**LAST MILE SURVEY – Household Questionnaire (page 1)** Svy ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household ID#: \_\_\_\_\_ Today’s date(d/m/y):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survey language: \_\_ English \_\_ Krahn \_\_ Bassa \_\_ French \_\_ Other : \_\_\_\_\_\_\_\_\_\_

SIGN HERE IF INFORMED CONSENT WAS OBTAINED FROM THE FEMALE HEAD OF HOUSEHOLD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASK THE QUESTIONS IN SECTION 1 TO THE FEMALE HEAD OF HOUSEHOLD; ONLY FILL OUT ONE PER HOUSEHOLD

1. HOUSEHOLD QUESTIONS

­­­­­1.1 Please give me the first names of the persons who are living in your house together, with even strangers and visitors who slept here last night. Please start from the land-lady or land-lord.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | First name | Sex | Age(or birth year) | (NAME) living here all the time? | (NAME) slept here last night? | Eligible? |
| 1 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 2 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 3 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 4 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 5 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 6 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 7 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 8 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 9 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |
| 10 |  | \_\_Male\_\_Female |  | \_\_Yes\_\_No | \_\_Yes\_\_No | \_\_Eligible\_\_ Not eligible |

1.2: Mark “Eligible” in last column if household member is a woman age 18-49 who slept in house last night.

1. Is there anyone in this house who get farm land? \_\_ Yes

 \_\_ No

1. Where do you people get water from for drinking? \_\_ hand pump, protected well \_\_ Tanker truck

 \_\_ Rainwater \_\_ public tap/standpipe

 \_\_ Bottled water \_\_ Piped into dwelling

 \_\_ Surface water (creek/pond/canal) \_\_ Protected spring

\_\_ tube well or borehole \_\_ Piped to yard/plot

 \_\_ Unprotected well \_\_ Cart with small tank

 \_\_ Unprotected spring \_\_ Other

**LAST MILE SURVEY – Household Questionnaire (page 2)**

1. Where do you people go to toilet/poo poo? \_\_ Pit latrine without slab/open pit \_\_ Hanging toilet/hanging latrine

 \_\_ Pit latrine with slab \_\_ Flush to pit latrine

 \_\_ Ventilated improved pit latrine \_\_ Flush to septic tank

 \_\_ No facility/bush/field \_\_ Flush to piped sewer system

 \_\_ Composting toilet \_\_ Flush to somewhere else

 \_\_ Bucket toilet \_\_ Other

 \_\_ Flush, don’t know where

1. People from other houses go to the same toilet? \_\_Yes

 \_\_ No

1. Does your household have: [READ ALL] \_\_ Chairs? \_\_ Ice box?

 \_\_ Table? \_\_ Electricity?

 \_\_ Cell phone? \_\_ Solar panel?

 \_\_ Radio? \_\_ Generator?

 \_\_ Cupboard? \_\_ Television?

 \_\_ Mattress (not grass)? \_\_ Computer?

 \_\_ Sewing machine? \_\_(check here if none)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What you use for cooking – that coal, gas stove, \_\_ Wood \_\_ Kerosene stove

wood, other thing? \_\_ Fire coal/charcoal \_\_ Biogas

 \_\_ Gas cylinder \_\_ Electricity

 \_\_ No food cooked in house \_\_ Other

1. RECORD THE MAIN MATERIAL OF \_\_ Earth/sand/mud \_\_ Wood planks

THE FLOOR OF THE HOUSE \_\_ Concrete, cement \_\_ Carpet

 \_\_ Floormat, linoleum, vinyl \_\_Parquet or polished wood

 \_\_ Ceramic tiles \_\_ Other

1. RECORD THE MAIN MATERIAL OF \_\_ Thatch/palm leaf \_\_ Wood

THE ROOF OF THE HOUSE \_\_ Tarpaulin, plastic \_\_ Rustic mat

 \_\_ Zinc, metal \_\_ Ceramic tiles

 \_\_ Palm/bamboo \_\_ Asbestos sheets, shingles

 \_\_ Wood planks \_\_ Other

 \_\_ Concrete, cement

1. RECORD THE MAIN MATERIAL OF \_\_ Cane/palm/trunks \_\_ Reused wood

THE OUTSIDE WALLS OF THE HOUSE \_\_ Mud and sticks \_\_ Cement

 \_\_ Stone blocks \_\_ Wood planks/shingles

 \_\_ Mud bricks \_\_ Straw, thatch mats

 \_\_ Bricks \_\_ Cardboard, plastic

 \_\_ Plywood \_\_ Zinc, metal

 \_\_ Other

1. Anyone in this house here get: [READ ALL] \_\_ a watch? \_\_ a car/truck?

 \_\_ a bicycle? \_\_ a boat/canoe?

 \_\_ a motorbike? \_\_ (check here if none)

1. You have any animals, chickens, or ducks in this house? \_\_Yes

 \_\_ No 🡪 1.15

1. How many animals the people in this house get, like… [READ ALL] Cows: \_\_\_ Goats: \_\_\_\_ Sheep: \_\_\_\_

 Pigs: \_\_\_ Chicken, ducks, birds: \_\_\_\_

1. Anyone in this house who get money in the bank? \_\_Yes

 \_\_ No

**LAST MILE SURVEY – Female Questionnaire (page 1)** Svy ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household ID#: \_\_\_\_\_ Today’s date(d/m/y):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survey language: \_\_ English \_\_ Krahn \_\_ Bassa \_\_ French \_\_ Other : \_\_\_\_\_\_\_\_\_\_

SIGN HERE IF INFORMED CONSENT WAS OBTAINED FROM THE RESPONDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASK THE QUESTIONS IN SECTION 1 TO THE FEMALE HEAD OF HOUSEHOLD; ONLY FILL OUT ONE PER HOUSEHOLD

**2. MATERNAL HEALTH + FAMILY PLANNING + CHILD MORTALITY**

* + - 1. What year you were born? \_\_\_\_\_\_\_\_ \_\_\_age

 \_\_\_ birth year

* + - 1. How long you been living here in this village? \_\_\_ years \_\_\_ months \_\_\_always \_\_\_just visiting

(Probe: You been living here the whole time?)

* + - 1. You been to school before? Which class you stop in? \_\_\_ high school graduate \_\_\_ primary school

 \_\_\_ some high school \_\_\_ no school

* + - 1. From five years up to now, you ever born a child? \_\_\_yes 🡪 2.5 \_\_\_ no 🡪 2.24
			2. When was your last birth? \_\_\_\_\_\_\_\_\_ month \_\_\_\_\_\_\_ year 🡪 If before APRIL 2010 then skip to 2.24
			3. Did you see anyone for big belly checkups when you had belly with that child? \_\_\_yes 🡪 2.7

 \_\_\_ no 🡪 2.10

* + - 1. Who did you see for big belly checkups? [MORE THAN ONE] \_\_\_ doctor \_\_\_physician assistant (PA)

Any other person? \_\_\_ nurse \_\_\_ certified midwife

 \_\_\_ gCHV \_\_ country midwife/Zoe

 \_\_\_ FHW \_\_\_ trained traditional midwife (TTM)

 \_\_\_ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. Where did you go to get the checkups? Any other place? \_\_\_ home \_\_\_ other home \_\_\_ drug store

 \_\_\_ clinic/hospital \_\_\_ other: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. How many times did you get big belly checkups when you had belly with that child? \_\_\_\_\_(number)
			2. Where you born the child? \_\_\_ Clinic/hospital 🡪 2.11

 \_\_\_ Your home 🡪 2.15

 \_\_\_ Other home 🡪 2.15 \_\_\_ Other: \_\_\_\_\_ 🡪 2.15

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. How long you stayed in the clinic after you born the child? \_\_\_\_\_\_\_\_ \_\_\_hours \_\_ days \_\_weeks \_\_don’t know
			2. After the child was born but before you left the clinic, any \_\_\_yes 🡪 2.13

doctor or nurse check you to know how you were coming on? \_\_\_no 🡪 2.18

* + - 1. How long it took after you born the baby before they first check on you? \_\_\_\_\_\_\_\_ \_\_\_hours \_\_ days \_\_weeks \_\_don’t know
			2. Who check on you to see how you were coming on that time? Any other person? [MORE THAN ONE]\_\_ Clinic staff 🡪 2.18 \_\_\_ TTM 🡪 2.18

 \_\_\_ country midwife/Zoe 🡪 2.18

 \_\_\_ Other: \_\_\_\_ 🡪 2.18

**LAST MILE SURVEY – Female Questionnaire** **(page 2)**

* + - 1. After you born the child, any person check on you to see \_\_yes 🡪 2.16

how you coming on that time? \_\_ no 🡪 2.18

* + - 1. How long it took after you born the baby before they first check you? \_\_\_\_\_\_\_\_ \_\_\_hours \_\_ days \_\_weeks \_\_\_ don’t know
			2. Who check you to see how you were coming on that time? [MORE THAN ONE] \_\_ clinic staff \_\_ gCHV \_\_TTM \_\_ FHW

 \_\_country midwife/Zoe \_\_ Family/friends \_\_Other: \_\_\_\_\_\_\_

* + - 1. The child you born, is it still alive? \_\_yes 🡪 2.20

 \_\_\_ no 🡪 2.19

* + - 1. When the child die? \_\_\_ at birth 🡪 2.24

 \_\_\_ days 🡪 2.20

 \_\_\_ months 🡪 2.20

 \_\_\_ years 🡪 2.20

* + - 1. Any person check on the baby condition \_\_ yes 🡪 2.21

in the first two months after the child was born? \_\_ no 🡪 2.24

 \_\_ don’t know 🡪 2.24

* + - 1. How many hours, days, or weeks it took after you born \_\_\_\_\_\_\_\_ \_\_\_hours \_\_ days \_\_weeks \_\_\_ don’t know

the baby before they first check on his/her condition?

* + - 1. Who check on the baby condition at that time? [MORE THAN ONE] \_\_ clinic staff \_\_ gCHV \_\_TTM \_\_\_ FHW \_\_Country midwife/Zoe \_\_ Family/friends \_\_Other: \_\_\_\_\_\_\_
			2. What place they check on the baby first? \_\_ clinic/hospital \_\_ your home \_\_ other home \_\_other: \_\_\_\_\_\_\_\_\_\_\_\_

**LAST MILE SURVEY – Female Questionnaire** **(page 3)**

* + - 1. Now I will like to talk to you about family planning. You marry \_\_yes 🡪 2.26

Now-now or you living with a man just like you people marry? \_\_ no 🡪 2.25

* + - 1. You ever had something to do with man in this month that passed? \_\_yes 🡪 2.26

 \_\_ no 🡪 2.39

* + - 1. You currently doing something or using any method \_\_yes 🡪 2.27

to delay or avoid getting pregnant? \_\_ no 🡪 2.28

 \_\_ I can’t get pregnant 🡪 2.39

* + - 1. Which thing you using? [MORE THAN ONE] \_\_ pill \_\_ condom \_\_ IUD \_\_ Rhythm method

 \_\_ injection \_\_ withdrawal \_\_ withdrawal

 \_\_ emergency contraception \_\_other: \_\_\_\_\_\_\_\_\_\_

* + - 1. You get belly now-now? \_\_yes 🡪 2.32

 \_\_ no 🡪 2.29

 \_\_ Don’t know 🡪 2.29

 \_\_ I can’t get pregnant 🡪 2.39

* + - 1. You born a child in the last two years? \_\_yes 🡪 2.30

 \_\_ no 🡪 2.33

 \_\_ I can’t get pregnant 🡪 2.39

* + - 1. You now start seeing your time since your last belly? \_\_yes

 \_\_ no

* + - 1. The last time you get belly, you wanted it that time? \_\_yes 🡪 2.33

 \_\_ no 🡪 2.33

* + - 1. This belly you get now-now, the time it came you wanted it? \_\_yes 🡪 2.34

 \_\_ no 🡪 2.34

* + - 1. You still want some more children? \_\_yes 🡪 2.34

 \_\_ no 🡪 2.35

 \_\_ I can’t get pregnant 🡪 2.39

* + - 1. You want to have your next child some time in the next two years? \_\_yes

 \_\_ no

 \_\_ I don’t know

* + - 1. You know any place where a person can get some for family planning? \_\_yes 🡪 2.36

 \_\_ no 🡪 2.39

 \_\_ I don’t know 🡪 2.39

* + - 1. Where is that? Any other place? [MORE THAN ONE] \_\_ drug store \_\_ hospital/clinic \_\_ gCHV \_\_FHW

 \_\_ tablet man/black bagger \_\_other: \_\_\_\_\_\_\_\_\_

* + - 1. If you wanted to, could you yourself get something for family planning? \_\_yes

 \_\_ no

 \_\_ I don’t know

* + - 1. You stop seeing your time at all? \_\_yes, I stopped seeing my time

 \_\_ no , I still seeing my time

 \_\_ I don’t know

* + - 1. It not that I want to know how it was looking, but you ever go to do \_\_yes

your HIV/AIDS test before? \_\_ no

* + - 1. Have you been seen by a community health worker in the last 3 months? \_\_yes 🡪 2.41

 \_\_ no

* + - 1. Which one? Any other person? (MORE THAN ONE) \_\_gCHV \_\_FHW

 \_\_TTM \_\_other: \_\_\_\_\_\_\_\_\_\_

 \_\_\_ country doctor

**LAST MILE SURVEY – Female Questionnaire** **(page 4)**

* + - 1. Now I want the first names of all the children you born, whether still alive or not, starting with the first one.

IF AGE AT DEATH IS 1 YEAR, ASK “how many months?”RECORD DAYS IF LESS THAN 1 MONTH.MONTHS IF LESS THAN 2 YEARS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2.43: What is the first name of your (first/next) child? | 2.44: Is (NAME) a boy of a girl? | 2.45: In what month and year was (NAME) born? | 2.46: Was (NAME) born in a clinic? | 2.47: Is (NAME) still living? | 2.48: IF DEAD, how old was (NAME) when he/she died? |
| 1 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 2 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 3 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 4 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 5 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 6 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 7 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 8 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 9 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |
| 10 | \_ Boy\_ Girl | Year: \_\_\_\_\_Mth: \_\_\_\_\_\_Day: \_\_\_\_\_\_ | \_\_Yes\_\_ No | \_\_Yes\_\_ No | \_\_\_\_ \_\_years \_\_ mths \_\_ days |

QUESTIONS 2.49 – 2.52 ARE ABOUT THE WOMAN’S MOST RECENT BIRTH, WHETHER DEAD OR ALIVE.

1. NAME OF MOST RECENT BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If child reached 6 months (alive or dead)

1. Before (NAME) reach 6 months, that only titi water you give, or you give thing like juice or creek water? \_\_ baby had only titi \_\_ baby had other things

If child did not reach 6 months (alive or dead)

1. That only titi water you give, or you sometimes give thing like juice or creek water? \_\_\_\_ baby had only titi

|  |  |  |
| --- | --- | --- |
| 1 | 2 | 3 |
| 4 | 5 | 6 |

 \_\_ baby had other things

1. WRITE DOWN NAME OF EVERY

CHILD BORN IN APRIL 2010 OR LATER

**LAST MILE SURVEY – Child Questionnaire** **(page 1)** Svy ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household ID#: \_\_\_\_\_ Today’s date(d/m/y):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survey language: \_\_ English \_\_ Krahn \_\_ Bassa \_\_ French \_\_ Other : \_\_\_\_\_\_\_\_\_\_

ASK THESE QUESTIONS FOR EACH CHILD LESS THAN 5 THAT THE WOMAN GAVE BIRTH TO.

**3. CHILD HEALTH**

1. WRITE DOWN THE CHILD’S NAME AND NUMBER FROM 2.64: Number \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. (NAME) ever had running stomach in these two weeks that passed? \_\_ yes 🡪 3.2

 \_\_ no 🡪 3.9

 \_\_ don’t know 🡪 3.9

1. You got treatment from anywhere or anyone the time \_\_ yes 🡪 3.4

(NAME) stomach was running? \_\_ no 🡪 3.9

1. Where or who (NAME) got treatment from? Any other place? [MORE THAN ONE] \_\_ drug store \_\_ tablet man/black bagger

 \_\_\_ gCHV \_\_ hospital/clinic \_\_other: \_\_\_\_\_\_

 \_\_\_ country doctor \_\_Zoe \_\_ FHW

1. Who did you go to for treatment or advice **FIRST?** [ONLY ONE] \_\_\_ drug store \_\_ tablet man/black bagger

 \_\_\_ gCHV \_\_ hospital/clinic \_\_other: \_\_\_\_\_\_

 \_\_\_ country doctor \_\_Zoe \_\_\_ FHW

1. When the stomach started running, how many days it took before \_\_\_\_\_\_\_\_\_\_ (days) \_\_don’t know

(NAME) get treatment?

1. Since (NAME) stomach started running, anybody give him/her \_\_\_yes \_\_ no \_\_\_ don’t know

Glucose water (ORS) to drink?

1. Since (NAME) stomach started running, anybody give him/her \_\_\_yes \_\_ no \_\_\_ don’t know

Homemade sugar/salt drink?

1. (NAME) ever got hot (fever) in these two weeks that passed? \_\_ yes 🡪 3.10

 \_\_ no 🡪 3.12

 \_\_ don’t know 🡪 3.12

1. When (NAME) skin was hot, anyone take blood \_\_ yes 🡪 3.11

From his/her finger or heel to do malaria test? \_\_ no 🡪 3.12

 \_\_ don’t know 🡪 3.12

1. (NAME) test showed that he/she got malaria? \_\_\_yes \_\_ no \_\_\_ don’t know
2. (NAME) ever got cough in these two weeks that passed? \_\_ yes 🡪 3.13

 \_\_ no 🡪 3.15

 \_\_ don’t know 🡪 3.15

1. The time (NAME) was coughing, you saw him/her breathing \_\_ yes 🡪 3.14

Fast-fast or he/she was catching hard time to breathe? \_\_ no 🡪 3.15

 \_\_ don’t know 🡪 3.15

1. You think the fast breathing was caused by some problem in \_\_ chest only \_\_ nose only \_\_both chest and nose

[NAME] chest or something closing [NAME] nose, or both? \_\_ don’t know \_\_ other

1. IF CHILD HAD FEVER OR COUGH, ASK QUESTION 3.16; IF CHILD HAD NO ILLNESS, SKIP TO 3.21.
2. You got treatment from anywhere or anyone the time [NAME] was sick? \_\_ yes 🡪 3.17

 \_\_ no 🡪 3.21

1. Where or who (NAME) got treatment from? [MORE THAN ONE] \_\_\_ drug store \_\_ tablet man/black bagger

Any other place? \_\_\_ gCHV \_\_ hospital/clinic \_\_other: \_\_\_\_\_\_

 \_\_\_ country doctor \_\_Zoe \_\_\_ FHW

1. Who did you go to for treatment **FIRST?** [ONLY ONE] \_\_\_ drug store \_\_ tablet man/black bagger

 \_\_\_ gCHV \_\_ hospital/clinic \_\_other: \_\_\_\_\_\_

 \_\_\_ country doctor \_\_Zoe \_\_\_FHW

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When the sickness started, how many days it took before (NAME) get treatment? \_\_\_\_\_ (days) \_\_don’t know

**LAST MILE SURVEY – Child Questionnaire** **(page 2)**

1. What kind of medicine (NAME) took? Any other medicine? [MORE THAN ONE] \_\_ new malaria tablet/ACT \_\_chloroquine

 \_\_ country medicine \_\_ antibiotics

 \_\_ don’t know \_\_ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (NAME) sleep under mosquito net last night? \_\_\_yes \_\_ no \_\_\_ don’t know

FOR CHILDREN 2 AND UNDER

1. You get vaccine card for (NAME)? \_\_\_yes 🡪 3.23

 \_\_\_ no 🡪 3.27

1. I can please see it? \_\_\_yes 🡪 3.24

 \_\_\_ no 🡪 3.27

1. COPY DOWN ALL VACCINES RECEIVED, AND RECORD DATES.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vaccine: | BCG | Penta 1 | Penta 2 | Penta 3 | Polio (P0) | Polio (P1) | Polio (P2) | Polio (P3) | Measles | Yellow Fever |
| Received? |  \_\_ |  \_\_ |  \_\_ |  \_\_ |  \_\_ |  \_\_ |  \_\_ |  \_\_ |  \_\_ |  \_\_ |
| Date: |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| Vaccine: | Rota 1 | Rota 2 | Rota 3 | Pneumo 1 | Pneumo 2 | Pneumo 3 | IPV 1 | IPV 2 | IPV 3 |
| Received? |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |

1. (NAME) ever take any other vaccine that they didn’t write \_\_ yes 🡪 3.26

on the vaccine card? Like those ones they can give all over the \_\_ no 🡪 4.1

country? \_\_ don’t know 🡪 4.1

1. Which ones? [MORE THAN ONE] Vaccine received? 🡪 4.1

|  |  |  |  |
| --- | --- | --- | --- |
| BCG \_\_ | Polio (P1) \_\_ | Rota 3 \_\_ | IPV 2 \_\_ |
| Penta 1 \_\_ | Polio (P2) \_\_ | Pneumo 1 \_\_ | IPV 3 \_\_ |
| Penta 2 \_\_ | Polio (P3) \_\_ | Pneumo 2 \_\_ | Measles \_\_ |
| Penta 3 \_\_ | Rota 1 \_\_ | Pneumo 3 \_\_ | Yellow fever |
| Polio (P0) \_\_ | Rota 2 \_\_\_ | IPV 1 \_\_\_ |  |

 \_\_ Don’t know

1. (NAME) ever take any vaccine to prevent him/her from getting diseases, \_\_ yes 🡪 3.28

at the clinic or like those ones they can give all over the country? \_\_ no 🡪 4.1

 \_\_ don’t know 🡪 4.1

1. (NAME) ever take the TB vaccine that can make a mark on the child’s arm or shoulder? \_\_ yes

 \_\_ no

 \_\_ don’t know

1. (NAME) ever take the vaccine for the sickness that can make children \_\_ yes 🡪 3.30

cripple they call polio? That the vaccine they can drop in the child’s mouth. \_\_ no 🡪 3.32

 \_\_ don’t know 🡪 3.32

1. How old was (NAME) when they give him/her the first vaccine in the \_\_\_ first two weeks

mouth? It was in the first two weeks after he/she was born or it was more than two weeks? \_\_\_ later

 \_\_\_ don’t know

1. How many times they now put the polio vaccine in (NAME) mouth since \_\_\_\_\_\_\_\_\_\_\_ (number)

He/she was born? \_\_\_ don’t know

1. They ever give (NAME) the pentavalent vaccine inject on the thigh? \_\_ yes 🡪 3.33

They sometimes give it the same time they can put the polio vaccine in the mouth. \_\_ no 🡪 3.34

 \_\_ don’t know 🡪 3.34

**LAST MILE SURVEY – Child Questionnaire** **(page 3)**

1. How many times they ever give (NAME) pentavalent vaccine \_\_\_\_\_\_\_\_\_\_\_\_\_ (number)

injection on the thigh like that? \_\_ don’t know

1. They ever give (NAME) an injection in the thigh to prevent pneumonia? \_\_\_ yes 🡪 3.35

 \_\_\_ no 🡪 3.36

 \_\_\_ don’t know 🡪 3.36

1. How many times did (NAME) get the injection in the thigh to prevent pneumonia? \_\_\_\_\_\_\_\_\_\_\_\_\_ (number)

 \_\_ don’t know

1. They ever give (NAME) a rotavirus vaccination, that is, a liquid in the \_\_\_ yes 🡪 3.37

mouth to prevent diarrhea? \_\_\_ no 🡪 3.38

 \_\_\_ don’t know 🡪 3.38

1. How many times did (NAME) receive the rotavirus vaccine? \_\_\_\_\_\_\_\_\_\_\_\_\_ (number)

 \_\_ don’t know

1. They ever give (NAME) vaccine for Measles sickness? That the vaccine \_\_\_ yes

Injection they can give the children in the arm when they are 9 months or more. \_\_\_ no

 \_\_\_ don’t know

**LAST MILE SURVEY – General Health Questionnaire** **(page 1)**

1. In the last four weeks, how many times have you gCHV? \_\_\_\_\_\_\_\_

or anyone in this household visited or used a… [READ ALL] FHW? \_\_\_\_\_\_\_\_\_

 Hospital/clinic? \_\_\_\_\_\_

 Drugstore? \_\_\_\_\_\_\_

 Tablet man/black bagger? \_\_\_\_\_\_

 Country doctor? \_\_\_\_\_\_\_\_

 Other (\_\_\_\_\_\_\_\_\_\_)? \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where you go to get medical advice or treatment? [MORE THAN ONE] \_\_ to see doctor/nurse at clinic/hospital

\_\_to the drugstore \_\_to tablet man/black bagger \_\_to see gCHV \_\_to see FHW \_\_ to country doctor \_\_other: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the last year, you or anyone in your family ever need medical \_\_\_ yes 🡪 4.4

advice or treatment but not able to get it? \_\_\_ no

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What things stopping you from getting medical treatment? Any other thing? [MORE THAN ONE]

\_\_ no transport money \_\_ no money for treatment \_\_ afraid to go to provider \_\_no place to stay near provider

\_\_ distance to provider \_\_ no medicine available \_\_ no permission to go \_\_no one to take care of family

\_\_ provider not available \_\_ Ebola outbreak \_\_ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EBOLA MODULE**

1. In your own thinking, what are the signs of someone who can have Ebola? [DO NOT READ, MORE THAN ONE]

|  |  |  |
| --- | --- | --- |
| Fever | Sore throat | Other: \_\_\_\_\_\_\_\_\_\_ |
| Muscle pains | Running stomach |  |
| Vomiting  | Bleeding from eyes, mouth, nose |  |
| No response | Ebola is not real  |  |

1. Can people can get Ebola by touching an Ebola patient? \_\_ yes \_\_ no \_\_ don’t know
2. Can people get Ebola from the air? \_\_ yes \_\_ no \_\_ don’t know
3. Can people get Ebola from touching or washing a dead body? \_\_ yes \_\_ no \_\_ don’t know
4. Can people get Ebola from touching the vomit of an Ebola patient? \_\_ yes \_\_ no \_\_ don’t know
5. Can people get Ebola because of witchcraft or something like that? \_\_ yes \_\_ no \_\_ don’t know
6. Can people get Ebola by going to the hospital/clinic? \_\_ yes \_\_ no \_\_ don’t know
7. If it looking like you or someone in your family could have Ebola, would \_\_\_yes 🡪 4.13 you try to get medical advice or treatment? \_\_\_\_ no
8. Where would you go **FIRST**? [ONLY ONE]\_\_ to see family member, friend, or neighbor \_\_ to see FHW \_\_ to see gCHV \_\_ to see doctor or nurse at the clinic \_\_to the ETU \_\_ to the tablet man/black bagger \_\_ to country doctor \_\_ to other: \_\_\_\_