



4. Do you know of any other people in your neighborhood sick with the same symptoms?	Yes / No / I don't know
<b>IF PATIENT ARRIVES TO THE HEALTHCARE STRUCTURE (To fill only if you are filling the form in the HCF)</b>	
5. Registration date at the Healthcare structure	
6. Did you go anywhere else before coming here?	Yes / No  If Yes, where? _____
7. How did you get here?	<ul style="list-style-type: none"> <li>• Foot</li> <li>• Bike</li> <li>• Motorbike</li> <li>• Private car</li> <li>• Boat</li> <li>• Public transport</li> </ul> If public transport, provide the contact _____
8. Where do you normally go for health care?	<ul style="list-style-type: none"> <li>• Hospital</li> <li>• Clinic</li> <li>• Mobile clinic</li> <li>• Private clinic</li> <li>• Pharmacy</li> <li>• Traditional healer</li> <li>• Other</li> </ul> If Other, specify _____
9. What do you think about the treatment here?	<ul style="list-style-type: none"> <li>• Very good</li> <li>• Adequate</li> <li>• Passable</li> <li>• Bad</li> </ul> If Bad specify: <ul style="list-style-type: none"> <li>• The place is not safe</li> <li>• The place is dirty</li> <li>• There was no one to attend me</li> <li>• They didn't give me medication</li> <li>• I have to wait a lot of time</li> <li>• Is crowded</li> <li>• Other</li> </ul> If Other, specify _____
<b>RISK FACTORS</b>	
10. Where do you get your drinking water?	<ul style="list-style-type: none"> <li>• Earth pond</li> <li>• Rain water</li> <li>• Shallow borehole with pump</li> <li>• Protected well</li> <li>• Public water network</li> <li>• Water truck</li> <li>• Water vendor</li> <li>• River</li> <li>• I don't know</li> </ul>
11. If the water source is "water vendor" can you provide the name and location?	Name _____  Location _____

12. Can you give approximate locations of the water source?	Water source 1 _____ Water source 2 _____ Water source 3 _____
13. Do you treat your drinking water?	Yes / No / I don't know
14. If Yes, how do you treat your water?	<ul style="list-style-type: none"> <li>• Boiling</li> <li>• Chlorine/chemical disinfectant</li> <li>• Cloth filter</li> <li>• Water filter</li> <li>• Other filters</li> <li>• Other</li> </ul> If Other, specify _____
15. How do you collect and transport the water from the water source to the house?	<ul style="list-style-type: none"> <li>• Cart</li> <li>• Bucket with lid</li> <li>• Bucket without lid</li> <li>• Gora</li> <li>• Jerry can</li> <li>• Clay pot</li> <li>• Other</li> </ul> If Other, specify _____
16. How is water stored in the house?	<ul style="list-style-type: none"> <li>• Bucket with lid</li> <li>• Bucket without lid</li> <li>• Jerry can</li> <li>• Gora</li> <li>• Rooftop water tank</li> <li>• Clay pot</li> <li>• Other</li> </ul> If Other, specify _____
17. What is the distance (steps) of defecation area to the drinking water source? (40 steps equivalent to 30m)	<ul style="list-style-type: none"> <li>• Less than 40 steps</li> <li>• More than 40 steps</li> </ul>
18. Where do you go to defecate?	<ul style="list-style-type: none"> <li>• Own household flush toilet with sealed pit</li> <li>• Own household dry latrine to pit</li> <li>• Neighbor's household toilet/ latrine</li> <li>• Community latrine</li> <li>• Community Flush toilet with sealed pit</li> <li>• Bucket or hanging latrine</li> <li>• On the open/bushes</li> <li>• Dig and bury outside the house</li> <li>• River/Stream</li> <li>• Assistive device (basin, potty, commode...)</li> <li>• Other</li> </ul> If Other, specify _____
19. Is soap available in the house for handwashing?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• We don't use soap for handwashing</li> <li>• No</li> <li>• I don't know</li> </ul>
20. Can you tell me the moments where you should wash your hands? (mark all that apply)	<ul style="list-style-type: none"> <li>• Before eating</li> <li>• Before breastfeeding</li> <li>• After using the toilet</li> <li>• Before preparing food</li> <li>• After changing diapers or cleaning up a child who has used the toilet</li> <li>• After touching a sick person</li> </ul>

	<ul style="list-style-type: none"> <li>• When they are visibly dirty</li> <li>• Other</li> </ul> If Other, specify _____
21. How do you wash your foods? (fruits, vegetables, meat, fish)	<ul style="list-style-type: none"> <li>• Water</li> <li>• Vinegar</li> <li>• Water and soap</li> <li>• Chlorine solution</li> <li>• I can't/don't wash them</li> <li>• I don't know</li> <li>• Other</li> </ul> If Other, specify _____
22. Did you get food from a restaurant /tea shop/street kiosk in the past week? (mark all that apply) <i>*Inform the person that the aim is never to cause any harm to restaurants or others, just to conduct proper investigation and to help with hygiene promotion.</i>	<ul style="list-style-type: none"> <li>• Yes in a restaurant</li> <li>• Yes in a tea shop</li> <li>• Yes in a street kiosk</li> <li>• No</li> <li>• I don't remember</li> </ul> If Yes, can you specify Name 1 _____ Location 1 _____ Name 2 _____ Location 2 _____ Name 3 _____ Location 3 _____
23. Where do you buy/get most of your vegetables and fruits?	Location _____
24. How much of a risk do you think AWD is for you and your family?	<ul style="list-style-type: none"> <li>• A huge risk</li> <li>• A mild risk</li> <li>• A low risk</li> <li>• I don't think is a risk</li> <li>• I don't know</li> </ul>
25. Have you received information on AWD?	Yes / No / I don't know
26. If Yes, how did you received this information?	<ul style="list-style-type: none"> <li>• Friend/Family</li> <li>• Health Structure</li> <li>• Social media</li> <li>• Newspaper</li> <li>• Television</li> <li>• Radio</li> <li>• Street publicity</li> <li>• Community leader</li> <li>• Community Health Worker</li> <li>• Other</li> </ul> If Other, specify _____
27. What do you think you can do to prevent AWD?	<ul style="list-style-type: none"> <li>• Wash my hands</li> <li>• Wash my fruits and vegetables with safe water</li> <li>• Clean the latrine/toilet</li> <li>• Treat my water</li> <li>• Eat food when is hot</li> <li>• Vaccination</li> <li>• Other</li> </ul> If Other, specify _____

<p>28. Did you go to a communal/festival gathering last week?</p>	<p>Yes / No</p> <p>If yes, was there food or drink?</p> <ul style="list-style-type: none"> <li>• Yes food</li> <li>• Yes drink</li> <li>• No</li> <li>• I don't know</li> </ul> <p>If yes, please specify</p> <p>Type_____</p> <p>Location_____</p>
<p>29. Did you or someone from your family go to a funeral last week?</p>	<p>Yes / No /I don't know</p> <p>If yes, was it linked to AWD?</p> <p>Yes / No /I don't know</p> <p>If yes, was there food or drink?</p> <ul style="list-style-type: none"> <li>• Yes food</li> <li>• Yes drink</li> <li>• No</li> <li>• I don't know</li> </ul>
<p>30. Did you or your family visit a sick person in a Health Structure in the past week?</p>	<p>Yes / No /I don't know</p> <p>If Yes, specify</p> <p>Name of healthcare structure_____</p> <p>Location of healthcare structure_____</p>