# Individual Schedule

## Formalities

Date of Interview

yyyy-mm-dd

Visit number

 Pilot  Baseline

 Follow up 1 (6th month from baseline)  Follow up 2 (12th month from baseline)  Follow up 3 (18th month from baseline) 

## Identiﬁers

Block





Village











Balianta Balipatana

Sathilo Gandilo Kakarudrapur Jhintisasan Alisisasan Chandheibar

Household id

Individual ID

GPS Cordinates

latitude (x.y °)



longitude (x.y °)

altitude (m)

accuracy (m)

Photo of the current respondent with his/her household

Click here to upload ﬁle. (< 5MB)

Contact Number

## Socio-demographic details

Age of the respondent (in completed years)

Birth date

yyyy-mm-dd hh:mm

Birth year

Sex





Male Female

3rd Gender

Years of completed schooling

Highest level of Education

 No formal education

 Less than Primary school (Standard 1-4)  Primary school Completed (Standard 5-7)  Middle school Completed (Standard 8- 9)  Secondary School/Matriculation completed

 Higher Secondary/Intermediate/Senior Secondary completed

 Diploma and certiﬁcate holders/Graduate/ Post-graduate/ Professional course/degree

Marrital status

 Currently married  Widowed

 Divorced/Separated/Deserted Never married

Ethnicity

 Scheduled caste  Scheduled tribe

 Other backward class (OBC)  None of them

Occupation of the respondent

 Agriculture Homemaker Retired person  Student

 Unemployed Others

If "others" in occupation, please specify

Type of current dwelling house

 Pucca (permanent material)

 Semi pucca (combination of temporary and permanent material) Kutcha (temporary material)

Location of the current dwelling house (Observation based)

 Near main road (concrete or asphalt road)  Beside pond/lake/canal/any water-body  Beside drain/drain-water logging

 Others

If "other" in "Location of the current dwelling house", specify

Number of Household member (Household size)

Number of living rooms

## Disease Proﬁle

What are the chronic conditions are you suﬀering now?

 Diabetes

 Hypertension Arthritis

 Acid Peptic Disease

 Chronic lung disease (Asthma, COPD)  Chronic cardiac conditions

 Stroke

 Chronic renal diseases  Blood disorders

 Chronic hepatic disease (including fatty liver)

 Chronic pain (including back ache, pain in the limbs, muscle, joint pains)  Tuberculosis

 Filariasis

 Visual diﬃculty

 Hearing impairment  Cancer

 Dementia Epilepsy

 Thyroid disorder  Sickle cell disorder  Anxiety

 Disturbed sleep  Weakness

 Any other chronic conditions

 Not suﬀering from any chronic disease

If any other chronic condition(s), please specify

Did you suﬀer from high fever (Fever above 101.5-102° F AND not going below 101° F after taking medicine) in last one year?

 Yes No

If "Yes" for suﬀering from high fever, does this fever had any of the characteristics?

 Continuous high fever

 Swinging high fever (Sometimes very high fever, sometimes relatively low)

If "Yes" for high fever, was there night-time sweating?

 Yes  No

Classic Escher

 Yes  No

Conjunctival congestion

 Yes  No

Myalgia (Muscle pain) of only Calf muscle

 Yes  No

Duration of Constant high fever (in days)

Duration of nighttime sweat (in days)

Duration of swinging high fever (in days)

Duration of conjunctival congestion (in days)

Duration of muscle pain of only calf muscle (in days)

Did you have to visit a doctor at a hospital / nursing home / private clinic for these symptom(s)?

 Yes No

How many times did you have to visit the health facility (OPD visits only) before your symptoms were subsided?

Were you admitted to any health facility (hospital/nursing home) for those symptoms?

 Yes  No

If "Yes", for how many days did you have to admit?

Date of admission

yyyy-mm-dd

Date of discharge

yyyy-mm-dd

Do you know, if you were infected/diagnosed with Brucellosis?

 Yes  No

 Don't know

Do you know, if you were infected/diagnosed with Leptospirosis?

 Yes  No

 Don't know

Do you know, if you were infected/diagnosed with Scrub Typhus?

 Yes  No

 Don't know

What do you think, could be the source of this disease?

Have you heard about zoonotic disease (transmission of disease from animal to human)?

 Yes No

## Food Habit

Do you follow any particular diet or only eat certain type of food?

 Vegetarian

 Vegetarian + only takes eggs

 Non-vegetarian (takes eggs, all kind of animal meat, ﬁsh etc.)  Others

If "Others", please specify

Do you have the practice of eating/taking any of the below?

 Unpasteurized milk or dairy products or Coﬀee/tea with unpasteurized milk  Uncooked/less cooked seafood or ﬁsh

 Canteen (outside home)  Raw vegetables

 Cooked/roast/smoked meat or sausage

 Uncooked/ less cooked meat (kasha mangsha)  None of the above

Did you eat any foods from any of the following in the 30 DAYS before you started to feel ill?

 Unpasteurized milk or dairy products or Coﬀee/tea with unpasteurized milk  Uncooked/less cooked seafood or ﬁsh

 Canteen (outside home)  Raw vegetables

 Cooked/roast/smoked meat or sausage

 Uncooked/ less cooked meat (kasha mangsha)  None of the above

Do you preserve uncooked meat?

 Yes  No

If you preserve meat, what process do you follow to preserve uncooked meat?

 Refrigeration

 Keep under water  Keep in salt

 Dried

 Any traditional method Any other

Please specify, if opted for "Any other", for preserving uncooked meat

How long do you keep/preserve loose meat products after purchasing from a butcher or butcher/deli counter at a supermarket (in hours)?

How long do you keep/preserve loose meat products after purchasing from a butcher or butcher/deli counter at a supermarket (in days)?

Are you involved in drinking animal urine?

 Yes  No

## Animal interaction

Does your household own any cultivated land or non-cultivated land?

 Only cultivated land

 Only non-cultivated land (barren or grazing ﬁeld)

 Both cultivated and non-cultivated land (barren or grazing ﬁeld)  Sharecropper (Bhaga chasi)

 None

Does your household own any livestock?

 Yes  No

What type of livestock do you have?

 Cows, bulls, buﬀaloes

 Horses, donkeys or mules  Goats or sheep

 Pigs

 Chickens, ducks or any other poultry birds  Any pet animals

Photo of the livestock (cows, bulls, buﬀaloes, horses, donkeys, mules, goats, sheep, pigs)

Click here to upload ﬁle. (< 5MB)

Photo of the livestock (poultry bird, pet bird: pegion, parrot etc)

Click here to upload ﬁle. (< 5MB)

Photo of the livestock (pet animals: dog, cat)

Click here to upload ﬁle. (< 5MB)

How long (in completed years) do you have those animals at your home?

How long (in completed months) do you have those animals at your home?

Who takes the animals for grazing?

 Self

 Any other member of the household

 Cowboy or shepherd or any daily labour (any other person who doesn't live in the house; but receives money for taking the cattle for grazing)

 Food is arranged at home only  Anyone other than above

Please specify, if opted for "others"

Where do you take the animals for grazing?

 Grazing/non-cultivated land (barren or grazing ﬁeld)  Cultivating land, when there is no cultivation

 To the forest area  Other places

Please specify, if opted for "others"

Is there a separate shed for the cattle/animal?

 Yes  No

Photo of the cattle shed / cage (poultry bird) with dwelling house.

Click here to upload ﬁle. (< 5MB)

Are the cattle/animal kept within household premise or outside the premise?

 Within household premise  Outside household premise

Do you and any animal share same water source(s) for drinking?

 Yes  No

Do you and any animal share same water source(s) for bathing/cleaning?

 Yes  No

Do you and your animals share same water source(s) for cleaning of the excreta?

 Yes  No

Are you involved in periodical vaccination of your cattle?

 Yes  No

If "Yes", you are involved in which vaccination?

Have you ever heard about brucellosis vaccine for your cattle?

 Yes  No

Are you involved either in milking or assisting animals to give birth or drink animal urine?

 Yes  No

**» Handling**

Did you handle/manage all cattle during last year, those your family own?

 Yes  No

Did you breed any live animal during last year, by yourself?

 Yes No

Did you assist the veterinary personnel during last year, while animal(s) are required to be breed?

 Yes  No

Did you use any protective equipment during animal breeding process?

 Yes  No

During last year, did any of your livestock come inside the dwelling where you live?

 Yes  No

During last one year, did you notice animal/bird faeces/body-part in or near your food?

 Yes  No

During last year, did you eat food after an animal has touched or damaged it?

 Yes  No

Did you regularly clean animal excreta, during last one year?

 Yes  No

Did you use any protective equipment while handling animal excreta?

 Yes  No

During last year, did you assist the veterinary personnel while any of the animals require medical attention?

 Yes  No

Did you use any protective equipment during medical check-up/procedure?

 Yes  No

During last year, did you assist the veterinary personnel while your animal(s) were vaccinated?

 Yes  No

Did you use any protective equipment during animal vaccination?

 Yes No

During last year, did you cooked or handles meat, organ or blood from a recently killed animal/poultry bird?

 Yes  No

During last year, did you cook or handle meat, organ or blood from a recently dead animal/poultry bird?

 Yes  No

Did you slaughter any live animal/poultry bird during last year?

 Yes  No

During last year, did you handle skin/fur from a dead animal/bird?

 Yes  No

Were you bitten or scratch by any of your animals/birds (dog/snake/monkey/rodent/cattle/poultry birds), in last one year?

 Yes No

Did your animals have any history of abortions or reproductive failure?

 Yes  No

What do you do with dead animals?

 Burial

 Throw them away

 Distribute among villagers  Sell the carcass

 Report to closest veterinary oﬃce  Incinerate the carcass

 Consume the meat and dispose the rest  Skin dead animal

 Others

If opted for "Others", please specify

If you bury/ throw away the dead animal body, where do you do the same?

 Forest

 Agricultural ﬁeld  Barren Land

 Nearby the dwelling house

 Any designated place outside village  Drainage system

 Flowing water bodies (river/canal)  Still water bodies (pond/lake)

 Any other

If opted for "Others", please specify

If you incinerate the dead animal body, where do you do the same?

 Forest

 Agricultural ﬁeld  Barren Land

 Nearby the dwelling house

 Any designated place outside village  Any other

If opted for "Others", please specify

## Identiﬁcation of the respondent

Name of the respondent

Household possessed items

 Electricity Mattress

 Pressure cooker  Chair/Table

 Iron cot/Bed  Swing machine  Watch/Clock Water pump

 Electric fan (Table fan or Ceiling fan)  Radio/transistor

 Television Mobile phone

 Landline Telephone

 Broadband internet (except mobile internet)  Computer (Laptop/Desktop)

 Refrigerator

 Air conditioner/Air Cooler  Washing machine

 Bicycle

 Animal drawn cart  Motorcycle/Scooter

 Car/Crop Thresher machine/Tractor

Sample ID

# WASH Practices

## Formalities

Date of Interview

yyyy-mm-dd

Visit number

 Pilot Baseline

 Follow up 1 (6th month from baseline)  Follow up 2 (12th month from baseline)  Follow up 3 (18th month from baseline)  Follow up 4 (24th month from baseline)

## Identiﬁers

Block





Village











Balianta

Balipatana

Sathilo Gandilo Kakarudrapur Jhintisasan Alisisasan

Chandheibar

Household ID

Individual ID

Contact number

## Drinking water

1. **What is the main source of drinking water for members of your household?**

 Piped water/Public tap/standpipe  Tube well/bore well/Dug well

 Spring water/Rain water  Tanker/Cart with small tank

 Surface water (river/dam/lake/ponds/stream/canal/irrigation channel)  Bottled water/pouch water

 Others

If "Others", please specify

1. **Do you do anything to make the water safer for drinking?**

 Yes  No

If "Yes", what do you usually do to make it safer to drink?

 Boil it  Use alum

 Add chlorine / bleaching powder  Strain through a cloth

 Use water ﬁlter (ceramic/sand/composite/other)  Use electronic water puriﬁer

 Others

If "Others", please specify

1. **What is your main source of cooking fuel?**

 Liqueﬁed Petroleum Gas (LPG)/Biogas/ Electric  Kerosene/Charcoal/Lignite/Coal

 Crop residue/Wood/Shrub/Dung cake  Do not cook at home

 Others

If "Others", please specify

* 1. **Are you involved in ﬁrewood collection?**

 Yes  No

* 1. **Do you have scrub vegetation around your house or presence of wood piles around the house?**

 Yes  No

1. **Is the cooking usually done in the house, in a separate building, or outdoors?**

 In the house

 In a separate building  Outdoors

 Others

If "Others", please specify

1. **Do have any kitchen garden plots on your premises?**

 Yes  No

1. **Where do you go for toilet, regularly?**

 At own house

 Shared/Community toilet

 No facility, use open space or ﬁeld

6.1 Type of toilet that you use daily:

 Flush/pour ﬂush toilet

 Pit latrine/Twin pit/composting toilet  Any other

If "Others", please specify

1. **Is there suﬃcient water supply, where you go for toilet?**

 Yes  No

1. **Is this water source available for 24 hours?**

 Yes No

1. **Every day, when do you wash your hand?**

 After tooth brushing/cleaning mouth in the morning  Before taking food

 After toilet

 Before cooking

 Before/after handling babies/children

 Before/after handling cattle or poultry birds  After coming back from work/outside

 Any other time

If any other time, please specify

1. **How do you generally wash your hand?**

 Only water

 Soap with water

 Alcohol based sanitiser

 Other chemical/antiseptic agents (like Savlon or Dettol liquid)  Ash/mud or similar rough materials

 No need to wash  Any other material

If any other material used for hand washing, please specify

1. **Do you have own separate material (soap/any powder/ash) for hand washing?**

 Yes  No

1. **Do you change your cloths after coming from farming or cattle shed or respective occupation?**

 Yes  No

1. **Type of drainage system at house**

 Open/Surface drainage: ditch, earthen passage

 Open/Surface drainage: cemented drain falling into soak-pit  Piped sub-surface drainage

 Downspout and Gutter System Any other

If any other material used for hand washing, please specify

## Identiﬁcation of the respondent

Name of the respondent

Sample ID