**SUPPLEMENTARY MATERIAL**

**Supplementary Example Questionnaire S1**.

AGI question section of the January 2013 IHACC Batwa survey

# EKICWEKA B - OKUCOONDOZA AHA BY’AMAGARA

*PART B Clinical evaluation*

|  |  |
| --- | --- |
| 1. OINE ENDWARA YOONA EY’ORUBEERERA? *(NKA TB/KAKONKO; OMUTIMA, SHUKAARI)*

[ ]  EEGO/ NDWARA KI YENYINI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  INGAAHA[ ]  TARIKUKIHAMYA KURUNGI[ ]  YAAHUNAMA | Do you have any chronic pre-existing medical conditions? (TB, heart disease, respiratory disease, diabetes)[ ]  Yes (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No[ ]  Unsure[ ]  No response |

**EKICWEK**

**EKICWEEKA E: ENDWARA Z’OKUTANAKA, N’OKWIRUKAN A , EZAMAANI**

*PART E: Acute Gastrointestinal Illness*

1. OMU SAANDE IBIRI EZIHINGWIRE, OTUNGIREHO ENDWARA Y’OKUTANAKA NINGA OKWIRUKANA? ENDWARA Y’EKIIRUKANO/EKIIRUKANO NIKIMANYISA KWEJUNA EMIRUNDI ERI KURENGA ESHATU OMU SHAAHA ABIRI N’INA, OBWO ORIKUSHOHOZA AMAAZI GOOROBIRE/GATOTSIRE MUNONGA. *YAAGIRA NGU INGAAHA, GYENDA AHA KICWEKA F, EKIBUUZO 48.*

EEGO

INGAAHA, *[GYENDA AHA KIBUUZO 48]*

TARIKUKIHAMYA KURUNGI, *[GYENDA AHA KIBUUZO 48]*

YAAHUNAMA, *[GYENDA AHA KIBUUZO 48]*

In the past two weeks, did you experience any illness that included vomiting or diarrhoea? Diarrhoea is considered to be 3 or more loose stools in a 24 hour period. *If no, skip to Part F, question 48.*

Yes

No *[Skip to Q48]*

Unsure *[Skip to Q48]*

No response *[Skip to Q48]*

|  |  |
| --- | --- |
| ***YAAGIRA ATI: EEGO,*** GUMIZAMU***YAAGIRA ATI: INGAAHA,*** Guruka ebibuzo eby’ekirukano ebirikweyongyerayo ogyende aha kibuzo 48 | ***If YES***: *Continue****IF NO:*** *Please skip the remaining**AGI questions and proceed to Q48* |
|  |  |
| ***NINKUSHABA OGARUKEMU EBIBUUZO EBI, NIBIKWATA AHA NDWARA Y’OKUTANAKA NINGA EKIRUKANO EBI OGIZIREHO JUBA JUBA OBWIRE BWA HAIHI.*** | ***Please answer the rest of these questions for your most recent experience of vomiting or diarrhoea.*** |

1. OBU WAAKIMANYA NGU OINE ENDWARA Y’EKIRUKANO NINGA OKUTANAKA, BIKABA BIRI EBIRO BINGAHI?

*ORIKUBUUZA EBIBUUZO: OMUNTU YAAGARUKAMU OBWIRE BURIKWOREKA NGU ESAANDE EMWE YOONA EHWEIREHO. NOOSHABWA KUHANDIIKA EBIRO EBIRI AHAGATI Y’ESAANDE EYAYOREKWA*

EBIRO BY’OKWEZI (SHOBORORA):

TARIKUKIHAMYA KURUNGI YAAHUNAMA

What was the date you first noticed you were ill? *Interviewer: If a week is given, then default to middle of week.*

Date (specify):

Unsure

No response

1. OBU OSHEMBIREYO KURWARA OKATUNGA OKUTANAKA? *YAAGIRA NGU INGAAHA/ GYENDA AHA KIBUUZO 34.*

EEGO

INGAAHA *[GYENDA AHA KIBUUZO 34]* TARIKUKIHAMYA *[GYENDA AHA KIBUUZO 34]* YAAHUNAMA *[GYENDA AHA KIBUUZO 34]*

During your most recent illness, did you experience any vomiting? *If no, skip to question 34.*

Yes

No *[Skip to Q34]*

Unsure *[Skip to Q34]*

No response *[Skip to Q34]*

1. *YAAGIRA NGU EEGO OMU KIBUUZO 31:* OKUTANAKA KUKAMARA EBIRO BINGAHI? *TOORANA EBYO BYOONA EBIRI KUKUKWATAHO.*

AMAZOOBA / (OMUHEENDO GWONA): AMAZOOBA

NINKITANAKA MPAKA N’ERIZOOBA TARIKUKIHAMYA

YAAHUNAMA

*If yes to question 31:* How many days did it last? *Select all that apply.*

Specify: days Still vomiting today Unsure

No response

1. *YAAGIRA NGU EEGO OMU KIBUUZO 31:* OBW’OKUTANAKA KWABIRE KURI KWINGI, OKATANAKA EMIRUNDI ENGAHI OMU MUSHANA N’EKIRO?

SHOBORORA (OMUHENDO GWONA):

KUKAGUMIZAMU OBUTAISYA TARIKUKIHAMYA YAAHUNAMA

*If yes to question 31:* When your illness was its most severe, what was the maximum number of times you vomited in a 24 hour period?

Specify:

Constant vomiting Unsure

No response

1. OBU OSHEMBIREYO KURWARA, OTUNGIRE EKIRUKANO? *ENDWARA Y’EKIRUKANO NIKIMANYISA KWEJUNA EMIRUNDI ERI KURENGA ESHATU OMU SHAAHA ABIRI N’INA, OBWO ORIKUSHOHOZA AMAAZI GOOROBIRE/GATOTSIRE MUNONGA . YAAGIRA NGU INGAAHA, GYENDA AHA KIBUUZO 38.*

EEGO

INGAAHA *[GYENDA AHA KIBUUZO 38]*

TARIKUKIHAMYA *[GYENDA AHA KIBUUZO 38]*

YAAHUNAMA *[GYENDA AHA KIBUUZO 38]*

During your most recent illness, did you experience any diarrhoea? *Diarrhoea: 3 or more loose stools in*

*24 hours. If no, skip to question 38.*

Yes

No *[Skip to Q38]*

Unsure *[Skip to Q38]*

No response *[Skip to Q38]*

1. *YAAGIRA NGU EEGO OMU KIBUUZO 34:* KIKAMARA EBIRO BINGAHI? *TOORANA BYOONA EBIRI KUKUKWATAHO.*

OMUHENDO: EBIRO NINKIRUKANA MPAKA N’ERIZOOBA TARI KUKIHAMYA

YAAHUNAMA

*If yes to question 34:* How many days did it last? *Select all that apply.*

Specify: days

Still have diarrhoea today Unsure

No response

1. *YAAGIRA NGU EEGO OMU KIBUUZO 34:* OBU EKIRUKANO KYAABIRE KIIRI KYINGI MUNONGA, OKABA OYEJUNA EMIRUNDI ENGAHI OMU BWIRE BW’ESHAAHA ABIRI N’INA?

SHOBORORA: (EMIRUNDI)

EKIRUKANO KIKAGUMIZAMU TARIKUKIHAMYA YAAHUNAMA

*If yes to question 34:* When your diarrhoea was the most severe, what was the maximum number of loose stools you had in a 24 hour period?

Specify: Continual diarrhoea Unsure

No response

1. *YAAGIRA NGU EEGO OMU KIBUUZO 34*: OBUWAABIRE NOYIRUKANA, OKAREEBAHO ESHAGAMA YOONA?

EEGO

INGAAHA TARIKUKIHAMYA YAAHUNAMA

*If yes to question 34:* At any time during your illness, did you have any blood in your stool?

Yes

No Unsure

No response

1. OBU WAABIRE ORWAIRE NK’OKU WAANGAMBIRA, OBU WAABIRE NOTANAKA NOYIRUKANA, OKATUNGAHO OKUSHAASHA OKUNDI NK’OKU? *(TOORANA EBY’O BYOONA EBIRI KUKUKWATAHO)*

KWENDA KUTANAKA/ KUGIRA ESHESHEMI

KUHURURWA OMUNDA

KUGIRA EKITEENGO/ KUGIRA OMURIRO KUTETEMA

KUHURURWA OMU NYAMA/ENGINGO, KUNANA KUTEERWA OMUTWE

KUGIRA EIRIHO RIINGI/ EKYAKA

KUHURIRA AKAZEINGERERA/KURUHA/KUHURIRA OBURUHE BWINGI KURUMWA, KUSHAHSA EMIMIRO/ KUGIRA SENYIGA, EBIHIINZI KUKORORA NINGA KWETSYAMURA

OBUMANYISO BW’ENDWARA OBUNDI (SHOBORORA):

INGAAHA, TINDATUNGIRE BUNDI BUMANYISO/ OKUSHAASHA OKUNDI TARIKUKIHAMYA

YAAHUNAMA

During the illness you just described, where you had vomiting or diarrhoea, did you also experience any of the following (*please select all symptoms that you DID experience*)?

Nausea

Stomach cramps or abdominal

pain

Fever

Chills

Muscle or joint pain or stiffness Headache

Excessive thirst

Lethargy or extreme tiredness Sore throat or runny nose Coughing or sneezing

Other symptom (specify):

No, I did not have any other symptoms

Unsure

No response

1. **OTAKAKWASIRWE KUTANAKA N’OKWIRUKANA NK’OKU WANGIRA**, OKAMIRAHO EMIBAZI EGI *(SHOBORORA EMIBAZI YOOZA EYI WAAKOZEISE)?*

NKA SEPTRINE, EHEIRWE OMUSHAHO *(e.g. Septrine)*

Laxatives *(EMIBAZI ERIKUTAMBA OKUNYA EMPATTA)*

Antacids *(EMIBAZI ERIKUTAMBA EKYATA)*

EMIBAZI ENDIIJO YOONA ERIKUMANYWA KUCENDEEZA AMAANI G’OMUBIRI

KURWANISA ENDWARA

EMIBAZI Y’EBISHAKA ENDIIJO ERIKUMANYWA KURETERA OGWO OWAGIKOZESA OKUTANAKA NINGA EKIRUKANO

INGAAHA, TINDAKOZEISE MUBAZI GWONA **NTAKATUNGIRE** KIRUKANO

N’OKUTANAKA TARIKUKIHAMYA YAAHUNAMA

1. AHABW’OKURWARA OKWO OKU WAANGAMBIRAHO, OKAREMWA KUKORA EMIRIMO YAWE? *(SHOBORORA EBYO BYOONA EBIWAAREMIRWE KUKORA AHABW’OKURWARA).*

EMIRIMO YAAWE YA BUTOOSHA

KWOSHA AHA MURIMO OGURI KUKUTAAHIZA SENTE, KW’EKOZESA NINGA EISHOMERO

EMIRIMO Y’OBUHANGWA NK’OKUHIIGA, KUSHOHA EBYENYANJA, KUKORA EBINTU BY’EMIKONO

INGAAHA, ENDWARA TERANDEMESIZE KUKORA EMIRIMO YANGYE YA BUTOOSHA

INGAAHA, ENDWARA TERANDEMESIZE KUKORA EMIRIMO YANGYE YA BUTOOSHA, **KWONKA**, OMUNTU ONDIIJO OMUKA YANGYE AKAREMWA KUZA KUKORA YAAGUMA AHO KUMPA OBUYAMBI AHABW’OKUGIRA NGU NKABA NDWAIRE.

TARIKUKIHAMYA YAAHUNAMA

**Before** you developed the vomiting or diarrhoea you just described, did you take any of the following medications (*please select all medications that you DID take*)?

Prescription antibiotics

Laxatives

Antacids

Medications or medical treatments known to weaken the immune system

Medications, known to cause diarrhoea or vomiting as a side effect

No, I did not take any medication before my illness

Unsure

No response

As a result of your illness, did you have to miss any (*please select all items that you DID miss*):

Usual daily activities

Paid employment, including self‐employment, or school

Traditional activities (e.g. hunting, fishing, crafting, etc.)

No, the illness did not stop me

from performing my usual activities

No, the illness did not stop me

from performing my usual activities, but someone in my family had to miss employment to care for me as a result of my illness

Unsure

No response

1. HARIHO OMUNTU ONDIIJO WEENA, NK’OMUSHAHO, NAANSI, OMUFUMU OU WAAHIKIRIRE KUKUYAMBA?

EEGO *[GYENDA AHA KIBUUZO 43]*

INGAAHA *[GUMIZAMU AHA KIBUUZO 42]* TARIKUKIHAMYA KURUNGI *[GYENDA AHA KIBUUZO 45]* YAAHUNAMA *[GYENDA AHA KIBUUZO 45]*

1. *YAAGIRA NGU INGAAHA OMU KIBUUZO 41:* NI NSHONGA KI EYARETSIRE WASHARAMU OBUTAZA W’OMUSHAHO KUMWEBUUZAHO AHA BURWAIRE OBWO? OTASHOMERA ORIKUBUUZIBWA EBIGARUKWAMU*. TOORANA ENSHONGA EISHATU EZ’OKUBANZA, REERU OKYEBERE. HAANDIIKA OMU BURAINGWA EBYO BYOONA EBI YAAGAMBA. KYABA NIKYETENGESA, NOOBAASA KUBUUZA OTI: HARIHO ENSHONGA ENDIIJO YOONA?*

TINDAKIFIREYO, EBY’OKURAGUZA TINDABIFIREHO

OKUBURWA SENTE NKABA NDI AH’EITAKA

OMUSHAHO ARI HARE NAANYE, ORUGYENDO RWA HARE OMUSHAHO/NAANSI TARIKUREEBEKA OMU BWIRE OBU ORIKUBA NOMWENDERAMU

KUREEBA OMUSHAHO NIKYETENGESA OKURINDA OBWIRE BWINGI KUREEBA OMUSHAHO KIKABA KITARIKWIJA KUMPWERA MUNONGA NKABA NYINE BINGI EBY’OKUKORA/ NKABA NTAINE BWIRE OBURWAIRE BUKEGYENDERA BWONKA NTAKAHIKIRE AHAKUZA OW’OMUSHAHO

AH’OKUZA NKABA NTARIKUHAMANYA OBUREMEEZI BW’ENGYENDA N’ENTAMBURA OBUREMEEZI BW’ORURIMI

OBUJUNAANIZIBWA OBINDI NK’OMUNTU/HAMWE N’E BY’AMAKA/ OBUTAKUNDA/OBUTEESIGA BASHAHO/NAANSI, KUTIINA ABASHAHO EBINDI, SHOBORORA:\_

TARIKUKIHAMYA KURUNGI YAAHUNAMA

***GYENDA AHA KIBUUZO 45***

Did you see someone for this illness? *For example, a physician, nurse, pharmacist, herbalist, or spiritual or traditional medicine practitioner.*

Yes *[Skip to Q43]*

No *[Continue to Q42]* Unsure *[Skip to Q45]*

No response *[Skip to Q45]*

*If no to question 41:* What was the reason you decided not to see someone for this illness? *Do not read reasons. Select first three reasons mentioned or write verbatim what the respondent said. If necessary, prompt by asking, “Were there any other reasons?”*

Was not serious enough to seek health care services

Financial difficulty

Was out on the land

Not available in the area, don't

have a physician

Not available at the time required (e.g. doctor or nurse on holidays, inconvenient hours)

Waiting time too long

Felt it would be inadequate /

wouldn't make a difference to the outcome

Too busy

Didn't get around to it / Illness

were over before care could be sought

Didn't know where to go Transportation problems Language problems Personal or Family

responsibilities

Dislikes or distrusts doctors or

nurses, afraid

Other (specify):\_

Unsure

No response

***SKIP to Question 45***

1. *YAAGIRA NGU EEGO OMU KIBUUZO 41:* OKARAGUZA HABASHAHO KI OBU WAABIRE ORWAIRE?

OMUSHAHO MUKURU W’EDINI NAANSI

OMUSHAHO W’EMIBAZI Y’EBISHAKA AHA MUNTU ORI KUTUNDA EMIBAZI

ABANDI, SHOBORORA:\_

TARIKUKIHAMYA KURUNGI

YAAHUNAMA

*If yes to question 41:* What types of health care providers did you see for this illness?

Physician Spiritual/Religious healer Nurse

Herbalist

Pharmacist

Other (specify):\_

Unsure

No response

1. *YAAGIRA NGU EEGO OMU KIBUUZO 41:* NI NSHONGA KI EZAKURETEIRE WAARAHUKA KUGIRA NGU ORAGUZE OW’OMUSHAHO/NAANSI NINGA OMUSHAHO W’EMIBAZI Y’EKISHAKA?

*OTASHOMERA ORIKUBUUZIBWA EBIGARUKWAMU EBI. TOORANA ENSHONGA EISHATU EZ’OKUBANZA, REERU OKYEBERE. HAANDIIKA OMU BURAINGWA EBYO BYOONA EBI. KYABA NIKYETENGESA, NOOBAASA KUBUUZA OTI: HARIHO ENSHONGA ENDIIJO YOONA? KOZESA EBY’OKUREEBERAHO KYABA NIKYETENGESA.*

OBUMANYISO BW’ENDWARA BUKAMARA OBWIRE BURAINGWA/ NKAHURIRA OBURWAIRE BUNDI KUBI KYAYETENGESA KURAGUZA OBUMANYISO BW’ENDWARA NKABA NTAKABUREEBAHOGA NKABA NYINE OMUSHWEIJA MWINGI

NKABA NINTANAKA NKABA NYINE EKIRUKANO

NKABA NINSHOHOZA AMAZI GARIMU ESHAGAMA NKABA NINYENDA EMIBAZI

EBINDI/ SHOBORORA:\_

TARIKUKIHAMYA KURUNGI YAAHUNAMA

*If yes to question 41:* What were the main factors that influenced your decision to see a doctor, nurse, or other health care provider for your illness?

*Do not read reasons. Select first three reasons mentioned or type verbatim what the respondent said. If necessary, prompt by asking, “Were there any other reasons?” You can provide examples if needed for prompts.*

Symptoms lasted a long time Felt sick enough to go Symptoms were unusual

Had a fever

Had vomiting

Had diarrhoea

Stools were bloody

Wanted medication(s)

Other (specify):\_ Unsure

No response

1. OKAKOZESAHO EMWE AHA MIBAZI EGI KWERAGURIRA OBURWAIRE OBWO?

*TOORANAHO EGYO YOONA EYI OBAASA KUBA WAAKOZESIZE. [ENSI/ EBICWEKA NIBIBAASA KWONGYERA AHA MUSHORORONGO GW’EMIBAZI OGU KURUGIRIRA AHA MIRINGO Y’AYO NINGA AMAZIINA G’AYO, KYABA NIKYETAAGISA*

EMIBAZI Y’EBISHAKA KURUGA OMU MUSIRI

EMIBAZI Y’EKISHAKA KURUGA OW’OMUSHAHO W’EMIBAZI Y’EKISHAKA OKUSHABIRWA,EIROGO

OMUBAZI KURUGA OW’OMUSHAHO (SHOBORORA): EMIBAZI ERI KURWANISA OBUHURUZI/OBUSAASI NKA PANADO NA ASIPIRINI

EMIBAZI Y’EKIRUKANO

EBY’ONYO EBIRI KUGARURA AMAIZI OMU MUBIRI

OMUBAZI OGUNDI GWONA OGUTARA KUHEIRWE MUSHAHO/ (MUBAZI KI/ SHOBORORA):

INGAAHA, TINDAKOZESIZE MUBAZI GWONA

TARIKUHAMYA KURUNGI YAAHUNAMA

Did you take any of the following medications for this illness? *Select all that apply.*

Herbal remedies from garden

Herbal remedies from traditional practitioner

Spiritual remedies (e.g. spells,

prayer)

 Prescription medication

(specify):

Pain killers like panadol, asprin Antidiarrheal like, Lomotil or

Peptol Bismol

Rehydration therapies like

Pediolyte, oral rehydration

Other non‐prescription medication (specify):

No, I did not take any medications

Unsure

No response

1. NOOTEEKATEEKA NGU ENDWARA EGYO EKARETWA KI? *OTASHOMERA ORIKUBUUZIBWA EBIGARUKWAMU. TOORANA ENSHONGA EZIRI KUBANZA ISHATU ZOONKA NINGA HAANDIIKA BYOONA NK’OKUYABIGAMBA. KYABA NIKYETENGESA, NOOBAASA KUBUUZA ENSHONGA ENDIIJO EYI ENDWARA EGYO YARABIREMU KUMUKWATA OTI: HARIHO ENSHONGA ENDIIJO EYI ORI KUMANYA? KOZESA EBY’OKUREEBERAHO*

SENYIGA/EKIHIINZI

KURYA MUNONGA EBY’OKURYA BIGAGIRE KUNYWA AMAIZI GAMAROFA

KURYA EBY’OKURYA BIRIMU EBISHAJU/N’ ENSHENDA KUNYWA EBIRI KUSIINZA/AMAARWA N’EBINDI MUNONGA OMUBIRI KWANGA EBY’OKURYA

ENDA

EBITEKYEREZO BINGI

NKAGIIHA AHA RUGYENDO, OMU MIHANDA OMUBAZI OGU NAAKOZESIZE

NKAGABWA NYINE AMAGARA MABI EBINDI, SHOBORORA:\_ TARIKUKIHAMYA

YAAHUNAMA

In your opinion, what do you think was the cause of your illness? *Do not read reasons. Select first three reasons mentioned or type verbatim what the respondent said. If necessary, prompt by asking, “Were there any other reasons?” You can provide examples if needed for prompts.*

A cold

Food poisoning / Contaminated food

Contaminated water

Overeating / Fatty foods / Spicy foods

Overindulgence of alcohol /

other substances Food allergy Pregnancy Stress

Caught something travelling Medication

Pre‐existing medical condition

Other (specify):\_ Unsure

No response

**Buza abakazi bonka** Ask of females only.

1. OINE ENDA HATI?Are you pregnant now?

EEGO [ ]  Yes

INGAAHA [ ]  No

TARIKUKIHAMYA KURUNGI [ ]  Unsure

YAAHUNAMA [ ]  No response