

PRE-SCREENING INTERVIEW (NIGERIA)

	SCREENING ID NUMBER	<input type="text"/>	
#	QUESTIONS		SKIP
	BACKGROUND INFORMATION		
1.	What is your age?	<input type="text"/>	
2.	Which religion do you belong to?	Christian.....0 Muslim.....1 Other.....2 If Other, please specify_____	
3.	What is your marital status?	Married/Cohabiting.....0 Divorced/Separated.....1 Widowed.....2 Single.....3	
4.	What is the highest degree of formal education that you attained? (Not including Islamic/Arabic education)	None.....0 Primary.....1 Secondary.....2 More than Secondary.....3 Don't Know/Missing.....9	
5.	Which community do you currently live in?	_____	
6.	Which LGA do you currently live in?	Bekwarra.....0 Yala.....1 Abi.....2 Akamkpa.....3 Akpabuyo.....4 Bakassi.....5 Biase.....6 Boki.....7 Calabar Municipal.....8 Calabar South.....9 Etung.....10 Ikom.....11 Obanliku.....12 Obubra.....13 Obudu.....14 Odukpani.....15 Ogoja.....16 Yakurr.....17 IF OTHER, please specify the STATE.....18	
7.	How would you describe where you live? (RA responds based on the prior answers)	Urban.....0 Rural.....1 Don't know.....9	
	REPRODUCTIVE HEALTH		
8.	Now I would like to ask about all the births you have had during your life. Have you ever given birth before?	NO.....0 YES.....1	If NO, skip #12
9.	How many sons or daughters to whom you have given birth are alive?	SONS <input type="text"/> DAUGHTERS <input type="text"/>	
10.	Have you ever given birth to a boy or a girl who was born alive but later died?	NO.....0 YES.....1	If NO, skip to #12
11.	How many boys or girls have died like this?	Boys dead <input type="text"/> Girls dead <input type="text"/>	
12.	Have you ever lost a pregnancy? It might be spontaneously or when you or someone else had to do something to end the pregnancy.	NO.....0 YES.....1	If NO, skip to #14
13.	How many pregnancies have you lost in your lifetime?	<input type="text"/>	
14.	Some women have stillbirths, that is, they give birth in late pregnancy to a dead child.	NO.....0 YES.....1	If NO, skip to #16

	Have you ever had a stillbirth?		
15.	How many stillbirths have you had in your lifetime?	<input type="text"/>	
	FISTULA-LIKE SYMPTOMS (DHS) Sometimes a woman can have a problem such that she experiences a constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after a pelvic surgery. This is called vesicovaginal fistula (VVF).		
16.	Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	NO.....0 YES.....1	If NO, skip to #31
17.	Did this problem occur within the last 12 months?	NO.....0 YES.....1	If YES, skip to #19
18.	What year did this problem occur?	<input type="text"/>	
19.	Did this problem occur after a delivery?	NO.....0 YES.....1	If YES, skip to #20
b.	Did this problem occur after an operation in your pelvic area? (pelvic surgery)	NO.....0 YES.....1	If YES, skip to #26
c.	Did this problem occur after some other event?	NO.....0 YES.....1 If OTHER, please specify.....2	
	RA CONFIRMATION QUESTION FOR THE TOOL: Problem after delivery?	NO.....0 YES.....1	If NO, skip to #26
20.	Did this problem occur after a normal labor and delivery, or after a very difficult labor and delivery?	Normal Labor/Delivery.....0 Very Difficult Delivery.....1	
21.	Where did the delivery take place?	Home.....0 Facility.....1	If HOME, skip to #24
22.	How long after the labor pains began did you go to the facility?	<12 hours.....0 12-24 hours.....1 >24 hours.....2 I don't know.....9	
23.	Did you get a cesarean section at the facility?	NO.....0 YES.....1	
24.	Was this baby born alive?	NO.....0 YES.....1	
25.	After which delivery did this occur?	Delivery Number <input type="text"/>	
26.	How many days after (ANSWER TO QUESTION #19) did the leakage start?	Number of days after the precipitating event <input type="text"/> (Enter 99, if more than 99 days)	
27.	Have you sought treatment for this condition?	NO.....0 YES.....1	If YES, skip to #29
28.	Why have you not sought treatment? (Multiple options available)	Did not know how it could be fixed.....0 Do not know where to go.....1 Too expensive.....2 Too far.....3 Poor quality of care.....4 Could not get permission.....5 Embarrassment.....6 If Other, please specify.....7 _____7	
	RA CONFIRMATION QUESTION FOR THE TOOL: Treatment sought?	NO.....0 YES.....1	If NO, skip to #31
29.	From whom did you last seek treatment?	Health Professional Doctor/Clinical Officer.....0 Nurse/Midwife.....1 Patient Attendant.....2 Other Person Untrained village doctor.....3 Traditional Birth Attendants (TBA).....4 If Other, please specify.....5	

30.	Did the treatment stop the problem?	YES, No more leakage at all.....0 YES, But still some leakage.....1 NO, Still have problem.....2	
31.	Are there any (other) women in your household who suffer from vesicovaginal fistula/obstetric fistula?	NO.....0 YES.....1	
32.	How many (other) women in your household suffer from vesicovaginal fistula/obstetric fistula?	Number <input type="text"/> <input type="text"/> Don't Know.....99	If NO, skip to #34
33.	Did she/they come or are they planning to come to the screening?	NO.....0 YES.....1 Don't Know.....9	
COMMUNICATION			
34.	How did you hear about the screening today?	The community organization.....0 The radio spots.....1 Family.....2 Acquaintance/Friend.....3 Town Crier.....4 Fistula patients.....5 If Other, please specify.....6	
Please let me know if you remember hearing any of the following messages (between questions 35-38):			
35.	The continuous leakage of urine or feces or both through woman's private part is called a fistula.	NO.....0 YES.....1 Don't Know.....9	
36.	This condition can be completely treated through surgical operation in the hospital.	NO.....0 YES.....1 Don't Know.....9	
37.	The women who are identified with this condition at the screening will be operated free of charge.	NO.....0 YES.....1 Don't Know.....9	
38.	Women with other forms of leakage not related to fistula will be referred to other hospitals to get treatment, where they shall bear the cost of transportation and operations.	NO.....0 YES.....1 Don't Know.....9	
39.	How did you get to the clinic today? (Multiple options available)	On foot.....0 By bicycle.....1 By motorcycle.....2 By car.....3 By taxi/public moto.....4 By train.....5 By cart.....6 By using animals such as donkey, camel etc..7 If Other, please specify.....8	
40.	Did you come to the screening by yourself?	NO.....0 YES.....1	If YES, skip to the END
41.	Who accompanied you to the screening?	Husband.....0 Mother/Father.....1 Sister/Brother.....2 Friend/Acquaintance.....3 If Other, please specify.....4	
THANK YOU VERY MUCH FOR YOUR TIME. NOW, I'LL TAKE YOU BACK TO THE WAITING AREA.			

Name of the interviewer:
Date of the interview:

day	month	year
<input type="text"/>	<input type="text"/>	<input type="text"/>