

Knowledge, Attitude and Practice survey

IDENTIFICATION		
Record the current time (in 24 hours)	_____ : _____	
Questionnaire Number		
ACHP - HH ID (ACHP)		
ACHP-HH Structure ID (ACHP)		
PARA Number		
Cluster Number		
Name of the respondent		
Age of the Respondent (in years); Must be 18+ years		
Sex of the Respondent	1. Male	2. Female
Relationship of the respondent with the head of the household	1. Self; 3. Son/Daughter; 5. Grandson/ Granddaughter; 7. Grandparent; 9. Brother/Sister; 11. Other relative;	2. Husband/Wife; 4. Son/Daughter in law; 6. Mother/Father; 8. Parent in laws; 10. Brother/Sister in law; 12. Non-relative
Marital Status	1. Single 2. Married 3. Separated 4. Divorced 5. Widowed 9. No Response	
What is your educational qualification?	0. Illiterate/ No formal education 1. Primary 2. Middle 3. Secondary 4. Matriculate/O Level 5. Intermediate/Diploma/A Level 6. Graduate (BA/B.com/Bsc./PGD) 7. MA/MSc/M.com/MBBS/BE/MBA/LLB/ Ph.D/FRCS/MRCP 8. Religious Schooling	
Are you employed?	1. Yes 2. No	
Your monthly household income?	1. Less than Rs 5000 2. Rs 5000 to Rs 10000 3. Rs 10,000 to Rs 20,000 4. Rs 20,000 to Rs 50,000 5. More than Rs 50,000	
How many people live in this household	Male: ----- Female: ----- Total: -----	
What are their ages and do they have any medical problems	1a: Age ____ years 1b: gender: 1c: medical problems:..... 1b: Age (may be make a table of the people in the household. This information may already be available_	

Sec. A: KNOWLEDGE

Q #	Questions/Filter	Coding Categories
A1	Do you think exposure to extreme heat can cause health problems?	1. Yes 2. No
A2	Have you heard about “Heat-stroke”?	1. Yes 2. No
[A3.1- A3.10]	What was your source of information about Heat-Illnesses? (more than one response is possible) (Note for data collectors: don’t prompt; tick all that the respondents mentions)	A.3.1. Newspapers and Magazine (1. Yes; 2.No) A.3.2. Radio (1. Yes; 2.No) A.3.3. TV (1. Yes; 2.No) A.3.4. Billboards (1. Yes; 2.No) A.3.5. Social Media (1. Yes; 2.No) A.3.6. Family, Friends, Neighbors, Coworkers (1. Yes; 2.No) A.3.7. Religious Leaders (1. Yes; 2.No) A.3.8 Announcements in the Mosque (1. Yes; 2.No) A.3.9. Doctors (1. Yes; 2.No) A.3.10 Others, please specify? _____
A4	What is the most important source of information that has helped you in increasing your awareness about heat-illness? Rank them (1 being most helpful). Give top 5 options from above question.	-----
A5	What are the symptoms of “Heat Stroke”? (Note for the data collectors: Let the respondent give you as many as they can remember. Don’t prompt them. For those not on the list, write under “others”)	a. High body temperature (1. Yes; 2.No) b. Altered mental status behavior (1. Yes; 2.No) c. Loss of consciousness / syncope (1. Yes; 2.No) d. Nausea and vomiting (1. Yes; 2.No) e. Muscle aches & cramping (1. Yes; 2.No) f. Headache (1. Yes; 2.No) g. Increased heart rate (1. Yes; 2.No) h. Weakness/exhaustion (1. Yes; 2.No) i. Seizures (1. Yes; 2.No) j. Others, please specify? _____
A5a	What are the symptoms of “Heat Exhaustion”? (Note for the data collectors: Let the respondent give you as many as they can remember. Don’t prompt them. For those not on the list, write under “others”)	a. High body temperature (1. Yes; 2.No) b. Altered mental status behavior (1. Yes; 2.No) c. Loss of consciousness / syncope (1. Yes; 2.No) d. Nausea and vomiting (1. Yes; 2.No) e. Muscle aches & cramping (1. Yes; 2.No) f. Headache (1. Yes; 2.No) g. Increased heart rate (1. Yes; 2.No) h. Weakness/exhaustion (1. Yes; 2.No) i. Seizures (1. Yes; 2.No) j. Others, please specify? _____
A6	Have you ever heard or witnessed someone becoming ill due to extreme heat?	1. Yes 2. No
A6a	If above is answered yes What are the common causes “Heat-Illnesses”?	a. High Temperature (1. Yes; 2.No) b. Too much exertion (1. Yes; 2.No) c. Preexisting Illness (1. Yes; 2.No) d. Wearing excessive clothing in hot weather (1. Yes; 2.No) e. Wearing dark color clothing in hot weather (1. Yes; 2.No) f. Getting dehydrated (1. Yes; 2.No)

		<p>g. Doing heavy work/physical work/playing game during hot weather in sunlight (1. Yes; 2.No)</p> <p>h. Working outdoors on Bike/cycle during hot weather in sunlight (1. Yes; 2.No)</p> <p>i. Doing work in Kitchen (1. Yes; 2.No)</p> <p>j. Tea and coffee (1. Yes; 2.No)</p> <p>k. Others, please specify? _____</p>
A7	Do you believe that “Heat-Illnesses such as ...” can be fatal?	<p>1. Yes</p> <p>2. No</p> <p>3. Don’t know</p>
A8	Do you believe that “Heat-Illnesses such as...” be prevented?	<p>1. Yes</p> <p>2. No</p> <p>3. Don’t know</p>
A9	Do you think, “Heat-Illnesses “can be managed/cured/treated completely if addressed promptly?”	<p>1. Yes</p> <p>2. No</p> <p>3. Don’t know</p>
A10	Which of the following age-group of the population is more prone to developing “Heat-Illnesses”?	<p>1. 0-5</p> <p>2. 5-12</p> <p>3. 12-25</p> <p>4. 25-45</p> <p>5. 45-65</p> <p>6. 65+</p>
A11	Which of the following working class is more prone to developing heat illness	<p>1. People working outside</p> <p>2. People working in hot areas such as kitchen</p> <p>3. People who have other illnesses</p>
A12	Do you feel, you or your family members are susceptible to “Heat-Illnesses such as heat stroke and heat exhaustion”?	<p>1. Yes</p> <p>2. No</p>
A12a	If Above is answered Yes, why do you think you or your family are at high risk?	<p>1- Living structure</p> <p>2- Electricity</p> <p>3- Work</p> <p>4- Lack of water</p> <p>5- Illness in the family</p> <p>6- Others: -----</p> <p>-----</p> <p>-----</p>
A13	Can you tell me, what are the some important actions to be taken for immediate management of Heat illnesses before a patient is taken to a hospital? (<i>do not probe, multiple answers are possible</i>)	<p>1. Cold shower/Bath</p> <p>2. Use of fans</p> <p>3. Wet sponging the skin</p> <p>4. Mobilization of patient to a cooler area</p> <p>5. Oral rehydration therapy (ORS/Nimcol)</p> <p>6. Drink fluids/juices</p> <p>7. Removal of tight clothing</p> <p>8. Ask the patient to lay down and elevate his/her feet</p> <p>9. AMAN help line</p> <p>10. Apply ice packs to patients armpit, groin, neck and back</p> <p>11. Don’t know any thing</p> <p>12.Call Aman Ambulance</p>
A14	Are you aware of the consequences of the heat waves? (Such as the heat wave in 2015)	<p>1. Yes</p> <p>2. No</p>

		3. Don't know
A14a	If above is answered yes, what are the main factor contributing to the numerous heat related casualties (Such as those in the heat waves of 2015)?	1. Lack of preparedness 2. Lack of resources 3. Lack of knowledge about management 4. Shortage of ambulances 5. Power failure / Load shedding 6. Other, please specify
A15	Do you think, "Heat-Illnesses" are likely to increase in the future?	1. Yes 2. No 3. Don't know
A16	Do you think, climate changes in the future will be the main cause of HEAT wave in Karachi?	1. Yes 2. No 3. Don't know
A17	Do you think, educating the population about Heat-Illnesses and its management can reduce the number of casualties?	1. Yes 2. No
A18	Do you think overall you know enough about heat illnesses to be able to make decisions on when to seek care when your family member is ill?	1. Yes 2. No

Sec. B: PRACTICES

B1	Do you drink water regularly during the day when it's hot?	1. Yes regularly 2. No, only when thirsty
B2	Do you avoid going outside when it's hot and sunny?	1. Yes 2. No
B3	Do you use additional measures to keep cool during the summer?	1. Yes 2. No
B3a	If yes, explain what measure(s) do you take	1. Applied sunscreen 2. Used fan/air conditioner 3. Closed curtains 4. Kept windows closed during the day 5. Opened windows at night 6. Drank plenty of water and cold drinks 7. Avoided physical exertion in sunlight 8. Stayed in the shade 9. Kept out of the sun between 11 am to 3 pm 10. Avoid working in kitchen 99. Any other, write it down -----
B4	Do you cut down on the time spent in the kitchen, when it's very hot outside?	1. Yes 2. No 3. Not applicable
B5	Do you avoid excessive tea and coffee when the temperature soars?	1. Yes 2. No
B6	Do you fast when the time (month) of fasting coincides with the heat wave?	1. Yes 2. No 3. Not a Muslim (if 3 skip to question B10)
B7	If yes, do you take regularly yogurt SEHRI time?	1. Yes, regularly 2. Yes, irregularly 3. No, only water
B7a	If yes, do you take regularly lassi at SEHRI time?	1. Yes, regularly 2. Yes, irregularly 3. No, only water
B7b	If yes, do you take regularly lemonade at SEHRI time?	1. Yes, regularly 2. Yes, irregularly 3. No, only water
B8	Have you or your family ever experienced symptoms of a "Heat related illness"	1. Yes 2. No
B8a	If above is answered yes do you believe that you or your family member had a heat illness what symptoms did the affected person have?	1. High body temperature 2. Altered mental status behavior 3. Loss of consciousness / syncope 4. Nausea and vomiting 5. Muscle aches & cramping 6. Headache 7. Increased heart rate 8. Weakness/exhaustion 9. Seizures 99. Others, please specify? _____
B8b	If Yes, in which year you believe that you or your family member had a heat illness what symptoms did the affected person have?	1.2015 2.2016 3.2017
B8c	If yes, what did you do?	1. Broke the Fast immediately if fasting 2. Avoided doing unnecessary work 3. Left the work and take complete rest

		<ul style="list-style-type: none"> 4. kept on doing work as usual 5. Increased liquid intake 6. Tried to turn the fan on 7. Took a bath 8. Any other specify -----
B9	How many hours of load shedding do you have in summers?	----- hour/s
B10	How do you keep yourself cool during load shedding?	<ul style="list-style-type: none"> 1. Hand fans 2. Wet sponges 3. Wearing loose clothes 4. Using UPS/generator 5. Taking showers 6. Any other please explain -----
B11	When you or any member in your family experienced heat illness, did you visit any health care facility?	<ul style="list-style-type: none"> 1. Yes 2. No 3. Not applicable
B12	If yes, please tell the type of health facility you visited?	<ul style="list-style-type: none"> 1. Govt. Hospital 2. Pvt. Hospital 3. Govt. Clinic/dispensary 4. Pvt. Clinic/dispensary 5. Homeo clinic/Hikmat 6. Other, specify -----
B12a	If visited hospital, were you satisfied with your treatment in the Emergency Department?	<ul style="list-style-type: none"> 1. Yes 2. No
B13	Do you know someone who had a “Heat-Illnesses”? (other than family member)	<ul style="list-style-type: none"> 1. Yes 2. No
B13a	If yes, did he/she visit any health care facility?	<ul style="list-style-type: none"> 1. Yes 2. No
B14	Have you ever seen the guidelines provided by any media (TV/NGO/Newspaper) about the prevention and management of “Heat-Illnesses”?	<ul style="list-style-type: none"> 1. Yes 2. No
B14a	If yes, did you apply them?	<ul style="list-style-type: none"> 1. Yes 2. No
B15	If yes, did you spread “heat care” awareness in your family and community?	<ul style="list-style-type: none"> 1. Yes 2. No
B15a	If yes, how? (please explain)	----- -----
B16	If you saw someone feeling unwell due to extreme heat what would be the first thing you do?	<ul style="list-style-type: none"> 1. Give water/fluid to drink 2. Give cold shower/bath 3. Provide cool air (AC) if available /use of fan 4. Give ORS/Nimcol 5. Mobilization of patient to a cooler area 6. Removal of tight clothing 7. Ask the patient to lay down and elevate his/her feet 8. Apply ice packs to patients armpit, groin, neck and back 9. take him immediately to nearest health facility 10. Don't know 99. Any other, specify -----

Sec. C: ATTITUDE

C1	What do you think, should women cut down on the time spent in the kitchen, when it's very hot outside?	1. Yes 2. No
C2	What do you think, while fasting during hot summer season if someone experiences symptoms of a "Heat-Illnesses" which might cause death, should he/she break the fast?	1. Yes 2. No
C3	If Yes, Why?	----- -----
C3a	If Not, Why not	----- -----
C4	If you or any member in your family feel sick because of the heat, will you take him or go yourself immediately to the emergency of nearest hospital?	1. Yes 2. No
C5	If you or any member in your family feel sick because of the heat, at what point would you go to a healthcare facility?	1. Immediately 2. When self-remedy/self-administered care does not work 3. As soon as I realize my symptoms indicate a Heat-Illnesses 4. As soon as I feel I cannot continue my daily routine work/household chores 5. I would not go to a doctor 9. Other, please specify
C6	If you would not go to the health care facility what is the reason?	1. Do not know where to go 2. Don't think this is a severe disease 3. Difficulties with transportation 4. Distance to the clinic or hospital 5. Do not trust medical workers 6. Cannot leave work/too busy 7. Cost 99. Other, please specify
C07	What do you think about NGOs working in your area, are they doing good job for creating awareness regarding "how to get prevention from heat illnesses"	1. Yes 2. No 9. Don't know
C08	If you find any guidelines related to the prevention and management of "Heat-Illnesses", will you follow them in case of heat emergency?	1. Yes 2. No
C9	Will you volunteer yourself for creating awareness "how to get prevention from heat illnesses"	1. Yes 2. No
C9a	If yes, explain how you can create awareness?	----- -----