Database Tables

**Campaign\_Intervention**

ID (int)

TargetPlace (Province / Area) varchar

CampaignName (varchar)

TargetStartDate (datetime)

TargetEndDate (datetime)

**Province**

ProvinceID (int)

Name (varchar)

**District**

DistrictID (int)

ProvinceID (int)

Name (varchar)

**LocalMunicipality**

MunicipalityID (int)

DistrictID (int)

Name (varchar)

**Ward**

WardID (int)

DistrictID (int)

ProvinceID (int)

Name (varchar)

**Site**

SiteID (int)

Name (varchar)

ProvinceID (int)

DistrictID (int)

LocalMunicipalityID (int)

WardID (int)

**Household**

HouseholdID (int)

SiteID (int)

DwellingAddress (varchar)

GPS

TotalNoMales (numeric)

TotalNoFemales (numeric)

**Person/Patient**

PersonID (int)

HouseholdID (int)

Name (varchar)

Surname (varchar)

Age (numeric)

Gender (varchar)

**QuestionGroup**

GroupID (int)

Name (varchar)

**Questions**

GroupID (int)

QuestionID (int)

Question (varchar)

CampaignID (int) *this field is to override questions to show whenever we invoke a specific campaign (the App must have Campaign Mode / Normal Mode)*

**QuestionnaireResponse**

PersonID (int)

QuestionID (int)

Response (varchar)

**AnswerChoice**

ID (int)

QuestionID (int)

Choice (varchar)

**Norm *(this table is to hold the normal human readings vital signs)***

ID (int)

QuestionID (int)

Norm (varchar)

**Risk**

RiskID (int)

Risk (varchar)

**Symptom**

SymptomID (int)

Symptom (varchar)

**RiskSymptoms**

RiskID (int)

SymptomID (int)

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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