

Questionnaire

Addis Ababa University

School of Pharmacy

Department of Pharmaceutics and social pharmacy

Kebele code No _____ Gote code No _____

Verbal consent form before conducting interview

Greeting, my name is _____. I am working with the research team of the Department of Pharmaceutics and Social Pharmacy, School of Pharmacy, Addis Ababa University. I would like to ask you a few questions concerning your perception and experience regarding to azithromycin mass treatment as well as your family's azithromycin mass treatment taking experience. The interview would take 20-30 minutes of your time. The purpose of this study is to assess the communities' acceptability to azithromycin mass treatment. This will be helpful for improving the azithromycin mass treatment program for the future. Your participation is voluntary. You can refuse to answer any questions if you are not interested. You can also withdraw from the study at any time, and there is no any problem happening to you in the future. All your responses will remain strictly confidential. No one will have the access to the information you will give for me. I will not ask your name and it will not appear on the interview guide. The information you will provide is analyzed in aggregate form with the other participants.

If you have/will have any questions or problems, you can contact

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Do you understand all the information I gave you? A. yes B. No

If yes, do I have your permission to continue? A. yes B. No

If Yes, Continue to the Next Page (encircle or write the response accordingly)

If No, Skip to the next Respondent

Date of Interview _____

Time Started _____

Time Finished _____

Section I: Socio demographic information of the household heads			
Qu.No	Questions	Response alternatives	Skip Pattern
1.	Sex	1. Male 2. female	
2.	How old are You ?	Age in years _____	
3.	What is your Job?	1. Student 2. Farmer 3. Merchant 4. Government employee 5. House wife 6. Jobless 7. Others, specify _____	
4.	What is your Religion?	1. Orthodox 2. Muslim 3. Protestant 4. Others, specify _____	
5.	Educational status	1. Unable to read and write 2. Able to read and write but no formal education 3. Grade 1-4 4. Grade 4-8 5. Grade 9-12 6. College and above	
6.	Income per month/ wealth 6.1. For urban community (income/ month)	1. < 500 birr 2. 500-1000 birr 3. 1000-1500 birr 4. 1500-2000 birr 5. >2000birr	
	6.2. For rural community (wealth)	1. less than 2 cows, 3 sheep, 2 horse, and 3 <i>kada</i> land 2. 2-5 cows, 3-8 sheep, 2-4 horse and 3-8 <i>kada</i> land 3. 6-10 cows, 9-12 sheep, 5-6 horse and 9-12 <i>kada</i> land 4. Greater than 10 cows, 12 sheep, 6 horse and 12 <i>kada</i> land	

7.	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
Section II: Questions related to Azithromycin mass treatment for the household head			
8.	Have you heard about trachoma?	1. yes 2. No	If No, skip to 15
9.	From where have you heard about trachoma?	1. Family 2. Neighbors 3. School 4. Health professionals 5. Mass Media (TV, Radio, Magazines)	
10.	What do you think is the cause of trachoma?	1. _____ 2. _____ 3. _____	
11.	How trachoma is transmitted from one person to the other?	_____ _____ _____	
12.	Is trachoma a preventable disease?	1. Yes 2. No	If No, skip to 14
13.	How can we prevent trachoma?	_____ _____ _____	
14.	How trachoma is treated?	_____ _____	
15.	Have you heard of azithromycin mass treatment?	1. Yes 2. No	If No, skip to 17
16.	From where have you heard about the azithromycin mass treatment?	1. Family 2. Neighbors 3. School 4. Health professionals 5. Community leaders 6. Mass Media (TV, Radio, Magazines)	

17.	Was it given in your kebele?	1. Yes 2. No	
18.	Do you know why azithromycin treatment is given free of charge?	1. Yes 2. No	If No, skip to 20
19.	Why it is given free of charge?	_____ _____	
20.	Is the treatment given to those willing to take?	1. Yes 2. No	
21.	Have you or any member of your household taken azithromycin?	1. Yes 2. No	If Yes, skip to 23
22.	Why you didn't take azithromycin?	_____ _____ _____	
23.	How many times you had taken?	1. One 2. Two times 3. Three times 4. Four times 5. Five times 6. Six times	
24.	Had you yourself taken the treatment given in 2012 (2005 E.C)?	1. Yes 2. No	If Yes, skip to 26
25.	Why you hadn.t taken the treatment given in 2012 (2005 E.C)?	_____ _____ _____	
26.	Do you think it is beneficial?	1. Yes 2. No	If No, skip to 28
27.	What did you benefited from it?	1. Increase of my eye health 2. decrease in intestinal infection 3. Others, specify _____ _____	
28.	If it is not beneficial, why did you take it?	1. _____ 2. _____ 3. _____	
29.	Did you experience any side effects after taking the drug?	1. Yes 2. No	If No. skip to 32

30.	What type of side effects had occurred on you?	1. Diarrhea 2. Nausea 3. Vomiting 4. Stomach ache 5. Heart burn 6. Anal burning sensation 7. Others, specify_____	
31.	Have you ever encountered with serious adverse experience of the drug?	1. Yes 2. No	
32.	Have you ever heard about other persons who were experienced side effects?	1. Yes 2. No	
33.	What side effects of the drug did you heard in other persons?	1. Diarrhea 2. Nausea 3. Vomiting 4. Stomach ache 5. Heart burn 6. Anal burning sensation 7. Others, specify_____	
34.	Have you ever heard serious adverse experience of the drug in other persons?	1. Yes 2. No	
35.	What serious adverse experiences you had heard?	1. Death 2. Disability 3. Birth defect 4. In patient hospitalization	
36.	Do you know any person encountered with serious adverse experience of the drug?	1. Yes 2. No	
37.	Have you ever used the drug for other purposes?	1. Yes 2. No	If No, skip to 39
38.	For what purpose?	1. _____ 2. _____ 3. _____	
39.	Did the drug treatment providers ask you about your previous illness before giving the treatment?	1. Yes 2. No	
40.	Did the drug treatment providers have provided any information when they gave you the drug?	1. Yes 2. No	If No, skip to 42

41.	What did they say?	1. _____ 2. _____ 3. _____	
42.	Are you willing to take the drug if the mass treatment continuous in your kebele?	1. Yes 2. No	
43.	If No for question 43, what is your reason?	_____ _____ _____	

Section III: Questions related to Azithromycin mass treatment for the household head about his family members.

A. Socio demographic informations about household members

Questions	House Hold Members						
	Wife	01	02	03	04	05	06
44. Sex							
45. Age in years	_____	_____	_____	_____	_____	_____	_____
46. Religion							
47. Educational status							
48. Marital status							
49. Job							

B. Questions related to azithromycin mass treatment

50.	How many times had she/ he taken the treatment?							
51.	Did she/ he take the last treatment given in 2012?							
52.	If she/he didn't take the last treatment, why?							
53.	Is there any person who illed his /she eye right now?							
54.	What side effects had occurred on her/him after taking the drug in the last treatment?							
55.	Had you ever advised her/him not to take the drug?							
56.	For what other purpose did your families use the drug?							

Thank you for your cooperation