

Type of injury / accident

- 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
 Other
(If the problem was due to an injury or an accident)

Timing:

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

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

Healthcare sought: Yes
 No
(Did you go to a health facility or see a doctor/nurse for this problem?)

Traditional care sought Yes
 No
(Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?)

Type of healthcare received None / No surgical care
 Major procedure (a procedure which requires regional/general anesthesia)
 Minor procedures (dressings, wound care, punctures, suturing and I&D)
 Medication
 Herbal remedies
(What kind of treatment did you receive?)

Reason for not having surgical care No money for health care
 No (money for) transportation
 No time
 Fear / lack of trust
 Not available (facility/personnel/equipment)
 No need
 Not aware of orthodox/surgical remedy
(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)

Is the condition disabling? Yes
 No
(Does this problem still impact your daily life?)

Disability I feel 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?)

Has the person had another abdominal problem? Yes
 No
(Have you ever had a wound, burn, mass, deformity, inability to urinate, bleeding from your bottom, abdominal delivery, or an operation on your abdomen?)

IF THERE WERE/ARE NO OTHER PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Pathology specifics

- Wound injury related (Open skin; sometimes leaking blood, pus or liquid)
- Wound not injury related
- Burn
- Mass or growth (solid)
- Mass or growth (soft reducible)
- Deformity congenital (The person is born with the problem. Think about: umbilical hernia, patent urachus, periumbilical hernias etc)
- Deformity acquired (The person got the problem later in life. Think about: scars)
- Abdominal Distention or pain
- Inability to urinate
- Bleeding per rectum
- Abdominal Operation
- Other
(Tell me what problem you have had?)

Explain

If you had an abdominal operation, why was it done?

Type of injury / accident

- 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
- Other
(If the problem was due to an injury or an accident)

Timing:

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

At this moment:

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

Healthcare sought:

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

Traditional care sought

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

Type of healthcare received

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

Reason for not having surgical care

- No money for health care
 - No (money for) transportation
 - No time
 - Fear / lack of trust
 - Not available (facility/personnel/equipment)
 - No need
 - Not aware of orthodox/surgical remedy
- (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)

Is the condition disabling?

- Yes
 - No
- (Does this problem still impact your daily life?)

Disability

- I feel 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?)

Comments

Groin Problems

Participant ID

Has had groin problems?

- Yes
 No

(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?)

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Pathology specifics

- Wound injury related (Open skin; sometimes leaking blood, pus or liquid)
 Wound not injury related
 Burn
 Mass or growth (solid e.g testicular cancer or hydrocele/cystocele)
 Mass or growth (soft and reducible e.g. inguinal hernia)
 Deformity congenital (The person is born with the problem. Think of: being born without anus, hypospadias, meatal stenosis, undescended testes, chordee, etc)
 Deformity acquired (The person got the problem later in life.)
 Leaking of urine or feces (like fistula)
 Bleeding (per rectum)
 Bleeding (from the penis)
(Tell me what problem you have had?)

Type of injury / accident

- 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
 Other
(If the problem was due to an injury or an accident)

Timing:

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

At this moment:

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

Healthcare sought: Yes
 No
(Did you go to a health facility or see a doctor/nurse for this problem?)

Traditional care sought Yes
 No
(Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?)

Type of healthcare received None / No surgical care
 Major procedure (a procedure which requires regional/general anesthesia)
 Minor procedures (dressings, wound care, punctures, suturing and I&D)
 Medication
 Herbal remedies
(What kind of treatment did you receive?)

Reason for not having surgical care No money for health care
 No (money for) transportation
 No time
 Fear / lack of trust
 Not available (facility/personnel/equipment)
 No need
 Not aware of orthodox/surgical remedy
(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)

Is the condition disabling? Yes
 No
(Does this problem still impact your daily life?)

Disability I feel 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?)

Has the person had another groin problem? Yes
 No
(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?)

IF THERE WERE/ARE NO OTHER PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Pathology specifics	<input type="radio"/> Wound injury related (Open skin; sometimes leaking blood, pus or liquid) <input type="radio"/> Wound not injury related <input type="radio"/> Burn <input type="radio"/> Mass or growth (solid e.g testicular cancer or hydrocele/cystocele) <input type="radio"/> Mass or growth (soft and reducible e.g. inguinal hernia) <input type="radio"/> Deformity congenital (The person is born with the problem. Think of: being born without anus, hypospadias, meatal stenosis, undescended testes, chordee, etc) <input type="radio"/> Deformity acquired (The person got the problem later in life.) <input type="radio"/> Leaking of urine or feces (like fistula) <input type="radio"/> Bleeding (per rectum) <input type="radio"/> Bleeding (from the penis) (Tell me what problem you have had?)
Type of injury / accident	<input type="radio"/> No, it was not due to an injury / accident <input type="radio"/> Car, truck, bus crash <input type="radio"/> Motorcycle crash <input type="radio"/> Pedestrian, bicycle crash <input type="radio"/> Gunshot <input type="radio"/> Stab / slash / cut / crush <input type="radio"/> Bite or animal attack <input type="radio"/> Fall <input type="radio"/> Open fire / explosion /Hot liquid / hot object <input type="radio"/> Other (If the problem was due to an injury or an accident)
Timing:	<input type="radio"/> In the last month <input type="radio"/> During the past 12 months but longer than a month ago <input type="radio"/> Longer than 12 months ago (When did this problem start?)
At this moment:	<input type="radio"/> Yes <input type="radio"/> No (Do you have this problem now (or during the last week?)
Healthcare sought:	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a health facility or see a doctor/nurse for this problem?)
Traditional care sought	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?)

Type of healthcare received

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

Reason for not having surgical care

- No money for health care
 No (money for) transportation
 No time
 Fear / lack of trust
 Not available (facility/personnel/equipment)
 No need
 Not aware of orthodox/surgical remedy
(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)

Is the condition disabling?

- Yes
 No
(Does this problem still impact your daily life?)

Disability

- I feel 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?)

Comments

Extremities Problems

Participant ID

Has had extremity problems?

- Yes
 No

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

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Location of pathology

- Thumb / Hand
 Lower arm
 Upper arm
 Foot
 Lower leg
 Upper leg
 Shoulder
 Elbow
 Wrist
 Hip
 Knee
 Ankle

Pathology specifics

- Wound injury related (Open skin; sometimes leaking blood, pus or liquid)
 Wound not injury related
 Burn
 Mass or growth
 Deformity congenital (The person is born with the problem.)
 Deformity acquired (The person got the problem later in life. Think about: scars and broken bones) (Tell me what problem you have had?)

Type of injury / accident

- 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
 Other
(If the problem was due to an injury or an accident)

Timing:

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

At this moment:

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

Healthcare sought:

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

Traditional care sought

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

Type of healthcare received

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

Reason for not having surgical care

No money for health care
 No (money for) transportation
 No time
 Fear / lack of trust
 Not available (facility/personnel/equipment)
 No need
 Not aware of orthodox/surgical remedy
(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)

Is the condition disabling?

Yes
 No
(Does this problem still impact your daily life?)

Disability

I feel 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?)

Has the person had another extremity problem?

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

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION.

Location of pathology	<input type="radio"/> Thumb / Hand <input type="radio"/> Lower arm <input type="radio"/> Upper arm <input type="radio"/> Foot <input type="radio"/> Lower leg <input type="radio"/> Upper leg <input type="radio"/> Shoulder <input type="radio"/> Elbow <input type="radio"/> Wrist <input type="radio"/> Hip <input type="radio"/> Knee <input type="radio"/> Ankle
Pathology specifics	<input type="radio"/> Wound injury related (Open skin; sometimes leaking blood, pus or liquid) <input type="radio"/> Wound not injury related <input type="radio"/> Burn <input type="radio"/> Mass or growth <input type="radio"/> Deformity congenital (The person is born with the problem.) <input type="radio"/> Deformity acquired (The person got the problem later in life. Think about: scars and broken bones) (Tell me what problem you have had?)
Type of injury / accident	<input type="radio"/> No, it was not due to an injury / accident <input type="radio"/> Car, truck, bus crash <input type="radio"/> Motorcycle crash <input type="radio"/> Pedestrian, bicycle crash <input type="radio"/> Gunshot <input type="radio"/> Stab / slash / cut / crush <input type="radio"/> Bite or animal attack <input type="radio"/> Fall <input type="radio"/> Open fire / explosion / Hot liquid / hot object <input type="radio"/> Other (If the problem was due to an injury or an accident)
Timing:	<input type="radio"/> In the last month <input type="radio"/> During the past 12 months but longer than a month ago <input type="radio"/> Longer than 12 months ago (When did this problem start?)
At this moment:	<input type="radio"/> Yes <input type="radio"/> No (Do you have this problem now (or during the last week?)
Healthcare sought:	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a health facility or see a doctor/nurse for this problem?)
Traditional care sought	<input type="radio"/> Yes <input type="radio"/> No (Did you go to a traditional healer, traditional doctor, witch doctor or bone setter for this problem?)

Type of healthcare received

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

Reason for not having surgical care

- No money for health care
 - No (money for) transportation
 - No time
 - Fear / lack of trust
 - Not available (facility/personnel/equipment)
 - No need
 - Not aware of orthodox/surgical remedy
- (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)

Is the condition disabling?

- Yes
 - No
- (Does this problem still impact your daily life?)

Disability

- I feel 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?)

Comments
