

Client Survey

Phase 1: Tool & Template

**Risk Communication &
Community Engagement
(RCCE)**



Client Survey

Purpose

This survey aims to understand client needs and preferences, access to information, comprehension of messages, perception of RCCE activities and focal points, and experience with feedback and response mechanisms. Findings will be used to inform RCCE strategy, and to identify gaps that need to be addressed and areas of opportunities to leverage.

This survey is specific to the Ebola Virus Disease. For the client survey and other tools specific to COVID-19, view the RCCE Dashboard.

The sections of the survey tool include:

- Section A: Demographic information
- Section B: Information needs and preferences
- Section C: Access and barriers to technology and other sources of information
- Section D: Perception of RCCE delivery, activities, and focal points
- Section E: Comprehension of RCCE messages, preventive behaviors, and awareness of rumors and misinformation
- Section F: Experience with feedback and response mechanisms

For any questions or comments about this survey, you can contact RCCE.support@rescue.org.

Statement to Survey Participants

“Good morning/afternoon. I am [NAME] from [ORG NAME]. We are conducting a survey on risk communication and community engagement. You have been invited to take part in a survey to learn more about the way people in your community receive information about Ebola Virus Disease and available services and programs here in [COUNTRY].

If you choose to participate, you will be asked to answer some interview questions. These questions will be about your experience receiving information, whether the information was helpful, and how we can improve our delivery of information and services in the future. The results from this survey will be used to determine possible appropriate services and activities for women, men, girls, and boys in this community. Please be assured that all your answers will be treated confidentially. All information will be completely anonymous. We will not document or use your name. The survey will take approximately 30-60 minutes.

If you agree to answer the questions, you will be asked about your background (age, gender, etc.) information needs and preferences, access to phones, smartphones and internet, and your experiences with receiving information through community focal points.

The [ORG NAME] believes that there will be no significant risks to you that will result from your participation in the survey because the questions are about preferences, access, and areas for improvement. If, however, you do feel uncomfortable or upset with any question or topic, simply tell us that you do not want to discuss it and we will move on. If you feel uncomfortable or upset at any time during the survey interview, we can stop the interview and refer you to a specialist IRC staff for support. You will receive no benefits by taking part in this survey.

Participation in this survey is voluntary, meaning it is your choice to take part or not. You may refuse to take part or decide not to take part at any time without punishment. You have the right to skip or not answer any questions you don't want to answer. If you choose not to take part, this will have no effect on the services you receive from the IRC or any non-governmental organizations. If there is anything about the survey or your participation that you do not understand, or if you have questions, you can contact [NAME OF ORG/NAME OF STAFF] directly at [LOCATION, PHONE NUMBER, LOCATION, OTHER CONTACT INFORMATION].”

Informed Consent (Mandatory)

Consent_1	Do you understand what I have explained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Select one
Consent_2	Do you have any questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Select one
Consent_3	Can we start the survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Select one
Consent_4	<p>Do not read.</p> <p>Has the client consented to participate in the survey?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (End the survey)	Select one
Name	Interviewer name:	[Enter response]	Open response

A. Demographic Information (Mandatory)

Questions		Answer Options	Technical Instructions	Contextualization Guidance
AA	Location of interview	Fill based on context <input type="checkbox"/> Other (Specify):	Select one (To be filled out by interviewer, do not read)	Add a list of answer options based on context
A1	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	Select one	
A2	Age	<input type="checkbox"/> Under 18 years old <input type="checkbox"/> 8-24 years old <input type="checkbox"/> 25-39 years old <input type="checkbox"/> 40-59 years old <input type="checkbox"/> 60 years of age and older	Select one	
Note: [If respondent is under 18 years old) REMINDER: You MUST get the consent of a caregiver for any participant under 18 years of age.				
A3	We are asking everyone we speak with six direct questions about difficulties they may have in performing some basic activities. We will use this information to get a better sense of the needs among persons living here.		Instructions	Find translations of the Washington Group Short Set in multiple languages
A3.1	Do you have difficulty seeing, even if wearing glasses?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes - a lot of difficulty <input type="checkbox"/> Cannot do at all	Select one	

A3.2	Do you have difficulty hearing, even if using a hearing aid?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes - a lot of difficulty <input type="checkbox"/> Cannot do at all	Select one	
A3.3	Do you have difficulty walking or climbing steps?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes - a lot of difficulty <input type="checkbox"/> Cannot do at all	Select one	
A3.4	Do you have difficulty remembering or concentrating?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes - a lot of difficulty <input type="checkbox"/> Cannot do at all	Select one	
A3.5	Do you have difficulty with self-care such as washing all over or dressing?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes - a lot of difficulty <input type="checkbox"/> Cannot do at all	Select one	
A3.6	Do you have difficulty communicating, for example understanding or being understood?	<input type="checkbox"/> No - no difficulty <input type="checkbox"/> Yes - some difficulty <input type="checkbox"/> Yes - a lot of difficulty <input type="checkbox"/> Cannot do at all	Select one	

A4	Are you currently displaced from your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response (DO NOT READ)	Select one	
A4.1	[If yes] What is your country of origin?	Fill based on context <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Prefer not to say	Select one	Add a list of answer options based on context
A4.2	[If other than COUNTRY OF IRC OFFICE] What is your legal status in this country?	<input type="checkbox"/> Permanent resident <input type="checkbox"/> Internally displaced <input type="checkbox"/> Temporary resident <input type="checkbox"/> Refugee <input type="checkbox"/> Asylum seeker <input type="checkbox"/> Citizen <input type="checkbox"/> I do not have legal status in COUNTRY <input type="checkbox"/> No response (DO NOT READ)	Select one	Add a list of answer options based on context
A5	What is the main language you speak at home?	Fill based on context <input type="checkbox"/> Other (Specify):	Select one	Add a list of answer options based on context

A5.1	What other languages do you speak? (Select all that apply)	Fill based on context <input type="checkbox"/> Other (Specify): <input type="checkbox"/> No other languages	Multiple Choice, select all that apply	
A6	Which language do you prefer to receive verbal/spoken information in?	Fill based on context <input type="checkbox"/> Other (Specify): <input type="checkbox"/> I prefer not to receive written information	Select one	Optional (if not relevant to the context or shorter survey is needed) Change the answer options based on what is common the local context.
A6.b	ALTERNATIVE TO A6 IN COUNTRIES WITH A COMMON ADOPTED LANGUAGE: How well do you speak [LANGUAGE]?	<input type="checkbox"/> I don't speak it at all <input type="checkbox"/> I don't speak it well <input type="checkbox"/> I speak it a little <input type="checkbox"/> I speak it very well <input type="checkbox"/> I speak it fluently <input type="checkbox"/> Don't know (DO NOT READ) <input type="checkbox"/> No response (DO NOT READ)	Select one	In countries with a language that is adopted as a common language between speakers whose native languages are different (for example, French in the Democratic Republic of the Congo), you can use this question as an alternative or in addition to A6
A7	Which language do you prefer to receive written information in?	Fill based on context <input type="checkbox"/> Other (Specify): <input type="checkbox"/> None	Select one	Optional (if not relevant to the context or shorter survey is needed) Change the answer options based on what is common the local context.

A7.b	<p>ALTERNATIVE TO A76 IN COUNTRIES WITH A COMMON ADOPTED LANGUAGE:</p> <p>How well do you read [LANGUAGE]?</p>	<input type="checkbox"/> I don't read it at all <input type="checkbox"/> I don't read it well <input type="checkbox"/> I read it a little <input type="checkbox"/> I read it very well <input type="checkbox"/> I read it fluently <input type="checkbox"/> Don't know (DO NOT READ) <input type="checkbox"/> No response (DO NOT READ)	Select one	In countries with a language that is adopted as a common language between speakers whose native languages are different (for example, French in the Democratic Republic of the Congo), you can use this question as an alternative or in addition to A7
A8	What is the highest level of education you have achieved?	<input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> University <input type="checkbox"/> Vocational training <input type="checkbox"/> Don't know (DO NOT READ) <input type="checkbox"/> No response (DO NOT READ)	Select one	
A9	What is your occupation / what is the primary thing you do to earn an income?	<input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Housework (for own home) <input type="checkbox"/> Daily laborer <input type="checkbox"/> Seasonal work <input type="checkbox"/> Domestic labor (Housework for someone else)	Select one	Change the answer options based on what is common the local context.

		<input type="checkbox"/> Farmer / Herder <input type="checkbox"/> Trading / Selling <input type="checkbox"/> Business owner <input type="checkbox"/> Government / Clerical / Professional <input type="checkbox"/> Health worker <input type="checkbox"/> INGO / NGO / UN staff <input type="checkbox"/> Taxi / Driver <input type="checkbox"/> Military / Police / Security Officer <input type="checkbox"/> Other		
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B. Information Needs and Preferences

Information Sources Questions	Answer Options	Technical Instructions	Contextualization Guidance
<p>B1</p> <p>What 3 sources/tools do you use most for important information in [LOCATION].</p> <p><i>(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Close Family and Friends <input type="checkbox"/> Internet and Social Media (Facebook, Whatsapp, etc.) <input type="checkbox"/> INGO staff or UN agencies <input type="checkbox"/> Community based organizations, community leaders, or key members of the community <input type="checkbox"/> Religious organizations or religious leaders <input type="checkbox"/> Loud speakers, Radio, TV, or Newspapers <input type="checkbox"/> Information centers <input type="checkbox"/> Posters, flyers, or banners <input type="checkbox"/> Other (specify): 	<p>Ask without giving answers, prompt if necessary</p> <p>Multiple Choice (select top 3)</p>	<p>Option to include follow up questions about specific channels or publications</p>

Information Needs Questions		Answer Options	Technical Instructions	Contextualization Guidance
B2	<p>Think about your main concerns today. What information do you need to address those concerns?</p> <p><i>Information on / about ... (DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</i></p>	<input type="checkbox"/> Information on Ebola Virus Disease (e.g. prevention measures) <input type="checkbox"/> Information on basic needs assistance (e.g. food, shelter, cash, hygiene) <input type="checkbox"/> Information on civil and legal documentation <input type="checkbox"/> Information on education services <input type="checkbox"/> Information on housing <input type="checkbox"/> Information on employment and livelihoods <input type="checkbox"/> Information on services for children <input type="checkbox"/> Information on services for people with disabilities <input type="checkbox"/> Information on services for women and girls <input type="checkbox"/> Information on requirements for accessing services <input type="checkbox"/> Information on physical health services <input type="checkbox"/> Information on mental health and psychosocial support services (e.g. information on stigma, stress, well-being) <input type="checkbox"/> Other (please specify)	Multiple Choice (select all that apply)	

B3

You mentioned that you need information on [READ THE SOURCES THEY MENTIONED ABOVE IN QUESTION B2]. From where / whom do you typically get the type of information you mentioned above?

(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)

- ☐ Close Family and Friends
- ☐ Internet and Social Media (Facebook, Whatsapp, etc.)
- ☐ INGO staff or UN agencies
- ☐ Community based organizations, community leaders, or key members of the community
- ☐ Religious organizations or religious leaders
- ☐ Loud speakers, Radio, TV, or Newspapers
- ☐ Information centers
- ☐ Posters, flyers, or banners
- ☐ Other (specify):

Multiple choice (select all that apply)

B4

What types of information do you need, but have trouble accessing?

(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)

- ☐ Information on Ebola Virus Disease (e.g. prevention measures)
- ☐ Information on basic needs assistance (e.g. food, shelter, cash, hygiene)
- ☐ Information on civil and legal documentation
- ☐ Information on education services
- ☐ Information on housing
- ☐ Information on employment and livelihoods
- ☐ Information on services for children
- ☐ Information on services for people with disabilities
- ☐ Information on services for women and girls
- ☐ Information on requirements for accessing services
- ☐ Information on physical health services
- ☐ Information on mental health and psychosocial support services (e.g. information on stigma, stress, well-being)
- ☐ Other (please specify)

Multiple choice (select all that apply)

B5

What is the main reason that you have trouble accessing this information?

- ☐ Information is provided, but confusing
- ☐ Information is provided, but in the wrong language
- ☐ Information has been given, but is often wrong or out of date
- ☐ Information is provided differently from one place/ location to another
- ☐ Information is provided differently from one organization to another
- ☐ Information is provided, but I don't know where to go/ who to talk to for action to be taken
- ☐ Information is provided, but I do not trust it (Follow up with why?)
- ☐ Information is not provided
- ☐ I do not know how to find information
- ☐ I do not have any way to access information (phone, Wi-Fi, etc.)
- ☐ Services are not available in my area.
- ☐ Other (please specify)

Select one

B6	What makes you decide to trust information that you hear from people in your location?	[Enter response]	Open response	
B7	What groups of people in your community have a lot of difficulty accessing information or services?	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Girls <input type="checkbox"/> Boys <input type="checkbox"/> Older people <input type="checkbox"/> Refugees <input type="checkbox"/> Internally displaced persons <input type="checkbox"/> Host communities <input type="checkbox"/> Urban population <input type="checkbox"/> Rural population <input type="checkbox"/> People living in camps/ temporary shelter <input type="checkbox"/> LGBTQI populations <input type="checkbox"/> People with disabilities <input type="checkbox"/> Religious minorities <input type="checkbox"/> Language or ethnic minorities <input type="checkbox"/> Other (specify):	Multiple (select all that apply)	

B8

You mentioned that among people in your community, [READ THE GROUPS OF PEOPLE THEY MENTIONED ABOVE IN QUESTION B7] have a lot of difficulty accessing information. Out of the types of people that you mentioned, which group has the most difficulty getting access to information or services to meet their needs?

- ☐ Women
- ☐ Men
- ☐ Girls
- ☐ Boys
- ☐ Older people
- ☐ Refugees
- ☐ Internally displaced persons
- ☐ Host communities
- ☐ Urban population
- ☐ Rural population
- ☐ People living in camps/ temporary shelter
- ☐ LGBTQI populations
- ☐ People with disabilities
- ☐ Religious minorities
- ☐ Language or ethnic minorities
- ☐ Other (specify):

Select one

B9

You mentioned that [READ GROUP OF PEOPLE MENTIONED ABOVE IN B8], have the most difficulty getting access to information or services to meet their needs.

What factors make it hard for them to access the information or services?

(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)

- ☐ Literacy / difficulty or inability to read
- ☐ Digital literacy / difficulty or inability to use technology tools
- ☐ Social norms/ rules in family, community, religion
- ☐ Lack of access to Wi-Fi or internet data
- ☐ Lack of funds/money
- ☐ Lack of phone
- ☐ Concerns about privacy when searching for information
- ☐ Information not available in their language
- ☐ Lack of or limited mobility
- ☐ Other (Specify)
- ☐ Don't know / No response

Multiple choice (select all that apply)

C. Access To Tools and Technology

Phone Questions		Answer Options	Technical Instructions	Contextualization Guidance
C1	Do you use a mobile phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to question C1.1 and then skip to section D) <input type="checkbox"/> No response (skip to section D)	Select one	
C1.1	If no, why not? <i>(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</i>	<input type="checkbox"/> Not interested <input type="checkbox"/> Not familiar/comfortable (including literacy) <input type="checkbox"/> No need <input type="checkbox"/> Cost too high <input type="checkbox"/> Not appropriate for me to use <input type="checkbox"/> Family/friends would disapprove <input type="checkbox"/> No network in my area <input type="checkbox"/> Other (Specify):	If No is selected in C1, Select one	

C2	<p>Is the phone yours, shared, or borrowed?</p> <p>Yours: Only user Shared: Have access on daily basis or partial owner Borrowed: Have access to it when needed but not daily</p>	<input type="checkbox"/> It is mine <input type="checkbox"/> I share it <input type="checkbox"/> I borrow it <input type="checkbox"/> No response	If Yes to C1 or C2, Select one	
C2.1	<p>If Shared: With whom do you share the phone? (DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</p>	<input type="checkbox"/> Husband / Wife <input type="checkbox"/> Parents <input type="checkbox"/> In-laws <input type="checkbox"/> Other family <input type="checkbox"/> Friend <input type="checkbox"/> Other (Specify):	If they respond "I share it" to C4, Multiple choice (Select all that apply)	
C2.2	<p>If Borrowed: From whom do you borrow the phone? (DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</p>	<input type="checkbox"/> Husband / Wife <input type="checkbox"/> Parents <input type="checkbox"/> In-laws <input type="checkbox"/> Other family <input type="checkbox"/> Friend <input type="checkbox"/> Other (Specify):	If they respond "I borrow it" to C4, Multiple choice (Select all that apply)	

Connectivity Questions		Answer Options	Technical Instructions	Contextualization Guidance
C3	Do you have access to the internet (Wi-Fi or data) on your phone, computer, or another device?	<input type="checkbox"/> Yes, I have access to the internet <input type="checkbox"/> No, no internet access (skip to C3.2) <input type="checkbox"/> No response (skip to C3.2)	Select one	
C3.1	If yes: Where do you usually access the internet?	<input type="checkbox"/> With data on my phone <input type="checkbox"/> At an internet café <input type="checkbox"/> At a store or other business that has Wi-Fi <input type="checkbox"/> At a community center that has Wi-Fi <input type="checkbox"/> From a smart phone hot spot <input type="checkbox"/> Other (Specify):	If Yes selected in C8, Select one	Optional (if not relevant to the context or shorter survey is needed) Change the answer options based on what is common the local context.
C3.2	If no, why not?	<input type="checkbox"/> Not interested <input type="checkbox"/> Not familiar/comfortable (including literacy) <input type="checkbox"/> No need <input type="checkbox"/> Cost too high <input type="checkbox"/> Not appropriate for me to use <input type="checkbox"/> Family/friends would disapprove <input type="checkbox"/> Other (Specify):	If No is selected in C8, Select one	Optional (if not relevant to the context or shorter survey is needed)

C4 If information you needed were provided on a website/mobile app, would you use the website/mobile app?

- ☐ Yes
- ☐ Yes, but only if available in audio or visual formats (no reading required)
- ☐ Yes, but only if I had access to the internet
- ☐ No
- ☐ No response

Select one

Optional (if not relevant to the context or shorter survey is needed)

D. Perception of RCCE Delivery and Client Satisfaction

Questions on Perception of RCCE Information and Focal Points		Answer Options	Technical Instructions	Contextualization Guidance
D1	<p>In the past month, how have you received information about Ebola Virus Disease?</p> <p><i>(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</i></p>	<input type="checkbox"/> Close Family and Friends <input type="checkbox"/> Internet and Social Media (Facebook, Whatsapp, etc.) <input type="checkbox"/> INGO staff or UN agencies <input type="checkbox"/> Community based organizations, community leaders, or key members of the community <input type="checkbox"/> Religious organizations or religious leaders <input type="checkbox"/> Loudspeakers, Radio, TV, or Newspapers <input type="checkbox"/> Information centers <input type="checkbox"/> Posters, flyers, or banners	<p>Multiple choice</p> <p>(Select all that apply)</p>	<p>Add locally relevant options based on context</p>

D2

What was this information about?

(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)

- ☐ Ebola Virus Disease prevention measures
- ☐ Ebola Virus Disease treatment
- ☐ Ebola Virus Disease misinformation and rumors
- ☐ Changes in services available due to the Ebola outbreak (education, health, employment/livelihoods, support services for women, children, people with disabilities, etc.)
- ☐ Social and economic consequences of the Ebola outbreak on population (e.g. violence in the home, loss of livelihoods, etc.)
- ☐ Other (specify):

Multiple choice
(Select all that apply)

D3

You mentioned that you received information about the Ebola outbreak from [READ THE SOURCES THEY MENTIONED ABOVE IN QUESTION D1].

Which two of those sources do / did you use the most? (DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)

- ☐ Close Family and Friends
- ☐ Internet and Social Media (Facebook, Whatsapp, etc.)
- ☐ INGO staff or UN agencies
- ☐ Community based organizations, community leaders, or key members of the community
- ☐ Religious organizations or religious leaders
- ☐ Loudspeakers, Radio, TV, or Newspapers
- ☐ Information centers
- ☐ Posters, flyers, or banners
- ☐ Other (specify):

D4 Of the sources of information that you used, which two of those sources did you trust the most for information about the Ebola Virus Disease?

(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)

- ☐ Close Family and Friends
- ☐ Internet and Social Media (Facebook, Whatsapp, etc.)
- ☐ INGO staff or UN agencies
- ☐ Community based organizations, community leaders, or key members of the community
- ☐ Religious organizations or religious leaders
- ☐ Loudspeakers, Radio, TV, or Newspapers
- ☐ Information centers

- ☐ Posters, flyers, or banners
- ☐ Other (specify)
- ☐ I do not trust any information sources on Ebola Virus Disease

D5	<p>Of the sources of information that you used, which two of those sources did you trust the least for information about the Ebola Virus Disease ?</p> <p><i>(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</i></p>	<input type="checkbox"/> Close Family and Friends <input type="checkbox"/> Internet and Social Media (Facebook, Whatsapp, etc.) <input type="checkbox"/> INGO staff or UN agencies <input type="checkbox"/> Community based organizations, community leaders, or key members of the community <input type="checkbox"/> Religious organizations or religious leaders <input type="checkbox"/> Loudspeakers, Radio, TV, or Newspapers <input type="checkbox"/> Information centers <input type="checkbox"/> Posters, flyers, or banners <input type="checkbox"/> Other (specify):		
D5.1	Why? What made you more or less trusting of the information you received?	[Enter response]	Open response	Optional (if not relevant to the context or shorter survey is needed)
D6	<p>You mentioned that you received information about [READ THE SOURCES THEY MENTIONED ABOVE IN QUESTION D2]. Please state whether you agree or disagree with the following statements about the information you received:</p>			

D6.1	Receiving this information helped me to make a decision.	<input type="checkbox"/> Completely disagree <input type="checkbox"/> Disagree slightly <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Agree slightly <input type="checkbox"/> Completely agree	Select one	
D6.2	Receiving this information helped me to take action or change my behavior to prevent the transmission of Ebola Virus Disease.	<input type="checkbox"/> Completely disagree <input type="checkbox"/> Disagree slightly <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Agree slightly <input type="checkbox"/> Completely agree	Select one	
D6.3	Receiving this information helped me to manage my stress about the Ebola outbreak.	<input type="checkbox"/> Completely disagree <input type="checkbox"/> Disagree slightly <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Agree slightly <input type="checkbox"/> Completely agree	Select one	
D6.4	I plan to share this information with someone else or I have shared it already.	<input type="checkbox"/> Completely disagree <input type="checkbox"/> Disagree slightly <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Agree slightly <input type="checkbox"/> Completely agree	Select one	
D6.5	With whom will/did you share it?	[Enter response]	Open response	

D7	<p>Did you receive support from the [RCCE FOCAL POINT] working with IRC in your community?</p> <p><i>(For example: Someone who provided you with materials such as soap, or someone who provided you with information about the Ebola outbreak or how/when/ where to access services.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response	Select one	ADD ROLE BASED ON CONTEXT. For example: community focal point, moderator, counselor, etc.
<p>NOTE: IRC is committed to treating everyone with respect and dignity when providing different services. Please state whether you agree or disagree with the following statements about the [RCCE FOCAL POINT] you interacted with:</p>		If Yes to D5	Change to the appropriate role in your context.	
D7.1	<p>The support I received from [RCCE FOCAL POINT] helped me to access services that I needed.</p>	<input type="checkbox"/> Completely disagree <input type="checkbox"/> Disagree slightly <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Agree slightly <input type="checkbox"/> Completely agree	Select one	Change to the appropriate role in your context.
D7.2	<p>I felt that the [RCCE FOCAL POINT] cared about my situation, wanted to help me, and was respectful to me.</p>	<input type="checkbox"/> Completely disagree <input type="checkbox"/> Disagree slightly <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Agree slightly <input type="checkbox"/> Completely agree	Select one	Change to the appropriate role in your context.

E: Comprehension of Messages, Preventive Behaviors, and Rumors and Misinformation

Comprehension of Messages		Answer Options	Technical Instructions	Contextualization Guidance
E1	How does a person get Ebola?	<input type="checkbox"/> By air <input type="checkbox"/> Bad odor or smell <input type="checkbox"/> Preparing or eating bush meat as a meal (e.g. chimpanzees, monkeys, bats, wild animals) <input type="checkbox"/> Shaking the hands of an infected person <input type="checkbox"/> Having sex with an infected person <input type="checkbox"/> Kissing an infected person <input type="checkbox"/> Coming into contact with the bodily fluid (sweat) of an infected person <input type="checkbox"/> Coming into contact with the bodily fluid (blood) of an infected person <input type="checkbox"/> Coming into contact with the bodily fluid (urine) of an infected person <input type="checkbox"/> Coming into contact with the bodily fluid (stool) of an infected person <input type="checkbox"/> Coming into contact with the bodily fluid (breast milk) of an infected person		

		<input type="checkbox"/> Participating in burial ceremonies that involve touching the dead body <input type="checkbox"/> Coming into contact with anything an infected person has touched <input type="checkbox"/> Going to the hospital/health facility <input type="checkbox"/> God's will <input type="checkbox"/> Witchcraft <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Don't know		
E2	<p>What are actions you can take to avoid being infected with Ebola Virus Disease?</p> <p><i>(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question.)</i></p>	<input type="checkbox"/> Wash hands with water <input type="checkbox"/> Wash hands with water and soap <input type="checkbox"/> Wash hands with chlorine <input type="checkbox"/> Try to avoid crowded places <input type="checkbox"/> Try to avoid physical contact with people I suspect may have Ebola	<p>Ask without giving answers, prompt if necessary</p> <p>Multiple Choice (select all that apply)</p>	<p>Add incorrect answer options based on common rumors or misinformation in your context</p>

Select all that apply.)

- ☐ Drink more water / juice
- ☐ Drink / consume traditional herbs
- ☐ Take antibiotics
- ☐ Wear gloves
- ☐ Do not participate in burial ceremonies that involve touching the dead body
- ☐ Other (specify):
- ☐ Don't know

E3	<p>What are signs or symptoms of Ebola?</p> <p><i>(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Weakness <input type="checkbox"/> Diarrhea (with or without blood) <input type="checkbox"/> Vomiting (with or without blood) <input type="checkbox"/> Abdominal (stomach) pain <input type="checkbox"/> Lack of appetite <input type="checkbox"/> Sore throat <input type="checkbox"/> Rash <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Bleeding (internal or external) <input type="checkbox"/> Hiccups <input type="checkbox"/> Delirium / confusion <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Don't know 	<p>Multiple Choice (select all that apply)</p>	
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E4	If you were sick with symptoms similar to Ebola, would you come to the health facility to be screened and isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Single answer	
E5	If you had a friend or family member who was sick with symptoms similar to Ebola, would you encourage them to come to the health facility to be screened and isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Single answer	
E6	[If no to E4 or E5]: Why?	<input type="checkbox"/> Fill based on context <input type="checkbox"/> Other	Multiple choice If 'No' or 'Don't Know' to E4 or E5	Add answer options based on barriers in the context. Alternatively, you can adapt to be an open response.

Rumors and Misinformation

Answer Options

Technical Instructions

Contextualization Guidance

E7	Have you heard misinformation, rumors, concerns, stories in your community about the Ebola Virus Disease that you knew to be untrue or found out to be untrue later?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
E7.1	If yes: What are some examples of these rumors or misinformation?	[Enter response]	If Yes to E8, Open response	
E7.2	If yes: Did you initially believe the rumor or misinformation to be true?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	If Yes to E8, Select one	
E7.3	If yes: If you initially believed the rumor, how did you find out it was untrue?	[Enter response]		
EX	<i>Add additional questions based on rumors or misinformation in your context.</i>	Fill based on context <input type="checkbox"/> Other:		Optional (if not relevant to the context or shorter survey is needed) Add questions and answer options based on the RCCE training in your country or field office

E8	Is the following statement true or false: There is a vaccine against Ebola Virus Disease	<input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> I don't know	Select one	
E9	If you were offered a Ebola vaccine, would you take it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	Select one	
E10	In your opinion, what are the main reasons for people not wanting an Ebola vaccine?	<input type="checkbox"/> Not concerned about getting infected with Ebola <input type="checkbox"/> Uncertain if the Ebola vaccine will be effective <input type="checkbox"/> Concerned about side-effects of the Ebola vaccine <input type="checkbox"/> Do not want to go to facilities for fear of getting infected with Ebola <input type="checkbox"/> General mistrust of or opposition to any vaccine <input type="checkbox"/> Do not want vaccinations for religious reasons <input type="checkbox"/> Family resistance to Ebola vaccine <input type="checkbox"/> Family resistance to all vaccines <input type="checkbox"/> Too busy to get vaccinated <input type="checkbox"/> Concerned about cost <input type="checkbox"/> Other (Specify) <input type="checkbox"/> I don't know		

F. Feedback and Complaint Mechanisms

Questions		Answer Options	Technical Instructions	Contextualization
F1	If you had/have further questions or information to share about services or programs, such as complaints or problems, do you know how to share those complaints or problems about services/ programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response	Select one	
F1.1	If yes: Do you feel comfortable contacting them to share information, if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response	If yes to F1, Select one	

F1.2	<p>If yes:</p> <p>What channels would you prefer to use to share your feedback?</p> <p><i>(DO NOT READ ANSWER CHOICES. Prompt only if necessary. Select the items that the respondent mentions in response to the question. Select all that apply.)</i></p>	<input type="checkbox"/> Phone hotline <input type="checkbox"/> SMS / Whatsapp <input type="checkbox"/> Email <input type="checkbox"/> Other Social media <input type="checkbox"/> Suggestion box in the community <input type="checkbox"/> Suggestion box in a service point (health center; school; women and girls' safe space, etc.) <input type="checkbox"/> Speaking directly to an IRC staff/ IRC focal point working in the community <input type="checkbox"/> Information center <input type="checkbox"/> Group discussions organized by IRC <input type="checkbox"/> At the IRC office <input type="checkbox"/> Other (Specify):	Multiple Choice (select all that apply)	
F2	<p>In the past month, has anyone from the IRC or [RCCE partner organizations/focal point] asked your feedback about your experience receiving information about Ebola Virus Disease?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response	Select one	<p>ADD ROLE BASED ON CONTEXT. For example: community focal point, moderator, counselor, etc.</p>

F3	In the past month, have you provided information, feedback, or complaints to [location / name of feedback mechanism]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response	Select one	Change to the appropriate name of the feedback mechanism in your context.
F4.1	If yes: Do you feel the feedback or complaints were well addressed?	<input type="checkbox"/> No, not at all <input type="checkbox"/> No, not very much <input type="checkbox"/> Somewhat <input type="checkbox"/> Yes, very much <input type="checkbox"/> Yes, completely <input type="checkbox"/> No response	If Yes to F4, Select one	
F4.2	If not at all, not very much, or somewhat: Why not?	<input type="checkbox"/> Didn't know who or how to report <input type="checkbox"/> Didn't feel comfortable reporting <input type="checkbox"/> Other (specify)	If not at all, not very much, or somewhat to F4.1, Select one	

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