

Health and health services use

Mosoriot – Round 3

Household ID:	Respondent ID:	Date of Interview:
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Instructions: This questionnaire should be administered to the primary female respondent. Ask the respondent for information about all household members.

Refer to Section 1 and Section 3 of the Household Roster. Do not forget to include new household members (Section 3) and to exclude those from Section 4.

Date of Round 2 interview:	
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Section A. Most Recent Illness

[illegible]

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I D	9 For how many days was [NAME] unable to carry out his/her usual activities because of this illness or injury? [If none write zero →12] [Number of days]	10 Enumerator Is this person 8 or older? 1 Yes 2 No →12	11 During [NAME's] illness who was mainly performing his/her work? Write HHID or IRID or 98 Nobody	12 Has anyone been consulted for treating this illness or injury? For example a doctor, nurse, TBA, traditional healer, pharmacist, etc 1 Yes 2 No →31	13 Where did [NAME] first go for advice or treatment? If 15 →20 [See practitioner codes below]	14 How long did it take [NAME] to travel to this establishment?		15 Did [NAME] have to spend a night in this establishment because of the illness or injury? 1 Yes 2 No →20	16 How many nights in total? [Number of nights]	17 How much money has your household paid or will your household pay altogether for the stay in this establishment? [Amount in KSh]	18 How many times did [NAME] visit this establishment for this illness or injury? Number of times]	19 How much did your household pay for all of the visits to this establishment for this injury or illness? IN CASH & KIND. IF FREE WRITE 0. Exclude transport costs. and medicine costs.
						a. Hrs	b. Mins.					

Practitioner Codes

- 1 National Referral Hosp. (Kenyatta, Moi)
- 2 Government District/Provincial Hosp.
- 3 Mosoriot Rural Health Center
- 4 Government Health Center (exc. Mosoriot)
- 5 Government dispensary

6 Mission hospital/clinic

- 7 Other private hospital/clinic
- 8 Chemist/pharmacy
- 9 Private doctor (like priv. clinic)
- 10 Mobile clinic
- 11 Community health worker

12 Retail shop

- 13 Herbalist/traditional healer
- 14 Relative/friend
- 15 Other (specify)

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[illegible]

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[illegible]

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- | |
|--------------------------------------|
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[illegible]

Illness Codes

- 1 HIV/AIDS
- 2 Asthma
- 3 Bilharzia/Schistosomiasis
- 4 Cancer
- 5 Diarrhea
- 6 Dysentery
- 7 Fracture/break

- 8 Gonorrhea
- 9 Intestinal Parasites
- 10 Malaria
- 11 Malnutrition (Kwashiorkor/Marasmus)
- 12 Measles
- 13 Meningitis
- 14 Poisoning
- 15 Polio

- 16 Syphilis
17 Tetanus
18 Tuberculosis
19 Typhoid
20 Urinary Infection
21 Witchcraft
22 Other STD (specify)
23 Other illness (specify)

- 24 Other injury (specify)

30 Common cold
31 Pneumonia
32 Diabetes
99 Don't know

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Section B. Chronic Conditions

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ID	1 Has [NAME] been living with any health problems for more than 6 months?	2 How long ago did this problem start? (If more than one illness, list longest one) 5 Months 6 Years		3 Has this condition been diagnosed by a health professional?	4 What condition did the health professional think [NAME] have? * Use illness codes	5 What symptoms does [NAME] have? [Use symptom codes] [List up to 4]				6 How much money did your household spend on all of these conditions in the <u>past 4 weeks</u> including the cost of treatment, <u>medicines, transport</u> and <u>other expenses</u> connected with the illness?	7 In the past 4 <u>weeks</u> , for how many days was [NAME] not able to carry out his/her usual activities? Number of days	8 Has [NAME] suffered diarrhea for a month or more?	9 Has [NAME] continu- ously lost weight in recent months?	10 Has [NAME] had a recurring fever for a month or more?	11 Has [NAME] suffered from any skin rash in the past year?	12 Has [NAME] suffered from a persistent sore throat in the last 3 months? (Thrush)	13 Has [NAME] felt much more tired than normal in the past 3 months?	14 Has [NAME] been sweating during the night in the last 3 months?
	1 Yes 2 No →8	a.Amt of time	b. Time unit			1 Yes 2 No →5	A	B	C									

<u>Illness Codes</u>	6 Dysentery	11 Malnutrition	16 Syphilis	22 Other STD (specify)	32 Diabetes
1 HIV/AIDS	7 Fracture/break	(Kwashiorkor/Marasmus)	17 Tetanus	23 Other illness (specify)	99 Don't know
2 Asthma	8 Gonorrhea	12 Measles	18 Tuberculosis	24 Other injury (specify)	
3 Bilharzia/Schistosomiasis	9 Intestinal Parasites	13 Meningitis	19 Typhoid	---	
4 Cancer	10 Malaria	14 Poisoning	20 Urinary Infection	30 Common cold	
5 Diarrhea		15 Polio	21 Witchcraft	31 Pneumonia	
<u>Symptom Codes</u>	5 Fever (recurring)	10 Chills (feeling hot and cold)	15 Pain on passing urine	21 Burn	30 Joint pain
1 Diarrhea (acute)	6 Skin rash	11 Vomiting	16 Genital sores	22 Fracture	31 Running nose
2 Diarrhea (chronic, 1 month or more)	7 Weakness	12 Cough	17 Mental disorder	23 Wound	32 Chest pain
3 Weight loss (major)	8 Severe headache	13 Productive cough	18 Abdominal pain	24 Child birth	33 Peptic Ulcer
4 Fever (acute)	9 Fainting	14 Coughing blood	19 Sore throat	25 Amebeosis	34 Loss of Appetite
			20 Difficulty breathing	26 Other (specify)	35 Vaginal Discharge

Section C. Health History

I. MALARIA

1. Has anyone in the household had <u>malaria</u> since [Round 2] (including illnesses discussed in section A)? 1 Yes 2 No →NEXT DISEASE	
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Please list the household ID numbers (and episode numbers) of all sick individuals. One row per episode.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as malaria? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year					1	2	3

Malaria medicine codes1 Antipyretics (aspro, calpol, brufen, panadol)
2 Chloroquine (malaroquine, etc)

3 Sulfa combinations (fansidar, metakelfin)

4 Halofantrine (hanfan)

5 Amodiaquine (camoquine)

6 Cotrimoxazole (bactrim, septrin)

7 Artemisinin (artenam, artomothor)

8 Herbal/traditional remedies

9 Other, specify

10 Quinine

99 Don't Know

II. TUBERCULOSIS

1. Has anyone in the household had <u>tuberculosis</u> since [Round 2] (including illnesses discussed in sections A or B)? 1 Yes 2 No →NEXT DISEASE	
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Please list the household ID numbers (and episode numbers) of all sick individuals. *If YES, ask if respondent has a card with information about the illness.*

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as tuberculosis? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year					1	2	3

Tuberculosis medicine codes

1 Streptosin 2 Pyrazinamide 3 Ethambutol 4 Isoniazid 5 Rifampicin

Section C. Health History [CONTINUED]

III. TYPHOID

1. Has anyone in the household had <u>typhoid</u> since [Round 2] (including illnesses discussed in sections A or B?) 1 Yes 2 No →NEXT DISEASE	
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Typhoid medicine codes
 1 Ampicillin 2 Amoxicillin
 3 Septrin 4 Chloramphenicol

Please list the household ID numbers (and episode numbers) of all sick individuals.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as typhoid? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year					1	2	3

IV. MENINGITIS

1. Has anyone in the household had <u>meningitis</u> since [Round 2] (including illnesses discussed in sections A or B?) 1 Yes 2 No →Section D	
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Meningitis medicine codes
 1 Expen 2 Ampicillin
 3 Chloramphenicol 4 Cefotaxine

Please list the household ID numbers (and episode numbers) of all sick individuals.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as meningitis? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year					1	2	3

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Section D. Health Records Data

Read to Respondent: I would like to ask you for the Mosoriot Health Center's medical records number of EACH household member. This information will be kept confidential and will only be used for research purposes. Your answers to all the questionnaires will not be given to staff at the Mosoriot Health Center.

[illegible]