

**Cholera Response Community Questionnaire  
 Knowledge, Attitudes and Practices**

Date of Interview \_\_\_\_\_ Interviewer \_\_\_\_\_  
**Identification and Demographic Information**

County \_\_\_\_\_

Village/Town \_\_\_\_\_

Hello, my name is \_\_\_\_\_. I am working with the Kenyan Ministry of Public Health to investigate illnesses in the community. We have a few questions about illness in the community and water issues. This may take about 20 minutes. May I please speak to the person in the home who usually takes care of the ill family members and brings the water for the family?

If YES, begin the interview. If NO, thank you.

What is your age in years?		Gender	1	Male
What is your year of birth?			0	Female

**Background Socioeconomic & Education**

1. How many people live in your household?		
2. How many children less than 5 years old live in your household?		

**Cholera General Knowledge Information**

3. Have you ever heard of an illness called cholera?	1 0 99	Yes No Don't Know
4. Have you heard about the cholera outbreak in your area recently?	1 0 99	Yes No Don't Know
5. Can you tell me what the main symptoms of cholera are? <i>(Do not read. Check all that are mentioned.)</i>	1 2 3 4 5 6 7 99	Watery diarrhea Bloody diarrhea Vomiting Fever Dehydration Decreased appetite Other(specify) _____ Don't Know
6. Do you know what causes cholera?	1	Drinking bad water

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<p><b>(Do not read. Check all that are mentioned.)</b></p>	<p>2 3 4 5 6 7 8 99</p>	<p>Eating bad food          Unwashed fruit/vegetables          Flies/Insects          Poor hygiene          Spirits/Curse/Bad Omen          People from other tribes          Other (specify) _____          Don't Know</p>
<p>7. Can cholera spread from one person to another?</p>	<p>1 0 99</p>	<p>Yes          No          Don't know</p>
<p>8. How severe is cholera compared to other types of diarrhea? <b>(Read all choices. Choose only 1.)</b></p>	<p>1 2 3 99</p>	<p>Less severe          Equal severity          More severe          Don't know</p>
<p>9. How can you prevent you or your family members from getting cholera?  <b>(Do not read. Check all that are mentioned. Prompt after each response.)</b></p>	<p>0 1 2 3 4 5 6 7 8 9 99</p>	<p>Cannot prevent          Herbs          Wash hands          Cook food thoroughly          Reheat stored food          Cover food          Boil or treat water          Wash vegetables and fruit          Clean cooking utensils/vessels          Other (specify) _____          Don't Know</p>
<p>10. How can you treat cholera for yourself or your family members when you are at home and cannot get to a health facility?  <b>(Do not read. Check all that are mentioned. Prompt after each response)</b></p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 0 99</p>	<p>Increase liquid intake          Decrease liquid intake          Increase food intake          Decrease food intake          Use oral rehydration solution (ORS) packets          Use sugar-salt solution          Pill or syrup medicine          Injection          Go to doctor          Go to hospital          Go to church/ mosque/other religious place          Go to traditional healer          Home remedy          (specify) _____          Other (specify) _____</p>

		Do not treat Don't Know
Cholera in Village		
11. Have you heard that people in your village had cholera in the past 6 months?	1 0 99	Yes → <b>Go to 12</b> No → <b>Go to 17</b> Don't Know → <b>Go to 17</b>
12. When was the most recent time you heard of cholera in your village?	0 1 2 3 4 99	Never heard Past 7 days In the past month Between 2-6 months Over 6 months ago Don't know
13. Have you heard that people in your village died from cholera in the past 6 months?	1 0 99	Yes No Don't know
14. Please tell me all the ways you heard about the cholera outbreak. <b>(Do not read. Check all that are mentioned. Prompt after each response.)</b>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 99	Family member Neighbor Friend Chief ( <i>Baraza</i> ) Community Meeting Community health worker Health Worker Women's group Church, Mosque or religious group School NGO or Volunteer Organization (ex.Red Cross, MSF, UNICEF) Radio Electronic media (TV, internet) Newspaper Poster or Wall Hanging Other (specify) _____ Don't know
15. Did you hear messages about how to prevent cholera from these sources of information? <b>(Please refer to sources identified in question 4.)</b>	1 0 99	Yes → <b>Go to 16</b> No → <b>Go to 17</b> Don't know → <b>Go to 17</b>
16. What did you hear? <b>(Do not read. Check all that are mentioned. Prompt after response.)</b>	1 2 3 4 5 6 7	Boil or treat water Build/Use latrines Wash hands Cover food Cook food thoroughly Wash vegetables and fruit Clean cooking utensils/vessels

	8	Seek treatment if you have severe, watery bloody diarrhea
	9	Other _____

**Cholera in Family Member**

17. Did you or any of your family members become ill with cholera in the past 6 months?	1 0 99	Yes → <b>Go to 18</b> No → <b>Go to 35</b> Don't know → <b>Go to 35</b>
18. How many family members became ill with cholera?		
19. How many children under 5 years age became ill with cholera?		
20. Have there been any deaths in your family due to cholera in the past 6 months?	1 0	Yes → <b>Go to 21</b> No → <b>Go to 23</b>
21. How many family members passed away due to cholera?		
22. How many children under 5 passed away with cholera?		

23. Did you use any of the following to treat yourself or your family member in the home when having diarrhea? ( <b>Ask each item. Choose Yes, No or Don't know for each item</b> )				
Herbal Treatment		Yes	No	Don't Know
Fluid prepared from ORS packet		Yes	No	Don't Know
Other solution prepared at home		Yes	No	Don't Know
Ingredients of other solution		Salt	Sugar	Herbs
				Other _____
Prayer therapy		Yes	No	Don't Know
Oral medicine/Antibiotics		Yes	No	Don't Know
Other (specify) _____		Yes	No	Don't Know

24. Did you or your family member seek care for cholera?	1 0 9	Yes → <b>Go to 25</b> No → <b>Go to 35</b> Don't know → <b>Go to 35</b>
25. When was the last time you sought care for cholera for you or your family member?	1 2 3 4 99	In past 7 days Between 1 week - 1 month ago Between 1 month - 6 months ago Over 6 months ago Don't know
26. Who was the person you last sought care for cholera?	1 2 3	Respondent Respondent's family member → Age of family member _____ years

	Other (specify) _____ → Age of other person _____ years
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(The following questions 27 - 34 are about the person identified in question 26)

27. Did you/your family member seek care at:			
Hospital/Government Facility	Yes	No	Don't Know
Cholera Treatment Center	Yes	No	Don't Know
Private Clinic	Yes	No	Don't Know
Dispensary/Health Center	Yes	No	Don't Know
Chemist	Yes	No	Don't Know
Kiosk/Shop	Yes	No	Don't Know
Community Health Worker	Yes	No	Don't Know
Traditional Healer	Yes	No	Don't Know
Spiritual Leader	Yes	No	Don't Know
Other (specify) _____	Yes	No	Don't Know

Health Facility=Government Hospital, Cholera Treatment Center Private Clinic, Dispensary

**If YES to Health Facility, → Go to 28**

**If NO or Don't know to Health Facility → Go to 35**

28. What did they give you at the health facility to treat your cholera illness? <b>(Read all choices and check all that apply.)</b>	1 2 3 4 5 6 7 8 9 99	ORS Fluid through a needle / IV Fluids Syrup or pill medicine by mouth Injection Antibiotics Anti-motility medicine Zinc sulfate Special air through a tube or mask / Oxygen Other (specify) _____ Don't Know
29. Were you/your family member hospitalized overnight?	1 0 99	Yes No Don't know
30. Did the hospital take a blood test?	1 0 99	Yes No Don't know
31. Did the hospital take a stool test?	1 0 99	Yes No Don't know
32. What did the doctor/hospital give you/your family member to take home to treat cholera?	0 1	Nothing ORS Packet(s)

	2 3 4	Syrup or Pill Antibiotic Medicine Anti-motility Medicine
33. Did anyone at the health facility talk to you about preventing cholera?	1 0 99	Yes → <b>Go to 34</b> No → <b>Go to 35</b> Don't know → <b>Go to 35</b>
34. What did they talk about? <b>(Do not read. Check all mentioned. Prompt after response).</b>	1 2 3 4 5 6 7 8 9 10 11 99	Treat water Build and use latrines Wash hands Cover food Cook food thoroughly Reheat stored food Wash vegetables and fruit Clean cooking utensils/ vessels Seek treatment if severe, watery, bloody diarrhea Diarrhea and children Other (specify) _____ Don't know
35. How many hours does it take to get to the health facility from your home?	0 # 99	Less than one hour _____ hours _____ days Don't know
36. How difficult is it to get to the health facility? <b>(Read responses and check all that apply.)</b>	1 2 3 99	No difficulty Some difficulty Very difficult Don't Know

**Oral Rehydration Solution (ORS)**

37. Has anyone taught you how to prepare a home-made rehydration solution at home to treat diarrhea?	1 0 99	Yes → <b>Go to 38</b> No → <b>Go to 40</b> Don't know → <b>Go to 40</b>
38. Who taught you to prepare the solution?	1 2 3 4 5 6 7 8 9 10 11	Spouse Mother Mother-in-law Father Father-in-law Co-wife Government Hospital/Clinic Private clinic Community health worker Traditional healer Spiritual healer

	12 13 14 15 99	Village chief Older woman in community Older man in community Other (specify) _____ Don't know
39. What does this solution contain? <b>(Do not read. Check all mentioned.)</b>	1 2 3 4 5 6 7 8 99	Sugar Salt Herbs Water Tea Other fluid (specify) _____ Contents of ORS Packet Other (specify) _____ Don't know
40. Have you heard of Oral Rehydration Solution or ORS?	1 0 99	Yes → <b>Go to 41</b> No → <b>Go to 51</b> Don't know → <b>Go to 51</b>
41. From who or where have heard of ORS? <b>(Do not read. Check all that are mentioned.)</b>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 99	Family member Neighbor Friend Chief (Baraza) Community Meeting Community health worker Health worker Women's group NGO or Volunteer Organization (ex. Red Cross, MSF, UNICEF) Radio Electronic media such as TV, internet Newspaper Poster or wall hanging School Health Facility Other, Specify _____ Don't know
42. What is ORS used as a treatment for?	1 2	Dehydration Diarrhea

	3 4 99	Children Other (specify) _____ Don't Know
43. Do you know how to prepare ORS?	1 0 99	Yes No Don't know
44. Is ORS available in your village?	1 0 99	Yes No Don't know
45. Where is it available? <b>(Do not read. Check all that are mentioned.)</b>	1 2 3 4 5 6 99	Health care facility Chemist/Pharmacy Kiosk/Shop in Village Supermarket NGO Other (specify) _____ Don't know
46. How much does one ORS packet cost?	1 2 99	_____ Ksh → <b>Go to 47</b> Can get it free at health facility → <b>Go to 49</b> Don't know → <b>Go to 49</b>
47. How do you find the price of ORS? <b>(Read all choices. Mark only 1)</b>	1 2 3	Cheap Fair Expensive
48. Have you purchased ORS in the past 6 months?	1 0 99	Yes No Don't know
49. Do you have one or more packets of ORS in the home?	1 0 99	Yes → <b>Go to 50</b> No → <b>Go to 51</b> Don't know → <b>Go to 51</b>
50. May I see the ORS packet(s)?	1 0 99	Present Absent Refused

### Feeding Practices

51. When you or your family member has diarrhea, how much do you give to drink? <b>(Read all choices. Choose only 1).</b>	1 2 3 4 5 99	More than usual Usual Somewhat less than usual Much less than usual Nothing to drink Don't know
52. When you or your family member has diarrhea, how much do you give them to eat?	1 2	More than usual Usual

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<b>(Read all choices. Choose only 1.)</b>	3 4 5 99	Somewhat less than usual Much less than usual Nothing to eat Don't know
53. Do you think giving more food than usual is good for a child with diarrhea?	1 0 99	Yes → <b>Go to 54</b> No → <b>Go to 55</b> Don't know → <b>Go to 56</b>
54. Why is giving more food than usual for a child with diarrhea good? <b>(Do not read. Mark all that are mentioned.)</b> → <b>Go to 56</b>	1 2 3 4 99	Gives energy Prevents weight loss Helps fight infection Other (specify) _____ Don't know
55. Why is giving more food than usual for a child with diarrhea not good? <b>(Do not read. Mark all that are mentioned.)</b>	1 2 3 4 5 99	Child's gut needs rest Child may throw up Foods may make diarrhea worse Child does not want more food/will waste it Other (specify) _____ Don't know

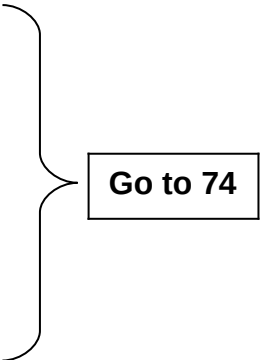
**Water and Water Treatment Information**

56. What is the main source of your household's drinking water during the DRY season? <b>(Do not read; Choose 1)</b>	1 2 3 4 5 6 7 8 9 10 11 12 13 14	Open deep well Protected deep well Shallow well/hand-dug well Spring Lake Pond/Seasonal lake River Borehole Rain water catchment from roof Piped water to house Community tap Water vendor Dam Other
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		(specify) _____
57. What is your main source of drinking water during the RAINY season? <b>(Do not read; Choose 1)</b>	1 2 3 4 5 6 7 8 9 10 11 12 13 14	Open deep well Protected deep well Shallow well/hand-dug well Spring Lake Pond/Seasonal lake River Borehole Rain water catchment from roof Piped water to house Community tap Water vendor Dam Other (specify) _____
58. Where are you presently getting your water? <b>(Do not read; Choose 1)</b>	1 2 3 4 5 6 7 8 9 10 11 12 13 14	Open deep well Protected deep well Shallow well/hand-dug well Spring Lake Pond/Seasonal lake River Borehole Rain water catchment from roof Piped water to house Community tap Water vendor Dam Other (specify) _____
59. Are there any times during the year, when water is not readily available?	1 0	Yes → <b>Go to 60</b> No → <b>Go to 61</b>
60. During the past year, how often was water not readily available? <b>(Read choices. Choose only 1.)</b>	1 2 3 4 5 6 99	One week during year One month during year Between 1- 3 months during year Between 3- 6 months during year Over 6 months during year Other (specify) _____ Don't know
61. Do you do something to your drinking water to make it safe to drink?	1 0 99	Yes → <b>Go to 62</b> No → <b>Go to 63</b> Don't know → <b>Go to 63</b>
62. What do you do to treat the water? <b>(Do not</b>	1	Boil

<p><i>read. Check all that are mentioned. Prompt after each response.)</i></p>	<p>2 3 4 5 6 7 8 9 10 11 12 13 99</p>	<p>Decanting          Keep water in hot sun          Filter          Cloth filter          Sand (shallow dug well)          Alum          WaterGuard          PuR          AquaGuard          Aquatabs          Use a ceramic/biosand filter          Other (<i>Specify</i>)          _____          Don't know</p>
<p>63. Do you do something to your drinking water when you or your family member is ill and has diarrhea to make the water safe to drink?</p>	<p>1 0 99</p>	<p>Yes → <b>Go to 64</b>          No → <b>Go to 65</b>          Don't know → <b>Go to 65</b></p>
<p>64. What do you do to treat the water? (<i>Do not read. Check all that are mentioned. Prompt after each response.</i>)</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 99</p>	<p>Boil          Decanting          Keep water in hot sun          Filter          Cloth filter          Sand (shallow dug well)          Alum          WaterGuard          PuR          AquaGuard          Aquatabs          Use a ceramic/biosand filter          Other (<i>Specify</i>)          _____          Don't know</p>
<p>65. Have you ever heard about water treatment products?</p>	<p>1 0 99</p>	<p>Yes → <b>Go to 66</b>          No → <b>Go to 68</b>          Don't know → <b>Go to 68</b></p>
<p>66. Which water treatment product have you heard of?</p>	<p>1 2 3 4 5</p>	<p>WaterGuard          PuR          AquaGuard          Aquatabs          Other (<i>specify</i>) _____</p>

<p>67. How did you hear about (<b>Name of water treatment product</b>)?  <b>(Do not read. Check all mentioned.)</b></p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 99</p>	<p>Family member          Neighbor          Friend          Chief (Baraza) Community Meeting          Community health worker          Women's group          NGO or Volunteer Organization (ex. Red Cross, MSF, UNICEF)          Radio          Electronic media such as TV, internet          Newspaper          Poster or wall hanging          School          Church, Mosque or religious group          Health Facility          Other (Specify) _____          Don't know</p>
<p>68. In the last 6 months, have you ever received any water treatment products or hygiene products for free from the government, NGO, or another organization to prevent or treat cholera?</p>	<p>1 0 99</p>	<p>Yes → <b>Go to 69</b>          No → <b>Go to 74</b>          Don't know → <b>Go to 74</b></p>
<p>69. What were you given?  <b>(Do not read. Check all that are mentioned.)</b></p> <div style="text-align: center; margin-top: 100px;">  </div>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p>	<p>WaterGuard → <b>Go to 70</b>          PuR → <b>Go to 70</b>          AquaGuard → <b>Go to 70</b>          Aquatabs/chlorine tabs → <b>Go to 70</b>          Bottles of chlorine → <b>Go to 70</b>          Drums of chlorine → <b>Go to 70</b>          Soap          Jerrycan          Bucket          Ceramic water filter          Medicine/Antibiotics          ORS          Print material          Incentives          Advice          Other _____</p>
<p>70. Were you given any counseling or education on how to use these water treatment products?</p>	<p>1 0 99</p>	<p>Yes          No          Don't know</p>
<p>71. Did you use any of these products?</p>	<p>1</p>	<p>Yes → <b>Go to 72</b></p>

	0 99	No → <b>Go to 73</b> Don't know → <b>Go to 74</b>
72. What did you use? → <b>Go to 74</b>	1 2 3 4 5 6 99	WaterGuard PuR AquaGuard Aquatabs/chlorine tabs Bottles of chlorine Drums of chlorine Don't know
73. Why did you not use these products?	1 2 3 4 5 6 7 99	Bad Taste Dangerous to use these products No container to treat water No need to treat water Did not know how to use the product Did not get education on how to use the product Other (specify) _____ Don't know

Handwashing Information

74. When do you wash your hands? <b>(Do not read. Check all that are mentioned.)</b>	1 2 3 4 5 6 7 8 99	After using the toilet Before eating After eating When serving meals Before cooking After cleaning babies when they defecate Other (Specify) _____ Never wash hands Don't Know
75. Do you have soap in the house?	1 0 99	Yes No Don't know
76. For which purposes, do you use the soap? <b>(Do not read. Check all that are mentioned.)</b>	1 2 3 4 5 99	Washing hands Laundry Cleaning utensils/ vessels Bathing Other (Specify) _____ Don't know

**Education/Socioeconomic/Personal Information**

77. Can you read and write?	1 0 99	Yes No Don't know
78. What is the highest level of education you have attended? <b>(Choose only 1)</b>	0 1 2 3 4 99	None Lower Primary Upper Primary Secondary or Higher Other (specify) _____ Don't know
79. Does your household have the following? <b>(Read all choices. Mark all that apply.)</b>	1 2 3 4 5 6 7 8 9 10 0	Electricity Television Radio Animal-drawn cart Motorcycle/Scooter Bicycle Car/truck Refrigerator Telephone (mobile or non-mobile) Agricultural land None of the above
80. What type of cooking fuel does your household use? <b>(Read all choices. Mark all that apply.)</b>	1 2 3 4 5 6 7 8 9 10 0	Charcoal Wood Straw/shrubs/grass Animal dung Agricultural crop residue Electricity Liquid Propane Gas Natural Gas Kerosene Other (specify) _____ None
81. Do you/your family own any of the following animals? <b>(Read all choices. Mark all that apply.)</b>	1 2 3 4 5 6 7 0	Goat Sheep Dog Cat Cow/Cattle Chicken, Ducks, other poultry Other (specify) _____ No animals

82. What is the main source of family income? <b>(Do not read. Choose only 1.)</b>	1 2 3 4 5 6 7 99	Herding of Domestic Animals Fishing Small Business Farmer Employed/Salaried Unskilled labor Unemployed Don't Know
83. What is your religious denomination? <b>(Do not read. Check all that are mentioned.)</b>	1 2 3 4 5 6	Christian Muslim Hindu None Other (specify) _____ Refused

**Home Information/Observations**

84. Where do you defecate? <b>(Do not read. Circle the one that applies.)</b>	1 2 3 4 5 6 7	Flush Latrine Covered pit latrine Uncovered dry pit latrine Flying toilet Bush Lake or River Other, (Specify) _____
85. What is the main roofing material for the household's dwelling? <b>(Choose 1.)</b>	1 2 3 4 5 6 7	Thatch Metal/Iron Sheets Tile/Asbestos sheets Wood Cement None; no household dwelling/structure Others (Specify) _____
86. What is the main flooring material? <b>(Choose 1)</b>	1 2 3 4 5 6 7 8 9	Dung Earth/ sand/ mud Metal Wood Broken bricks Cement Tile None; no household dwelling/structure Other (Specify) _____
87. What is the material used for the walls? <b>(Choose 1)</b>	1 2	Dung/Mud Metal sheets

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	3 4 5 6 7 8	Twigs Wood Cement/Plaster Bricks/blocks/stones None; no household dwelling/structure Other(Specify)
88. May I see where you store your water? <b>(Mark all that are seen.)</b>	1 2 3 4 5 6	Jerrycan Bucket Pot Cooking pot ( <i>Sufuria</i> ) Refused None
89. May I see the products you have purchased or have received from the government or NGOs? <b>(Mark all that are seen.)</b>	1 2 3 4 5 6 7 8 9 10 11 12 13	Soap WaterGuard PuR Aquatabs/chlorine tabs Bottles of chlorine Drums of chlorine Ceramic water filter Medicine/Antibiotics ORS Food Print material Other (specify)_____
90. May I test a sample of drinking water to see if there is chlorine in it? <b>Result of chlorine test:</b>	1 2 3 4 5 6	Positive Negative No water stored Refused Test not done Other (specify)_____

**“The interview is now finished. Thank you.”**



