Community Assessment for Public Health Emergency Response (CASPER) – Shanti Bhavan

DK=Don't Know Ref=Refused NA=Not Applicable HH=Household

Date: 02/____/2019 **Cluster Number: _____** **Interview Number: _____** **Team name: _____**

DEMOGRAPHICS

COMPLETE BEFORE BEGINNING SURVEY. Type of structure: ☐ Single family ☐ Multiple unit ☐ Other _____

Q1. Including yourself, how many people live in your HH? ____#____

Q1a. Male____#____ Female ____#____

Q2. Including yourself, how many people living in your HH are

<2 yrs old? __#__ 2-17 yrs? __#__ 18-64 yrs? __#__ 65+ yrs? __#__ ☐ DK ☐ Ref

Q3. What is the main language spoken in your HH?

☐ Tamil ☐ Kannada ☐ Telugu ☐ Other_____ ☐ DK ☐ Ref

Now we are going to ask about your HOUSEHOLD's experience over the past year.

Q4. Is anyone in your household pregnant? ☐ Yes ☐ No ☐ DK ☐ Ref

Q4b. ____#____

Q5. Do you or does a member of your household have serious difficulty hearing? ☐ Yes ☐ No ☐ DK ☐ Ref

Q6. Do you or a member of your household have difficulty walking or climbing stairs? ☐ Yes ☐ No ☐ DK ☐ Ref

Q7. In the past year, have you used a stone fire, charcoal or gas grill to cook food?

☐ Yes – inside w/ windows open ☐ Yes – inside w/ windows closed ☐ Yes – Outside ☐ No ☐ DK ☐ Ref

Q8. Do you have access to a working telephone? ☐ Yes ☐ No ☐ DK ☐ Ref

Q8a. Do you or a member of your HH have access to the internet? ☐ Yes ☐ No ☐ DK ☐ Ref

Q9. Do you or any member of your HH need?

Daily Medications	☐ Yes	☐ No	☐ DK	☐ Ref
Dialysis	☐ Yes	☐ No	☐ DK	☐ Ref
Oxygen	☐ Yes	☐ No	☐ DK	☐ Ref
Wheelchair/cane/walker	☐ Yes	☐ No	☐ DK	☐ Ref
Other care?_____	☐ Yes	☐ No	☐ DK	☐ Ref

Q10. Currently, do you or any members of your HH need:

Food	☐ Yes	☐ No	☐ DK	☐ Ref
Water	☐ Yes	☐ No	☐ DK	☐ Ref
Medication	☐ Yes	☐ No	☐ DK	☐ Ref
Other_____	☐ Yes	☐ No	☐ DK	☐ Ref

Q11. Does your HH currently have the following:

Running water	☐ Yes	☐ No	☐ DK	☐ Ref
Access to cistern water	☐ Yes	☐ No	☐ DK	☐ Ref
Access to functioning toilet	☐ Yes	☐ No	☐ DK	☐ Ref
Grid electricity	☐ Yes	☐ No	☐ DK	☐ Ref
Working generator	☐ Yes	☐ No	☐ DK	☐ Ref

Q12. What is your HHs current source of drinking water? *(Check ALL)*

☐ Tap ☐ Bottled ☐ Cistern ☐ Other_____ ☐ DK ☐ Ref

Q12a. *IF CISTERN,* how does your HH treat your cistern water? *(Check ALL)* ☐ Bleach ☐ Mosquito dunk ☐ Filter ☐ UV light ☐ Boil ☐ Other _____ ☐ Do not treat cistern ☐ DK ☐ Ref

Q12b. *IF running water*, how does your HH treat your running water? *(Check ALL)*

☐ Bleach ☐ Boil ☐ Filter ☐ Other _____ ☐ Do not treat running water ☐ DK ☐ Ref

Q13. How many days of adequate drinking water (besides tap) does your household currently have? (4 liters/person/day) __#__ of days ☐ None ☐ DK ☐ Ref

Q14. How many days of non-perishable food (e.g., canned goods, rice, nuts) does your household currently have? __#__ of days ☐ None ☐ DK ☐ Ref

Q15. How many days of medication does your household currently have, on average, for each person who takes prescribed medication? __#__ of days ☐ None ☐ No prescriptions ☐ DK ☐ Ref

Q16. Currently, how concerned are you and members of your HH about getting diseases mosquitoes may carry? ☐ Very concerned ☐ Somewhat concerned ☐ Not concerned at all ☐ DK ☐ Ref

Q16a. *IF VERY* or *SOMEWHAT*, which disease(s)? ***(DO NOT READ** – Check all that apply)* ☐ Zika ☐ Dengue ☐ Chikungunya ☐ Yellow Fever ☐ Malaria ☐ Other _____ ☐ DK ☐ Ref

Q17. In the past year has anyone in your HH been unable to work/perform duties due to illness? ☐ Yes ☐ No ☐ DK ☐ Ref

Q18. Is there anyone in your household who requires urgent medical care? ☐ Yes ☐ No ☐ DK ☐ Ref

Q19. Does your HH currently have access to transportation if needed? *(Check ONE)* ☐ All the time ☐ Sometimes ☐ Never ☐ No need ☐ DK ☐ Ref

Q20. What is your household's greatest need at this time? ☐ DK ☐ Ref

HEALTH COMMUNICATION

Q21. How does your HH prefer to receive information from the Government/Ministry of Health? *(Check ALL that apply)*

☐ Newspaper ☐ Internet news or other website ☐ Social media ☐ TV ☐ Radio ☐ Friends/Family/Word of Mouth ☐ Place of worship ☐ Other, _____ ☐ None ☐ DK ☐ Ref

Q22. What health messages has your HH heard in the past year? ***(DO NOT READ RESPONSES** – Check all that apply)*

☐ Vaccination ☐ Food safety ☐ Handwashing ☐ Water treatment ☐ Women's Health ☐ Mental health ☐ Mosquito/vector control ☐ Other _____ ☐ None ☐ DK ☐ Ref

HEALTH/BEHAVIORAL HEALTH

Q23. Has any member of your HH died in the past year? *(Check ONE)* ☐ Yes ____#____ ☐ No one ☐ DK ☐ Ref

Q24a. Ages of member of HH who died? *(Q24b)*

<2 yrs old? __#__ 2-17 yrs? __#__ 18-64 yrs? __#__ 65+ yrs? __#__ ☐ DK ☐ Ref

Q24b. Did any pregnant members of your HH die in the past year? ☐ Yes ____#____ ☐ No one ☐ DK ☐ Ref

Q25. In the past year, have you or members of your HH had:

Difficulty concentrating	☐ Yes	☐ No	☐ DK	☐ Ref
Trouble sleeping	☐ Yes	☐ No	☐ DK	☐ Ref
Nightmares	☐ Yes	☐ No	☐ DK	☐ Ref
Loss of appetite	☐ Yes	☐ No	☐ DK	☐ Ref
Sad mood	☐ Yes	☐ No	☐ DK	☐ Ref
Difficulty enjoying things	☐ Yes	☐ No	☐ DK	☐ Ref
Unusually happy mood	☐ Yes	☐ No	☐ DK	☐ Ref
Frequent worries	☐ Yes	☐ No	☐ DK	☐ Ref
Thoughts about suicide	☐ Yes	☐ No	☐ DK	☐ Ref
Agitated behavior	☐ Yes	☐ No	☐ DK	☐ Ref

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Q26. Were you or anyone in your HH injured in the past year? *(Check ALL that apply)*
□ Yes – still injured □ Yes – recovered □ No □ DK □ Ref

Q27 In the past year has anybody in your HH experienced?

Cough	□ Yes □ No □ DK □ Ref
Fever	□ Yes □ No □ DK □ Ref
Nausea/stomach ache/diarrhea	□ Yes □ No □ DK □ Ref
Rash	□ Yes □ No □ DK □ Ref
Severe headache	□ Yes □ No □ DK □ Ref
Sore throat/ cold	□ Yes □ No □ DK □ Ref
TB or Tuberculosis	□ Yes □ No □ DK □ Ref
Worsening of chronic illness	□ Yes □ No □ DK □ Ref

If yes? What types? _____
Other? _____ □ Yes □ No □ DK □ Ref

Q28. If you or a member of your HH has given birth, where did they give birth?
□ Hospital □ Clinic □ Home or private dwelling □ N/A

Q29. In the past year, have you or any members of your HH experienced worsening of

Asthma/COPD	□ Yes □ No/NA □ DK □ Ref
Allergies	□ Yes □ No/NA □ DK □ Ref
Diabetes	□ Yes □ No/NA □ DK □ Ref
Hypertension	□ Yes □ No/NA □ DK □ Ref
Previous mental health condition	□ Yes □ No/NA □ DK □ Ref
Other _____	□ Yes □ No/NA □ DK □ Ref

Q30. In the past year, has it been more difficult for anybody in your HH to get the medical care they need?
□ Yes *(go to Q30a)* □ No – not difficult □ No – no need □ DK □ Ref

Q30a. *If YES*, why?
□ Usual clinic/physician closed □ No physician available
□ Money/cost □ Insurance problems
□ No transportation □ Other_____ □ DK □ Ref

Q31. In the past year, how many children in your HH attend school?
□ All □ Some □ None
□ No children □ DK □ Ref

Q32. In the past year, have you or members of your HH received services from a counselor, religious leader, therapist, or social worker for behavioral health concerns?
□ Yes □ No – couldn't get services □ No – no need for services
□ DK □ Ref

Q33. In the past year, have you or members of your HH

Witnessed violent behavior/threats	□ Yes □ No □ DK □ Ref
Experienced violent behavior/threats	□ Yes □ No □ DK □ Ref
Experienced natural disasters	□ Yes □ No □ DK □ Ref
Had other traumatic experiences	□ Yes □ No □ DK □ Ref

If yes? What types? _____

Q34. In the past year, have you or members of your HH

Heard sounds, voices that other people did not hear
□ Yes □ No □ DK □ Ref
Seen shapes or people that other people did not see
□ Yes □ No □ DK □ Ref
Felt like your mind was playing tricks on you
□ Yes □ No □ DK □ Ref

Q35. In the past year, have you or members of your HH experienced

Increased alcohol consumption	□ Yes □ No □ DK □ Ref
Increased drug use, including marijuana	□ Yes □ No □ DK □ Ref
Other _____	□ Yes □ No □ DK □ Ref

Q36. Has every member of your HH received the polio vaccination?
□ All □ Some *(Q36a)* □ None *(Q36a)* □ DK □ Ref

Q36a. If *SOME* or *NONE*, why not? *(Check all that apply)*
□ No insurance □ Cost/Cannot pay for vaccination
□ No vaccination site near me □ No time
□ Other _____ □ DK □ Ref

Q37. Has anyone in your household had measles in the last 5 years?
□ Yes □ No □ DK □ Ref

Q38. Is everyone in your household vaccinated for measles?
□ All □ Some □ None □ DK □ Ref

Q39. Has every adult in your HH had a tetanus (DTap/Tdap/Td) shot in the past 10 years? □ Yes □ No □ DK □ Ref

Q40. Are all children (up to 18 years old) up to date with their vaccination schedule? □ Yes □ Some *(Q40a)* □ No *(Q40a)*
□ No children □ DK □ Ref

Q40a. If *SOME* or *NONE*, why not? *(Check all that apply)*
□ No insurance □ Cost/Cannot pay for vaccination
□ No vaccination site near me □ No time
□ Other _____ □ DK □ Ref

Now we are going to ask about YOU as an INDIVIDUAL

Q41. Over the last **2 weeks**, how often have you had little interest or pleasure in doing things? *(Check ONE)*
□ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused

Q42. Over the last **2 weeks**, how often have you felt down, depressed or hopeless? *(Check ONE)*
□ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused

Q43. Over the last **2 weeks**, how often have you felt nervous, anxious, or on edge? *(Check ONE)*
□ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused

Q44. Over the last **2 weeks**, how often have you been unable to stop or control worrying? *(Check ONE)*
□ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused

Q45. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good? __#__ □DK □ Refused

Q46. Is there anything else you'd like to share with us about your life or HH?
□DK □ Refused

THANK YOU! THIS SURVEY WILL HELP US DESIGN HEALTH PROGRAMMING TO SUPPORT YOUR VILLAGE.