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CRF04A: Enrollment Cases - H (ECH)

Web Version: 1.0; 3.00; 23Sep16

Segment (PROTSEG): A

Visit Number (VISNO):

Center: (EHCENGA)

- 01-Basse Major Health Center
- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- *Additional Options Listed Below

Center: (EHCENMA)

- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENKA
- *Additional Options Listed Below

Center: (EHCENKE)

- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- *Additional Options Listed Below

Date: (ECHDT)

(ddMMMyyy)

Section 1: Demographic and Epidemiological Information

1. What is your relationship to the child?(ECHRELAT)

- Mother
- Father
- Sister
- Brother
- Grandmother
- *Additional Options Listed Below

(ECHRELSP)

Specify:

2. Where does the child's mother live?(ECHMOTHL)

- Living in household
- Living outside of household
- Abroad
- Whereabouts unknown
- Died

3. Where does the child's father live?(ECHFATHL)

- Living in household
- Lives outside of household but nearby
- Abroad or far away
- Whereabouts unknown
- Died

4. How far did the child's primary caretaker go in school?(ECHPCSCH)

No formal schooling
Completed secondary
Less than primary
Post-secondary
Completed primary
*Additional Options Listed Below

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

(xxx)

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

(xxx)

7. How many children younger than 60 months live in the household?(ECHCH60M)

(xx)

8. How many rooms in your household are used for sleeping?(ECHSLPRM)

(xx)

9. What is the predominant floor in the house of the child?

<u>Natural Floor</u>		<u>Rudimentary Floor</u>		<u>Finished Floor</u>	
	Earth/Sand Dung		Wood planks Palm/bamboo		
(ECHNATFL)		(ECHRUDFL)			(ECHFINFL)
					Parquet or polished wood Vinyl or asphalt strips Ceramic tile Cement Carpet
(ECHFLOTH)	Other floor, specify:	(ECHFLSP)			

10. Does your household have the following? [Must be functioning; Check all that apply.]

(ECHELECT)	Electricity	(ECHBICYC)		(ECHTELE)	Telephone (mobile or non-mobile)
		Bicycle/rickshaw			
(ECHTELEV)	Television	(EHCARTR)	Car/truck	(EHCART)	Animal-drawn cart
(ECHMOTOS)		(ECHREFRI)	Refrigerator	(ECHAGRIC)	Agricultural land
Motorcycle/scooter					
(ECHRADIO)	Radio	(ECHBOAT)	Boat with a motor	(ECHHHNON)	None of the above

11. What type of cooking fuel does your household use? [Check all that apply.]

(ECHCFELE)	Electricity	(ECHBIGAS)	Biogas	(ECHSTRAW)	Straw/shrubs/grass
(ECHLPGAS)	Liquid Propane Gas	(ECHCOAL)	Coal/lignite	(ECHADUNG)	Animal dung
(ECHNTGAS)	Natural Gas	(ECHCHARC)	Charcoal	(EHCROP)	Agricultural crop residue
(ECHKEROS)	Kerosene	(ECHWOOD)	Wood	(ECHBTGAS)	Butane gas
(ECHCFOTH)	Other, specify:	(ECHCFSP)			

12. Do the following animals live in the compound where the child lives? [Check all that apply.]

(ECHGOAT)	Goat	(ECHHHCOW)	Cow	(ECHDONK)	Donkey
(ECHSHEEP)	Sheep	(ECHRODEN)	Rodents	(ECHHORSE)	Horses
(ECHHHDOG)	Dog	(ECHHFOWL)	Fowl (chicken, duck or other birds)	(ECHNOANI)	No Animals
(ECHHHCAT)	Cat	(ECHPIG)	Pig		
(ECHANOTH)	Other, specify:	(ECHOANSP)			

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

(ECHPIPHS)	Piped into house	(ECHCVRWL)	Covered well in house or yard
(ECHPIYRD)	Piped into yard	(ECHCVPWL)	Covered public well
(ECHPUTAP)	Public tap	(ECHPRSPR)	Protected spring
(ECHOPWEL)	Open well in house or yard	(ECHUNSPR)	Unprotected spring
(ECHOPPWL)	Open public well	(ECHRIVER)	River
(ECHSTREM)	Stream	(ECHPNDLK)	Pond or lake
(ECHDAMER)	Dam or earth	(ECHRAINW)	Rainwater
(ECHDPTBW)	Deep tube well	(ECHSHTBW)	Shallow tube well
(ECHBGHT)	Bought (tank, bottles, etc)	(ECHBOREH)	Bore hole
(ECH2WSOT)	Other, specify:	(ECH2WSSP)	

14. During the last two weeks, what was the **main source** of drinking water for the members of your household? *[Check the response that relates to the main source of drinking water.](ECHH2O2W)*

- Piped into house
- Piped into yard
- Public tap
- Open well in house or yard
- Open public well
- *Additional Options Listed Below

Other, specify: (ECHSRCSP)

[Use your response from Question 14 to answer Questions 15 and 16. If the response to Question 14 is 'piped into house/yard', 'open or covered well in house/yard' or 'rainwater', then go to Question 17. Otherwise continue.]

15. How long does it take to go there, get water, and come back?(ECHH2OTM)

- Less than 15 minutes
- 15 to 29 minutes
- 30 to 59 minutes
- 1 to 3 hours
- More than 3 hours

16. Do you or other members from your household go and fetch drinking water for the household every day? *[If "Yes", go to Question 16a, if "No" go to Question 16b.](ECHH2FCH)*

- No
- Yes

- a. On average, how many trips do you and members from your household make to fetch water each day?(ECHH2ODA)
- b. On average, how many trips do you and

(xx) *Number of trips/day*

members from your household make to fetch water each week? *[If no trips are made, complete as "00".]*(ECHH20WK)

(xx) Number of trips/week

17. In the last two weeks, how often has water been available from this main source?(ECHH20AV)

All the time
Several hours every day
A few times per week
Less frequent than a few times per week

18. In the last two weeks, did you give the child stored water for drinking?(ECHH2OST)

NoYes

19. 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.]*(ECHFWFAC)

Flush or pour-flush toilet to: piped sewer system; septic tank; or pit latrine
Flush or pour-flush toilet to elsewhere
Bucket
Ventilated improved pit (VIP) latrine
Pit latrine with slab
*Additional Options Listed Below

(ECHFWSP)

Other facility, specify:

[If "No facility" selected, go to Question 21]

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

Section 2: Clinical Information

21. Breast Feeding:

a. Since becoming ill with diarrhea, what has your child been eating and drinking?

Breast milk(ECH1BMLK)NoYesDK

Drinking water(ECH1H20)NoYesDK

Other foods or drinks(ECH1FDRK)NoYesDK

b. During the week before becoming ill with diarrhea, what has your child been eating and drinking?

Breast milk(ECH2BMLK)NoYesDK

Drinking water(ECH2H20)NoYesDK

Other foods or drinks(ECH2FDRK)NoYesDK

22. How many days including today has this episode of diarrhea lasted?(ECHDIADA)

(xx) days

a. Date of onset of diarrhea: (ECHDIADT)

(ddMMMyyyy)

23. Since the child became ill with diarrhea, how would you best describe the stool? *[Check the most common.]*(ECHDESST)

Simple watery
Rice watery stool
Stickv/mucoid

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Simple watery
Rice watery stool
Sticky/mucoid
Bloody

[If the response is "Bloody," go back to CRF 03 and ensure child was properly enrolled.]

24. During the illness, what was the maximum number of loose stools that the child passed in a day (24 hour period)?(ECHSTDAY)

3
4 to 5
6 to 10
More than 10 times per day

25. Did the child have any of the following since this illness began?

a. Blood in stools	(ECHBLDST)	No	Yes	DK
b. Very thirsty	(ECHTHRST)	No	Yes	DK
c. Drank much less than usual	(ECHDRANK)	No	Yes	DK
d. Not able to drink	(ECHNODRK)	No	Yes	DK
e. Belly pain	(ECHBELLY)	No	Yes	DK
f. Fever measured <u>at least</u> 38°C or parental perception	(ECHFEVER)	No	Yes	DK
g. Irritable or restless	(ECHIRRIT)	No	Yes	DK
h. Decreased activity or lethargy	(ECHLETH)	No	Yes	DK
i. Loss of consciousness	(ECHLOC)	No	Yes	DK
j. Rectal straining	(ECHRSTRA)	No	Yes	DK
k. Rectal prolapse	(ECHRPROL)	No	Yes	DK
l. Cough	(ECHCOUGH)	No	Yes	DK
m. Difficulty breathing	(ECHDBRTH)	No	Yes	DK
n. Convulsion	(ECHCONV)	No	Yes	DK

[If the response to question 25a is "Yes," go back to CRF03 and ensure child was properly enrolled.]

26. Did the child vomit? *[If 'No', go to Question 27. If 'Yes', continue]* (ECHVOMIT)

No Yes

a. On the worst day, how many times did s/he vomit?(ECHTMVOM)

1 2-4 5 or more

b. How many days did the child have vomiting including today?(ECHDAVOM)

(xx) days

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

a. Very thirsty	(ECHVTHRS)	No	Yes	DK
b. Drinks poorly or not able to drink	(ECHPRDRK)	No	Yes	DK
c. Sunken eyes	(ECHSKEYE)	No	Yes	DK

d. Wrinkled skin	(ECHWSKIN)	No	Yes	DK
e. Irritable or restless	(ECHRNIRR)	No	Yes	DK
f. Lethargy or loss of consciousness	(ECHRNLOC)	No	Yes	DK
g. Dry mouth	(ECHDRMTH)	No	Yes	DK
h. Fast breathing	(ECHFAST)	No	Yes	DK

27x. Is the child a VIDA-Plus case?(ECHVIDPL) No Yes

IF THE CHILD IS A VIDA-PLUS CASE, GO TO SECTION 4

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

(ECHORS)	A fluid made from a special packet called ORALITE or ORS?	(ECHHMFLU)	Homemade fluid (e.g., Thin watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink)	
(ECHSMIF)	Special milk or infant formula	(ECHOTLIQ)	Any other liquids, specify:	(ECHABX) Antibiotics, specify:
(ECHHERB)	Home remedy/Herbal medication	(ECHLIQSP)		(ECHABXSP)
(ECHZINC)	Zinc (tablet/syrup)	(ECH1OTH)	Other (1), specify:	(ECH2OTH) (2), specify:
(ECHNOREM)	No special remedies given	(ECH1OTSP)		(ECH2OTSP)
				Other

29. Since the child developed diarrhea, how much have you been offering the child to drink?(ECHOFRK) More than usual
Usual
Somewhat less than usual
Much less than usual
Nothing to drink

30. Since the child developed diarrhea, how much have you been offering the child to eat?(ECHOFEAT) More than usual
Usual
Somewhat less than usual
Much less than usual
Nothing to eat

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

31. Before coming to this hospital/health center, did you seek care for the child outside your household for this illness? *[If 'No', go to Question 33]*(ECHSKCAR) No Yes

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

(ECHPHARM)	Pharmacy	(ECHFRREL)	Friend/relative
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(ECHTRAD)

Traditional healer

(ECHUPRAC)

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

(ECH1HOSP)

Hospital/Center of first choice

(ECH1HCEN)

(ECH2HOSP)

Hospital/Center of second choice

(ECH2HCEN)

(ECHOHOSP)

Other Hospital/Center, specify:

(ECHOHCSP)

(ECHLPRAC)

Licensed practitioner/private doctor (not at hospital)

(ECHBREM)

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

(ECH3HOSP)

Hospital/Center of third choice

(ECH3HCEN)

Section 4: Immunizations

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

33. Has your child received any vaccinations?(ECHANVAX)

No

Yes

34. Immunization card: (ECHICARD)

No

Yes

If yes, please take a photograph of immunization card.

a. If immunization card was not available, was vaccine data available from another source?(ECHICDNA)

No

Yes, DSS

Yes, RVS

Yes, Other Specify

Other, Specify: (ECHYOTSP)

35. Vaccine Given?	Date: (ddMMMyyyy)	Name of health center:	Health center code Don't Know	Health center code:
a. DPT/Pentavalent #1:(ECH1DPT) No Yes DK	(ECH1DPDT)	(ECH1DPHC)	(ECHDP1DK)	(ECH1DPD)
DPT/Pentavalent #2:(ECH2DPT) No Yes DK	(ECH2DPDT)	(ECH2DPHC)	(ECHDP2DK)	(ECH2DPD)
DPT/Pentavalent #3:(ECH3DPT) No Yes DK	(ECH3DPDT)	(ECH3DPHC)	(ECHDP3DK)	(ECH3DPD)
Which vaccine was given?(ECHVACNM) DPT Pentavalent Don't know				
b. Rotavirus vaccine #1(ECH1ROT) No Yes DK	(ECH1RVDT)	(ECH1RVHC)	(ECHRV1DK)	(ECH1RVCD)
Rotavirus vaccine #2:(ECH2ROT)	(ECH2RVDT)	(ECH2RVHC)	(ECHRV2DK)	(ECH2RVCD)

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No Yes DK				
Rotavirus vaccine #3: (ECH3ROT) No Yes DK	(ECH3RVDT)	(ECH3RVHC)	(ECHR3V3DK)	(ECH3RVCD)
c. Oral polio vaccine #1: (ECH1POLV) No Yes DK	(ECH1PVDT)	(ECH1PVHC)	(ECHIPV1DK)	(ECH1PVCD)
Oral polio vaccine #2: (ECH2POLV) No Yes DK	(ECH2PVDT)	(ECH2PVHC)	(ECHIPV2DK)	(ECH2PVCD)
Oral polio vaccine #3: (ECH3POLV) No Yes DK	(ECH3PVDT)	(ECH3PVHC)	(ECHIPV3DK)	(ECH3PVCD)
d. Inactivated polio vaccine (IPV) #1: (ECHIPV1) No Yes DK	(ECHIP1DT)	(ECHIP1HC)	(ECHIP1DK)	(ECHIP1CD)
Inactivated polio vaccine (IPV) #2: (ECHIPV2) No Yes DK	(ECHIP2DT)	(ECHIP2HC)	(ECHIP2DK)	(ECHIP2CD)
Inactivated polio vaccine (IPV) #3: (ECHIPV3) No Yes DK	(ECHIP3DT)	(ECHIP3HC)	(ECHIP3DK)	(ECHIP3CD)

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

36. Specimen ID: (ECHSPCID)

Notes and Comments: (ECHCOMM)

Interviewer's Name: (ECHINTNM)

(ECHINTCD)

Staff code

Quality Control's Name: (ECHQCNAM)

(ECHQCCD)

Staff code (ECHQCDT)

(ddMMMyyyy)

Additional Selection Options for ECH

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)
- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE

- 33-The Iranian Health Center : Centre Iranien
- 34-Cabinet TERIYA, pvt HC in BANCONI
- 35-PMI Missira, public HC in Commune 2
- 36-ASACONORD Commune 1
- 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
- 38-ASACOKOSA
- 39-Clinic YATTARA, pvt HC in BANCONI
- 40-Mother Child medical office AVICENNE pvt HC in BANCONI
- 41-Cabinet DJIGUIYA, pvt HC in BANCONI
- 42-Clinic FOMBA, pvt HC in BANCONI
- 43-Clinic Life source , pvt HC in DJICORONI

Center:

- 06-Ting Wangi Health Center
- 07-Bar Agulu Health Center
- 08-Akala Health Center
- 09-Njejra Health Center
- 10-Siala Kaduol Dispensary
- 11-Mulaha Dispensary
- 12-Mahaya Health Centre
- 13-Ndori Dispensary
- 14-Nyathengo Health Centre
- 15-Wagai Dispensary
- 16-Siaya Prison Health Facility

What is your relationship to the child?

- Grandfather
- Aunt
- Uncle
- No relation
- Other relation by blood or marriage

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

- Religious education only
- Don't know

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

- Stream
- Dam or earth
- Deep tube well
- Bought (tank, bottles, etc)
- Covered well in house or yard
- Covered public well
- Protected spring
- Unprotected spring
- River
- Pond or lake
- Rainwater
- Shallow tube well
- Bore hole
- Other

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.]*

- Pit latrine without slab or open pit
- Composting toilet
- Hanging toilet or hanging latrine
- No facility: Bush/Field/Ground/Stream/Open sewer
- Other, specify: