

Haramaya University, College of Health Sciences
Kersa Demographic Surveillance and Health Research Center

Morbidity Surveillance (for individuals 5 years and above)
For Children age below 15/incompetent; fill questionnaire by asking Mother or Care taker only

Interviewer's name and ID					Do not write in this column
1	Kebele Name and Code				
2	Reason of filling this form: 1. Surveillance 2. Reconciliation				
3	Date of Interview DD/MM/YYYY				
4	House number (if already have number go to Q6)				
5	If new, the nearest house number				
6	Name and ID of head of family				
7	Name and ID the sick person				
8	Age of the sick person in full years				
9	Sex of the sick person 1. Male 2. Female				
10	Did the sick person have any of the following symptoms during the past two weeks? <i>Ask the presence or absence of any of the following symptoms</i>				
		Yes	No		
	1 Fever	1	2		
	2 Cough	1	2		
	3 Bloody sputum	1	2		
	4 Swelling of legs or face	1	2		
	5 Weakness	1	2		
	6 Shortness of breath	1	2		
	7 Palpitation	1	2		
	8 Vomiting	1	2		
	9 Abdominal pain	1	2		
	10 Abdominal distention	1	2		
	11 Loss of appetite	1	2		
	12 Jaundice	1	2		
	13 Chills/shivering	1	2		
	14 Loss of weight (wasting)	1	2		
	15 Headache	1	2		
	16 Chest pain	1	2		
	17 Flank pain	1	2		
	18 Back pain	1	2		
	19 Joint pain	1	2		
	20 Muscle pain	1	2		
	21 Epigastric pain /burning	1	2		
	22 Diarrhea	1	2		
	23 Fracture	1	2		
	24 Dislocation	1	2		
	25 Other /specify	1	2		
11	How long has the illness stayed? _____ days				
12	How was the severity of the illness or disease? 1. Mild 2. Moderate 3. Severe				
13	Was the sick person restricted from usual activities due to the illness? 1. Yes 2. No (q. 16)				
14	If yes, what was the restriction? Which of the activities were restricted? 1. Confined to bed 2. Unable to go to work/go to school 3. Other/ Specify				

15	For how long did he/she have these restrictions? _____ days				<input type="text"/>	
16	Do you think the sick person had some kind of disease? 1. Yes 2. No (q.18) 3. Don't know (q.18)				<input type="text"/>	
17	If yes, what disease do you think he/she had? <i>Ask the presence or absence of any of the following illnesses</i>		Yes	No		
		1	Malaria	1	2	<input type="text"/>
		2	Kidney disease	1	2	<input type="text"/>
		3	Sexually transmitted dis.	1	2	<input type="text"/>
		4	Tuberculosis	1	2	<input type="text"/>
		5	Heart disease	1	2	<input type="text"/>
		6	Pregnancy related disease	1	2	<input type="text"/>
		7	Liver disease	1	2	<input type="text"/>
		8	Peptic ulcer disease	1	2	<input type="text"/>
		9	Diarrhea	1	2	<input type="text"/>
		10	Malnutrition	1	2	<input type="text"/>
		11	'Mitch/ Likift/ Megagna'	1	2	<input type="text"/>
12	Other /specify	1	2	<input type="text"/>		
18	Did the sick person visit any health care provider (modern or traditional) within the last two weeks? 1. Yes 2. No (q. 20)				<input type="text"/>	
19	If yes, what type of health care provider did the sick person visit within the last two weeks? 1. Health center 2. Hospital 3. Pharmacy 4. Private clinic 5. Government clinic 6. Health post 7. Traditional healer 8. Religious places 9. Other (specify) _____				<input type="text"/>	
20	Have he/she taken any type of medication or remedy (traditional, modern) in the last two weeks? 1. Yes 2. No (End) 3. Don't know (End)				<input type="text"/>	
21	If yes, what type of remedy have been taken in the last two weeks? <i>(Ask if the sick person has taken any of these remedies)</i>		Yes	No		
		1	Tablet	1	2	<input type="text"/>
		2	Herbal medicine	1	2	<input type="text"/>
		3	Injection	1	2	<input type="text"/>
		4	Ointment	1	2	<input type="text"/>
		5	Holly water/prayer	1	2	<input type="text"/>
		6	Massaging	1	2	<input type="text"/>
		7	Correction of dislocation	1	2	<input type="text"/>
		8	Correction of fracture	1	2	<input type="text"/>
		9	Wogesha	1	2	<input type="text"/>
10	Other/specify	1	2	<input type="text"/>		
22	How many days after onset of illness/ symptoms did the sick person seek health care? _____ days.				<input type="text"/>	