Annex 15

Haramaya University, College of Health and Medical 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

							Do not write in this column
AM 01	Data collector's name						
AM 02	Date of Interview		DD/MM/YYYY				
AM 03	location ID						
AM 04	Round number						
AM 05	Observation ID						Don't fill
AM 06	Name/ Individual ID						
AM 07	Did the sick person have any of the following symptoms during the past two weeks? *Ask the presence or absence of any of the following symptoms*			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		
		99	Other /specify	1	2		
AM 08	How long has the illness stayed? _________ days						
AM 09	How was the severity of the illness or disease? 1. Mild 2. Moderate 3. Severe						
AM 10	Was the sick person restricted from usual activities due to the illness? 1. Yes 2. No (**skip to q. 13**)						
AM 11	If yes to qn.10, 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						

AM 12	For how long did he/she have these restrictions? _____________ days	
AM 13	Do you think the sick person had some kind of disease? 1. Yes 2. No **(q.15)** 3. Don't know **(q.15)**	
AM 14	If yes to qn.13, what disease do you think he/she had? *Ask the presence or absence of any of the following illnesses*	

		Yes	No
1	Malaria	1	2
2	Kidney disease	1	2
3	Sexually transmitted dis.	1	2
4	Tuberculosis	1	2
5	Heart disease	1	2
6	Pregnancy related disease	1	2
7	Liver disease	1	2
8	Peptic ulcer disease	1	2
9	Diarrhea	1	2
10	Malnutrition	1	2
11	'Mitch/ Likift/ Megagna'	1	2
12	Hypertension	1	2
13	Diabetes	1	2
99	Other /specify	1	2

AM 15	Did the sick person visit any health care provider (modern or traditional) within the last two weeks? 1. Yes 2. No **(skip to q. 17)**	
AM 16	If yes to qn.15, 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) ________________________	
AM 17	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)**	
AM18	If yes to qn.17, what type of remedy have been taken in the last two weeks? *(Ask if the sick person has taken any of these remedies)*	

		Yes	No
1	Tablet	1	2
2	Herbal medicine	1	2
3	Injection	1	2
4	Ointment	1	2
5	Holly water/prayer	1	2
6	Massaging	1	2
7	Correction of dislocation	1	2
8	Correction of fracture	1	2
9	Wogesha Other traditional means of healing	1	2
99	Other/specify	1	2

AM19	How many days after onset of illness/ symptoms did the sick person seek health care? ______________ days.	
AM20	Supervisor's name	