

Appendix – 4.11

**HEALTH IMPACT ASSESSMENT QUESTIONNAIRE
FOR IEFCL - TRAIN2 PROJECT
FOCUS ON GROUP DISCUSSION**

Name of the Town/Village.....

Lifestyle/habits

1. What are the common types of food eaten in the community.....
2. Is there any food taboos Yes/No
3. What is the average life span (expectancy) in your community?
a. Male (b) Female
4. Do you drink alcohol? Yes/No. If yes, how often (1) Everyday (2) At least once a week (3) Occasionally
5. Do you smoke? Yes/No. If yes, how many sticks per day.....
6. When are those health problems common during the year?.....

S/NO	DISEASE	RAINY SEASON	DRY SEASON

7. Which of those health problems pose the greatest threat to your community?
8. (5 diseases to be listed in order of frequency.....
.....
.....
.....
9. What are the most important causes of death in your community among:
- 10.Children under 5 years
- 11.Adults.....
- 12.How many deaths in the last one year among:
 - i. Whole community.....
 - a. Children under 5 years
 - b. Adults (Women of child bearing age)
- 13.What refuse do you generate?.....

- How do you store your refuse?
.....
14. How do you dispose your refuse?
.....
15. What is your method of sewage dispose?
.....
16. Do you have drainage in your community?
.....
17. Does your community get flooded or water logged?
.....
18. What is the source of the flooding?
.....
19. What is the source of your drinking water?
.....
20. Do you treat your water before drinking?
.....
21. Do you wash your hands before eating?
.....
22. Do you wash your hands after defecating?
(Toileting)
23. What are health facilities in your communities?
.....
24. What are the common environmental problems in your community?
.....
25. Did you think this project would cause any health problem in your community? Yes: No:
If yes, what are the problems
26. How do you think these problems can be minimized?
.....
27. What do you think are the most important five health needs of your community?
28. Do you have the followings in your community?
(a) House fly/cockroach/mosquito/Lice/Black fly/Tsetse fly/and rats.
(b) What diseases could these insects cause/transmit?
29. Do you have sexual partners not married to you? Yes/No
(1) How many are they?
(2) Have you heard of sexual transmissible infection Yes/No?
(3) Have you ever had/contacted sexually transmissible infection? Yes/No
(4) What symptom (Complaints) did you have?