

Study # 027	CHILDID	Plate # 401	Visit # 001	F4A_DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site	Center	Child ID	Day	Month
				Year

Version #

VERSION

Section 1: Demographic and Epidemiological Information

1. Who is [Child's Name]'s primary caretaker? PRIMCARE

- | | | | |
|------------------------------------|--|-------------------------------|--------------------------------|
| <input type="text"/> 1 Mother | <input type="text"/> 2 Father | <input type="text"/> 3 Sister | <input type="text"/> 4 Brother |
| <input type="text"/> 5 Grandmother | <input type="text"/> 6 Grandfather | <input type="text"/> 7 Aunt | <input type="text"/> 8 Uncle |
| <input type="text"/> 9 No relation | <input type="text"/> 10 Other relation by blood or marriage, specify PRIMCARE_SPEC | | |

2. What is your relationship to [Child's Name]? RELATIONSHIP

- | | | | |
|------------------------------------|--|-------------------------------|--------------------------------|
| <input type="text"/> 1 Mother | <input type="text"/> 2 Father | <input type="text"/> 3 Sister | <input type="text"/> 4 Brother |
| <input type="text"/> 5 Grandmother | <input type="text"/> 6 Grandfather | <input type="text"/> 7 Aunt | <input type="text"/> 8 Uncle |
| <input type="text"/> 9 No relation | <input type="text"/> 10 Other relation by blood or marriage, specify RELATION_SPEC | | |

3. Where does [Child's Name]'s mother live? MOM_LIVE

- | | | |
|---|--|-----------------------------|
| <input type="text"/> 1 Living in household | <input type="text"/> 3 Abroad | <input type="text"/> 5 Died |
| <input type="text"/> 2 Lives outside of household | <input type="text"/> 4 Whereabouts unknown | |

4. Where does [Child's Name]'s father live? DAD_LIVE

- | | | |
|---|--|-----------------------------|
| <input type="text"/> 1 Living in household | <input type="text"/> 3 Abroad | <input type="text"/> 5 Died |
| <input type="text"/> 2 Lives outside of household | <input type="text"/> 4 Whereabouts unknown | |

5. How far did the child's primary caretaker go in school? PRIM_SCHL

- | | |
|--|---|
| <input type="text"/> 1 No formal schooling | <input type="text"/> 4 Completed secondary |
| <input type="text"/> 2 Less than primary | <input type="text"/> 5 Post-secondary |
| <input type="text"/> 3 Completed primary | <input type="text"/> 6 Religious education only |
| | <input type="text"/> 7 Don't know |

6. How many people have been living regularly in your household for the past 6 months?

PPL_HOUSE

7. How many people have been sleeping regularly in your household for the past 6 months?

PPL_SLEEP

8. How many children younger than 60 months live in the household?

 YNG_CHILDREN



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9. How many rooms in your household are used for sleeping? SLP_ROOMS

10. What is the predominant floor in the house of [Child's Name]? FLOOR

Natural FloorRudimentary FloorFinished Floor☐ 1 Earth/Sand☐ 3 Wood planks☐ 5 Parquet or polished wood☐ 2 Dung☐ 4 Palm/bamboo☐ 6 Vinyl or asphalt strips☐ 7 Ceramic Tile☐ 8 Cement☐ 9 Carpet☐ 10 Other, specify FLOOR_SPEC _____

11. Does your household have the following? [Must be functioning; "X" all that apply.]

☐ 1 Electricity HOUSE_ELEC☐ 1 Bicycle/rickshaw HOUSE_BIKE☐ 1 Telephone (mobile or non-mobile) HOUSE_PHONE☐ 1 Television HOUSE_TELE☐ 1 Car/truck HOUSE_CAR☐ 1 Animal-drawn cart HOUSE_CART☐ 1 Motorcycle/scooter HOUSE_SCOOT☐ 1 Refrigerator HOUSE_FRIDGE☐ 1 Agricultural land HOUSE_AG LAND☐ 1 Radio HOUSE_RADIO☐ 1 Boat with a motor HOUSE_BOAT☐ 1 None of the above HOUSE_NONE

12. What type of cooking fuel does your household use? ["X" all that apply.]

☐ 1 Electricity FUEL_ELEC☐ 1 Biogas FUEL_BIOGAS☐ 1 Straw/shrubs/grass FUEL_GRASS☐ 1 Liquid Propane Gas FUEL_PROPANE☐ 1 Coal/lignite FUEL_COAL☐ 1 Animal dung FUEL_DUNG☐ 1 Natural Gas FUEL_NATGAS☐ 1 Charcoal FUEL_CHARCOAL☐ 1 Agricultural crop residue FUEL_CROP☐ 1 Kerosene FUEL_KERO☐ 1 Wood FUEL_WOOD☐ 1 Other, specify FUEL_OTHER FUEL_OTHER_SPEC _____

13. Do the following animals live in the compound where [Child's Name] lives? ["X" all that apply.]

ANI_GOAT

☐ 1 Goat

ANI_COW

☐ 1 Cow☐ 1 No Animals ANI_NO

ANI_SHEEP

☐ 1 Sheep

ANI_RODENTS

☐ 1 Rodents

ANI_DOG

☐ 1 Dog

ANI_FOWL

☐ 1 Fowl (chicken, duck or other birds)

ANI_CAT

☐ 1 Cat

ANI_OTHER

☐ 1 Other, specify ANI_SPEC _____

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14. During the last two weeks, has your household ever obtained drinking water from any of the following sources? ["X" all that apply.]

- | | |
|---|---|
| <input type="checkbox"/> Piped into house WATER_HOUSE | <input type="checkbox"/> Covered well in house or yard WATER_COVWELL |
| <input type="checkbox"/> Piped into yard WATER_YARD | <input type="checkbox"/> Covered public well WATER_COVPWELL |
| <input type="checkbox"/> Public tap WATER_PUBTAP | <input type="checkbox"/> Protected spring WATER_PROSPRING |
| <input type="checkbox"/> Open well in house or yard WATER_WELL | <input type="checkbox"/> Unprotected spring WATER_UNSPRING |
| <input type="checkbox"/> Open public well WATER_PUBWELL | <input type="checkbox"/> River or stream WATER_RIVER |
| <input type="checkbox"/> Pond or lake WATER_POND | <input type="checkbox"/> Dam or earth pan WATER_DAM |
| <input type="checkbox"/> Deep tube well WATER_DEEPWELL | <input type="checkbox"/> Rainwater WATER_RAIN |
| <input type="checkbox"/> Shallow tube well WATER_SHALLWELL | <input type="checkbox"/> Bought (tank, bottles, etc) WATER_BOUGHT |
| <input type="checkbox"/> Other, specify WATER_OTHR WATER_SPEC | <input type="checkbox"/> Bore hole WATER_BORE |

15. During the last two weeks, what was the **main source** of drinking water for the members of your household? ["X" only one response that relates to the main source of drinking water.]

- | | |
|---|--|
| <input type="checkbox"/> Piped into house MS_WATER | <input type="checkbox"/> Covered well in house or yard |
| <input type="checkbox"/> Piped into yard | <input type="checkbox"/> Covered public well |
| <input type="checkbox"/> Public tap | <input type="checkbox"/> Protected spring |
| <input type="checkbox"/> Open well in house or yard | <input type="checkbox"/> Unprotected spring |
| <input type="checkbox"/> Open public well | <input type="checkbox"/> River or stream |
| <input type="checkbox"/> Pond or lake | <input type="checkbox"/> Dam or earth pan |
| <input type="checkbox"/> Deep tube well | <input type="checkbox"/> Rainwater |
| <input type="checkbox"/> Shallow tube well | <input type="checkbox"/> Bought (tank, bottles, etc) |
| <input type="checkbox"/> Other, specify MS_SPEC | <input type="checkbox"/> Bore hole |

[Use your response from Question 15 to answer Questions 16 and 17. If the response to Question 15 is "piped into house/yard", "open or covered well in house/yard" or "rainwater", then go to Question 18. Otherwise continue.]

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16. How long does it take to go there, get water, and come back?

TIME_WATER

- | | |
|---|--|
| <input type="checkbox"/> 1 Less than 15 minutes | <input type="checkbox"/> 4 1 to 3 hours |
| <input type="checkbox"/> 2 15 to 29 minutes | <input type="checkbox"/> 5 More than 3 hours |
| <input type="checkbox"/> 3 30 to 59 minutes | |

17. Do you or other members from your household go and fetch drinking water for the household every day?

FETCH_WATER ☐ No ☐ Yes

[If "Yes", go to Question 17a, if "No" go to Question 17b.]

17a. On average, how many trips do you and members from your household make to fetch water each day?

Number of trips/day

TRIP_DAY

17b. On average, how many trips do you and members from your household make to fetch water each week?

Number of trips/week

TRIP_WEEK

[If no trips are made, complete as "00".]

18. In the last two weeks, how often has water been available from this main source?

- | | | |
|--|--|-------------|
| <input type="checkbox"/> 1 All the time | <input type="checkbox"/> 3 A few times per week | WATER_AVAIL |
| <input type="checkbox"/> 2 Several hours every day | <input type="checkbox"/> 4 Less frequent than a few times per week | |

19. In the last two weeks, did you give [Child's Name] stored water for drinking?

STORE_WATER ☐ No ☐ Yes

20. Do you usually treat drinking water at home?

TRT_WATER ☐ No ☐ Yes

[If "No", go to Question 23.]

21. Which method do you use the most to treat drinking water at home? ["X" only one response.]

- | | | |
|--|---|------------|
| <input type="checkbox"/> 1 Leave water in sun to disinfect | <input type="checkbox"/> 4 Boil | TRT_METHOD |
| <input type="checkbox"/> 2 Filter through a cloth | <input type="checkbox"/> 5 Filter through ceramic or other filter | |
| <input type="checkbox"/> 3 Chlorine liquid, powder, or tablets | <input type="checkbox"/> 6 Alum | |
| <input type="checkbox"/> 7 Other chemical or additive, specify | TRT_METHOD_SPEC | |

[If chlorine is not used, go to Question 22.]

21a. If you use chlorine liquid, powder or tablets, which type do you most commonly use? ["X" only one response.]

CHLORINE

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1 Certeza | <input type="checkbox"/> 5 Watermaker |
| <input type="checkbox"/> 2 Aquatabs | <input type="checkbox"/> 6 PuR |
| <input type="checkbox"/> 3 AquaGuard | <input type="checkbox"/> 7 Unknown |
| <input type="checkbox"/> 4 WaterGuard | <input type="checkbox"/> 8 Other, specify |

CHLORINE_SPEC



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22. In the last two weeks did you give [Child's Name] water which was not treated? NOTRT_WATER No Yes

23. How do you usually dispose of [Child's Name]'s feces? [*"X" only one response.*]

- Scatter in yard DISP_FECES Bush/Field/Ground/Stream/Open sewer
 Bury Do nothing
 Toilet, latrine Other, specify DISP_SPEC

24. What kind of facility does your household most commonly use to dispose of human fecal waste?
 [*Show pictures to confirm the identity of the facility used. "X" only one response.*]

- Flush toilet FAC_WASTE Pour flush toilet
 Ventilated improved pit (VIP) latrine No facility: Bush/Field/Ground/Stream/Open sewer
 Traditional pit toilet *[If "No facility" selected, go to Question 26]*
 Ventilated improved pit w/water seal Other, specify FAC_SPEC

25. How many households (other than your own) share this facility? SHARE_FAC
 [*Respond with a number; code "00" for none.*]

26. When do you usually wash your hands? [*"X" all that apply. Do not probe.*]

- Before eating WASH_EAT WASH_ANIMAL After handling domestic animals
 Before cooking WASH_COOK WASH_CHILD After cleaning child who defecated
 Before you nurse or prepare baby's food WASH_NURSE WASH_NEVER Never
 After you defecate WASH_DEF WASH_OTHR Other, specify WASH_SPEC

27. When you wash your hands, what do you usually use? [*"X" only one.*] WASH_USE

- Water only Water and soap Water and ashes Water and mud or clay

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Section 2: Clinical Information

28. Breast Feeding

a. Has [Child's Name] been breast feeding since becoming ill with diarrhea?

BREASTFED_SINCE_ILL

☐ No
 ☐ Partial breast feeding
 ☐ Exclusive breast feeding

b. Was [Child's Name] breast feeding during the week before becoming ill with diarrhea?

BREASTFED_BEFORE_ILL

☐ No
 ☐ Partial breast feeding
 ☐ Exclusive breast feeding
29. How many days including today has this episode of diarrhea lasted? DRH_DAYS

a. Date of onset of diarrhea:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Day

Month

Year

DRH_ONSET

30. Since [Child's Name] became ill with diarrhea, how would you best describe the stool?

[“X” the most common.]

DRH_STOOLS

☐ Simple watery
 ☐ Rice watery stool
 ☐ Sticky/mucoid
 ☐ Bloody
[If enrolled in LSD Study and response is “Bloody,” go back to CRF 03 and ensure child was properly enrolled.]

31. During the illness, what was the maximum number of loose stools that [Child's Name] passed in a day (24-hour period)? [“X” only one response.] MAX_STOOLS

☐ ≤ 6 per day
 ☐ 7 to 10 times per day
 ☐ More than 10 times per day

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32. Did [Child's Name] have any of the following since this illness began?

		No	Yes	DK
a. Blood in stools	DRH_BLOOD	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Vomiting 3 or more times per day	DRH_VOMIT	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Very thirsty	DRH_THIRST	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Drank much less than usual	DRH_LESSDRINK	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Unable to drink	DRH_UNDRINK	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Belly pain	DRH_BELLYPAIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Fever measured <u>at least</u> 38°C or parental perception	DRH_FEVER	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Irritable or restless	DRH_RESTLESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Decreased activity or lethargy	DRH_LETHRGY	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Loss of consciousness	DRH_CONSC	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Rectal straining	DRH_STRAIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Rectal prolapse	DRH_PROLAPSE	<input type="text"/>	<input type="text"/>	<input type="text"/>
m. Cough	DRH_COUGH	<input type="text"/>	<input type="text"/>	<input type="text"/>
n. Difficulty breathing	DRH_BREATH	<input type="text"/>	<input type="text"/>	<input type="text"/>
o. Convulsion	DRH_CONV	<input type="text"/>	<input type="text"/>	<input type="text"/>

[If enrolled in LSD Study and response to question 32a is "Yes," go back to CRF 03 and ensure child was properly enrolled.]

33. Right now, does your child have any of the following?

		No	Yes	DK
a. Very thirsty	CUR_THIRSTY	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Drinks poorly or not able to drink	CUR_NODRINK	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Sunken eyes	CUR_SUNKEYES	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Wrinkled skin	CUR_SKIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Irritable or restless	CUR_RESTLESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Lethargy or loss of consciousness	CUR_LETHRGY	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Dry mouth	CUR_DRYMOUTH	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Fast breathing	CUR_FASTBREATH	<input type="text"/>	<input type="text"/>	<input type="text"/>



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34. Before coming to this hospital/health center, was *[Child's Name]* given any of the following to treat his/her diarrhea? [*"X"* all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

HOMETRT_ORIS

☐ 1 A fluid made from a special packet called ORALITE or ORS?

HOMETRT_MAIZE

☐ 1 Homemade fluid (e.g., Thin watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink)

HOMETRT_MILK

☐ 1 Special milk or infant formula

☐ 1 Any other liquids, specify HOMETRTLQ_SPEC

HOMETRT_HERB

☐ 1 Home remedy/Herbal medication

☐ 1 Antibiotics, specify HOMETRT_AB_SPEC

HOMETRT_ZINC

☐ 1 Zinc (tablet/syrup)

☐ 1 Other (1), specify HOMETRT_SPEC1

HOMETRT_NONE

☐ 1 No special remedies given

☐ 1 Other (2), specify HOMETRT_SPEC2

35. Since *[Child's Name]* developed diarrhea, how much have you been offering *[Child's Name]* to drink?

OFFR_DRINK

☐ 1 More than usual

☐ 4 Much less than usual

☐ 2 Usual

☐ 5 Nothing to drink

☐ 3 Somewhat less than usual

36. Since *[Child's Name]* developed diarrhea, how much have you been offering *[Child's Name]* to eat?

OFFR_EAT

☐ 1 More than usual

☐ 4 Much less than usual

☐ 2 Usual

☐ 5 Nothing to eat

☐ 3 Somewhat less than usual

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Section 3: Health care utilization and expenses made before this visit to this hospital/health center

37. Before coming to this hospital/health center, did you seek care for [Child's Name] outside your household for this illness?

☐ No [Go to Question 41.] ☒ Yes SEEK_OUTSIDE

38. If you previously sought care for [Child's Name] for this illness, where did you go? [Use the Health Facility Coding List to code the center(s) of choice. "X" all that apply.]

SEEK_PHARM ☒ Pharmacy

SEEK_FRIEND ☒ Friend/relative

SEEK_HEALER ☒ Traditional healer

SEEK_DOC ☒ Unlicensed practitioner/village doctor/bush doctor/village health worker

SEEK_PRIVDOC ☒ Licensed practitioner/private doctor (not at hospital)

SEEK_REMDY ☒ Bought a remedy/medicine at the shop/market, specify remedy/drug SEEK_REMDY_SPEC

SEEK_CTR1 ☒ Hospital/Center of first choice SEEK_CTR1_CODE SEEK_CTR1_SHC 1=SHC, 0_NonSHC

SEEK_CTR2 ☒ Hospital/Center of second choice SEEK_CTR2_CODE SEEK_CTR2_SHC 1=SHC, 0_NonSHC

SEEK_CTR3 ☒ Hospital/Center of third choice SEEK_CTR3_CODE SEEK_CTR3_SHC 1=SHC, 0_NonSHC

SEEK_OTHER ☒ Other Hospital/Center, specify SEEK_OTHER_SPEC

39. What were your or your household estimated out-of-pocket expenses for the following: [Have respondent answer for only those facilities (not friends or relatives) that were used in Question 38 and provide the expense in the local currency.]

<u>Total Medical Expenses</u>	<u>Transportation</u>
<p>a. Pharmacy PHARM_TOTAL</p> <input type="text"/>	<p>f. Hospital/Center of 1st choice CTR1_TRNSPRT</p> <input type="text"/>
<p>b. Traditional healer HEAL_TOTAL</p> <input type="text"/>	<p>g. Hospital/Center of 2nd choice CTR2_TRNSPRT</p> <input type="text"/>
<p>c. Unlicensed practitioner/village doctor/bush doctor DOC_TOTAL</p> <input type="text"/>	<p>h. Hospital/Center of 3rd choice CTR3_TRNSPRT</p> <input type="text"/>
<p>d. Licensed practitioner/private doctor PRIVDOC_TOTAL</p> <input type="text"/>	<p>i. Other, specify OTHER_SPEC</p> <input type="text"/>
<p>e. Bought remedy/medicine at the shop/market REMDY_TOTAL</p> <input type="text"/>	<p>OTHER_TOTAL OTHER_TRNSPRT</p> <input type="text"/>

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Child ID

1	Cutting down expenses from meal	MONEY_MEAL
1	Cutting down from other expenses	MONEY_OTHEXP
1	Using savings	MONEY_SVNGS
1	Borrowing	MONEY_BORROW
1	Selling assets	MONEY_ASSET
1	Asking for donations outside the household	MONEY_DONAT
1	Relative or friend pays on your behalf	MONEY_RELATIVE
1	Others, specify	MONEY_SPEC MONEY_OTHR

☞ *[Complete this section when the child leaves the health center after an outpatient visit or at discharge after admission.]*

TRANSPORT TIME

- | | |
|-----------------------------------|----------------------------|
| 1 Less than 15 minutes | 4 1 to 4 hours |
| 2 15 minutes to 29 minutes | 5 More than 4 hours |
| 3 30 to 59 minutes | 6 Don't know |

TRNS INIT PAY

--	--	--	--	--	--

Local currency

TRNS YOU PAY

--	--	--	--	--	--

Local currency

TRNS_OTHER_PAY

--	--	--	--	--	--

Local currency



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Site

Center

Child ID

45. What are your estimated out-of-pocket expenses for the following [This information applies to the period of hospitalization or visit to this center. Use the local currency.]:

Consultation:

EXPEN_CONSULT

Drugs:

EXPEN_DRUG

Diagnostics:

EXPEN_DIAG

Food:

EXPEN_FOOD

Other, specify:

EXPEN_SPEC

EXPEN_OTHR

[Only if the respondent cannot break down the expenses, use the "Total" row.

DO NOT CALCULATE THE "TOTAL" FROM ALL THE ROWS.]

Total:

EXPEN_TOTAL

46. Where did the money that you spent during this visit or hospitalization come from? ["X" all that apply.

Start with open-ended question; then probe options if not mentioned by the caretaker.]

SPENT_MEAL ☐ Cutting down expenses from meals☐ Selling assets

SPENT_ASSET

SPENT_OTHEXP ☐ Cutting down from other expenses☐ Asking for donations outside the household

SPENT_DONAT

SPENT_SVNGS ☐ Using savings☐ Relative or friend pays on your behalf

SPENT_RELATIVE

SPENT_BORROW ☐ Borrowing☐ Other, specify:

SPENT_OTHR SPENT_SPEC

[Answer Questions 47 to 50 for the time period starting from the beginning of the illness until today.]

47. Did you lose some earnings due to seeking or providing care during [Child's Name] illness?

LOSE_EARN ☐ No ☐ Yes

LOSE_TOTAL

If yes, how much? [Use local currency.]

48. Did other caregivers lose some earnings due to seeking or providing care during [Child's Name] illness?

OTHRLOSE_EARN ☐ No ☐ Yes ☐ DK

OTHRLOSE_TOTAL

If yes, how much? [Use local currency.]

49. How much time have you spent taking care of [Child's name] when otherwise you would have been doing income generating activities (farming, selling in the market, working in a private business, etc.)? [Half a morning or afternoon = 0.25 days, a morning or afternoon = 0.50 days, a morning and afternoon = 1.00 day, anything less than half a morning or afternoon = 0 days.]

DAYSLOST_CARE

Day(s)



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50. How much time have other caregivers spent taking care of *[Child's name]* when otherwise they would have been doing income generating activities (farming, selling in the market, working in a private business, etc.)? *[Half a morning or afternoon = 0.25 days, a morning or afternoon = 0.50 days, a morning and afternoon = 1.00 day, anything less than half a morning or afternoon = 0 days.]*

DAYSLOST_OTHRCRE

 .

Day(s)

END OF THE INTERVIEW.

THANK THE RESPONDENT(S) FOR THEIR COOPERATION.

Place sticker of Specimen ID here.

SPECIMEN_ID

51. Specimen ID:

Notes or comments *[Initial and date notes]*

Interviewer's Name _____

INT_CODE

Staff code

Quality Control's Name _____

QC_CODE

Staff code

Day

Month

Year