KEMHRC VADU HDSS MORBIDITY AND RISK FACTORS QUESTIONNAIRE

- All questions to be asked to the head of the household.
- If response to a question is positive for any household member, the response will be linked to the member’s HDSS ID in Vadu HDSS database for data on his/her age, gender and other characteristics.
- In case of questions with multiple response options, each response will be linked to individual member for whom the response is true.

1. Did any member of your household have any of the following symptoms along with fever, measured by you or a health professional, anytime in the last two weeks? (If no one had fever, mark response 1 and go to Q.2)
   - 1. No one had fever
   - 2. Cough
   - 3. Running nose
   - 4. Fast breathing
   - 5. Jaundice
   - 6. Chills
   - 7. Severe joint/body pain
   - 8. Stiff neck
   - 9. Burning micturition
   - 10. Rash anywhere on the body
   - 11. Any other (specify) …………

2. Did any member of your household have diarrhea (3 or more than 3 looser than normal stools in a 24-hour period) anytime in the last two weeks?

3. Did any member of your household have any of the following anytime in the last two weeks?
   - 1. Cough
   - 2. Cough with fast breathing and short, rapid breaths

4. Does any member of your household currently have/takes medicines for Tuberculosis disease?

5. Has any member of your household ever been diagnosed with hypertension?

6. Has any member of your household ever been diagnosed with Diabetes mellitus?

7. Has any member of your household ever been diagnosed with asthma or asthma like illness?

8. Has any household member ever been diagnosed with any type of cancer?
   - 17.1. If yes, write name of the cancer:

9. Has any household member been hospitalized for more than 24 hours/overnight within the last 6 months due to the following reasons?
   - 1. No member was hospitalized
   - 2. Road traffic accident (in a vehicle)
   - 3. Road traffic accident (pedestrian/bystander)
   - 4. Fall
   - 5. Burn
   - 6. Animal/insect bite
   - 7. Workplace injuries
   - 8. Any illness (specify) ………….
10. Does any member from your household suffer with any disease/illness not asked above, that you think is major? (*Please collect information for all members suffering from any major illness*)

11. In general how would you rate your health today? (*Ask only the respondent*)
   1 Very good
   2 Good
   3 Moderate
   4 Bad
   5 Very bad