Date:

FAMILY HISTORY:
- Married
- Widow
- Partner
- Single
- Separated
- Child

Children: No. of Pregnancies______Alive______Deceased______

SOCIAL HISTORY:
Number of cigarettes in the last 24 hours________________
Alcohol: □ None □ Occasional □ Frequent □ Heavy
Home: Town/provinces ___________ Occupation: ____________________

WATER SOURCE:
- Piped
- Well
- Spring
- River, lake, stream, irrigation, dam, or rainwater
- Bottled water or Tanker truck
- Other

TOILET FACILITIES:
- Flush
- Pit latrine, open
- Pit latrine, with slab
- No facility, or bush, field, or hanging latrine
- Other

HEALTHCARE:
1. Have you had previous surgery? □ Y □ N
2. If not, what has prevented you from having your disease treated so far?
   (Check all that apply)
   - I was concerned about the quality of care
   - I was too ashamed to seek treatment
   - Treatment would have been too expensive
   - No surgeon was available
   - I did not have transportation/could not get to treatment
   - The distance to care was too far
   - I was needed at work
   - A spouse or family member would not allow access to care
   - I did not think I needed care treatment
   - Other ____________________

EDUCATIONAL ATTAINMENT:
1. Number of years of schooling ___________
2. Schooling completed:
   - None
   - Some primary
   - Completed primary
   - Some secondary
   - Completed Secondary

ASSETS:
1. Which of the following does your household own?
   - Refrigerator □ yes □ no
   - Bicycle □ yes □ no
   - Motorcycle □ yes □ no
   - Car □ yes □ no
   - Radio □ yes □ no
   - Television □ yes □ no
   - Telephone □ yes □ no
   - Electricity □ yes □ no

2. Do you work outside the home? □ Yes □ No
3. Do you live in the □ City □ Country
4. Who owns the place you live?
   - You, your spouse, or your partner
   - Family
   - Other

5. What is your floor made of?
   - Earth, dirt, or mud
   - Wood
   - Cement
   - Other

6. Are you able to read?
   - No
   - Individual words
   - Yes