

FORM CC1 CommRDT GHANA TRIAL – CASE CONTROL STUDY

Introduction

I am from the Ghana Health Service. We are looking at how to improve the useful services chemical sellers render to clients in the community. We would like to ask you a few questions. We assure you that any information collected will be kept confidential. General findings will be made available to relevant authorities for the purpose of making important decisions and conclusions.

FW Code *fwcode* Date of interview / / *intdate*

- Recruited from:
- (1) Chemical Shop *recruit*
 - (2) Prampram HC
 - (3) Ningo HC
 - (4) DWD Hospital

Name of Chemical Shop/Health Facility.....

Client CRF ID/Folder Number.....

BACKGROUND INFORMATION

- 1. Name of Respondent *q1name*
- 2. Community of Residence: *q4commtty*
- 3. House ID: *q5hseno*

4	Sex	Male (1)	Female (2)		<i>q4sex</i>
5	Age in completed years				<i>q5age</i>
6. Relationship of Respondent to client					
	Client is the respondent	(1)	Mother	(2)	<i>q6relat</i> <i>q6other</i>
	Father	(3)	Other male relative	(4)	
	Other (specify).....	(5)			
	Other Female Relative	(6)			

CARE SEEKING						
7. How long ago did the first symptoms of this illness begin?						
Less than one hour ago	(1)		<i>q7seek</i>			
A few hours ago	(2)					
About 24 hours ago	(3)					
About 24 to 48 hours ago	(4)					
Other. Specify.....	(5)					
About 48 to 72 hours ago	(6)					
Between 3 to 7 days ago	(7)					
Over a week ago	(8)					
8. Have you/your child experienced any of these symptoms with this current illness?						
Convulsions	Yes (1)	No (2)	<i>q8conv</i> <i>q8drin</i> <i>q8vomi</i> <i>q8leth</i>			
Unable to drink or breastfeed	Yes (1)	No (2)				
Vomiting everything	Yes (1)	No (2)				
Abnormally sleepy/lethargic	Yes (1)	No (2)				
9. Is this your first option for care for the current illness?						
Yes	(1)	No	(2)	<i>q9option</i>		
10. If no to Q9, what was your first option for health care when you/your child fell ill?						
Hospital or clinic	(1)	<input type="checkbox"/>	<i>q10first</i>			
Visited the Chemical shop to buy medicines	(2)					
Taken some local herbs	(3)					
Prayers	(4)					
Other. Specify.....	(5)					
Used leftover medicines from my first aid box	(6)					
Bought medicines from drug peddlers	(7)					
Not Applicable. This is the first option	(9)					
11. After the first option, how many further places did you seek care before coming here?						
1 place	(1)	2 places	(2)	3 places	(3)	<i>q11fur</i>
Not applicable. This is the first option for care						
12. What is your reason for choosing this current option?						
.....			<i>q12reasn</i>			
.....						
.....						
.....						

13. How did you travel to this place Walk (1) Minibus (trotro) (4) Bicycle (2) Other (5) Car (3) Bus.....(6) Not applicable.....(8)		q13ption
14. How long did the journey take from your home to this place <i>If don't know write "DK" or "NA" for Not Applicable</i>	_____ hrs _____ mins	
15. What is the total cost of the whole journey (to and from this place)? <i>If don't know write "DK" or "NA" for Not Applicable</i>	GHC _._ -	
PREVENTIVE PRACTICES		
16. Do you own a treated bed net Yes (1) No (2)	<input type="checkbox"/>	q16own
17. Did the ill person sleep under a treated bed net last night? Yes (1) No (2)		q17slep
SOCIO ECONOMIC STATUS		
18. What is your highest level of education? Primary (1) JHS/MSLC (2) SHS/A Level (3) Tertiary (4) No Education (6) Unwilling to say (7) Don't know (99) Other (specify)(5)		q18edulev
19. If a minor, what is the highest level of education of caregiver Primary (1) JHS/MSLC (2) SHS/A Level (3) Tertiary (4) No Education (6) Unwilling to say (7) Don't know (99) Other (specify)(5)		q19edulev

<p>20. What is your/caregiver's main occupation?</p> <p>Farmer (1) Fisherman (2) Factory work (3) Looking after the home and family (4) Other(specify)(5) Petty Trading (6) Civil Servant (7) Artisan (10)</p>		<i>Q20occup</i>
<p>21. What is your/caregiver's income per month?</p>		<i>GHC __. __</i>
<p>22 Who owns this house?</p> <p>Household owns it (1) Family house (jointly owned) (2) Relative/friend. Not paying rent (3) Landlord. Paying rent (4) Government/employer (6) Other (specify).....(5)</p>		<i>q22ownhs</i> <i>q22other</i>
<p>23. What is the main lighting fuel of this household?</p> <p>Electricity (1) Gas (2) Kerosene (3) Candles (4) Other (specify).....(5)</p>		<i>q23lifue</i> <i>q23other</i>
<p>24. What type of fuel does your household mainly use for cooking?</p> <p>Electricity (1) LPG/natural gas (2) Kerosene (3) Charcoal (4) Firewood (6) Dung (7) Other (specify).....(5)</p>		<i>q24cofue</i> <i>q24other</i>
<p>25. What is the main source of drinking water for this household?</p> <p>Piped water (into residence) (1) Piped water (public tap/neighbour's house) (2) Well/Borehole (3) River/stream/pond/lake (4) Rain water (6) Tanker truck (7) Pure water (10) Combination. Specify..... (5)</p>		<i>q25water</i> <i>q25other</i>
<p>26. What sort of toilet facility does this household use?</p> <p>Flush toilet (used by household only) (1) Flush toilet shared (2) Own KVIP/ bucket/pan/ traditional pit latrine (Household) (3) Shared KVIP/ bucket/pan/ traditional pit latrine (4) Public Toilet (6) No facility/bush (10) Other specify.....(5)</p>		<i>q26toile</i> <i>q26other</i>
<p>27. What is the main floor material of the house?</p> <p>Ceramic tiles/terrazzo (1) Cement (2) Mud/sand/earth (3) Other.....(5)</p>		<i>q27floor</i> <i>q27other</i>

28. What is the main material of the wall? (Record observation)					
Ceramic tiles/terrazzo		(1)			<i>q28wall</i>
Brick/cement blocks		(2)			<i>q28other</i>
Mud/sand/earth		(3)			
Other.....		(5)			
29. What is the main material of the roof? (Record observation)					
Concrete		(1)			<i>q29roof</i>
Bricks		(2)			<i>q29other</i>
Zinc/Aluminium sheets		(3)			
Tarpaulin, plastic sheets		(4)			
Asbestos		(6)			
Thatch		(7)			
Other.....		(5)			
30. Does this household own any of the following in a good condition?					
A radio	Yes	(1)	No	(2)	<i>q30radio</i>
A Television	Yes	(1)	No	(2)	<i>q30telev</i>
A Refrigerator	Yes	(1)	No	(2)	<i>q30refri</i>
A Telephone	Yes	(1)	No	(2)	<i>q30telep</i>
A Mobile phone	Yes	(1)	No	(2)	<i>q30mphon</i>
31. Does any member of this household own any of the following in a good condition?					
A bicycle?	Yes	(1)	No	(2)	<i>q31bicysl</i>
A motor-cycle?	Yes	(1)	No	(2)	<i>q31mocyc</i>
A tractor?	Yes	(1)	No	(2)	<i>q31tract</i>
A fishing vessel?	Yes	(1)	No	(2)	<i>q31fvess</i>
A private car?	Yes	(1)	No	(2)	<i>q31prica</i>
A commercial vehicle?	Yes	(1)	No	(2)	<i>q31coveh</i>
An outboard motor	Yes	(1)	No	(2)	<i>q31outbo</i>
32. Does this household own?					
A subsistence farm?	Yes	(1)	No	(2)	<i>q32subfa</i>
A commercial farm?	Yes	(1)	No	(2)	<i>q32comfa</i>
Land?	Yes	(1)	No	(2)	<i>q32land</i>
Cattle?	Yes	(1)	No	(2)	<i>q32cattl</i>
Goats/Chicken?	Yes	(1)	No	(2)	<i>q32goach</i>
House/s for renting out?	Yes	(1)	No	(2)	<i>q32renti</i>

CCB

Date / /