



FISTULA MODULE

QUESTIONNAIRE

F2	Have you ever heard of this problem?	YES 1 2	next section
F3	<h1>Demographic and Health Surveys Methodology</h1> 1 2 3	F5
F4	 1 VERY 2	F6
F5		What do you think caused this problem?	SEXUAL ASSAULT 1 PELVIC SURGERY 2 OTHER 6 (SPECIFY) DON'T KNOW 8
F6	How many days after [CAUSE OF PROBLEM FROM F3 OR F5] did the leakage start?	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/> (ENTER 90 IF 90 DAYS OR MORE)	
F7	Have you sought treatment for this condition?	YES 1 NO 2	F9
F8	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G	next section

This document is part of the Demographic and Health Survey's *DHS Toolkit* of methodology for the MEASURE DHS Phase III project, implemented from 2008-2013.

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F1	<p>Sometimes a woman can have a problem of 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 pelvic surgery.</p> <p>Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?</p>	<p>YES 1 NO 2</p>	→ F3
F2	Have you ever heard of this problem?	<p>YES 1 NO 2</p>] → next section
F3	Did this problem start after you delivered a baby or had a stillbirth?	<p>AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH..... 2 NEITHER 3</p>	→ F5
F4	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	<p>NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVERY . 2</p>] → F6
F5	What do you think caused this problem?	<p>SEXUAL ASSAULT 1 PELVIC SURGERY 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8</p>	→ F7
F6	How many days after [CAUSE OF PROBLEM FROM F3 OR F5] did the leakage start?	<p>NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/></p> <p>(ENTER 90 IF 90 DAYS OR MORE)</p>	
F7	Have you sought treatment for this condition?	<p>YES 1 NO 2</p>	→ F9
F8	<p>Why have you not sought treatment?</p> <p>PROBE AND RECORD ALL MENTIONED.</p>	<p>DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G PROBLEM DISAPPEARED H OTHER _____ X (SPECIFY)</p>] → next section
F9	From whom did you last seek treatment?	<p>HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 3 OTHER _____ 6 (SPECIFY)</p>	
F10	Did you have an operation to fix the problem?	<p>YES 1 NO 2</p>	
F11	<p>Did the treatment stop the leakage completely?</p> <p>IF NO: Did the treatment reduce the leakage?</p>	<p>YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT..... 4</p>	

