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**Title: *Mitigating the cultural, social and organizational barriers for meeting the needs of patients with major limb loss in post-conflict Northern Uganda.***

The purpose of this study is to carry out a Health Needs Assessment and design, develop and evaluate new service models to mitigate the needs of patients with major limb loss in the Acholi Sub-region.

**Semi-structured questionnaire for household head**

**Interviewer’s Name: …………………………….. …………… Code: …………………**

**Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_/dd/mm/yy District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sub-county \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 1:** **Socio-demographic characteristics of the head of household**

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| --- | --- | --- | --- | --- |
| 1. **Gender**   1. Male  2. Female   1. **How old are you? \_\_\_\_\_\_\_\_\_\_**   [completed years]   1. **Tribe of respondent**    1. Acholi    2. Alur    3. Langi    4. Madi    5. Lugbara    6. Others (specify)……………… | | **4. Religion**   * 1. Catholic   2. Protestant/Anglican   3. Muslim   4. Pentecostal   5. Others (specify)…………   **5. Educational level reached?**   * 1. None   2. Primary   3. Secondary   4. Tertiary | | **6.** Were you able to complete your studies? 1. Yes 2. No  7. If No in question 6, give reasons………………………………………………………………………………………………………………………………………………………………………  **8. Residence**  1.Urban  2. Rural |
| **9. What is your marital status?**   * 1. Single   2. Married   3. Living together   4. Separated/ divorced   5. Widowed | | **10. What is your occupation?**   * 1. None   2. Peasant farmer   3. Teacher   4. Shoe repairer   5. Radio repairer   6. Others (specify)…………………………………………. | | **11. If not formally employed, give reasons** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **12. Where do you mainly get drinking water from?**   * 1. Unprotected well/spring   2. Protected well/spring   3. Borehole   4. Tap   5. Others (specify)…………… | | **13. How far is the source of main drinking water from your home?**   1. Within ½ km 2. Within 1 km 3. Others (specify)… | | **14. What do you normally use for cooking?**   * 1. Firewood   2. Charcoal   3. Electricity   4. Gas   5. Others (specify)……. |
| **15. What type of toilet facility does this household have?**   * 1. No facility(bush)   2. Traditional pit latrine   3. Ventilated Pit latrine (VIP)   4. Flush toilet   5. Others (specify)……………… | | **16. Do you use the facility in 15 above?**  1. Yes 2. No  **If No in 16 go to Qn 23** | | **17. Does the toilet facility have provision for a person with disability? (observe if toilet have a ram and reals inside for a disabled person)**  1. Yes 2. No |
| **18. What anal cleansing material do you mostly use?**  1. Toilet paper  2. Pieces of paper  3. Leaves  4. Stones  5. Others (specify)………………………… | | **19. Do you have a handwashing facility near the toilet facility?**  1. Yes 2. No | | **20. If yes, is the facility being used?**  1. Yes 2. No |
| **21. Is the handwashing facility functional? (observe functionality)**  1. Yes 2. No | | **22. Is there soap next to the handwashing facility? (observe presence of soap)**  1. Yes 2. No | |  |
| **Observe the housing materials (questions 23 to 27):** The type of materials used for construction is a measure of the economic wellbeing of the households because it affects the health status of the household members. | | | | |
| **23. Type of house**  1. Temporary 2. Permanent  **24. Roofing materials**   1. *Permanent materials* 1. Iron sheets 2. Tiles   3. concrete   1. *Temporary materials* 1. Grass 2. Tins   3. Others (specify) | **25. Floor materials**  1. Permanent materials  1. Concrete  2. Cement  3. Tiles  2. Temporary materials  1. Rammed earth  2. Wood  3.Others (specify)……..................................................................................................................... | | **26. Wall materials**  *1. Permanent*  1. Burnt bricks 2.Cement blocks  3. Concrete/stones  *2. Temporary*  1. Mud/wattle 2. Unburnt bricks &cement  3. Unburnt bricks &mud  4. Wood  5. Tin/iron sheets | |
| **27**. Indicate which of the listed assets you own by ticking;   1. **Non-movable assets**   1. House  2. Land  **2. Transport**  1. Bicycle  2. Motor cycle  3. Motor vehicle  4. Others (specify)…  **3. ICT equipment**   * 1. Mobile phone   2. Radio   3. TV   4. Computer | | | | |
| 1. **Do you have any person with disability in this household aged 6-60 years?**   1. Yes  2. No  **If No in qn 28, go to 42** | 1. **If yes, who is disabled?** 2. Myself 3. My child 4. My wife 5. Others (specify)………………………………………………….. 6. **What type of disability does the person have?** 7. Vision 8. Hearing 9. Physical 10. Mental 11. Others (specify)………………………………………………...... | | **31. What was the cause of the disability?**   1. Disease 2. Birth defects 3. Accident 4. Domestic violence 5. Others …………….. | |
| **32.** **If physical disability in 30, was there limb loss?**  1. Yes  2. No  If No in qn 32, go to qn 42 | **33. If yes in 32, what type of limb loss was it?**  1. upper limb loss  2. lower limb loss  3. Both upper and lower limbs  4. Others (specify)………… | | **34. Describe the level of the limb loss**  1. below wrist  2. above wrist  3. below ankle joint  4. above ankle joint  5.Others (specify)…………… | |
| **35. What was the cause of the limb loss?**   1. Boda boda accident 2. Motor vehicle accident 3. Gun shots 4. Landmine 5. Violence 6. Bomb blasts 7. Others …………….. | **36. When did you (person) loose the limb(s)?**  1.< 6 months ago  2. 6 – 12 months ago  2. >12 months ago | | **37. Did the person with limb loss receive any assistive devices?**  1. Yes  2. No  **38. If No, why?**........................................................................................................................................................................................................................ | |
| **39. If Yes, what device did he/she receive?**  1. Prosthesis  2. Clutches  3. Wheel chair  4. Orthopaedic boots  5. Others (specify)…………………………………………………………………………… | **40. Where did the person receive the above assistive device(s) from?**  1. Health centre IV  2. Government hospital  3. Private hospital  4. Others (specify)………….  **41. How far from your home is the place where assistive device was received?**  1. 1-5 km  2. 6- 10  3. 11-15 km  4. >15 km | | **42. Do you know of anyone in this village with a limb loss?**  1. Yes  2. No  **If No, go to qn 45**  **43. If Yes, what is the gender of the person?**  1. Male  2. Female | |
| **44. Which village does the person lives in?**  ……………………………………………………………… | **45. In your opinion, how far is your home to the nearest health facility?**  1. 1-5 km  2. 6- 10  3. 11-15 km  4. >15 km | | **46. How far is your home to Gulu Regional Referral hospital?**  1. 1-5 km  2. 6- 10  3. 11-15 km  4. >15 km | |
| **47. How in your opinion has the disability affected the livelihood of a person with disability (e.g employment, monthly income)?** ...................................................................................................................................................................  ...................................................................................................................................................................  ...................................................................................................................................................................  ................................................................................................................................................................... | | | | |
| **48. How in your opinion has the disability affected the social integration of a person with disability (friends, marriages)?**  …...............................................................................................................................................................  ...................................................................................................................................................................  ...................................................................................................................................................................  ................................................................................................................................................................... | | | | |

Thank you for your time