

DEMOGRAPHIC AND HEALTH SURVEYS
 FISTULA MODULE
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF WOMAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED												
LANGUAGE OF QUESTIONNAIRE**		LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**								
0 1												
LANGUAGE OF QUESTIONNAIRE**		**LANGUAGE CODES:										
ENGLISH		01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6										
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR								
NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NUMBER
	NUMBER		NUMBER	NUMBER								
			NUMBER	NUMBER								

(1) This section should be adapted for country-specific survey design.

FISTULA

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 SEC.
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</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	→ F7
F6	<p>How many days after (CAUSE OF PROBLEM FROM F3 OR F5) did the leakage start?</p> <p>ENTER '90' IF 90 DAYS OR MORE.</p>	<p>NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/></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</p> <p>OTHER _____ X (SPECIFY)</p>] → NEXT SEC.
F9	From whom did you last seek treatment?	<p>HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2</p> <p>OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 3</p> <p>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>	