

## Outbreak investigation – Transmission Form for AWD, Myanmar

IMPORTANT. Please be aware of any disabilities the respondent might present. This questionnaire is made to be read out loud and the person should provide an answer. If the respondent is not able to do so, make sure you have at least one alternative like one copy of the printed questionnaire so the person can read it or the questionnaire printed in big letters. Don't discard a person as a possible responder due to some kind of disability.

Before starting the transmission form, the team should explain well and with respect what type of questions you are going to ask and the objective of the visit, keep in mind that conducting this form can be stigmatizing due to the character of the disease. If you feel the person is not feeling safe or that you could pose a threat to that person due to the context, please do not proceed with the transmission form.

Be respectful, respect gender norms in the area, don't exclude anyone due to ethnic, disability or others.

\*To read to the person, the text is to be used as a guide\*

Hello my name is \_\_\_\_\_ and I am coming from \_\_\_\_\_ organization. We are here because you or a member of your family is showing symptoms of AWD. We would like to ask you some questions to understand how you or your family member got infected. This form will collect information about your personal details and from your recent movement and habits. Your participation is voluntary. If you agree to participate, please understand that you may refuse to answer any questions or withdraw from the form at any time without giving a reason. The information you provide will be kept confidential and used only for public health purposes and never being publicly disclosed.

**You consent to continue with the form?**

**Yes/No**

(if the person says No, stop the interview)

GENERAL INFORMATION					
Date that the form is realized			Name	Name of the father	
Age		Gender	Male    Female	Profession	
ADDRESS					
Region/State			District		
Township			Town/village/camp		
Shelter number (if applies)			Room number(if applies)		

HOUSEHOLD	
1. Number of members in the household (how many under 5)	
2. Any other people in house sick with the same symptoms?	<p>Yes / No / I don't know</p> <p>If Yes, who (relation status with interviewee)? _____</p> <p>–</p> <p>When was the person(s) sick? (fill one date of illness per sick person if they have different dates)</p> <p>Date of illness ____/____/____</p> <p>Date of illness ____/____/____</p> <p>Date of illness ____/____/____</p>
3. Did you or any of these people travel outside of your village?	<p>Yes / No / I don't know</p> <p>If Yes, where? _____</p>

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>