

Household Information

Participant ID

Village Type

Rural

Urban

Ward

Agura

Ajaguro

Majidun

Isiu

Olorunda

Bayeku

Maja

Igbopa

Others

Other Ward

Ward

Aga

Ipakodo

Odogunyan

Itunmoka

Abosan

Atere

Oke Oyinbo

Others

Other Ward

Cluster

Interviewer Name

'Good day. My name is _____. I work for SOSAS Nigeria Research Team from the University of Lagos. 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 other 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?

Informed Consent

Yes

No

If No state reason

no time

no willingness

no reason

no seen benefit

other

Explain other reasons

Household Visit

Visit Number

1

2

3

4

5

Date of Visit

Time of Visit

Summary Of Household

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

What is your position in the household

Age of respondent in years

Gender of Respondents

Male

Female

Number of household members

Details Of Household Members

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

Age in years (for adults and children 1 year or above in age)

Age in months (Infants)

Gender

Male

Female

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 when in need of health care.

Which is the nearest primary health facility to you?

Type of nearest primary health care facility

Private

Public

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

On foot

Private Car

Private Motorcycle

Private Tricycle

Bicycle

Boat

Animal

Carried

Public transportation

Type of public transportation

Bus

Taxi

Okada

Tricycle

Other

Specify other public transportation

Travel time to primary health facility

Waiting time for transport

Cost for transport

Transport money available

Yes

No

N/A

What is the nearest secondary health care facility to you?

Type of nearest secondary health care facility

Private

Public

TRANSPORT TO SECONDARY HEALTH FACILITY

Public transport (bus/taxi)

Car

Motorcycle

Bicycle

Boat

Animal

On foot

Carried

Type of public transportation

Bus

Taxi

Okada

Tricycle

Other

Specify other public transportation

Travel time to secondary health facility:

Waiting time for transport

Cost for transport

Transport money available?

Yes

No

Not Applicable

Which is the nearest tertiary health care facility to you?

Type of nearest tertiary health care facility

Private

Public

TRANSPORT TO TERTIARY HEALTH FACILITY

Public transport (bus/taxi)

Car

Motorcycle

Bicycle

Boat

Animal

On foot

Carried

Type of public transportation

Bus

Taxi

Okada

Tricycle

Other

Specify other public transportation

Travel time to tertiary health facility

Waiting time for transport

Cost for transport

Transport money available

Yes

No

Not Applicable

Deceased Household Members

Any house hold deaths

Yes

No

Number of House hold deaths in the last year

Deceased Household Members Details

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).

Age at time of death

Age at time of death (infant)

Sex

Male

Female

Pregnant at death:

Yes

No

Circumstances around death

Injury

Wound not due to an injury

Bleeding or ill around childbirth

Mass (Growth or Swelling)

Deformity congenital

Deformity acquired

Abdominal distention or pain

Others

Circumstances around death (children 15 years and below)

- Injury
- Wound not due to an injury
- Bleeding or ill around childbirth
- Mass (Growth or Swelling)
- Deformity congenital
- Deformity acquired
- Abdominal distention or pain
- Others

Type of Injury

- truck
- Motorcycle crash
- bicycle crash
- Gunshot / firearm
- Stab / slash / cut / crush
- Bite or animal attack
- Fall
- Open fire / explosion
- Hot liquid / hot object
- Others (specify)

Healthcare sought

- Yes
- No

Why was healthcare not sought

- 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)

Was traditional healthcare sought

Yes

No

Type of healthcare received

Hospital Visit

Pharmacy Visit

Chemist/Patent Medicine Store Visit

Home care by nurse

None

Reason for not having care

No money for health care

No money for transportation

No time (person died before arrangements)

Fear / lack of trust

Not available (facility/personnel/equipment)

No need

Not aware of orthodox/surgical remedy

Location of Death

Home

Health Facility

Others

Specify other location of death

Give a brief explanation of the story told

Adult Respondent

THE FOLLOWING QUESTIONS ARE TO BE ASKED OF ADULT MEMBERS OF THE FAMILY.

Adult's Id Number

Respondent Sex

Male

Female

Respondent's Age

Good morning/evening. My name is _____. I work for SOSAS Nigeria Research Team from the University of Lagos. We are trying to find out if there are enough doctors in this area, specifically if there are enough surgeons. A surgeon is a medical doctor who cures patients by taking care of wounds and broken bones or cutting out masses. Sometimes surgeons must put you to sleep to do these things, and other times they must only numb the hurt body part. To find out if there are enough doctors taking care of these problems in your village, we'd like to ask you some questions. We will ask you questions about your health, such as whether you have ever had wounds, broken bones, or masses. By asking you these questions, we hope that we can help make more skilled doctors available in your village. We won't be offering medical care right now, but we hope that the information you provide will help create improved services in the future. This survey will take about 30 minutes. All of your responses will be confidential. You have the right to not participate in the survey, or to stop during the interview. We have an information sheet for you, and we will obtain your consent to participate. Do you have any questions at this moment?

Informed Consent Given

Yes

No

Reasons why informed consent was not given

Assent given (by minor)

Yes No

Education

- No formal education
- Primary school
- Junior Secondary School
- Senior Secondary School
- Tertiary (diploma
- Graduate degree (Master degree

Literacy

- Yes
- No

Employment status

- Unemployed [Currently looking for jobs
- Home maker [Housewives]
- Domestic helpers [Cleaners
- Farmer [Herders
- Self-employed/small-business [Small business owners like: shops
- Government employee [Police officer
- Non-government employee [Cooperation managers
- Student

Occupation

Tribe

- Yoruba
- Igbo
- Hausa
- Others

Specify other tribes

Country of Origin

NIGERIA

BENIN

BURKINA FASO

CABO VERDE/CAPE VERDE

CÔTE D'IVOIRE

GAMBIA

GHANA

GUINEA

GUINEA BISSAU

LIBERIA

MALI

NIGER

SENEGAL

SIERRA LEONE

TOGO

NON-WEST AFRICAN

Health status

Yes

No

Time ill

Number of health facility visits

Recovery from illness

Yes

No

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

Adult's Id Number

Has had face/head/neck problems?

Yes No

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Location of facial pathology

Eye

Ear / nose / throat

Dental / lips / mouth

Neck

Head

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

Wound not injury related

Burn

Mass or growth / goiter

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

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

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

In the last month

During the past 12 months but longer than a month ago

Longer than 12 months ago

At this moment:

Yes

No

Healthcare sought:

Yes

No

Traditional care sought

Yes

No

Type of healthcare received

None / No surgical care

Major procedure (a procedure which requires regional/general anesthesia)

Minor procedures (dressings

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

Disability

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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

Breast Problems

Adult's Id Number

Has had breast/chest problems?

Yes No

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

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)

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

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

At this moment:

- Yes
- No

Healthcare sought:

- Yes
- No

Traditional care sought

- Yes
- No

Type of healthcare received

- None / No surgical care
- Major procedure (a procedure which requires regional/general anesthesia)
- Minor procedures (dressings

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

Disability

- 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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

Back Problems

Adult's Id Number

Has had back problems?

Yes No

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

Wound not injury related

Burn

Mass or growth

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

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

Work related back problems

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

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

At this moment:

- Yes
- No

Healthcare sought:

- Yes
- No

Traditional care sought

- Yes
- No

Type of healthcare received

- None / No surgical care
- Major procedure (a procedure which requires regional/general anesthesia)
- Minor procedures (dressings

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

Disability

- 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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

Abdominal Problems

Adult's Id Number

Has had abdominal problems?

Yes No

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Pathology specifics

- Wound injury related (Open skin; sometimes leaking blood)
- 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)
- Deformity acquired (The person got the problem later in life. Think about: scars)
- Abdominal Distention or pain
- Inability to urinate
- Bleeding per rectum
- Bleeding per urethra

Type of injury / accident

- it was not due to an injury / accident
- truck
- Motorcycle crash
- bicycle crash
- Gunshot
- Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

In the last month

During the past 12 months but longer than a month ago

Longer than 12 months ago

At this moment:

Yes

No

Healthcare sought:

Yes

No

Traditional care sought

Yes

No

Type of healthcare received

None / No surgical care

Major procedure (a procedure which requires regional/general anesthesia)

Minor procedures (dressings

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

Disability

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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

Groin Problems

Adult's Id Number

Has had groin problems?

Yes No

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

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)

Deformity acquired (The person got the problem later in life.)

Leaking of urine or feces (like fistula)

Bleeding (per rectum)

Bleeding (from the penis)

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

In the last month

During the past 12 months but longer than a month ago

Longer than 12 months ago

At this moment:

Yes

No

Healthcare sought:

Yes

No

Traditional care sought

Yes

No

Type of healthcare received

None / No surgical care

Major procedure (a procedure which requires regional/general anesthesia)

Minor procedures (dressings

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

Disability

- 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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

Extremities Problems

Adult's Id Number

Has had extremity problems?

Yes No

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL 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)

Wound not injury related

Burn

Mass or growth / goiter

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)

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

In the last month

During the past 12 months but longer than a month ago

Longer than 12 months ago

At this moment:

Yes

No

Healthcare sought:

Yes

No

Traditional care sought

Yes

No

Type of healthcare received

None / No surgical care

Major procedure (a procedure which requires regional/general anesthesia)

Minor procedures (dressings

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

Disability

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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

Womens Health

Adult's Id Number

Reproductive age screening

Yes

No

Male

Girl under the age of 10 years

IF 'NO', YOU CAN SKIP ALL THE FOLLOWING QUESTIONS TILL THE PENULTIMATE QUESTION ABOUT FAMILY PLANNING. IF 'MALE' OR 'GIRL UNDER THE AGE OF 10 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

Length of period

Regularity

Yes

No

Intermittent bleeding

Yes

No

Pain

Yes

No

Pads or towels/cloths

Pads

Towels/cloths

How many pads or towels

Health care needed

Yes

No

Traditional healer

Yes

No

Possibilities for health care

No

No

No

No

No

Yes

Gravida

Pregnant

Yes

No

I don't know

Bleeding during pregnancy

Yes

No

Gestational Age (Weeks)

Parity

Home deliveries

Health facility deliveries

C-section

Instrumental deliveries

Breastfeeding

Yes

No

Family Planning

Yes

No

Type of family planning

Contraceptive pills

Implant

Injectable

Intra uterine device / coil

Condom

Other (surgical methods)

Withdrawal

Breast feeding

Local methods/charms

Calendar Method

Interviewers Comment

Child Respondents

Child's Id Number

Respondent Sex

Male

Female

Respondent's Age

Informed Consent Given

Yes

No

Reasons why informed consent was not given

Assent given (by minor)

Yes No

Education

None (includes nursery)

Primary school

Secondary school (junior / senior)

Tertiary (diploma

Graduate degree (Master degree

Literacy

Yes

No

Tribe

Yoruba

Igbo

Hausa

Others

Country of Origin

NIGERIA

BENIN

BURKINA FASO

CABO VERDE

CÔTE D'IVOIRE

The GAMBIA

GHANA

GUINEA

GUINEA BISSAU

LIBERIA

MALI

NIGER

SENEGAL

SIERRA LEONE

TOGO

NON-WEST AFRICAN

Health status

Yes

No

Time ill

Number of health facility visits

Recovery from illness

Yes

No

Child Facial Problems

Child's Id Number

Child as had face/head/neck problems?

Yes No

Show picture Portfolio?

Hydrocephalus

Hydrocephalus

Thyroglossal Cyst

Cleft Lip

Cleft Lip

Cleft Lip and Palate

Cystic Hygroma

Pathology selected from picture

Cleft lip

Cleft palate

Thyroglossal cysts

Cystic hygroma

Hydrocephalus

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Location of facial pathology

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

Pathology specifics

- Wound injury related (Open skin; sometimes leaking blood)
- Wound not injury related
- Burn
- Mass or growth / goiter
- Deformity congenital (The person is born with the problem. Think about: cleft lips)
- Deformity acquired (The person got the problem later in life. Think about: scars and broken bones)

Type of injury / accident

- it was not due to an injury / accident
- truck
- Motorcycle crash
- bicycle crash
- Gunshot
- Stab / slash / cut / crush
- Bite or animal attack
- Fall
- Open fire / explosion
- Hot liquid / hot object

Timing:

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

At this moment:

- Yes
- No

Healthcare sought:

- Yes
- No

Traditional care sought

- Yes
- No

Type of healthcare received

- None / No surgical care
- Major procedure (a procedure which requires regional/general anesthesia)
- Minor procedures (dressings

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

Disability

- 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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

AFTER DOCUMENTING THE PROBLEMS, EXAMINE AS DEFINED BELOW OR USE THE PICTURE PORTFOLIO FOR THE FOLLOWING CONDITIONS1.1.

DEFINITIONS1.1.1. Cleft lip [Congenital cleft in the lip - inspection]1.1.2. Cleft palate [Congenital cleft in soft/hard palate - inspection]1.1.3 Thyroglossal cysts [Congenital cystic swelling in midline of neck anteriorly - palpation]1.1.4. Cystic hygroma [Congenital cystic swelling in the posterior triangle of the neck/floor of the mouth, transilluminates - palpation]1.1.5. Hydrocephalus [Generalized Swelling of the upper portion of the head above the face]

Pathology from clinical examination

Cleft lip

Cleft palate

Thyroglossal cysts

Cystic hygroma

Hydrocephalus

Child Chest Problems

Child's Id Number

Child has had chest/breast problems?

Yes No

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

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.)

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

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

At this moment:

- Yes
- No

Healthcare sought:

- Yes
- No

Traditional care sought

- Yes
- No

Type of healthcare received

- None / No surgical care
- Major procedure (a procedure which requires regional/general anesthesia)
- Minor procedures (dressings

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

Disability

- 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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

Child Back Problems

Child's Id Number

Child has had back problems?

Yes No

Show Picture Portfolio

Meningomyelocele

Meningomyelocele

Pathology Selected From Picture

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

Wound not injury related

Burn

Mass or growth / goiter

Deformity congenital (The person is born with the problem. Think about: spina bifida)

Deformity acquired (The person got the problem later in life.)

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

In the last month

During the past 12 months but longer than a month ago

Longer than 12 months ago

At this moment:

Yes

No

Healthcare sought:

Yes

No

Traditional care sought

Yes

No

Type of healthcare received

None / No surgical care

Major procedure (a procedure which requires regional/general anesthesia)

Minor procedures (dressings

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

Disability

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

1.1 DEFINITION 1.1.1. Meningomyelocele (Child was born with a wound or swelling on the back)

Pathology from clinical exam

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

Child Abdominal Problems

Child's Household Id

Child has had abdominal problems?

Yes No

Show Picture Portfolio

Umbilical Hernia

Umbilical Hernia

Umbilical Hernia

Patent Urachus

Patent Urachus

Pathology Selected From Pictures

Umbilical Hernia

Patent Urachus

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

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)
- Deformity acquired (The person got the problem later in life.)
- Abdominal distention or pain
- Inability to urinate
- Bleeding (per rectum)
- Obstructed delivery

Type of injury / accident

- it was not due to an injury / accident
- truck
- Motorcycle crash
- bicycle crash
- Gunshot
- Stab / slash / cut / crush
- Bite or animal attack
- Fall
- Open fire / explosion
- Hot liquid / hot object

Timing:

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

At this moment:

- Yes
- No

Healthcare sought:

Yes

No

Traditional care sought

Yes

No

Type of healthcare received

None / No surgical care

Major procedure (a procedure which requires regional/general anesthesia)

Minor procedures (dressings

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

Disability

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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

2.1 DEFINITION
2.1.1. Umbilical hernia [Congenital defect in umbilical cicatrix with(out) reducible swelling - palpation]
2.1.2. Patent urachus [Congenital urinary leakage from the umbilicus - inspection]

Pathology From Clinical Exam

Umbilical Hernia

Patent Urachus

Child Groin Problems

Child's Id Number

Child has had groin problems?

Yes No

Show Picture Portfolio

Hypospadias

Hypospadias

Hydrocele

Chordee

Chordee

Inguinal Hernia

Inguinal Hernia

Undescended Testes

Undescended Testes

Pathology Selected From Picture

Hypospadias

Hydrocele

Chordee

Inguinal Hernia

Undescended Testes

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

Wound not injury related

Burn

Mass or growth (solid) [testicular cancer or hydrocele/cystocele]

Mass (soft or reducible) [inguinal hernia]

Deformity congenital (The person is born with the problem. Think about: hypospadias)

Deformity acquired (The person got the problem later in life.)

Leaking of urine or feces (like fistula)

Bleeding (per rectum)

Bleeding (from the penis)

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

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

At this moment:

- Yes
- No

Healthcare sought:

- Yes
- No

Traditional care sought

- Yes
- No

Type of healthcare received

- None / No surgical care
- Major procedure (a procedure which requires regional/general anesthesia)
- Minor procedures (dressings

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

Disability

- 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

ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

3.1. DEFINITION
3.1.1. Hypospadias [Congenital location of urethral meatus on the penile ventral surface - inspection, palpation]
3.1.2. Congenital Chordee (pre circumcision) [Congenital ventral or dorsal curvature of the penile shaft - inspection, palpation]
3.1.3. Hydrocoele (Congenital fluid containing swelling around the testes or groin)
3.1.4. Undescended testis [Congenital absence of the testis in the scrotum - palpation]
3.1.5. Inguinal/Inguinoscrotal hernia [Congenital groin or inguinoscrotal swelling, reducible ± silk glove sign - palpation]

Pathology From Clinical Exam

Hypospadias

Hydrocele

Chordee

Inguinal Hernia

Undescended Testes

Child Extremities Problems

Household Id

Child has had extremity problems?

Yes No

Show Picture Portfolio

Polydactyl

Polydactyl

Club foot

Club foot

Syndactyl

Syndactyl

Pathology Selected From Pictures

Congenital Clubfoot

Polydactyl

Syndactyl

IF THERE WERE/ARE NO PROBLEMS WITH THIS ANATOMICAL SECTION YOU CAN CONTINUE WITH THE NEXT SECTION. IF THE PERSON HAD A PROBLEM WITH THIS ANATOMICAL SECTION FILL THE NEXT FORM FOR EVERY PROBLEM REPORTED IN THIS ANATOMICAL SECTION

Location of pathology

Thumb / Hand

Lower arm

Upper arm

Foot

Lower leg

Upper leg

Pathology specifics

Wound injury related (Open skin; sometimes leaking blood)

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.)

Type of injury / accident

it was not due to an injury / accident

truck

Motorcycle crash

bicycle crash

Gunshot

Stab / slash / cut / crush

Bite or animal attack

Fall

Open fire / explosion

Hot liquid / hot object

Timing:

In the last month

During the past 12 months but longer than a month ago

Longer than 12 months ago

At this moment:

Yes

No

Healthcare sought:

Yes

No

Traditional care sought

Yes

No

Type of healthcare received

None / No surgical care

Major procedure (a procedure which requires regional/general anesthesia)

Minor procedures (dressings

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

Disability

The condition is not disabling

I feel ashamed

I'm not able to work like I used to

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ASK IF THE PERSON HAD ANOTHER PROBLEM REGARDING THIS ANATOMICAL LOCATION. IF SO, REPEAT THIS FORM FOR ALL OTHER PROBLEMS IN THIS ANATOMICAL SECTION, TO REGISTER THE PROBLEM. IF THERE ARE NO OTHER PROBLEMS REGARDING TO THIS LOCATION YOU CAN GO TO THE NEXT ANATOMICAL LOCATION. IN CASE OF MORE THAN 3 PROBLEMS, MARK THE ONES WHICH ARE MOST RECENT AND MOST RELEVANT FOR THE RESPONDENT

1.1 Congenital club foot 1.2 Polydactyly 1.3 Syndactyly

Pathology fom Clinical Exam

Congenital Clubfoot

Polydactyl

Syndactyl