

	VIDA	:
--	-------------	---

VDA01A (ENR)

Web Version: 1.0; 6.00; 25Apr17

Health Care Utilization and Coverage Survey (HUCS) Questionnaire

Directions: Complete a separate form for each child 0-59 months old who has been selected for the survey, whether or not the child meets eligibility criteria, including children who have died within 7 days of the interview. Answer every question, unless told to skip. Unless otherwise stated, mark an "X" in the box. Directions for the interviewer appear [bracketed] and in italics. When "[Child's Name]" appears, say the name of the participant. "DK" is "Don't know".

Child's DSS Number:

Child's DSS Number:

Child's DSS Number:

Date of Interview: (ddMMMyyyy)

Part A: Eligibility Information

- | | | |
|--|-----------|---------------|
| 3. Are you a primary caretaker of the child? | No | Yes |
| 4. Parent or caretaker gives verbal consent: | No | Yes |
| 5. Status of interview: | Conducted | Not conducted |
| 6. If not conducted, what was the reason: | | |

- 1-Primary caretaker not available
- 2-Refused
- 3-Moved away
- 4-Cannot locate child
- 5-Child died more than 7 days ago (including today)
- *Additional Options Listed Below

Specify:

[If "Not conducted", sign your name, staff code, date and submit this page to the DCC. If "Conducted", continue to Question 7.]

[If interview was "Not Conducted", write down the reason below, sign, date & submit this page. If "Conducted", proceed to the next question.]

Reason not conducted:

Part B: Household Information

- | | |
|--|----------------------------------|
| 7. What is your relationship with the child? | |
| | 1-Mother |
| | 2-Father |
| | 3-Sister |
| | 4-Brother |
| | 5-Grandmother |
| | *Additional Options Listed Below |

Specify:

8. How far did you go in school?

- 1-No formal schooling
- 2-Completed secondary
- 3-Less than primary
- 4-Post-secondary
- 5-Completed primary
- *Additional Options Listed Below

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

10. What is the predominant floor inside the house? [Check one]

Natural Floor

Rudimentary Floor

Finished Floor

- Earth/Sand
- Dung
- Other, specify
- Wood planks
- Palm/bamboo
- Parquet or polished wood
- Vinyl or asphalt strips
- Ceramic tile
- Cement
- Carpet

11. Does your household have the following? [Check all that apply]

- Electricity
- Television
- Motorcycle/scooter
- Radio
- Bicycle/rickshaw
- Car/truck
- Refrigerator
- Boat with a motor
- Telephone (mobile or non-mobile)
- Animal-drawn cart
- Agricultural land
- None of the above

Part C: Medical history

12. What type of diet does your child normally take?

- Breast milk:
- Drinking water:
- Other foods or drinks:
- No
- Yes
- DK
- No
- Yes
- DK
- No
- Yes
- DK

13. Has the child had an illness with diarrhea (3 or more loose or watery stools during a 24-hour period) in the last week?

- No
- Yes

[If "No", go to Question 28, if "Yes", continue to Question 14.]

14. How many days ago did the diarrhea start? (days) [code '000' if started today]

15. How many days did the diarrhea last? (xx) (days) [If diarrhea is ongoing, include the day of the interview in the count]

16. What is the most (highest number) of loose stools in one day (24 hours) that the child had during this diarrheal illness?

- 1-3
- 2-4 to 5
- 3-6 to 10
- 4-More than 10 times per day

17. Did the child have any of the following symptoms during his/her diarrheal illness?

- Fever:
- Blood in stool:
- No
- Yes
- DK
- No
- Yes
- DK

Irritable/less playful:	No	Yes	DK
Very thirsty:	No	Yes	DK
Unable to drink or drank poorly:	No	Yes	DK
Rice watery stool without blood:	No	Yes	DK
Lethargic, unconscious, or hard to stay awake:	No	Yes	DK
Sunken eyes:	No	Yes	DK
Wrinkled skin:	No	Yes	DK

18. Did the child vomit? *[If 'No', go to Question 19. If 'Yes', continue.]*

a. On the worst day, how many times did s/he vomit?	1	2-4	5 or more
b. How many days did the child have vomiting?	(xx) (days)		

19. What was the outcome of this diarrheal illness?

1-Resolved

2-Improved

3-Continuing

4-Worsening

5-Child died

20. While the child had diarrhea, how much did you offer him/her to drink *(including breast milk)*?

1-More than usual

2-Usual

3-Somewhat less than usual

4-Much less than usual

5-Nothing to drink

21. While the child had diarrhea, how much did you offer the child to eat?

1-More than usual

2-Usual

3-Less than usual

4-Nothing to eat

22. Did you seek care for the child's diarrhea outside your home?

No	Yes
----	-----

[If 'No', continue to Question 27. If 'Yes', go to Question 23.]

23. If you sought care for the child for this illness, where did you go?
[Check all that apply. Use the Health Facility Coding List to code the center(s) of choice.]

Friend/relative

Traditional healer

Hospital/Center of 1st choice

Hospital/Center of 2nd choice

Hospital/Center of 3rd choice

Bought a remedy/medicine at the shop/market

"Walking" vendor of conventional medicines

Vendor of traditional medicines

Pharmacy

Licensed practitioner/private doctor (not hospital/center)

Unlicensed practitioner/village doctor/bush

doctor/village health worker
Other Hospital/Center
Specify:

[If sought care at a sentinel health center, continue to Question 24. Otherwise, select 'N/A' and go to Question 25a.]

24. On what day of the child's diarrhea did you visit? (xx) N/A (Sought care at non-SHC)
[name of sentinel hospital/health center from question 23]?

25a. Did the clinical team advise that the child be hospitalized? No Yes

25b. Was the child admitted to a hospital/health center for treatment of diarrheal illness? No Yes
[If 'Yes', continue. If 'No', go to Question 27.]

26. To which hospital/health center was the child admitted? [Use the Health Facility Coding List.] (xxx)
If the facility was not coded, specify:

27. Did the child receive any of the following to treat the diarrhea at home or at the hospital/health center? [Check all that apply]

Clinical team advised intravenous fluids
Received intravenous fluids
Homemade fluid
(Such as thin watery porridge made from maize, rice, wheat, soup, sugar, salt water solution or Yogurt-based drink.)
A fluid made from a special packet called ORALITE or ORS: At home At the health center Both
Traditional medicine to drink
Zinc At home At the health center Both
None of the above

The following information must be transmitted from the DSS database or entered onto this CRF during the HUICS interview:
Part D: Immunizations

Birth date: (ddMMMyyyy)
28. Has your child received any vaccinations? No Yes
29. Immunization card: No Yes
29a. If immunization card was not available, was vaccine data available from another source?
N-No
D-Yes, DSS
R-Yes, RVS
Y-Yes, Other Specify

Other, Specify:

30. Vaccine Given?	Date:(ddMMMyyyy)	Name of health center	Health	Health
--------------------	------------------	-----------------------	--------	--------

			center code Don't Know	center code
DPT/Pentavalent#1: DK	No Yes			
DPT/Pentavalent#2: DK	No Yes			
DPT/Pentavalent#3: DK	No Yes			
Which vaccine was given: Pentavalent Don't know	DPT			
Rotavirus vaccine #1: Yes DK	No			
Rotavirus vaccine #2: Yes DK	No			
Rotavirus vaccine #3: Yes DK	No			
Oral polio vaccine #1: Yes DK	No			
Oral polio vaccine #2: Yes DK	No			
Oral polio vaccine #3: Yes DK	No			
Inactivated polio vaccine (IPV) #1: No Yes DK				
Inactivated polio vaccine (IPV) #2: No Yes DK				
Inactivated polio vaccine (IPV) #3: No Yes DK				

Comments:

Interviewer's Name:

Staff code

Quality Control's Name:

Staff code

(ddMMMyyyy)

Save this form and proceed to the Data Entry page to complete 'HUCS Section E: Care-Seeking Beliefs and Practices'.

Additional Selection Options for ENR

6. If not conducted, what was the reason:
9-Other

7. What is your relationship with the child?
6-Grandfather
7-Aunt
8-Uncle
9-No relation
10-Other relation by blood or marriage

8. How far did you go in school?
6-Religious education only
7-Don't know

HUCS Part E: Care-Seeking Beliefs and Practices (HPE)

Web Version: 1.0; 1.00; 25Apr17

Part E: Care-Seeking Beliefs and Practices

31a. There are many causes of diarrhea. According to your knowledge and beliefs, what are the most likely causes of this episode of diarrhea? *Select all responses volunteered by the participant.*

Natural evolution of the body (symptomatic treatment only) (HPECNATL)

No

Yes

(HPESTMCH)

Stomach-cleaning, removal of dirt, stomach evolution

(HPETEETH)

Teething

(HPEFNTNL)

Sunken fontanel phenomenon

(HPEINTFD)

Intolerance of foods due to age:

(HPEWEAN)

Weaning

(HPEBRSTF)

Breastfeeding during pregnancy

(HPE1OTH)

Other:

(HPE1OTSP)

Provoked by the Environment (HPECENVI)

No

Yes

(HPEFLIES)

Flies

(HPEDRWAT)

Drinking water

(HPEWIND)

Wind

(HPEHMSTL)

Human stool

(HPEBBTTL)

Baby bottles

(HPEBRSTS)

Breasts

(HPEANSTL)

Animal stool

(HPEHTSP)

Heat, specify:

(HPESTWAT)

Stagnant warm water

(HPEWMLK)

Warm milk/breast (due to work, sex, not breastfeeding for a while, etc.)

(HPEDUST)

Dust, pollution, wind

(HPEHYGN)

Filth, lack of propriety/hygiene, waste/trash, washing without soap

(HPESXFLD)

Filth of sexual fluids (breastfeeding after sexual activity)

(HPE2OTH)

Other, specify:

(HPE2OTSP)

Provoked by Another Person (HPECPRSN)

No

Yes

(HPEINTOX)

Intentional poisoning by a mean person/ social problem

(HPEBKMGC)

Black magic (Sorcery, casting spells on someone)

(HPE3OTH)

Other:

(HPE3OTSP)

Provoked by the Ill Person Herself (HPESELF)

No

Yes

(HPEFEAR)

Provoked by fear, nightmares

(HPEWRONG)

Provoked by a forbidden wrongdoing

(HPE4OTH)

Other:

(HPE4OTSP)

Provoked by the Supernatural (HPESUPER)

No

Yes

(HPESPBNG)

Provoked by a supernatural being (jeanies, monsters, etc)

(HPEDIVIN)

God's will; divine punishment or purification

(HPE5OTH)

Other:

(HPE5OTSP)

Other Causes (HPECSOTH)

No

Yes

Malnutrition (HPEMLNTR)

Side effect of another illness or fever (e.g. Malaria) (HPEFEVER)

Side effect of a medication (Conventional or traditional) (HPESEMX)

"Candidiasis" (Traditional explanation) (HPECAND)

Food intolerance due to a sensitive stomach (Not filth): (HPESNSTV)

(HPEUMNGO)

Unripe mangos

(HPEOMNGO)

Over-ripe mangos

(HPEYOGRT)

Yogurt with millet

(HPETOMI)

Tamarind (Tomi)

(HPETASTE)

A taste (e.g. bitter)

(HPEMILK)

Milk

(HPEANHDS)

Animal-head sauce

(HPECOUSC)

Couscous with sauce

(HPEEXPIR)

Expired/decomposing/leftover food

(HPEPLYCK)

Poorly cooked food

(HPEFRMNT)

Fermented food

(HPEFIOTH)

Other food:

(HPEFOTSP)

No idea (HPENIDEA)

Other, specify: (HPE6OTH)

(HPE6OTSP)

31b. Does the participant speak of germ transmission or infection as a root cause of diarrhea? (E.g. microbes, bacteria, viruses, or parasites, etc.) (HPEGERMS)

No

Yes

32. You said that you sought care from [Response 23] for this episode of diarrhea. I would like to understand why you asked for care here specifically. What are the factors that most influenced your decision to seek care from [Response 23]? Select all responses volunteered by the participant.

Factors: (select all that apply)	
(HPE1SVRT) The severity of the illness, the mention of signs of severity	
(HPE1PLCE) The place	(HPE1DSTN) Distance
	(HPE1WTTM) Waiting time
	(HPE1BEDS) Availability of beds/consultation spaces
(HPE1COST) The fees/cost	(HPE1TRNS) Transportation
	(HPE1CNSL) Consultation

		(HPE1LABS)	Lab tests
		(HPE1TRTM)	Care/treatments/medications
(HPE1PRVD)	The provider	(HPE1AVPV)	Availability of provider (not too occupied, actually at work)
		(HPE1BHPV)	Behavior of the provider/ bedside manner
		(HPE1CSPV)	Provider's knowledge/explanation of the cause of diarrhea
		(HPE1TRPV)	Provider's knowledge of diarrhea treatment
		(HPE1PVSC)	General past experience with this provider, social relationship
		(HPE1EXPV)	Past experience with this provider concerning diarrhea
		(HPE1RPPV)	Perception of the provider by others, her/his reputation
(HPE1CARE)	The care	(HPE1CRQL)	The quality of the treatment, the capacity to heal
		(HPE1HLSP)	The speed of healing/ of a medication
		(HPE1LTQL)	The use/quality of lab tests
		(HPE1AVMX)	Availability of medications

Others: (HPEDSCOT)

33a. Did someone advise you to seek care at ☐ No ☐ Yes
[Response 23]? (HPESCADV)

33b. If yes, who advised you to seek care from [Response 23]?

Advisor		Provider
(HPE1ADVS) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below	...told me to seek care with...	(HPE1PVDR) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below
(HPE2ADVS) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below	...told me to seek care with...	(HPE2PVDR) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below
(HPE3ADVS) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative)	...told me to seek care	(HPE3PVDR) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative)

A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below	with...	A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below
(HPE4ADVS) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below	...told me to seek care with...	(HPE4PVDR) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below
(HPE5ADVS) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below	...told me to seek care with...	(HPE5PVDR) A01-A - Friend/Colleague B01-B - Old woman (non-traditional healer, non-relative) C01-C - 'Walking' vendor of conventional medicines D01-D - Pharmacist E01-E - Conventional medicine provider *Additional Options Listed Below

You said that you sought care on the ____ [Response 24] day of the episode. We want to understand why you chose this day (not sooner, not later).

[If the participant sought care on the first day, continue to question 34b.]

34a. What is the reason why you sought care on the ____ [Response 24] day specifically and not the ____ day (1 before)?(HPESCBEF)

- 1-I didn't think it was a problem; it's normal; the cause isn't worrisome
- 2-I thought it would get better without intervention
- 3-Lack of money
- 4-It was a bad/unlucky/cursed day or a bad moment
- 5-Someone encouraged me to wait
- *Additional Options Listed Below

If "Someone encouraged me to wait", who?(HPEWAIT)

- A01-A - Friend/Colleague
- B01-B - Old woman (non-traditional healer, non-relative)
- C01-C - 'Walking' vendor of conventional medicines
- D01-D - Pharmacist
- E01-E - Conventional medicine provider
- *Additional Options Listed Below

Other reason, specify:(HPEBEFSP)

34b. What is the reason why you sought care on the ____ [Response 24] day specifically and not the ____ day (1 after)?(HPESCAFT)

- 1-The episode lasted or persisted too long
- 2-Fear of worsening symptoms
- 3-Subsequent days would have been bad/unlucky/cursed
- 4-Someone encouraged me to wait
- 5-The presence of a specific sign that concerned me
- *Additional Options Listed Below

If "The presence of a specific sign that concerned me," select all responses volunteered by the participant:

(HPECNFVR)	Fever	(HPESKEYE)	Sunken eyes	(HPEC CONV)	Convulsions
(HPECTHRS)	Intense thirst	(HPECTRGR)	Decreased skin turgor	(HPECBDST)	Blood in stool
(HPECVOMT)	Vomiting	(HPECWLSS)	Weight loss	(HPECABPN)	Abdominal pain

(HPECFATG)	Fatigue	(HPECNEAT)	Anorexia/not eating	(HPECIRRT)	Irritability
		(HPECSTFR) (stools/day):	Increased frequency	(HPECSTSP)	(xx)
		(HPECOTH)	Other:	(HPECOTSP)	

If "Someone encouraged me to wait",
who? (HPEDNWA1)

- A01-A - Friend/Colleague
- B01-B - Old woman (non-traditional healer, non-relative)
- C01-C - 'Walking' vendor of conventional medicines
- D01-D - Pharmacist
- E01-E - Conventional medicine provider
- *Additional Options Listed Below

Other reason, specify: (HPEAFTSP)

[If the participant sought conventional care, continue to question 36.]

35. In your opinion, what are the reasons why people do not seek conventional care for diarrhea (e.g. community health workers, public clinics, or hospitals)?
Select all responses volunteered by the participant.

Factors: (select all that apply)		
(HPENOCAR)	The idea that it is not an illness that needs care	
(HPE2PLCE)	The place	(HPE2DSTN) Distance
		(HPE2WTTM) Waiting time
		(HPE2BEDS) Availability of beds/consultation spaces
(HPE2COST)	The fees/cost	(HPE2TRNS) Transportation
		(HPE2CNSL) Consultation
		(HPE2LABS) Lab tests
		(HPE2MEDS) Care/ treatments/ medications
(HPE2PROV)	The provider	(HPE2AVPV) Availability of provider (not too occupied, actually at work)
		(HPE2BHPV) Behavior of the provider/bedside manner
		(HPE2CSPV) Provider's knowledge/explanation of the cause of diarrhea
		(HPE2TRPV) Provider's knowledge of diarrhea treatment
		(HPE2SCPV) General past experience with this provider, social relationship
		(HPE2DIPV) Past experience with this provider concerning diarrhea
		(HPE2RPPV) Perception of the provider by others, her/his reputation
(HPE2CARE)	The care	(HPE2TRQL) The quality of the treatment, the capacity to heal

	(HPE2HLSP)	The speed of healing/of a medication
	(HPE2LTQL)	The use/quality of lab tests
	(HPE2AVMX)	Availability of medications

Others: (HPESCOT)

36a. Have you heard of ORS (oral rehydration solution) or SSS (salt-sugar solution)?(HPEHDORS)

NoYes

36b. Have you prepared ORS/SSS in the past?(HPEPRORS)

NoYes

Comments: (HPECOMM)

Interviewer's Name: (HPEINTNM)

(HPEINTCD)Staff Code:

Quality Control's Name: (HPEQCNM)

(HPEQCCD)Staff code

(HPEQCDT)

Date

(ddMMMyyyy)

Additional Selection Options for HPE

- Seek care advisor 1
- F01-F - Vendor of traditional medicines
- G01-G - Traditional medicine provider
- H01-H1 - My mother
- H02-H2 - My father
- H03-H3 - My mother-in-law
- H04-H4 - My father-in-law
- H05-H5 - My husband (or co-parent of child if unmarried)
- H06-H6 - My wife (or co-parent of child if unmarried)
- H07-H7 - My sister
- H08-H8 - My brother
- H09-H9 - My aunt
- H10-H10 - My uncle
- H11-H11 - My co-wife
- H12-H12 - Other

34a. What is the reason why you sought care on the ____ [Response 24] day specifically and not the ____ day (1 before)?

9-Other

34b. What is the reason why you sought care on the ____ [Response 24] day specifically and not the ____ day (1 after)?

9-Other