Database Tables

**Campaign\_Intervention**

ID

TargetPlace (Province / Area)

CampaignName

TargetStartDate

TargetEndDate

**Site**

SiteID

Province

District

LocalMunicipality

Ward

**Household**

HouseholdID

SiteID

DwellingAddress

GPS

TotalNoMales

TotalNoFemales

**Person**

PersonID

HouseholdID

Name

Surname

Age

Gender

**QuestionGroup**

GroupID

Name

**Questions**

GroupID

QuestionID

Question

**QuestionnaireResponse**

PersonID

QuestionID

Response

**Risk**

RiskID

Risk

**Symptom**

SymptomID

Symptom

**RiskSymptoms**

RiskID

SymptomID

Questions

Group**: Primary Vitals (Free Text)**

1. Body Temperature
   1. 0 – 15
   2. 16 – 30
   3. 31 – 40
   4. 41 – 50
   5. 60+
2. Heart Rate
   1. 30 – 39
   2. 40 – 60
   3. 61 – 80
   4. 81 – 120
   5. 121 +
3. Blood Pressure
4. Respiratory Rate (breathes per minute)

Group: **NearestFacility**

1. What is your nearest health facility type
   1. Clinic
   2. Hospital
2. What is the mode of transport you use to get to the facility
   1. Walk
   2. Taxi (Pay)
   3. Free Transport (family, donor)

Group: **Visual**

1. Do you have difficulty seeing (even if using glasses)?
   1. Yes
   2. No
2. Do you wear glasses?
   1. Yes
   2. No

Group: **Hearing**

1. Do you have difficulty hearing (even if using hearing aid)?
   1. Yes
   2. No
2. Do you use hearing aid?
   1. Yes
   2. No

Group: **Symptoms Check**

1. Do you or have you had ***Abdominal Pain*** in the last 5 days?
   1. Yes
   2. No
2. Do you or have you had ***Chest Pain*** in the last 5 days?
   1. Yes
   2. No

…… complete the list of all Symptoms

List of Symptoms

|  |
| --- |
| 1. [Abdominal pain](http://www.mayoclinic.org/symptom-checker/abdominal-pain-adult/related-factors/itt-20009075) |
| 1. [Blood in stool](http://www.mayoclinic.org/symptom-checker/blood-in-stool-adult/related-factors/itt-20009075) |
| 1. [Chest pain](http://www.mayoclinic.org/symptom-checker/chest-pain-adult/related-factors/itt-20009075) |
| 1. [Constipation](http://www.mayoclinic.org/symptom-checker/constipation-adult/related-factors/itt-20009075) |
| Cough |
| 1. [Diarrhea](http://www.mayoclinic.org/symptom-checker/diarrhea-adult/related-factors/itt-20009075) |
| 1. [Difficulty swallowing](http://www.mayoclinic.org/symptom-checker/difficulty-swallowing-adult/related-factors/itt-20009075) |
| 1. [Dizziness](http://www.mayoclinic.org/symptom-checker/dizziness-adult/related-factors/itt-20009075) |
| 1. [Eye discomfort and redness](http://www.mayoclinic.org/symptom-checker/eye-discomfort-and-redness-adult/related-factors/itt-20009075) |
| Foot pain or ankle pain |
| 1. [Foot swelling or leg swelling](http://www.mayoclinic.org/symptom-checker/foot-swelling-or-leg-swelling-adult/related-factors/itt-20009075) |
| 1. [Headaches](http://www.mayoclinic.org/symptom-checker/headaches-adult/related-factors/itt-20009075) |
| 1. [Heart palpitations](http://www.mayoclinic.org/symptom-checker/heart-palpitations-adult/related-factors/itt-20009075) |
| 1. [Hip pain](http://www.mayoclinic.org/symptom-checker/hip-pain-adult/related-factors/itt-20009075) |
| Knee pain |
| 1. [Low back pain](http://www.mayoclinic.org/symptom-checker/low-back-pain-adult/related-factors/itt-20009075) |
| 1. [Nasal congestion](http://www.mayoclinic.org/symptom-checker/nasal-congestion-adult/related-factors/itt-20009075) |
| 1. [Nausea or vomiting](http://www.mayoclinic.org/symptom-checker/nausea-or-vomiting-adult/related-factors/itt-20009075) |
| 1. [Neck pain](http://www.mayoclinic.org/symptom-checker/neck-pain-adult/related-factors/itt-20009075) |
| Numbness or tingling in hands |
| 1. [Pelvic pain: Female](http://www.mayoclinic.org/symptom-checker/pelvic-pain-female-adult/related-factors/itt-20009075) |
| 1. [Pelvic pain: Male](http://www.mayoclinic.org/symptom-checker/pelvic-pain-male-adult/related-factors/itt-20009075) |
| 1. [Shortness of breath](http://www.mayoclinic.org/symptom-checker/shortness-of-breath-adult/related-factors/itt-20009075) |
| 1. [Shoulder pain](http://www.mayoclinic.org/symptom-checker/shoulder-pain-adult/related-factors/itt-20009075) |
| Sore throat |
| 1. [Urinary problems](http://www.mayoclinic.org/symptom-checker/urinary-problems-adult/related-factors/itt-20009075) |
| 1. [Vision problems](http://www.mayoclinic.org/symptom-checker/vision-problems-adult/related-factors/itt-20009075) |
| 1. [Wheezing](http://www.mayoclinic.org/symptom-checker/wheezing-adult/related-factors/itt-20009075) |
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