

APPENDIX 2: SURVEY INSTRUMENTS

Enumerator Initials _____ Household ID# _____ Participant ID# _____

Serologic Survey ENGLISH Questionnaire

(NOTE: Questionnaire will be translated into Haitian Creole for use in the field)

Elicit answers from [name of case].

- **IF ADULT**—Read the consent form and proceed to Q.1 if the person agrees to participate.
- **IF 7-17 YEARS OLD**—Ask to speak with the parent or guardian, read the parent/guardian the parental consent form, read the child the assent form, and proceed to Q1 if they agree to participate.
- **IF 2-6 YEARS OLD**— Ask to speak with the parent or guardian, read the parent/guardian the parental consent form, and proceed to Q1 if they agree to participate.

****Note to Enumerators****

If the participant is a child between the ages of twelve and seventeen, please ask the parent or guardian if they will permit the child to answer questions for themselves. If the parent or guardian does not give permission, the parent or guardian will answer the questions. The parent or guardian will answer questions for children under twelve years old.

VAR	
	1. Who is answering the questions? 1. Participant 2. Parent/Guardian (If the participant’s parent or guardian is answering questions, please insert “your child” into questions when appropriate.)
	2. Sex of the participant 1. Male 2. Female
	3. How old are you (is your child)? _____(years) 77. Refused 99. Don't Know
	4. How many people live in this household? _____ 77. Refused 99. Don't Know
	5. In the last four months (since the start of the cholera outbreak), have you (has your child) been sick with watery diarrhea? 1. Yes 0. No → skip to Q15 77. Refused 99. Don't know
	6. On the day you were most ill, how many stools did you (your child) have in a 24 hour period? (DO NOT READ, CIRCLE ONE) 1. Less than 3 stools/day 2. 3–6 stools/day 3. 7–12 stools/day 4. More than 12 stools/day 77. Refused 99. Don't know
	7. Did you (your child) drink ORS rehydrating solution at home? 1. Yes 0. No 77. Refused 99. Don't know

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

	<p>8. Did your (<i>your child's</i>) stool appear like rice water? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>9. Did your (<i>your child's</i>) stool appear bloody? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>10. Date of first watery diarrhea: ____ (day)/ ____ (month)/2010 77. Refused 99. Don't know</p>
	<p>11. In the last four months (since the start of the cholera outbreak) did you (<i>or your child</i>) visit a health center or hospital because of watery diarrhea? 1. Yes 0. No → skip to Q15 77. Refused 99. Don't know</p>
	<p>12. Date Admitted to Hospital (if admitted): ____ (day)/ ____ (month)/2010 77. Refused 99. Don't know</p>
	<p>13. Did you (<i>your child</i>) receive ORS rehydrating solution at the treatment center? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>14. Did you (<i>your child</i>) receive intravenous fluids at the treatment center? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>15. In the last four months (since the start of the cholera outbreak), have you (<i>your child</i>) taken antibiotics? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>16. If you took antibiotics, when did you (<i>your child</i>) take them? ____ (day)/ ____ (month)/2010 77. Refused 99. Don't know (approximate date)</p>
	<p>17. In the last four months (since the start of the cholera outbreak), have you (<i>has your child</i>) taken medicines for heartburn or to decrease stomach acid? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>18. In the last four months (since the start of the cholera outbreak), have you (<i>or your child</i>) been told by a health care worker that you had cholera (i.e. diarrhea)? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>19. (<i>If a woman</i>), Are you pregnant? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>20. Have you (<i>your child</i>) ever been told that you have HIV or AIDS? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>21. Have you (<i>your child</i>) ever been told that you have a condition that weakens your immune system? 1. Yes 0. No 77. Refused 99. Don't know</p>
	<p>22. Has anyone in the house died of cholera in the last four months (since the start of the cholera outbreak)? 1. Yes → next question 0. No → skip to Q24 77. Refused 99. Don't Know</p>
	<p><i>I'm very sorry to hear that...</i> 23. What was his/her age? ____ (years) 77. Refused 99. Don't know</p>

	<p>8. Did your (<i>your child's</i>) stool appear like rice water? 1. Yes 0. No 77. Refused 99. Don't know</p>																																																
	<p>24. What is your (<i>your child's</i>) relationship to the person who died from cholera (i.e., diarrhea) (CIRCLE ONE)</p> <p>1. Spouse 2. Parent 3. Child 4. Sibling 88. Other (<i>specify</i>) _____ 77. Refused 99. Don't know</p>																																																
	<p>25. What was the last year of school you (<i>your child</i>) completed? (CIRCLE ONE)</p> <p>1. None 2. Some primary school 3. Completed primary school 4. Some secondary school 5. Completed secondary school 6. Any trade school/university 77. Refused 88. Other (<i>specify</i>) _____ 99. Don't know</p>																																																
	<p>26. Can you (<i>your child</i>) read? 1. Yes 0. No 77. Refused</p>																																																
	<p>27. Do you (<i>Does your child</i>) speak French? 1. Yes 0. No 77. Refused</p>																																																
	<p>28. What is your (<i>your child's</i>) occupation? (CIRCLE ONE) Student</p> <p>1. Student 2. Child (not in school) 3. Gardener/farmer (not in rice field) 4. Work in rice field 5. Fisherman 6. Teacher 7. Health Care Worker 88. Other (<i>specify</i>) _____ 77. Refused 99. Don't know</p>																																																
	<p>29. Does your household own any of the following items? (ANSWER EACH QUESTION)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">1. Yes</th> <th style="width: 15%;">0. No</th> <th style="width: 15%;">77. Refused</th> <th style="width: 15%;">99. Don't know</th> </tr> </thead> <tbody> <tr> <td>Working Radio</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> </tr> <tr> <td>Working Motorcycle/Moped</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> </tr> <tr> <td>Working Electricity</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> </tr> <tr> <td>Working Mobile telephone</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> </tr> <tr> <td>Cow</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> </tr> <tr> <td>Donkey/Mule</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> </tr> <tr> <td>Goat</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> </tr> <tr> <td>Horse</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> <td style="text-align: center;">?</td> </tr> </tbody> </table>					1. Yes	0. No	77. Refused	99. Don't know	Working Radio	?	?	?	?	Working Motorcycle/Moped	?	?	?	?	Working Electricity	?	?	?	?	Working Mobile telephone	?	?	?	?	Cow	?	?	?	?	Donkey/Mule	?	?	?	?	Goat	?	?	?	?	Horse	?	?	?	?
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Thank you very much for your participation.

House GPS Coordinates [TO BE USED ONLY IN PROSPECTIVE SURVEY FOR FOLLOW-UP]

N: _____ W: _____

Enumerator Initials _____ Household ID# _____ Participant ID# _____

Follow Up Serologic Survey ENGLISH Questionnaire
 (NOTE: Questionnaire will be translated into Haitian Creole for use in the field)

Thank you again for your participation in this study. We have a few last questions. All questions in this survey today will ask about things that happened since our last visit with you.

****Note to Enumerators****

If the participant is a child between the ages of twelve and seventeen, please ask the parent or guardian if they will permit the child to answer questions for themselves. If the parent or guardian does not give permission, the parent or guardian will answer the questions. The parent or guardian will answer questions for children under twelve years old.

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	1. Who is answering the questions? 1. Participant 2. Parent/Guardian (If the participant's parent or guardian is answering questions, please insert "your child" into questions when appropriate.)
	2. Since our visit two weeks ago, have you (has your child) been sick with watery diarrhea? 1. Yes 0. No → skip to Q12 77. Refused 99. Don't know
	3. On the day you were most ill since our visit two weeks ago, how many stools did you (your child) have in a 24 hour period? (DO NOT READ, CIRCLE ONE) 1. Less than 3 stools/day 2. 3-6 stools/day 3. 7-12 stools/day 4. More than 12 stools/day 77. Refused 99. Don't know
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	<p>8. Since our visit two weeks ago, did you (<i>or your child</i>) visit a health center or hospital because of watery diarrhea? 1. Yes 0. No → <i>skip to Q12</i> 77. Refused 99. Don't know</p>
	<p>9. Date Admitted to Hospital (if admitted): ____ (day)/ ____ (month)/2010 77. Refused 99. Don't know</p>
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	<p>16. Has anyone in the house died of cholera since our visit two weeks ago? 1. Yes → <i>next question</i> 0. No → <i>go to end</i> 77. Refused 99. Don't Know</p>
	<p><i>I'm very sorry to hear that...</i> 17. What was his/her age? ____ (years) 77. Refused 99. Don't know</p>
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Thank you very much for your participation.