**Water, Women and Disability Study in Vanuatu**

**Case Control Questionnaire**

Note: These questionnaires were coded in Open Data Kit and completed using Android devices. This document is for reference. The “var name” column and the numeric coding for categorical variables relate directly to the “name” column and “choices” sheet in the final ODK xls coding respectively, and are therefore not always in sequential order. Please contact [disabilitycentre@lshtm.ac.uk](mailto:disabilitycentre@lshtm.ac.uk) for the ODK versions of questionnaires.

|  |  |  |  |
| --- | --- | --- | --- |
| **WATER, WOMEN AND DISABILITY IN VANUATU** | | | |
| **World Vision Vanuatu / LSHTM** | | | |
| **Case Control Questionnaire** | | | |
| 1. **COVER SHEET** | | | **Skip logic** |
| A1 | Date | \_ \_ /\_ \_ / \_ \_  Day month year |  |
| A2 | Interviewer ID Number | 🞏🞏 |  |
| A3 | Province | Torba O (1)  Sanma O (2) |  |
| A5 | Area Council | 🞏🞏🞏 |  |
| A5.1 | Enumeration Area Number | 🞏🞏🞏🞏🞏🞏 |  |
| A6 | Household Number | 🞏🞏🞏🞏🞏 |  |
| LNO\_ccq | Line Number of Individual from Household Roster |  |  |
| PID\_ccq | Participant Unique ID Number (autogenerated) | 🞏🞏-🞏🞏🞏🞏🞏-🞏🞏 |  |
| cc | Case / Control | Case (Person with a disability) O (1)  Control O (2) |  |
| AA1 | Participant’s age (Years)(autopopulated from HHQ as data quality check) | 🞏🞏🞏 |  |
| AA2 | Participant’s Sex (autopopulated from HHQ as data quality check) | Male O (1)  Female O (2)  Other O (3)  Refuse Response O (4) |  |
| AA3 | Availability for Case Control Questionnaire | Available O (1)  Not available right now, save form to come back later O (2)  Refused O (3)  Will not be available throughout survey O (4) | If AA3=3 or 4, end survey |
| AA4 | If refused, reason for refusal: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| AA5 | If not available: | 1st Attempt O (1)  2nd Attempt O (2)  AA6. Scheduling Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Consent** | | | |
| 1 | The information sheet concerning this survey has been read to you and you understand what is required of you/your child (under 18) if you take part in it | No O (0)  Yes O (1) |  |
| 2 | You have been given the opportunity to ask questions and a reply was given for all the questions to your satisfaction. | No O (0)  Yes O (1) |  |
| 3 | You consent to your personal information being kept by World Vision in case of future service provision | No O (0)  Yes O (1) |  |
| 4 | You understand that participation is voluntary and that you may withdraw at any time without giving a reason | No O (0)  Yes O (1) |  |
| Please take consent via signature or thumbprint on the next screen, and swipe to continue. If the household head does not consent, please return to the availability screen and mark this household as a refusal5 | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| AA7 | Person Interviewed | Direct interview with Case/Control O (1)  Interview with proxy only O (2)  Interview with proxy and case/control together O (3)  Interview via formal translator O (4)  Interview via informal community translator O (5)  Other O (6)  (AA7.1 If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| AA8 | Line number of proxy respondent if household member | 🞏🞏🞏 | A16=(2) or (3) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **SUBJECTIVE WELL-BEING** | | | |
| 1 | Think of a ladder with 11 steps from 0-10, where 0 represents “Not at all satisfied” and 10 represents “Completely satisfied”. Overall, how satisfied are you with your life as a whole these days? | 10 O (10)  9 O (9)  8 O (8)  7 O (7)  6 O (6)  5 O (5)  4 O (4)  3 O (3)  2 O (2)  1 O (1)  0 O (0) | **18+ only** |
| 2 | Overall, how satisfied were you with your life 5 years ago? | 10 O (10)  9 O (9)  8 O (8)  7 O (7)  6 O (6)  5 O (5)  4 O (4)  3 O (3)  2 O (2)  1 O (1)  0 O (0) | **18+ only** |
| 3 | In your best guess, overall how satisfied with your life do you expect to feel in 5 years’ time? | 10 O (10)  9 O (9)  8 O (8)  7 O (7)  6 O (6)  5 O (5)  4 O (4)  3 O (3)  2 O (2)  1 O (1)  0 O (0) | **18+ only** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **LIVELIHOODS** | | | |
| CC1 | Other than domestic work in the household have you done any paid work in the last seven days? | No O (0)  Yes O (1) | (1): Skip to C5 |
| CC2 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason? | No O (0)  Yes O (1) | (1): Skip to C5 |
| CC3 | Have you done any productive work in the past 12 months?  (e.g. work in the garden, looking after livestock, fishing, selling produce at the market, employment) | No O (0)  Yes O (1) |  |
| CC4 | Have you done any reproductive work in the last 12 months?  (e.g. looking after children, cleaning, cooking, caring for a person who is sick or elderly? | No O (0)  Yes O (1) |  |
| CC5 | Which of the following best describes what you are MAINLY doing at present? | Studying or training O (1)  Working in farming O (2)  Raising large livestock O (3)  Raising small livestock O (4)  Fishing O (5)  Making handicrafts O (6)  Working in another sector or activity (government or private business) O (7)  Looking for work O (8)  Taking care of household or family O (9)  Voluntary work (church, community, unpaid, labor) O (10)  Normally work but currently on leave or sick O (11)  Other O (12)  (CC5.1 If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| CC6 | Do you usually work throughout the year, or do you work seasonally, both or only once in a while? | Throughout the year O (1)  Seasonally/ part of the year O (2)  Work throughout the year and seasonally/part of the year O (3)  Once in a while O (4) | C1=(1) or C2=(1) or C3=(1) |
| CC7 | Are you paid in money (cash or bank transfer) or in kind for this work, or are you not paid at all? | Money only O (1)  Money and in kind O (2)  In Kind only O (3)  Not paid O (4) | C1=(1) or C2=(1) or C3=(1) |
| CC8 | If not working, what is the main reason? | Student O (1)  Childcare/ household duties O (2)  Too old/retired O (3)  My physical health does not allow me to O (4)  My mental health does not allow me to O (5)  No one will give job because of disability O (6)  Long-term illness (> 1 month) O (7)  I am looking for my first job O (8)  No job opportunities in the area O (9)  Quit job O (10)  Suspended from job O (11)  Other (specify) O (12)  (CC8.1If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | C1=(0) AND C2=(0) AND C3=(0) |
| CC9 | Do you access funds via the Vanuatu National Provident Fund? | No O (0)  Yes O (1)  Don’t know O (2) |  |
| CC10 | Do you receive any other Government funds? | No O (0)  Yes O (1)  Don’t know O (2)  (CC10.1 Specify if Yes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Are you involved in any of the following non-government activities? | |  |
| CC12 | Microfinance | No O (0)  Yes O (1)  Don’t know O (2) |  |
| CC13 | Cash Transfer or Cash for Work Schemes | No O (0)  Yes O (1)  Don’t know O (2) |  |
| CC14 | Money received from a family member or friend working in another country (Like seasonal worker program) | No O (0)  Yes O (1)  Don’t know O (2) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **LITERACY (16+ YEARS)** | | | 16+ |
|  |  |  |  |
| 1 | Can you speak the local dialect? | No O (1)  Yes O (2) |  |
| 2 | Have you ever attended a skills training course | No O (1)  Yes O (2) |  |
| 3 | Have you ever attended school? | No O (1)  Yes O (2) |  |
| 4 | What is the main reason why you did not attend school? | No school O (1)  Lack of money O (2)  Needed to work O (3)  Education not very useful O (4)  Being disabled was refused by school O (5)  Don’t like school O (6)  Too much household work O (7)  Family not in favour O (8)  No Transport O (9)  Other O (10)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | D3=(1) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **TRADITIONAL KNOWLEDGE, PRODUCTION SKILLS AND PARTICIPATION** | | | 18+ |
|  | If you were asked, would you be able to: | |  |
| 1 | Plant food crops? | No O (1)  Yes O (2) |  |
| 2 | Prepare food at home? | No O (1)  Yes O (2) |  |
| 3 | Raise pigs for use in kastom exchange? | No O (1)  Yes O (2) |  |
| **Compared to your peers . . .** | | |  |
| 4 | Do you visit other people in the community as often as other people do? | No O (1)  Yes O (2) |  |
| 5 | Do you have the same respect in the community as your peers? | No O (1)  Yes O (2) |  |
| 6 | Do you move around inside and outside the house and around the village/neighbourhood just as other people do? | No O (1)  Yes O (2) |  |
| 7 | In family discussions, does your opinion count? | No O (1)  Yes O (2) |  |
| 8 | Do you take par in major festivals and rituals as your peers do? (e.g. weddings, funerals, religious festivals) | No O (1)  Yes O (2) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **ACCESS TO WATER / HOUSEHOLD WATER TREATMENT** | | |  |
| 1 | What is the main source of drinking water for members of your household | Piped into dwelling O (1)  Piped into yard or plot O (2)   Public tap/standpipe O (3)  Tubewell/Borehole O (5)  Protected dug well O (6)  Unprotected dug well (e.g. Shallow well) O (7)  Protected spring O (8)  Unprotected spring O (9)  Rainwater Collection O (10)  Pre-Bottled water O (11)  Cart with small tank/drum O (12)  Tanker truck O (13)  Surface water (River, dam, lake, pond, stream, Canal, irrigation channels) O (13)  Other O (14)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| 2 | Does this household have alternative sources of drinking water? | No O (1)  Yes O (2) |  |
| 3 | If yes, what alternative sources of drinking water does this household have? | Piped into dwelling O (1)  Piped into yard or plot O (2)   Public tap/standpipe O (3)  Tubewell/Borehole O (5)  Protected dug well O (6)  Unprotected dug well (e.g. Shallow well) O (7)  Protected spring O (8)  Unprotected spring O (9)  Rainwater Collection O (10)  Bottled water O (11)  Cart with small tank/drum O (12)  Tanker truck O (13)  Surface water (River, dam, lake, pond, stream, canal, irrigation channels) O (13)  Other O (14)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | F2=(2) |
| 4 | Do you do anything to the water to make it safe to drink? | No O (1)  Yes O (2) |  |
| 5 | What do you usually do to the water to make it safe to drink?  *Probe:*  *“Anything else?”*  *Record all items mentioned* | Boil O (1)  Add bleach/chlorine/aqua tablets O (2)  Strain it through a cloth O (3)   Use water filter (ceramic/sand) O (4)  Solar disinfection/Leave outside in the sun O (5)  Let it stand and settle O (6)  Other O (7)  Don’t Know O (99)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | F5 =(2) |
| 6 | How long does it take someone to travel to the water collection point collect water and come back (minutes)? | Not applicable, piped into dwelling O (1)  Less than thirty minutes O (2)  More than thirty minutes O (3) |  |
| 7 | Who usually goes to this source to collect the water for your household?  *“What is this person’s sex”* | Male O (1)  Female O (2)  Other O (3)  Refuse Response O (4)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | F6=(2) or (3) |
| 8 | Who usually goes to this source to collect the water for your household?  *“How old is this person?* | 🞏🞏 | F6=(2) or (3) |
| 9 | How many trips did that person make last week? | 🞏🞏 | F6=(2) or (3) |
| 10 | Is the location of the main water source for drinking purposes the same water source used for cooking and personal hygiene (e.g. Bathing, handwashing and cleaning) | No O (1)  Yes O (2)  Don’t Know O (3) |  |
| 11 | If not, where is this source located? | **Piped Water**  Piped into dwelling O (1)  Piped into compound, yard or plot O (2)  Piped into neighbour’s dwelling or compound O (3)   Public tap/standpipe O (4)  Tubewell/Borehole O (5)  **Dug Well**  Protected well O (6)  Unprotected well (e.g. Shallow well) O (7)  **Water From**  Protected spring O (8)  Unprotected spring O (9)  Rainwater Collection O (10)  Tanker truck O (11)  Cart with small tank/drum O (12)  Surface water (River, dam, lake, pond, stream) O (13)  Bottled water O (14)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | F10=(1) |
| 12 | In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed? | Yes, never sufficient supply of water O (1)  Yes, at least once O (2)  No, Always sufficient O (3)  Don’t Know O (4) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **WATER ACCESS – INDIVIDUAL** | | | |
| 1 | Do you personally collect water for drinking, cooking and other purposes such as for bathing, hand washing and cleaning? | No O (1)  Yes O (2)  Not applicable, all water piped into dwelling O (3) |  |
| 2 | If no, why not? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  It is not my job/responsibility O (6)  Other O (7)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | G1=(1) |
| 3 | If you do collect drinking water, is it from the same source as other members of your household? | No O (1)  Yes O (2) | G1=(2) |
| 4 | If no, from what source do you usually collect drinking water? | Piped into dwelling O (1)  Piped into yard or plot O (2)   Public tap/standpipe O (3)  Tubewell/Borehole O (5)  Protected dug well O (6)  Unprotected dug well (e.g. Shallow well) O (7)  Protected spring O (8)  Unprotected spring O (9)  Rainwater Collection O (10)  Bottled water O (11)  Cart with small tank/drum O (12)  Tanker truck O (13)  Surface water (River, dam, lake, pond, stream, canal, irrigation channels) O (13)  Other O (14)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | G3=(1) |
| 5 | Why do you not collect drinking water from the same source? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  It is not my job/responsibility O (6)  Other O (7)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | G3=(1) |
| 6 | Do you feel safe when going to collect water? | No O (1)  Yes O (2) | G1=(2) |
| 7 | If not, why do you not feel safe? | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | G6=(1) |
| 8 | Are you able to access drinking water in your home when you need it? | No O (1)  Yes O (2) |  |
| 9 | If no, why are you not able to access drinking water in your home when you need it? | I do not have the physical strength (e.g. the container is too heavy to lift) O (1)  I am visually impaired/blind and cannot see/find it O (2)  I have mobility difficulties and cannot grasp/hold or balance the container O (3)  The container is out of reach O (4)  I am not allowed / Discouraged to access water O (5)  There is no one at home to assist me O (6)  Scared due to potential for rape/sexual assault O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | G8=(1) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **BATHING FACILITIES – HOUSEHOLD and INDIVIDUAL** | | | |
| *Introduction – I am now going to ask you some questions on where you and your household members usually bath and the type of sanitation/toilet facility that you and your household usually uses.* | | | |
| 1 | Where do members of your household usually bathe? | Surface water (river, pond or lake) O (1)  Pump or standpipe outside compound O (2)  Piped or stored water inside the dwelling (3)  Piped or stored water inside the compound but not inside the dwelling O (4)  Ocean water O (5)  Other O (6)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| BATHING FACILITIES - INDIVIDUAL | | | |
| 2 | Are you able to use the same place to bathe as other members of your household? | No O (1)  Yes O (2) |  |
| 3 | If no, what is the main reason why you do not use the same place to bathe as other members of your household? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  I do not feel safe (6)  Other O (7)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | H2=(1) |
| 4 | If no, where do you usually bathe? | Surface water (river, pond or lake) O (1)  Pump or standpipe outside compound O (2)  Piped or stored water inside the dwelling (3)  Piped or stored water inside the compound but not inside the dwelling O (4)  Ocean water O (5)  Other O (5)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | H2=(1) |
| 4 | Does the place where you usually bathe have a door? | Yes, door with lock O (1)  Yes, door without lock O (2)  No door O (3) |  |
| 5 | Does the place where you bathe have solid walls all the way around it? | No O (1)  Yes O (2) |  |
| 6 | Do you feel safe when going to the place where you usually bathe? | No O (1)  Yes O (2) |  |
| 7 | If not, why do you not feel safe? |  |  |
| 8 | How long does it take for you to access the bathing facility that you use from the main house? | Bathing facility in the household O (0)  Less than 1 minute O (1)  1-5 minutes O (2)  6-10 minutes O (3)  Greater than 10 minutes O (4) |  |
| 9 | Are you able to bathe yourself without assistance from another person? | No O (1)  Yes O (2) |  |
| 10 | If no, who most often assists you?  *“What is this person’s sex”* | Male O (1)  Female O (2)  Other O (3)  Refuse Response O (4)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | H9=(1) |
| 11 | If no, who most often assists you?  *“How old is this person?* | 🞏🞏 | H9=(1) |
| 12 | How often do you usually bathe/wash yourself? | Every day O (1)  More than once per day O (2)  Every other day O (3)  Twice a week O (4)  Once a week or less frequent O (5)  Other O (6)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 13 | Are you able to bathe/clean yourself as often as you would like? | No O (1)  Yes O (2) |  |
| 14 | If no, why are you not able to bathe/clean yourself as often as you would like? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  I do not feel safe O (6)  There is a lack of water O (7)  Other O (8)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | H13=(1) |
| 15 | Have any adaptations/changes been made to make it easier for you or other household members to use the bathing facility? | No O (1)  Yes O (2) |  |
| 16 | If yes, what adaptations / changes have been made? | Improved Path (e.g. straightened/obstacles removed/smoothened/less slippery/widened) O (1)  Rope or other landmarks for guiding O (2)  Steps/ramps O (3)  Handrails/support rails/grab bars O (4)  Facility moved closer to the household O (5)  Improved seat/slab O (6)  Increased space inside facility O (7)  Improve lighting O (8)  Add a lock on the door O (9)  Don’t know O (10)  Other O (11)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | H15=(1) |
| 17 | What adaptations/changes would you like to be made? | Improved Path (e.g. straightened/obstacles removed/smoothened/less slippery/widened) O (1)  Rope or other landmarks for guiding O (2)  Steps/ramps O (3)  Handrails/support rails/grab bars O (4)  Facility moved closer to the household O (5)  Improved seat/slab O (6)  Increased space inside facility O (7)  Improve lighting O (8)  Add a lock on the door O (9)  Don’t know O (10)  Other O (11)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I don’t need any adaptations/ changes (12) |  |
| 18 | Are you able to wash your hands at home without assistance? | No O (1)  Yes O (2) |  |
| 19 | Overall, how satisfied are you with the place where you bathe? | Very dissatisfied O (1)  Dissatisfied O (2)  Neither satisfied nor dissatisfied O (3)  Satisfied O (4)  Very Satisfied O (5) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. TOILET FACILITY - HOUSEHOLD | | | |
| 1 | Does your household have a toilet/latrine? | No O (1)  Yes O (2) |  |
| 2 | What type of toilet/latrine is it? | **Flush/Pour flush to:**  Piped sewer system O (1)  Septic tank O (2)  Pit (latrine) O (3)  Somewhere else O (4)  Unknown place / not sure / don’t know O (5)  **Non Flush/Pour to:**  Ventilated improved pit latrine (VIP) O (6)  Pit latrine with slab O (7)  Pit latrine without slab / open pit O (8)  Composting toilet O (9)  Bucket or bedpan O (10)  Hanging toilet / Hanging latrine O (11)  No facility, bush, field O (12)  Nappie, rags, fabric or bed sheets O (13)  Other O (14)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | I1=(2) |
|  | Where do members of your household usually go for defecation? | **Flush/Pour flush to:**  Piped sewer system O (1)  Septic tank O (2)  Pit (latrine) O (3)  Somewhere else O (4)  Unknown place / not sure / don’t know O (5)  **Non Flush/Pour to:**  Ventilated improved pit latrine (VIP) O (6)  Pit latrine with slab O (7)  Pit latrine without slab / open pit O (8)  Composting toilet O (9)  Bucket or bedpan O (10)  Hanging toilet / Hanging latrine O (11)  No facility, bush, field O (12)  Nappie, rags, fabric or bed sheets O (13)  Other O (14)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | I1=(1) |
| 3 | Does the facility members of your household use as a toilet have a door? | Yes, door with lock O (1)  Yes, door without lock O (2)  No door O (3) |  |
| 4 | What are the walls of the toilet facility used by members of your household made of? | No walls O (1)  Yes, Plastic O (2)  Yes, Corrugated Iron O (3)  Yes, Brick or cement O (4)  Yes, Bamboo O (5)  Yes, Leaves (e.g. Coconut, bamboo, banana) O (6)  Yes, Other (7)  If other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5 | Do you share this facility with other households? | No O (1)  Yes O (2)  Don’t Know O (3) |  |
| 6 | If yes, how many households in total use this toilet facility, including your own household? | 🞏🞏 | I5=(2) |
| 7 | How long does it take you to travel from your house to the toilet facility? | Toilet facility in household O (0)  Less than 1 minute O (1)  1-5 minutes O (2)  6-10 minutes O (3)  Greater than 10 minutes O (4) |  |
| 8 | Is everyone in the household able to access and use the toilet at all times day and night? | No O (1)  Yes O (2)  Don’t Know O (3) |  |
| 9 | Is everyone in the household able to feel safe and comfortable to use the toilet at all times of the day and night? | No O (1)  Yes O (2)  Don’t Know O (3) |  |
| 10 | If no, what is the main reason that household members are unable to access and use the toilet at all times of the day and night? | Unable to use the toilet O (1)  Unable to access the toilet O (2)  Toilet not always available O (3)  Toilet not safe for use O (4)  Other O (5)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | I10=(1) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **ACCESS TO TOILET FACILITIES - INDIVIDUAL** | | |  |
| 1 | Do you use the same toilet facility as other members of your household? | No O (1)  Yes O (2) |  |
| 2 | If no, what do you use? | **Flush/Pour flush**  Flush to piped sewer system O (1)  Flush to septic tank O (2)  Flush to pit (latrine) O (3)  Flush to somewhere else O (4)  Flush to unknown place / not sure / don’t know O (5)  **Pit latrine**  Ventilated improved pit latrine (VIP) O (6)  Pit latrine without slab O (7)  Pit latrine without slab / open pit O (8)  Composting toilet O (9)  Bucket or bedpan O (10)  Hanging toilet / Hanging latrine O (11)  No facility, bush, field O (12)  Nappie, rags, fabric or bed sheets O (13)  Other O (14)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | J1=(1) |
| 3 | If no, why do you use a different facility from other members of your household? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  Other O (6)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | J1=(1) |
| 4 | If no, how long does it take you to travel from your house to the toilet facility. | Toilet facility in household O (0)  Less than 1 minute O (1)  1-5 minutes O (2)  6-10 minutes O (3)  Greater than 10 minutes O (4) | J1=(1) |
| 5 | If no, does the toilet facility you use have a door? | Yes, door with lock O (1)  Yes, door without lock O (2)  No door O (3) | J1=(1) |
| 6 | If no, what are the walls of the toilet facility made of? | No walls O (1)  Yes, Plastic O (2)  Yes, Corrugated Iron O (3)  Yes, Brick or cement O (4)  Yes, Bamboo O (5)  Yes, Leaves (e.g. Coconut, bamboo, banana) O (6)  Yes, Other (7)  If other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | J1=(1) |
| 7 | Do you always feel safe when going to the place where you usually use the toilet? | No O (1)  Yes O (2) |  |
| 8 | If not, why do you not feel safe? | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | J8=(1) |
| 9 | Do you need assistance to use this toilet facility? | No O (1)  Yes O (2) |  |
| 10 | If yes, who assists you? | Pre-school child (Male) O (1)  Pre-school child (Female) O (2)  School-aged (Male) O (3)  School-aged (Female) O (4)  Adult (Male) O (5)  Adult (Female) O (6)  Elderly Male (60 and above years) O (7)  Elderly Females (60 and above years) O (9) | J9=(2) |
| 11 | How far away is water from the toilet facility that you use? | No O (1)  Yes O (2) |  |
| 12 | Is it difficult for you to use this facility without you or your clothing coming into contact with faeces or urine? | No O (1)  Yes O (2) |  |
| 13 | Are there materials available at the toilet facility that you can use to clean yourself after using the toilet? | No O (1)  Yes O (2) |  |
| 14 | Are you able to use the toilet facility as frequently or as often as you require? | No O (1)  Yes O (2) |  |
| 15 | If no, why not? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  Other O (6)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | J14=(1) |
| 16 | Do you make any changes to your daily routine or practices regarding using the toilet compared to other people in your household? | No O (1)  Yes O (2) |  |
| 17 | What changes do you make? | I restrict my use of the toilet O (1)  I limit/restrict my food intake O (2)  I limit/restrict my fluid intake O (3)  I sometimes soil myself O (4)  I use special clothing/pads O (5)  I store a bowl/bedpan nearby for use O (6)  Other O (7)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | J16=(2) |
| 18 | Have any adaptations/changes been made to make it easier for you or other household members to use the toilet facility? | No O (1)  Yes O (2) |  |
| 19 | If yes, what adaptations / changes have been made? | Improved Path (e.g. straightened/obstacles removed/smoothened/less slippery/widened) O (1)  Rope or other landmarks for guiding O (2)  Steps/ramps O (3)  Handrails/support rails/grab bars O (4)  Facility moved closer to the household O (5)  Improved seat/slab O (6)  Increased space inside facility O (7)  Improved lighting O (8)  Added a lock on the door O (9)  Don’t know O (10)  Other O (11)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | J18=(2) |
| 20 | What adaptations/changes would you like to be made? | Improved Path (e.g. straightened/obstacles removed/smoothened/less slippery/widened) O (1)  Rope or other landmarks for guiding O (2)  Steps/ramps O (3)  Handrails/support rails/grab bars O (4)  Facility moved closer to the household O (5)  Improved seat/slab O (6)  Increased space inside facility O (7)  Improve lighting O (8)  Add a lock on the door O (9)  Don’t know O (10)  Other O (11)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I don’t need any adaptations/ changes (12) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **EDUCATION (5-17)** | | | |
| 1 | Have you ever attended school? | No O (1)  Yes O (2) |  |
| 2 | If no, why have you never attended school? | Not enough money O (1)  Lack of interest to go to school O (2)  Lack of school nearby O (3)  Nearby school is not accessible O (4)  Illness (<1 month) O (5)  Illness (>1 month) O (6)  Attendance refused by school O (7)  Negative attitudes of other students O (8)  Negative attitudes of other teachers O (9)  Negative attitude of parents O (10)  Lack of accessible resources to assist child O (11)  Child works O (12)  Other O (13)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | K1=(1) |
| 3 | Are you currently enrolled in school? | No O (1)  Yes O (2) | K1=(2) |
| 4 | If no, what is the reason you are not currently enrolled in school? | Not enough money O (1)  Lack of interest to go to school O (2)  Lack of school nearby O (3)  Nearby school is not accessible O (4)  Illness (<1 month) O (5)  Illness (>1 month) O (6)  Attendance refused by school O (7)  Negative attitudes of other students O (8)  Negative attitudes of other teachers O (9)  Negative attitude of parents O (10)  Lack of accessible resources to assist child O (11)  Child works O (12)  Other O (13)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | K1=(1) or K2=(1) |
| 5 | Are you enrolled in the same grade as other children your age? | Yes O (2)  No, lower grade than other children my age O (1)  No, a higher grade than other children my age O (3) | K1=(2) |
| 6 | In the last month of school, how many days did you miss? | 🞏🞏 | K1=(2) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **URINARY INCONTINENCE** | | |  |
| 1 | Have you had any recent changes with bowel or bladder function? | No O (1)  Yes, urinating more frequently O (2)  Yes, urinating less frequently O (3)  Yes, unable to stop the flow of urine O (4)  Yes, unable to start the flow of urine O (5)  Yes, defecating more frequently O (6)  Yes, defecating less frequently O (7)  Yes, unable to stop the flow of faeces O (8)  Yes, unable to start the flow of faeces O (9)  Other O (10)  (If other, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 2 | Do you have any numbness, tingling between your legs? | No O (1)  Yes O (2) |  |
| 3 | Do you have any numbness, tingling or loss of sensation in the buttock region or lower back? | No O (1)  Yes O (2) |  |
| 4 | How often do you leak urine? | Never O (1)  About once a week or less often O (2)  Two to three times a week O (3)  About once a day O (4)  Several times a day O (5)  All the time O (6) |  |
| 5 | We would like to know how much urine you think leaks.  How much urine do you usually leak (whether you wear protection or not) | None O (1)  A small amount O (2)  A moderate amount O (3)  A large amount O (4) | L4!=(1) |
| 6 | Overall, how much does leaking urine interfere with your everyday life?  Please select a number between 0 (not at all) and 10 (a great deal) | 10 O (10)  9 O (9)  8 O (8)  7 O (7)  6 O (6)  5 O (5)  4 O (4)  3 O (3)  2 O (2)  1 O (1)  0 O (0) | L4!=(1) |
| 7 | When does urine leak? | Never – urine does not leak O (0)  Leaks before you can get to the toilet O (1)  Leaks when you cough or sneeze O (2)  Leaks when you are asleep O (3)  Leaks when you are physically active/exercising O (4)  Leaks when you have finished urinating and are dressed O (5)  Leaks for no obvious reason O (6)  Leaks all the time O (7) | L4!=(1) |
| 8 | If you leak urine, are you able to wash and change in privacy while at home? | No O (1)  Yes O (2) | L4!=(1) |
| 9 | Do you use materials in case you leak urine? | No O (1)  Yes O (2) | L4!=(1) |
| 10 | What materials do you use in case you leak urine while at home? | Commercially available **disposable** incontinence cloth/pads O (1)  Homemade **disposable** incontinence cloth/pads O (2)  Commercially available **reusable** incontinence cloth/pads O (3)  Homemade **reusable** incontinence cloth/pad O (4)  Toilet paper O (7)  Underwear alone O (8)  Cloth O (9)  No materials used O (9)  Other O (10)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L9=(2) |
| 11 | How do you usually dispose of materials after use while at home? | In a special bin pad O (1)  In a bin with other household waste O (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L9=(2) |
| 12 | If you do not use materials, where you do you dispose of leaked urine? | In a bin with other household waste O (1)  In a bed pan/ commode (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L9=(1) |
| 12 | Do you miss out on social activities because of urine leak?  e.g. going to church | No O (1)  Yes O (2)  Don’t know/Not sure O (3) | L4!=(1) |
| 13 | If yes, why do you miss out on social activities? | Other people would not like it O (1)  I am not allowed to participate O (2)  I would be embarrassed / People would laugh at me O (3)  People would abuse me verbally or physically O (4)  There is a lack of water for washing O (5)  Lack of disposal system for incontinence products O (6)  Fear of accidental leakage O (7)  Lack of privacy for washing or cleaning O (9)  Lack of bathroom O (10)  I do not have an incontinence product O (11)  Smell O (12)  Other O (13)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L12=(2) |
| 14 | Do you miss out on eating with others due to urine leak? | No O (1)  Yes O (2)  Don’t know/Not sure O (3)  Not applicable O (4) | L4!=(1) |
| 15 | If yes, why do you miss out on eating with others? | Other people would not like it O (1)  I am not allowed to participate O (2)  I would be embarrassed / People would laugh at me O (3)  People would abuse me verbally or physically O (4)  There is a lack of water for washing O (5)  Lack of disposal system for incontinence products O (6)  Fear of accidental leakage O (7)  Lack of privacy for washing or cleaning O (9)  Lack of bathroom O (10)  I do not have an incontinence product O (11)  Smell O (12)  Other O (13)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L14=(2) |
| 16 | Do you miss out on any paid work/school due to urine leaking? | No O (1)  Yes O (2)  Don’t know/Not sure O (3) | L4!=(1) and (C1=(1) or C2=(1) or K1=(2)) |
| 17 | If yes, why do you miss out on work/school? | Other people would not like it O (1)  I am not allowed to participate O (2)  I would be embarrassed / People would laugh at me O (3)  People would abuse me verbally or physically O (4)  There is a lack of water for washing O (5)  Lack of disposal system for incontinence products O (6)  Fear of accidental leakage O (7)  Lack of privacy for washing or cleaning O (9)  Lack of bathroom O (10)  I do not have an incontinence product O (11)  Other O (12)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L16=(2) |
| 18 | Do you use the same facilities as others to dipose of leaked urine while at work/school? | No O (1)  Yes O (2) | L4!=(1) and (C1=(1) or C2=(1) or K1=(2)) |
| 19 | If no, why do you use different facilities at your work/school? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  There are no toilet doors O (6)  There are no locks on the doors O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L19=(1) |
| 19 | If you leak urine, are you able to wash and change in privacy while at work/school? | No O (1)  Yes O (2) | L4!=(1) and (C1=(1) or C2=(1) or K1=(2)) |
| 20 | Do you use materials in case you leak urine at work/school? | No O (1)  Yes O (2) | L4!=(1) and (C1=(1) or C2=(1) or K1=(2)) |
| 21 | What materials do you use in case you leak urine at work/school? | Commercially available **disposable** incontinence cloth/pads O (1)  Homemade **disposable** incontinence cloth/pads O (2)  Commercially available **reusable** incontinence cloth/pads O (3)  Homemade **reusable** incontinence cloth/pad O (4)  Toilet paper O (7)  Underwear alone O (8)  No materials used O (9)  Other O (10)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L20=(2) |
| 22 | Where do you dispose materials if you leak urine at work/school? | In a special bin pad O (1)  In a bin with other household waste O (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L20=(2) |
| 23 | If you do not use materials, where you do you dispose of leaked urine? | In a bin with other household waste O (1)  In a bed pan/ commode (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | L20=(1) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **FAECAL INCONTINENCE** | | |  | |
| 1 | Do you have any problems with bowel control? | No O (1)  Yes O (2) |  |
| 2 | How often does your bowel leak? | Never O (1)  About once a week or less often O (2)  Two to three times a week O (3)  About once a day O (4)  Several times a day O (5)  All the time O (6) |  |
| 3 | If yes, when does leakage occur, | Leaks before you can get to the toilet O (1)  Leaks when you cough or sneeze O (2)  Leaks when you are asleep O (3)  Leaks when you are physically active/exercising O (4)  Leaks when you have finished defecating and are dressed O (5)  Leaks for no obvious reason O (6)  Leaks all the time O (7) | M2=!=(1) |
| 4 | We would like to know how much faeces you think leaks.  How much faeces do you usually leak (whether you wear protection or not) | None O (1)  A small amount O (2)  A moderate amount O (3)  A large amount O (4) | M2!=(1) |
| 5 | Overall, how much does leaking faeces interfere with your everyday life?  Please select a number between 0 (not at all) and 10 (a great deal) | 10 O (10)  9 O (9)  8 O (8)  7 O (7)  6 O (6)  5 O (5)  4 O (4)  3 O (3)  2 O (2)  1 O (1)  0 O (0) | M2!=(1) |
| 6 | If you leak faeces, are you able to wash and change in privacy while at home? | No O (1)  Yes O (2) | M2!=(1) |
| 7 | Do you use materials in case you leak faeces at home? | No O (1)  Yes O (2) | M2!=(1) |
| 8 | What materials do you use in case you leak faeces at home? | Commercially available **disposable** incontinence cloth/pads O (1)  Homemade **disposable** incontinence cloth/pads O (2)  Commercially available **reusable** incontinence cloth/pads O (3)  Homemade **reusable** incontinence cloth/pad O (4)  Toilet paper O (7)  Underwear alone O (8)  No materials used O (9)  Other O (10)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M7=(2) |
| 9 | How do you usually dispose of materials in case you leak faeces whilst at home? | In a special bin pad O (1)  In a bin with other household waste O (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M7=(2) |
| 10 | If you do not use materials, how you do you dispose of leaked faeces at home? | In a bin with other household waste O (1)  In a bed pan/ commode (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M7=(1) |
| 11 | Do you miss out on social activities because of faeces leak?  e.g. going to church | No O (1)  Yes O (2)  Don’t know/Not sure O (3) | M2!=(1) |
| 12 | If yes, why do you miss out on social activities? | Other people would not like it O (1)  I am not allowed to participate O (2)  I would be embarrassed / People would laugh at me O (3)  People would abuse me verbally or physically O (4)  There is a lack of water for washing O (5)  Lack of disposal system for incontinence products O (6)  Fear of accidental leakage O (7)  Lack of privacy for washing or cleaning O (9)  Lack of bathroom O (10)  I do not have an incontinence product O (11)  Other O (12)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M11=(2) |
| 13 | Do you miss out on eating with others because of faeces leak? | No O (1)  Yes O (2)  Don’t know/Not sure O (3)  Not applicable O (4) | M2!=(1) |
| 14 | If yes, why do you miss out on eating with others? | Other people would not like it O (1)  I am not allowed to participate O (2)  I would be embarrassed / People would laugh at me O (3)  People would abuse me verbally or physically O (4)  There is a lack of water for washing O (5)  Lack of disposal system for incontinence products O (6)  Fear of accidental leakage O (7)  Lack of privacy for washing or cleaning O (9)  Lack of bathroom O (10)  I do not have an incontinence product O (11)  Other O (12)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M13=(2) |
| 15 | Do you miss any paid work/school due to faeces leaking? | No O (1)  Yes O (2)  Don’t know/Not sure O (3)  Not applicable O (4) | M2!=(1) and (C1=(1) or C2=(1) or K1=(2)) |
| 16 | If yes, why do you miss work/school? | Other people would not like it O (1)  I am not allowed to participate O (2)  I would be embarrassed / People would laugh at me O (3)  People would abuse me verbally or physically O (4)  There is a lack of water for washing O (5)  Lack of disposal system for incontinence products O (6)  Fear of accidental leakage O (7)  Lack of privacy for washing or cleaning O (9)  Lack of bathroom O (10)  I do not have an incontinence product O (11)  Other O (12)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M15=(2) |
| 17 | Do you use the same facilities as others to dispose of leaked faeces while at work/school? | No O (1)  Yes O (2) | M2!=(1) and (C1=(1) or C2=(1) or K1=(2)) |
| 18 | If no, why do you use different facilities at your work/school? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  There are no toilet doors O (6)  There are no locks on the doors O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M18=(2) |
| 19 | If you leak faeces are you able to wash and change in privacy while at work/school? | No O (1)  Yes O (2) | M2!=(1) and (C1=(1) or C2=(1) or K1=(2)) |
| 20 | Do you use materials in case you leak urine at work/school? | No O (1)  Yes O (2) | M2!=(1) and (C1=(1) or C2=(1) or K1=(2)) |
| 21 | What materials do you use in case you leak urine at work/school? | Commercially available **disposable** incontinence cloth/pads O (1)  Homemade **disposable** incontinence cloth/pads O (2)  Commercially available **reusable** incontinence cloth/pads O (3)  Homemade **reusable** incontinence cloth/pad O (4)  Toilet paper O (7)  Underwear alone O (8)  No materials used O (9)  Other O (10)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M20=(2) |
| 22 | How do you usually dispose of materials after use while at work/school? | In a special bin pad O (1)  In a bin with other household waste O (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M20=(2) |
| 23 | If you do not use materials, where you do you dispose of leaked urine? | In a bin with other household waste O (1)  In a bed pan/ commode (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M20=(1) | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **ACCESS TO MENSTRUAL HYGIENE MANAGEMENT AT HOME (FEMALES OF MENSTRUAL AGE 10 YEARS OF AGE AND**   **OLDER)** | | | 10+ |
| 1 | When did you last menstruate? | Days ago O (1)  Weeks ago O (2)  Months ago O (3)  Years ago O (4)  In Menopause/ Has had hysterectomy O (5)  Before last birth O (6)  Never Menstruated O (7) | A14>9 and A15=(2) |
| 2 | Overall, how much does your menstrual period interfere with your everyday life?  Please select a number between 0 (not at all) and 10 (a great deal) | 10 O (10)  9 O (9)  8 O (8)  7 O (7)  6 O (6)  5 O (5)  4 O (4)  3 O (3)  2 O (2)  1 O (1)  0 O (0) | N1=(1),(2) or (3) |
| 3 | During your last menstrual period, did you miss out on any social activities due to your period? | No O (1)  Yes O (2) | N1=(1),(2) or (3) |
| 4 | If yes, why did you miss out on social activities? | Other people would not like it O (1)  I am not allowed to participate during menstruation O (2)  I would be embarrassed / People would laugh at me O (3)  People would abuse me verbally or physically O (4)  There is a lack of water for washing O (5)  Lack of disposal system for menstrual materials O (6)  Fear of accidental leakage of menstruation O (7)  Pain or Discomfort O (8)  Lack of privacy for washing or cleaning O (9)  Lack of separate bathroom for females O (10)  I did not have a menstrual product O (11)  Kastom O (12)  Other O (13)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | N2=(2) |
| 5 | During your last menstrual period, did you miss out on cooking food due to your period? | No O (1)  Yes O (2) | N1=(1),(2) or (3) |
| 6 | During your last menstrual period, did you miss out on eating with others due to your period? | No O (1)  Yes O (2) | N1=(1),(2) or (3) |
|  |  |  |  |
| 7 | During your last menstrual period, were you able to wash and change in privacy while at home? | No O (1)  Yes O (2) | N1=(1),(2) or (3) |
| 8 | What menstrual hygiene materials are available for you to buy locally? (Tick all that apply) | Single use sanitary Pad O (1)  Multi-use sanitary pad O (2)  Cloth O (3)  None available O (4)  Other O (5)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | N1=(1),(2) or (3) |
| 9 | During your last menstrual period, what hygiene materials did you typically use during the day? | Cloth O (1)  Homemade **reusable** cloth/sanitary pad (e.g. material sewn into shape of sanitary pad) O (2)  Commercially available **disposable** sanitary cloth/pads O (3)  Homemade **disposable** sanitary cloth/pads O (4)  Commercially available **reusable** cloth/sanitary pads O (5)  Tampons O (6)  Menstrual cup O (7)  Toilet paper O (8)  Underwear alone O (9)  No materials used O (10)  Leaves or Tree Bark (11)  Other O (12)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | N1=(1),(2) or (3) |
| 10 | Where did you change your menstrual product/materials while at home? | Toilet for men and women O (1)  Toilet for women only O (2)  Room that you can lock but doesn’t have a toilet O (3)  Room that you can’t lock and doesn’t have a toilet O (4)  Other O (5)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | N9!=(10) |
| 11 | What do you do with your menstrual hygiene materials when you have used it? | Wash it O (1)  Put it under the bed O (2)  Wrap it up O (3)  Other O (5)  If other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | N9=(1), (2), (5), (7), (9), (12) |
| 12 | What do you use to wash your menstrual hygiene material? | Wash with water O (1)  Wash with soap and water O (2)  Other O (3)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | N9=(1), (2), (5), (7), (9), (12) |
| 13 | How do you dry your washed menstrual hygiene material? | Hang inside, out of view O (1)  Hang inside, in view O (2)  Hang outside in direct sunlight O (3)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | N9=(1), (2), (5), (7), (9), (12) |
| 14 | How do you usually dispose of materials after use while at home? | Bin with lid O (1)  Bin without lid O (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | N9=(3), (4), (6), (8), (11), (12) |
| 15 | Overall, how satisfied are you with the menstrual hygiene materials you have to use? | Very dissatisfied O (1)  Dissatisfied O (2)  Neither satisfied nor dissatisfied O (3)  Satisfied O (4)  Very Satisfied O (5) | N1=(1),(2) or (3) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **ACCESS TO MENSTRUAL HYGIENE MANAGEMENT AT WORK (FEMALES WHO MENSTRUATE)** | | |  |
| 1 | During your last menstrual period, did you miss any days of what you identified as mainly doing? | No O (1)  Yes O (2)  Don’t know/Not sure O (3)  Not applicable O (4) | N1=(1),(2) or (3) |
| 2 | Why did you miss days? | Other people would not like it O (1)  I am not allowed to participate during menstruation O (2)  I would be embarrassed / People would laugh at me O (3)  People would abuse me verbally or physically O (4)  There is a lack of water for washing O (5)  Lack of disposal system for menstrual materials O (6)  Fear of accidental leakage of menstruation O (7)  Pain or Discomfort O (8)  Lack of privacy for washing or cleaning O (9)  Lack of separate bathroom for females O (10)  I do not have a menstrual product O (11)  Other O (12)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | O1=(2) |
| 3 | During your last menstrual period, were you able to wash and change your menstrual product in privacy during this activity? | No O (1)  Yes O (2)  I do not use a menstrual product O (3) | N1=(1),(2) or (3) |
| 4 | Where did you change your menstrual product during your main activity? | Toilet for men and women O (1)  Toilet for women only O (2)  Room that you can lock but doesn’t have a toilet O (3)  Room that you can’t lock but doesn’t have a toilet O (4)  Other O (5)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | O3!=(3) |
| 5 | Do you use the same facilities as other female to change your menstrual hygiene materials while doing your main activity? | No O (1)  Yes O (2) | O3!=(3) |
| 6 | If no, why do you use different facilities to other females at the place where you perform your main activity? | It would be difficult/impossible for me O (1)  Other people would not like it O (2)  I am not allowed O (3)  I would be embarrassed / People would laugh at me O (4)  People would abuse me verbally or physically O (5)  There are no toilet doors O (6)  There are no locks on the doors O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | O5=(1) |
| 7 | What do you do with your menstrual hygiene materials when you have used it while performing your main activity? | Wash it O (1)  Put it under the bed O (2)  Wrap it up O (3)  Other O (5)  If other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | N9=(1), (2), (5), (7), (9), (12) |
| 8 | What do you use to wash your menstrual hygiene material while performing your main activity? | Wash with water O (1)  Wash with soap and water O (2) | N9=(1), (2), (5), (7), (9), (12) |
| 9 | How do you dry your washed menstrual hygiene material while performing your main activity? | Inside, in view O (1)  Inside, out of view O (2)  In direct sunlight O (3)  Other O (6)  If other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | N9=(1), (2), (5), (7), (9), (12) |
|  | How do you usually dispose of materials after use while at the location that you perform your main activity? | Bin with lid O (1)  Bin without lid O (2)  In the latrine O (3)  Burning O (4)  Burying O (5)  In a field O (6)  In a body of water O (7)  Other O (8)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | N9=(3), (4), (6), (8), (11), (12) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **HEALTH** | | |  |
| 1 | What do you think is the main cause of your functional limitation? | From birth O (1)  Trauma O (2)  Violence O (3)  Illness O (4)  Ageing O (5)  War O (6)  Other O (7)  (If other, Please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | A13=(1) |
| 2 | How old where you (years) when you first experienced functional limitation?  000 = from birth  199 = Don’t know/refused | 🞏🞏🞏 | A13=(1) |
|  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **REHABILITATION – PARTICIPANTS WITH DISABILITIES ONLY** | | | | | | | |  | | |
| 1 | Have you ever heard of [service] | No O (1)  Yes O (2) | | | | | | A13=(1) | | |
| 2 | Have you ever needed this type of service? | No O (1)  Yes O (2) | | | | | | Q1=(2) | | |
| 3 | Have you ever received this type of service? | No O (1)  Yes O (2) | | | | | | Q1=(2) | | |
| 4 | If yes, are you currently receiving this service? | No O (1)  Yes O (2) | | | | | | Q3=(2) | | |
| 5 | If reported needing but not receiving the service, why is this? | Too expensive O (1)  Too far O (2)  Discrimination O (3)  Does not speak the language used O (4)  Does not know sign language (5)  Does not know where to access O (6)  Service not available O (7)  Other O (8)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Q2=(2) and Q4=(1) | | |
| 6 | If reported previously receiving this service but not receiving it now, why is this? | Too expensive O (1)  Too far O (2)  No longer available O (3)  Does not speak the language used O (4)  Does not know sign language (5)  Does not know where to access O (6)  Not helping O (7)  Not satisfied O (8)  No longer needs it O (9)  Device broken and cannot repair O (10)  Other O (11)  (If other, Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Q3=(2) and Q4=(1) | | |
|  | *Repeat for each of the following services:* | | 1 | 2 | | 3 | 4 | 5 | 6 | |
| 1 | Rehabilitation | |  |  | |  |  |  |  | |
| 2 | Assistive Device Services | |  |  | |  |  |  |  | |
| 3 | Counselling / Mental health services | |  |  | |  |  |  |  | |
| 4 | Health Information | |  |  | |  |  |  |  | |
| 5 | Traditional healing | |  |  | |  |  |  |  | |
| 6 | Legal Advice | |  |  | |  |  |  |  | |
| 1. **ASSISTIVE DEVICES – PARTICIPANTS WITH DISABILITIES ONLY** | | | | | | | |  | | |
|  | *I am going to read you a list of assistive devices. For each please tell me if you use it, need it but don't use it, don't need it, or don’t know what it is.* | | Use it O (1) | | Have it but don’t use it O (2) | | | Need it but don’t have it O (2) | | Don’t need it O (3) |
| 1 | Glasses | |  | |  | | |  | |  |
| 2 | Hearing aid | |  | |  | | |  | |  |
| 3 | Wheelchair | |  | |  | | |  | |  |
| 4 | Crutches | |  | |  | | |  | |  |
| 5 | White cane | |  | |  | | |  | |  |
| 6 | Walking stick | |  | |  | | |  | |  |
| 7 | Standing Frame | |  | |  | | |  | |  |
| 8 | Prosthetic (e.g. prosthetic arm or leg) | |  | |  | | |  | |  |
| 9 | Communication Device | |  | |  | | |  | |  |
| 9 | Other – specify | |  | |  | | |  | |  |

**End question: if the person expressing continence of menstrual hygiene management issues – would they be a good candidate for the qualitative component?**