

Survivor Household interview cover page				
1.	Survivor name	<input type="text"/>		
	Survivor ID #	<input type="text"/>		
2.	Survivor name	<input type="text"/>		
	Survivor ID #	<input type="text"/>		
3.	Survivor name	<input type="text"/>		
	Survivor ID #	<input type="text"/>		
4.	Survivor Household ID #	<input type="text"/>		
5.	Street number and name	<input type="text"/>		
6.	Area	<input type="text"/>		
7.	Chiefdom	<input type="text"/>		
8.	District	<input type="text"/>		
9.	Name of <u>current</u> household head	<input type="text"/>		
10.	Study team name	<input type="text"/>		
11.	Contact attempt 1 field worker name	<input type="text"/>		
12.	Contact attempt 1 Date	dd-Mm-yyyy		
13.	Contact attempt 1 Time	Hh:mm		
14.	Contact attempt 1 outcome*	<input type="text"/>		
15.	Contact attempt 1 details and next steps	<input type="text"/>		
16.	Contact attempt 2 field worker name	<input type="text"/>		
17.	Contact attempt 2 Date	dd-Mm-yyyy		
18.	Contact attempt 2 Time	Hh:mm		
19.	Contact attempt 2 outcome*	<input type="text"/>		
20.	Contact attempt 2 details and next steps	<input type="text"/>		
21.	Contact attempt 3 field worker name	<input type="text"/>		
22.	Contact attempt 3 Date	dd-Mm-yyyy		
23.	Contact attempt 3 Time	Hh:mm		
24.	Contact attempt 3 outcome*	<input type="text"/>		
25.	Contact attempt 3 details and next steps	<input type="text"/>		
*Contact attempt outcomes: 1=Completed, 2=No respondent at home, 3=Entire household absent for extended period, 4=Postponed, 5=Refused, 6=Dwelling vacant or not a dwelling, 7=Dwelling destroyed, 8=Dwelling not found, 9=Other				

Survivor household member inventory (page 1)

Inclusion criteria: Survivor households										
<i>I would like to know about the people who were members of your household during the time Ebola took place . Please tell me the name of each person who was in your household at that time and who is accessible now. Please also tell me the name of anyone who was in your household at that time who died of Ebola and anyone who survived Ebola even if they are not here now. By “member” I mean a person who normally lives here and shares meals.</i>										
Household ID #										
HH Line#	Household member name	Relation-ship to line # *	Line # related to *	Sex	Age (yrs)	If <2 yrs Age (mo)	Ever had Ebola?	Died from Ebola?	Oral fluid collected	[If fluid collected=Yes] Fluid sample code # [code=hholdcode_HHline#]
01				M F			No Yes DK	No Yes DK	No Yes Revisit	____ ____ ____ ____ ____ 01
02				M F			No Yes DK	No Yes DK	No Yes Revisit	____ ____ ____ ____ ____ 02
03				M F			No Yes DK	No Yes DK	No Yes Revisit	____ ____ ____ ____ ____ 03
04				M F			No Yes DK	No Yes DK	No Yes Revisit	____ ____ ____ ____ ____ 04
05				M F			No Yes DK	No Yes DK	No Yes Revisit	____ ____ ____ ____ ____ 05
06				M F			No Yes DK	No Yes DK	No Yes Revisit	____ ____ ____ ____ ____ 06
07				M F			No Yes DK	No Yes DK	No Yes Revisit	____ ____ ____ ____ ____ 07

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08				M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 08
09				M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 09

Survivor household member inventory (page2)

HH Line#	Household ID #	Household member name	Relation-ship to line number*	Line # related to*	Sex	Age (yrs)	If <2 yrs Age (mo)	Ever had Ebola?	Died from Ebola?	Oral fluid collected	[If fluid collected=Yes] Fluid sample code # [code= hholdcode_HHline#]
10					M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 10
11					M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 11
12					M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 12
13					M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 13
14					M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 14
15					M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 15
16					M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 16
17					M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 17

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18				M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 18
19				M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 19
20				M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 20
21				M F			No Yes DK	No Yes DK	No Yes Revisit	_____ 21

* *Link children to their mother*

Socio-Economic Status: Household

[Inclusion criterion: complete for survivor and control households]

I will start by asking some questions about your home and household at the time Ebola took place.

At the time of Ebola in this household.....

Household ID #			
1. Was the household located in an urban or rural area at that time?	Urban		
	Rural		
2. How many rooms did your household have to live in at that time? [Count all kinds of room but not shared rooms]	_____ rooms		
3. How many people were living in the household at that time?	_____ adults _____ children (<18)		
4. How many rooms did your household <u>share</u> with other households at that time?	_____ rooms		
5. What level of access to water did your household have at that time?	Every day		
	Most days		
	Sometimes		
	Very limited access		
6. What level of access to soap did your household have at that time?	Every day		
	Most days		
	Sometimes		
	Very limited access		
7. What kind of access to a latrine did your household have at that time?	One for the household		
	Shared		
	None		

Individual questionnaire: Part A				
Inclusion criteria: Each member of the survivor's household currently present, plus those who died				
[Instructions: For children and deceased members they should be answered by a proxy.]				
1.	Interview date			
2.	Interviewer initials			
3.	Participant ID (Household no. – line no.)	-----	-----	
4.	Participant Name			
5.	Kerry Town ID number [if KT survivor]			
6.	Who is the respondent? [Give HH line list #]			
7.	Occupation? [record what is said]	<input type="checkbox"/>		
8.	Was the person an Ebola front line worker	Yes	No	
9.	Died of Ebola [fill from hhold list]	Yes [→skip to Part B]	No	
10.	Kerry Town survivor [fill from hhold list]	Yes [→skip to Part B]	No	
11.	Were you ever tested for Ebola?	Yes		
		No [→skip to 13]		
		Don't know [→skip to 13]		
12.	What was the final result of your test for Ebola?	Negative		
		Positive [→skip to Part B]		
		Didn't receive result		
		Don't remember		
13.	Please think about the time after the first person with Ebola in the household got sick , through to the time you were cleared by the contact tracers. Were you living in the household in this period?	No [→stop interview for this person]		
		Yes		
14.	[if not a known Ebola case] During this time period, did you experience any health problems	No		
		Yes		
15.	If yes: Describe those problems [Write brief symptoms or tick box if any of the symptoms below are mentioned]			
16.	[When person has finished describing symptoms in their own words, ask them if they had any symptoms on this list that they have not mentioned]	Fever		
		Fatigue (general body weakness)		
		Headache		
		Loss of appetite		
		Nausea or Vomiting		
		Abdominal pain		
		Diarrhoea		
		Blood in the stool		
		Muscle and/or joint pain/ache		
		Sore throat or pain with swallowing		
		Hiccups		
Red eyes				

		Blurry vision		
		Bleeding gums		
		Miscarriage		

Individual questionnaire: Part B: To be completed after discussion with household.

Record the type of contact the person had with Ebola cases in the household or elsewhere including deceased possible Ebola cases while they were ill, or with the body after death. Ask probing questions if necessary to fill in gaps or check responses. 1 = contact 0 = no contact

Participant ID (Household no. – line no.)	_____			
<i>Only the highest level of contact needs to be indicated</i>	In household	Outside household		
Level 1: Contact with the body / prepared the body				
Level 2: <u>Direct</u> contact with <u>body fluids</u> eg. blood, diarrhoea, vomit, urine. Or a baby who was breastfed by an EV+ woman				
Level 3: <u>Direct</u> close contact with <u>wet</u> case (a person with diarrhoea/vomiting/ bleeding) eg helped dress, embraced, carried, helped care, shared bed, or mother breastfeeding an EV+ child				
Level 4: <u>Direct</u> close contact with <u>dry</u> case (eg helped dress, embraced, carried, helped care, shared bed)				
Level 5: <u>Indirect</u> close contact with <u>wet</u> case (eg washed clothes, bed linen)				
Level 6: <u>Indirect</u> close contact with <u>dry</u> case (eg washed clothes, bed linen)				
Level 7: Minimal contact (eg shared meals, shared utensils)				
Level 8: No actual contact known (eg kept distance once person was symptomatic)				

Record any details that may help define the level. Record the reason for the highest level given – i.e. what made you decide that the person had contact at that level. Keep all notes with forms for the household