

# **COMMUNICABLE DISEASE TOOLKIT**

## **IRAQ CRISIS**

### **2. HEALTH SURVEY SAMPLE FORMS**

**March 2003**



**WORLD HEALTH ORGANIZATION**

## HOUSEHOLD SURVEY – SAMPLE FORM

### 1. Basic Data

Record number: \_\_\_\_\_

1. Date of study (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Section number: \_\_\_\_\_

3. Name of village/camp/site: \_\_\_\_\_

4. Date of arrival in area/site (dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Name of head of household: \_\_\_\_\_

6. Male or female-headed household: M      F

7. Total number of people in household: \_\_\_\_\_

8. Total number of children under 5 years: \_\_\_\_\_

9. Total number of pregnant or lactating women: \_\_\_\_\_

10. Total number of elderly persons (over 65 years): \_\_\_\_\_

## 2. Member Information List

**Main respondent:**  Wife of head of household *and* mother of the children (if there are any children)  other (specify) \_\_\_\_\_

**Head of the household:**  male  female /  refugee status  no refugee status

List below all individuals who *since onset of crisis*, are or have been living for at least one month in the household, including those who died or are missing:

Household member number	Main respondent ( x )	Head of household ( x )	Age in years (if 2 years or older)	Age in months (if under 2 years)	Sex ( m / f )	Present at interview? ( yes / no )	Household member is...	Household member is today...	If dead or missing, since when? (date: dd / mm)
1									/
2									/
3									/
4									/
5									/
6									/
7									/
8									/
9									/
10									/
11									/
12									/

### 3. Retrospective Mortality

Total number of deaths since start of crisis \_\_\_\_\_

Death Number	Age in years	Age in months	Age in months	Sex	Month of Death	Cause of Death
	<i>(if 2 years or older)</i>	<i>(12 to 23 months)</i>	<i>(under 12 months)</i>	( M /F)	2 = Feb 2003 3 = Mar 2003; 4 = Apr 2003; 5 = May 2003; 6 = Jun 2003 etc	1 = watery diarrhoea 2 = bloody diarrhoea 3 = measles 4 = cough +/- difficulty breathing 5 = fever of unknown origin 6 = trauma/injury ie 6a=mine/ UXO, 6b= war-related other than mine/UXO, 6c=road traffic accident, or 6d=other. 7 = death during or right after childbirth 8 = other (SPECIFY)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

#### 4. Nutritional Status and Vaccination Coverage in children under 5 years

Household member number	Sex M / F	Age in months	Weight (in kg, precision to 100g)	Length or Height (in cm, precision to 0.5 cm)	Presence of bilateral pitting oedema  Y/N	Date of measles vaccination (card)  Y/N	OPV (all 4 doses at appropriate time intervals) (vacc.card)  Y/N	DPT (all 4 doses at appropriate time intervals) or DT (vacc. card)  Y/N
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

### 5. Communicable Diseases in children under five years (Fever, ALRI, Diarrhoea)

In the last 2 weeks, has any child under 5 years of age in the household suffered from a cough or cold, diarrhoea or any fever?

yes       no

**IF YES, complete table**

**IF NO, cross out table**

Household Number	Number of Episodes of...				Did you access medical assistance during any episode?  (yes / no)	If accessed medical assistance, at what level? 1. Traditional Healer 2. Community Health Worker 3. Health Centre 4. Hospital  (Mark option with cross)	Did you receive medications?  (yes / no)	If received medications, what were they? 1. Antibiotics 2. ORS 3. Other/ Unknown  (Mark option with cross)
	Cough or cold <i>without</i> fever	Fever with cough (+/- difficult breathing)	Fever with rash	Diarrhoea				
1						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
2						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
3						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
4						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
5						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
6						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
7						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
8						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
9						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
10						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
11						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____
12						1. ____ 2. ____ 3. ____ 4. ____		1. ____ 2. ____

## 6. Non Communicable Diseases (Hypertension, Diabetes Mellitus, Heart Disease and Cancer)

Since crisis, ...

... has there been anyone in the household with **hypertension** (diagnosed by a physician) ?  yes  no

... anyone in the household with **diabetes** (diagnosed by a physician) ?  yes  no

... anyone in the household with **heart disease** (diagnosed by a physician) ?  yes  no

... anyone in the household with **cancer** (diagnosed by a physician) ?  yes  no

**If YES: complete table (one line per person and disease, same person can have more than one disease)**

**If NO: cross out table**

Household member No.	Disease  1.Hypertension 2.Diabetes 3.Heart Disease 4.Cancer  <i>(one line per person and disease)</i>	Information source:  1.Health card 2.Self-reported 3.Household member (other than the patient)  <i>(list all sources below)</i>	Has been or is under regular medical follow-up?  (yes/no)	Any scheduled appointment missed?		Has been / is on regular drug treatment?  (yes/no)	Interruption in drug treatment of any length?		As of today, is he/she:  1.Alive, home 2.Alive, in hospital 3.Alive,elsewhere 4.Died, at home 5.Died, in hospital 6.Died, elsewhere
				In the last month	Since (date)		In the last month	Since (date)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

RECORD NUMBER: \_\_\_\_\_

12									
----	--	--	--	--	--	--	--	--	--

## 7. Maternal Health (Antenatal care)

Since crisis, has there been anybody pregnant or become pregnant?

yes  no

**IF YES, complete table**

**IF NO, cross out table**

Household member No.	<i>Guess how many months since day conceived</i>	Information source: 1. Antenatal card 2. Self reported 3. Household member other than the one pregnant  <i>list all sources below</i>	How many times gone for antenatal care?  <i>Write "zero" if never gone</i>	Anti-tetanus vaccination given? + HB + urine check 1. NO 2. YES, verified by card 3. YES, reported orally	Asked to attend more than one check per month?  (yes/no)	<i>If yes, always gone?</i>  (yes/no)	<i>If no, rank up to 3 reasons</i>  <b>FLASH CARD</b>	Admitted to hospital during pregnancy to ensure adequate follow-up?  (yes/no)	Any medicine prescribed during pregnancy?  (yes/no)	<i>If yes, was / is it possible to complete the treatment?</i>  (yes/no)	<i>If no, rank up to 3 reasons</i>  <b>FLASH CARD</b>
1							1. _____ 2. _____ 3. _____				1. _____ 2. _____ 3. _____
2							1. _____ 2. _____ 3. _____				1. _____ 2. _____ 3. _____
3							1. _____ 2. _____ 3. _____				1. _____ 2. _____ 3. _____
4							1. _____ 2. _____ 3. _____				1. _____ 2. _____ 3. _____

RECORD NUMBER: \_\_\_\_\_

5							1. _____				1. _____
							2. _____				2. _____
							3. _____				3. _____

### 8. Maternal Health (Delivery / Stillbirth / Abortion / Post-natal Care)

Since crisis... has any woman in the household given birth or lost a child during pregnancy/immediately after childbirth?  yes  no

**IF YES, complete table**

**IF NO, cross out table**

Household member No.	Baby born: 1. Alive, weight more than 2500g 2. Alive, weight less than 2500g 3. Alive, weight not known 4. Dead, born after 28 <sup>th</sup> week 5. Baby lost before end of 28 <sup>th</sup> week	Date conceived  (dd / mm)  (if not known exactly, make best guess)	Date of delivery or loss of baby  (dd / mm)  (if not known exactly, make best guess)	Baby born through:  1. Normal (vaginal) delivery or abort  2. Caesarean section	Where did the delivery (or loss of baby) take place?  1. Home 2. MCH 3. PHC 4. Hospital 5. On the way to hospital 6. Other (specify) (eg Ambulance)	If at MCH, PHC or Hospital, how long did it take to get there?  1. 1 hour or less 2. 1-2 hours 3. 2-4 hours 4. more than 4 hours	If home delivery was it own choice?  (yes/no)	If no, rank up to 3 reasons  <b>FLASH CARD</b>	If home delivery, assisted by whom?  1. Nobody 2. Family/friend 3. Nurse 4. Midwife 5. Doctor 6. TBA	Gone for any post-natal care visit ?  (yes/no)
1								1 2 3		
2								1 2 3		
3								1 2 3		
4								1 2 3		
5								1 2 3		

