

# ILAG Community Health Survey

Date: \_\_\_\_\_

Community Name: \_\_\_\_\_

Health Promoter Name: \_\_\_\_\_

\*\*\* Answer Yes or No by Checking the box OR check the box in the list to indicate "Yes"

## RESOURCES & TOOLS:

Midwife:  Yes  No

How many: \_\_\_\_\_

Herbalists:  Yes  No

How many: \_\_\_\_\_

Doctor/Clinic:  Yes  No

How Far:  < 1 hours  1-2 hours  3-4 hours  5-6 hours  > 6 hours

## COMMUNITY HEALTH:

Do you teach your knowledge and skills to people in your community?  Yes  No

If yes, how?

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Common Health problems seen in community members:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Cancer              | <input type="checkbox"/> Pain (back, shoulders etc) | <input type="checkbox"/> Stroke              |
| <input type="checkbox"/> Parasites      | <input type="checkbox"/> Skin problems       | <input type="checkbox"/> Diarrhea                   | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Poor Nutrition | <input type="checkbox"/> Eye Problems        | <input type="checkbox"/> Accidents                  | <input type="checkbox"/> Sores –             |
| <input type="checkbox"/> Adult or       | <input type="checkbox"/> Poor vision or      | <input type="checkbox"/> large cuts or              | <input type="checkbox"/> Arms / legs         |
| <input type="checkbox"/> Children       | <input type="checkbox"/> Pain, Itchy, Watery | <input type="checkbox"/> broken bone                | <input type="checkbox"/> Other :             |

What supplies do you use regularly?

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Gloves, size? _____ | <input type="checkbox"/> Tape              | <input type="checkbox"/> Antibiotic cream | <input type="checkbox"/> bandages, wraps, |
| bandaids                                     |  |   |   |
| <input type="checkbox"/> Suturing supplies   | <input type="checkbox"/> Masks             | <input type="checkbox"/> Diapers          | <input type="checkbox"/> Alcohol pads/    |
| Sanitizer                                    |  |   |   |
| <input type="checkbox"/> Empty bottles       | <input type="checkbox"/> Toothbrush        | <input type="checkbox"/> Toothpaste       | <input type="checkbox"/>                  |
| Condoms/Lubrcation                           |  |   |   |
| <input type="checkbox"/> Lidocain            | <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Stool Softner    | <input type="checkbox"/> Chapstick        |
| <input type="checkbox"/> Vaseline            | <input type="checkbox"/> Cold packs        | <input type="checkbox"/> Floss            | <input type="checkbox"/> Tourniquet       |
| <input type="checkbox"/> Lotions             | <input type="checkbox"/> Soap              | <input type="checkbox"/> Shampoo          | <input type="checkbox"/> Bulb Syringes    |
| <input type="checkbox"/> Vitamins            | <input type="checkbox"/> Acetaminophen     | <input type="checkbox"/> Ibuprofen        | <input type="checkbox"/> Naproxen         |
| <input type="checkbox"/> Adult               | <input type="checkbox"/> Adult             | <input type="checkbox"/> Adult            | <input type="checkbox"/> Adult            |
| <input type="checkbox"/> Children            | <input type="checkbox"/> Children          | <input type="checkbox"/> Children         | <input type="checkbox"/> Children         |

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Date: \_\_\_\_\_

Prenatal

Do you have anything else to share with ILAG (write below)?

## FOR DELEGATIONS

### RESOURCES & TOOLS:

If able please secure the name of the closest clinic and town: \_\_\_\_\_

Are their children getting immunized?  Yes  No By whom: \_\_\_\_\_

Do they have "Donde Hay No Doctor"?  Yes  No. Other References: \_\_\_\_\_  
(take pictures of the front face or ISB # if possible and submit with form)

### COMMUNITY HEALTH SECTION INSTRUCTIONS:

**Do You teach your knowledge and skills to people in your community?.....** Please note method if told, to whom, and how frequent any trainings are held.

**Common Health problems seen in community members:** any additional information shared by Health Promoter please notate and submit with form.

**What supplies do you use regularly?** Again, any additional information is helpful to the Health Committee.

(2) Also are there treatments they find challenging to perform with the resources they have that they seen frequently?

(i.e.

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