

Study # 004	CHILDID	Plate # 051	Visit # 002	F5_DATE
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Site	Center	Child ID	Day	Month
				Year

CASE_CONTROL

Variable names are prefaced with F5_

Choose one: ☒ Case-child ☐ Control-child**Interview Outcome**

1. What was the outcome of the follow-up interview?

☒ Conducted **STATUS**☐ Not conductedIf "Not conducted", what was the reason? **NOT_CONDUCT**☒ Child cannot be found☐ Caretaker refused☐ Caretaker not available after 3 visits☐ Other, specify **NOT_CONDUCT_SPEC***[If the interview was not conducted, complete the above part, sign, date, and submit this page to the DCC.]***Notes or comments** *[Initial and date notes]*

Interviewer's Name _____ **INT_CODE**

Staff code

Quality Control's Name _____ **QC_CODE**

Staff code

QC_DATE

Day Month Year



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Site

Center

Child ID

Section 1: Clinical Information

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

RELATION

☐

Mother

☐

Father

☐

Sister

☐

Brother

☐

Grandmother

☐

Grandfather

☐

Aunt

☐

Uncle

☐

No relation

☐

Other relation by blood or marriage, specify

RELATION_SPEC

3. How is [Child's Name]'s health since the last study visit? [Explain to caretaker what is meant by "the last study visit".]

CHILD_HEALTH

☐

Appears healthy

☐

Health has deteriorated

☐

Health improved but not back to normal

☐

Died

☐

No better/unchanged

[If died, complete "a" to "c" below.]

DATE_DEATH

a. If [Child's Name] died, what was the date of death?

Day

Month

Year

b. If [Child's Name] died, what was the place of death?

☐

Health facility

☐

Home or elsewhere

PLACE_DEATH

c. If the child died in a health facility, what was the name of the health facility?

[Use the Health Facility Coding List to code the facility; if the health facility is not coded, use '090' and insert the name below; if health facility unknown, use '999'.]

DIED_FACILITY

FACILITY_SPEC

[If the child died, make sure a verbal autopsy will be completed (and medical information will be collected if the child died in a health facility) according to the local guidelines. For children who died, the remainder of the questionnaire needs to be completed except Section 2.]



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4. Since the last study visit, has [Child's Name] experienced any of the following illnesses?
[If "Yes" to any illness, indicate if child visited a health care facility for that illness.]

Illness?		Visited a health facility?	Illness?		Visited a health facility?
No	Yes	No	Yes	No	Yes
<input type="text"/> <input type="text"/> Diarrhea	EXP_DRH	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Fever with unknown origin	EXP_FEVER	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> Dysentery	EXP_DYS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Other, specify	EXP_OTHR	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> Cough with difficult breathing	EXP_COU	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Other, specify	EXP_OTHR2	<input type="text"/> <input type="text"/>

5. To your knowledge, was the child diagnosed with any of the following at a health care facility?

	No	Yes
DIAG_TYP	<input type="text"/>	<input type="text"/>
DIAG_MAL	<input type="text"/>	<input type="text"/>
DIAG_PNE	<input type="text"/>	<input type="text"/>
DIAG_MENG	<input type="text"/>	<input type="text"/>
DIAG_OTHR	<input type="text"/>	<input type="text"/>

6. Since the last study visit, has [Child's Name] experienced any of the following:

	No	Yes
a. Rectal prolapse [Some pink tissue appears outside of the child's anus]	<input type="text"/>	<input type="text"/>
b. Convulsions	<input type="text"/>	<input type="text"/>
c. Arthritis [Swollen, painful joints]	<input type="text"/>	<input type="text"/>

Section 2: Physical Examination

7. Physical findings

a. **Weight** **WEIGHT**

0-23 months old: (Weight of caretaker with and without child):

WT_CHILD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	kg	WT_CARE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	kg
	Caretaker + child					Caretaker alone					

24-59 months old: (Weight of child alone):

WT kg

b. **Height** **HEIGHT**

1st cm

2nd cm

3rd cm

c. **MUAC** **MUAC**

1st cm

2nd cm

3rd cm

d. **Axillary temperature** **TEMP** °C

e. **Respiratory rate per minute:** **RESP**

1st

2nd



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Absent Present

- | | | | |
|---|--------------------------------|--------------------------------|------------|
| f. Rectal prolapse | <input type="text" value="0"/> | <input type="text" value="1"/> | RECTAL |
| g. Bipedal edema [Both feet] | <input type="text" value="0"/> | <input type="text" value="1"/> | BIPEDAL |
| h. Abnormal hair: sparse, loose, straight | <input type="text" value="0"/> | <input type="text" value="1"/> | ABN_HAIR |
| i. Undernutrition: wasted/very thin | <input type="text" value="0"/> | <input type="text" value="1"/> | UNDER_NUTR |
| j. Skin has 'flaky paint' appearance | <input type="text" value="0"/> | <input type="text" value="1"/> | SKIN_FLAKY |

Section 3: Water-Sanitation-Environment

8. 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="text" value="1"/> Piped into house | MS_WATER | <input type="text" value="9"/> Covered well in house or yard |
| <input type="text" value="2"/> Piped into yard | | <input type="text" value="10"/> Covered public well |
| <input type="text" value="3"/> Public tap | | <input type="text" value="11"/> Protected spring |
| <input type="text" value="4"/> Open well in house or yard | | <input type="text" value="12"/> Unprotected spring |
| <input type="text" value="5"/> Open public well | | <input type="text" value="13"/> River or stream |
| <input type="text" value="6"/> Pond or lake | | <input type="text" value="14"/> Dam or earth pan |
| <input type="text" value="7"/> Deep tube well | | <input type="text" value="15"/> Rainwater |
| <input type="text" value="8"/> Shallow tube well | | <input type="text" value="16"/> Bought (tank, bottles, etc) |
| <input type="text" value="18"/> Other, specify <u> </u> | MAIN_SPEC | <input type="text" value="17"/> Bore hole |

[Interviewer should ask to see the containers where drinking water is usually stored; based on your observations, complete parts "a" to "d" below.]

- | | No | Yes | |
|---|--------------------------------|--------------------------------|-----------|
| 8a. Observed container(s) in use in the home? | <input type="text" value="0"/> | <input type="text" value="1"/> | MAIN_CONT |
- [If "No", go to Question 9.]

- 8b. Type of container observed. [*"X" only one response*]

- | | |
|--|-----------|
| <input type="text" value="1"/> Wide-mouthed container(s) - 6 cm or more across the opening | MAIN_TYPE |
| <input type="text" value="2"/> Narrow-mouthed container(s) - less than 6 cm across the opening | |
| <input type="text" value="3"/> Mixture of wide and narrow-mouthed containers | |
| <input type="text" value="4"/> Other, specify: <u> </u> | |

- | | No | Yes | Mixed (covered and uncovered) | |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------|
| 8c. Are containers covered? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | MAIN_CONTAINCOV |



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8d. How is water removed from container? [*"X" all that apply.*]

- ☐ **WATER_POUR** Pour (spigot or spout)
 ☐ **WATER_CUP** Scoop with cup
 ☐ **WATER_LADLE** Scoop with ladle

No Yes

9. Do you usually treat your drinking water at home?

- ☐ **TREAT_WATER**

[If "No", go to Question 11.]

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

Method reported

Materials observed for method reported

No

Yes

- ☐ Leave water in sun

10-20 clear 1-2 l bottles on roof in sun

☐☐

- ☐ Boiled

By observation

TRTOBS_BOIL☐☐

- ☐ Filter through a cloth

Cloth observed

TRTOBS_FILTER☐☐

- ☐ Ceramic/other filter

Filter observed

TRTOBS_CRM☐☐

- ☐ Chlorine

Tablet/liquid/powder observed

TRTOBS_CHLR☐☐

- ☐ Alum

Alum observed

TRTOBS_ALUM☐☐

- ☐ Other chemical

Chemical observed

TRTOBS_CHEM☐☐Specify **TRT_SPEC**

- ☐ Other method

Method observed

TRTOBS_OTHR☐☐Specify **TRT_SPEC2**

[If chlorine is not used, go to Question 11]

10a. If chlorine is the method of water treatment in Q10, record the chlorine test result.

- ☐ Positive (yellow)
 ☐ Refused test
 CHLR_WATER
- ☐ Negative (clear)
 ☐ No water in the container

10b. If chlorine is the method of water treatment in Q10, check the brands that you observed.

[*"X" all that apply.*]

- ☐ **BRD_CERTEZA** Certeza
 ☐ **BRD_WTRGUARD** WaterGuard
 ☐ **BRD_UNKNOWN** Unknown
- ☐ **BRD_AQUATAB** Aquatabs
 ☐ **BRD_WTRMAKE** Watermaker
 ☐ **BRD_NA** Not applicable (none observed)
- ☐ **BRD_AQUAGU** AquaGuard
 ☐ **BRD_PUR** PuR
 ☐ **BRD_OTHER** Other, specify **BRD_OTHER_SPEC**

11. Where do you usually wash your hands?

WASH_WHERE

- ☐ In or near dwelling/yard
 ☐ Another place

[If "Another place", go to Question 13.]



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12. If hands are washed in or near dwelling/yard, ask to see the place and record whether the following items are present:

No	Yes		No	Yes	
<input type="checkbox"/> 0	<input type="checkbox"/> 1	WASH_PIPED Piped water source	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Basin WASH_BASIN
<input type="checkbox"/> 0	<input type="checkbox"/> 1	WASH_NOPTAP Non-piped water source without tap	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Soap WASH_SOAP
<input type="checkbox"/> 0	<input type="checkbox"/> 1	WASH_TAP Non-piped water source with tap	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Ash, mud or clay WASH_ASH

13. Please show me where you usually dispose of the feces of your child. [*"X" one only.*]

<input type="checkbox"/> 1 Flush toilet	CHILD_FECES	<input type="checkbox"/> 4 Pour flush latrine
<input type="checkbox"/> 2 Ventilated improved pit (VIP) latrine		<input type="checkbox"/> 5 Bush/Field/Ground/Stream/Open sewer*
<input type="checkbox"/> 3 Traditional pit toilet		<input type="checkbox"/> 6 Other, specify <u>CHILD_FECES_SPEC</u>

[*The option "Bush/Field/Ground/Stream/Open sewer" includes dumping anywhere in the environment outside the compound.]

14. [Interviewer, record whether feces observed]:

	No	Yes
14a. Visible feces observed in defecation area	<input type="checkbox"/> 0	<input type="checkbox"/> 1 FECES_VISIBLE

14b. Visible feces observed elsewhere in house or yard	<input type="checkbox"/> 0	<input type="checkbox"/> 1 FECES_ELSE
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15. Please show me the facility your household most commonly use to dispose of human fecal waste.
[*"X" one only.*]

<input type="checkbox"/> 1 Flush toilet	HOUSE_FECES	<input type="checkbox"/> 4 Pour flush toilet
<input type="checkbox"/> 2 Ventilated improved pit (VIP) latrine		<input type="checkbox"/> 5 No facility: Bush/Field/Ground/Stream/Open sewer
<input type="checkbox"/> 3 Traditional pit toilet		<input type="checkbox"/> 6 Other, specify <u>HOUSE_FECES_SPEC</u>
<input type="checkbox"/> 7 Ventilated improved pit w/water seal		

END OF INTERVIEW. THANK RESPONDENT(S) FOR THEIR COOPERATION.

Notes or comments [Initial and date notes]

Interviewer's Name _____ INT_CODE2

Staff code

Quality Control's Name _____ QC_CODE2

Staff code

Day

Month

Year

VRG Updated 22Aug2011