POPULATION HEALTH SURVEY

English Version

# Screening

1 To qualify for the study the respondent must be: a) over 18 years old, b) the head of the household, and c) a resident of this area for over 3 months. Does this person qualify to participate?

* Yes → Skips to question 2
* No → End interview

2 Village of interviewee:

3 Name of Interviewer:

# CONSENT

5 My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am working on behalf of Health Access Connect. Thank you for considering taking part in this survey. Your answers will help us understand the health of people in your village and also how they access healthcare. Our goal is to improve Health Access Connect programs and better serve people in this village and other areas. As part of the survey we would like to ask some questions about your household. All of the answers you give will be kept confidential, meaning that no one will ever know what answers you have given. We aren’t even recording your name. If we should come to any question you don't want to answer, let me know and I will go on to the next question. The survey will take between 20 to 40 minutes. At this time, do you want to ask me anything about the survey?

6 Please say “Yes” if you are willing to participate in this survey or “No” if you would not.

* Yes → Skips to question 10
* No → End interview

7 Interviewer Notes:

# Demographics

8 The next questions help us understand the kind of people who live here and what they do.

9 Male or Female? Male Female

10 How old are you? \_\_\_\_\_ (years)

11 How long have you lived in this village or landing site?

* Less than a year
* 1 to 4 years
* 5 to 9 years
* 10+ years
* I don't know

12 Did you stay in a different place for more than 2 weeks last year?

* Yes → Skips to question 13
* No → Skips to question 18

13 Approximately how many months are you away from this village? \_\_\_\_\_ (months)

14 During which months do you usually leave to go to another place? (Circle the months they usually spend in other places.)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

15 Where did you go? List up to 3 places.

16 What are the reasons you went to the other place(s)?

* Fishing
* Farming
* Other work
* Visit family member
* Get health care or medication
* Other

17 Are there any other reasons? (Specify.)

18 What is your marital status?

* Married/Cohabitating Male → Skips to question 19
* Married/Cohabitating Female → Skips to question 20
* Have partner (not cohabitating) → Skips to question 21
* Have no partner → Skips to question 21
* Separated or divorced → Skips to question 21
* Widowed → Skips to question 21

19 Do you have more than one wife? Yes No → Skips to question 21

20 Does your husband have more than one wife? Yes No Don’t know

21 How many adults live in household? (Include yourself and people who live in your house most of the year.) \_\_\_\_\_

22 How many children (under 18 years old) live in your household? Include children who live in your house most of the year. Include children in boarding school.

\_\_\_\_\_

23 What is your highest level of education attained?

* None
* Primary
* O level
* Technical school
* A level
* University or above
* Other (specify

24 What are your main sources of income?

* Fishing
* Fish Processing
* Selling fish/fish monger
* Farming
* Run a bar/restaurant
* Market vendor
* Cooking
* Charcoal burning
* Government work
* Casual work
* Retired

25 If other sources of income, specify:

26 How do you usually find out about information or news?

* Newspaper
* Radio
* Television
* Internet/Facebook
* Postcards/Note-boards

27 If other sources of information, specify:

28 Where do you get water from? (Mark all that apply)

* Household tap
* Paid water
* Bore hole or well
* Harvested rain water
* The lake

29 If you get water another way, specify:

30 Interviewer Notes:

# Health Information

31 The next questions ask about how you receive health services.

32 In the last 12 months, how many times did you go to get health services? This includes visiting a health worker, visiting a herbalist, getting tested, being admitted, picking up medication, going to a clinic or hospital, or getting herbal medicine.

* 0 times
* 1-4 times
* 5-9 times
* 10 or more times
* I don't know

33 In the last 12 months, how many times did you and your spouse bring your children to get health services? This includes visiting a health worker, visiting a herbalist, getting tested, being admitted, picking up medication, going to a clinic or hospital, or getting herbal medicine.

* No children in my household
* 0 times
* 1-4 times
* 5-9 times
* 10 or more times
* Don’t know

34 When you need health services, where do you go in this area? (Check all that apply)

* Health centers 2, 3, or 4
* Hospitals
* Drug shops/Clinic
* Traditional birth attendant
* Traditional healer
* Self-medicate at home
* Mobile outreach
* VHT (Village Health Team)

35 If other please specify:

36 Which of the places you listed do you go to most often for services?

37 Why do you usually go to this place for services?

* Staff is friendly and welcoming
* Services are free or low cost
* Services are better than other places
* Close to my home

38 Were there times when you were ill but did not seek medical services?

* Yes → Skips to question 39
* No → Skips to question 41

39 What prevented you from going?

* Ignorance/Not knowing
* Supplies are out of stock
* Community might judge me
* Caretaker is not home
* Too expensive

40 If other please specify:

41 When was the last time you got health services?

* Last month → Skips to question 42
* 1-3 months ago → Skips to question 42
* More than 4 months ago → Skips to question 42
* Don't know → Skips to question 42
* Never received services → Skips to question 47

42 Which place did you last go to for health services?

* Health centers 2, 3, or 4
* Hospitals
* Drug shops/Clinic
* Traditional birth attendant
* Traditional healer
* Self-medicate at home
* Mobile outreach
* VHT (Village Health Team)
* Other, specify:

43 How did you get to that health facility on that day?

* On foot
* Motorcycle / bicycle / Boda boda
* Matatu / taxi
* Boat
* Other, specify:

44 How long did you take to get to that health facility?

* Less than ½ hour
* ½ hour to 1 hour
* 1 hour to 1½ hours
* 2 hours or more

45 How much did it cost you to get to and from the facility, in terms of transport costs?

46 Interviewer Notes:

# Family Planning

47 The next questions are about access to family planning or birth control methods. If we come to any question you don’t want to answer, let me know and I will go on to the next question.

48 Do you or your partner use birth control methods and/or condoms?

* Yes → Skips to question 51
* No → Skips to question 49
* Not sure → Skips to question 51

49 Why don’t you and/or your partner use birth control? (Mark all that apply)

* We are not interested
* We are trying to produce a child
* Too expensive to get
* Transportation is too expensive
* Too far away to reach
* Not available in the health centre or stockouts
* Not available at all
* Side effects
* Objections for religious reasons

50 If other reason, specify: → Skips to question 53

51 Which birth control methods do you and/or your partner use?

* Condoms
* Injections
* Implants
* Pills
* IUD
* Withdrawal method

52 If other method, specify:

53 What is your preferred method of birth control? (Mark all that apply).

* Condoms
* Injections
* Implants
* Pills
* IUD
* Withdrawal method

54 If other method, specify:

55 Are you and/or your partner able to get access to your preferred method of birth control?

* Yes → Skips to question 58
* No → Skips to question 56
* Don't know → Skips to question 58

56 If not, why not?

* Too expensive to get
* Transportation is too expensive
* Too far away to reach
* Not available in the health center or stockouts
* Not available at all

57 If other reason, specify:

58 Interviewer Notes:

# HIV Information

59 The next questions ask about tests for HIV/AIDS. Remember that you are not required to answer any questions that you don’t want to. All of your answers are confidential.

60 Is respondent willing to discuss issues related to HIV/AIDS?

* Yes → Skips to question 61
* No → Skips to question 93

61 Have you ever tested for HIV?

* Yes → Skips to question 63
* No → Skips to question 62
* Don't know → Skips to question 67

62 If you have never been tested, why not? (Specify.)

→ Skips to question 93

63 When did you last test for HIV?

* Last month
* In the last 6 months
* More than 6 months ago

64 Where did you take the test from?

* Mobile outreach
* Health centre
* Home based test
* Other, specify:

65 If not a home-based test, what was the name of the place where you took the test?

66 What were the results?

* Positive
* Negative
* Don't know

67 Did you ever start ARVs

* Yes → Skips to question 70
* No → Skips to question 68

68 If not, why not? (Mark all that apply.)

* Side effects
* Lack of money/tranportation
* Stigma/dont want others to find out
* Drugs not available
* Don't want to take drugs

69 If other reason, specify:

→ Skips to question 80

70 Where did you start on ARVs?

* Mobile outreach
* Health center
* Other, specify:

71 Are you on ARVs at the moment?

* Yes → Skips to question 74
* No → Skips to question 72

72 If not, why not? (Mark all that apply.)

* Side effects
* Lack of money/tranportation
* Stigma/dont want others to find out
* Drugs not available
* Don't want to take drugs

73 If other reason, specify:

74 Where do you receive your ARVs (Anti-retroviral) medication currently? This could be a mobile clinic, health centre, or other option.

75 Why have you chosen this facility for your treatment?

* Staff is friendly and welcoming
* Services are free or low cost
* Services are better than other places
* Close to my home
* Privacy. I don't want people I know to see me.

76 If there is another reason other than the ones listed before, please specify:

77 Have you ever missed taking your ARVs?

* Yes → Skips to question 78
* No → Skips to question 81

78 If yes, why did you miss taking the ARV medication?

* Did not understand instructions
* Forgot to take it
* Ran out of medication
* Was far from where I store the medication
* Lack of money/ transport
* Side effects

79 If other reason for why you missed taking the ARV medication, please specify:

80 The next questions ask about CD4 and viral load tests

81 Have you ever had a CD4 test done?

* Yes → Skips to question 82
* No → Skips to question 87
* Don't know → Skips to question 87

82 When did you last have a CD4 test?

* In the last 6 months
* 6 months to a year
* More than one year ago

83 Where was the CD4 test done?

* Mobile outreach
* Health center
* Other, specify:

84 Did you receive the results? Yes No

85 How long did it take to get the CD4 test results?

* Same day
* Less than 1 week
* 1 to 2 weeks
* 3 to 4 weeks
* Over 1 month
* Don't know

86 Did the health worker explain the results of the CD4 test well? Yes No

87 Have you ever had a viral load test done?

* Yes → Skips to question 88
* No → Skips to question 93
* Don’t know → Skips to question 93

88 When did you last have viral load test?

* In the last 6 months
* 6 months to 1 year ago
* More than 1 year ago

89 Where was the viral load test done?

* Mobile outreach
* Health center
* Other, specify:

90 Did you receive the results of the viral load test?

* Yes → Skips to question 91
* No → Skips to question 93

91 How long did it take to get the viral load test results?

* Same day
* Less than 1 week
* 1 to 2 weeks
* 3 to 4 weeks
* 1 to 3 months
* Over 3 months
* Don't know

92 Did the health worker explain the results of the viral load test well? Yes No

93 Which treatments do you know of that are used if one suffers HIV/AIDS?

* Panadol
* Quinine
* Anti-retroviral Therapy- ART (Tick if they say ARVs)
* PEP
* None

94 If you know of other treatments, please specify:

95 Interviewer Notes:

# EQ-5D-3L

96 These next questions ask about your health and how you feel today.

97 This question is about your mobility. Which of these choices describes how you feel today?

* I have no problems in walking about
* I have some problems in walking about
* I am confined to bed

98 This question is about your self-care. Which of these choices describes how you feel today?

* I have no problems with self-care
* I have some problems washing or dressing myself
* I am unable to wash or dress myself

99 This question is about your usual activities (e.g. work, study, housework, family or leisure activities). Which of these choices describes how you feel today?

* I have no problems doing my usual activities well
* I have some problems doing my usual activities
* I am unable to do my usual activities

100 This question is about pain or discomfort. Which of these choices describes how you feel today?

* I have no pain or discomfort
* I have moderate pain or discomfort
* I have extreme pain or discomfort

101 This question is about anxiety or worries. Which of these choices describes how you feel today?

* I am not anxious or worried
* I am moderately anxious or worried
* I am extremely anxious or worried

102 We would like to know how good or bad your health is TODAY. Out of 100, how do you feel today? 100 means the best health you can imagine. 0 means the worst health you can imagine.

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

103 Before we finish, do you have any questions or comments? (Interviewer may answer questions.)