

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

CRF07: Enrollment Controls Pg1 (EN1)

Web Version: 1.0; 2.05; 16Dec16

Segment (PROTSEG): B

Visit Number (VISNO):

Center: (EN1CENGA)

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

Center: (EN1CENMA)

- 01-01-CSREF Commune I
- 02-02-ASACOBA
- 03-03-CSREF Commune IV
- 04-04-ASACODJIP
- 05-05-ASACODJENEKA
- \*Additional Options Listed Below

Center: (EN1CENKE)

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

Date of Interview: (EN1INTDT) (ddMMMyyyy)

Section 1: Demographic and Epidemiological Information

1. What is your relationship with the child?(EN1RELCH)

- 1-Mother
- 2-Father
- 3-Sister
- 4-Brother
- 5-Grandmother
- \*Additional Options Listed Below

Specify: (EN1RELSP)

2. Where does child's mother live?(EN1MLIVE)

- 1-Living in household
- 2-Abroad
- 3-Died
- 4-Lives outside of household but nearby
- 5-Whereabouts unknown

3. Where does child's father live?(EN1FLIVE)

- 1-Living in household
- 2-Abroad
- 3-Died
- 4-Lives outside of household but nearby
- 5-Whereabouts unknown

4. How far did the child's primary caretaker go in school?(EN1SCHCT)

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

5. How many people have been living regularly in your household for the past 6 months?(EN1PPLHS) (xxx)

6. How many people have been sleeping regularly in your household for the past 6 months?(EN1PSLHS) (xxx)

7. How many children younger than 60 months live in the household?(EN1CHDHS) (xx)

8. How many rooms in your household are used for sleeping?(EN1SLPRM) (xx)

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

Natural Floor

Rudimentary Floor

Finished Floor

(EN1NATFL)

(EN1FINFL)

01-Earth/Sand  
02-Dung

(EN1RUDFL)

01-Wood planks  
02-Palm/bamboo

01-Parquet or polished wood  
02-Vinyl or asphalt strips  
03-Ceramic tile  
04-Cement  
05-Carpet

(EN1FLOTH)

(EN1FOTSP)

Other floor, specify:

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

(EN1HSELE)

Electricity

(EN1HSBYC)

Bicycle/rickshaw

(EN1HSTEL)

Telephone (mobile or non-

mobile)

(EN1HSTLV)

Television

(EN1HSCAR)

Car/truck

(EN1ACART)

Animal-drawn cart

(EN1HSMOT)

Motorcycle/scooter

(EN1HSREF)

Refrigerator

(EN1AGLND)

Agricultural land

(EN1HSRAD)

Radio

(EN1HSBOT)

motor

Boat with a

(EN1HSNON)

None of the above

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

(EN1FLELE)

Electricity

(EN1BGAS)

Biogas

(EN1GRASS)

Straw/shrubs/grass

(EN1LPG)

Propane Gas

Liquid

(EN1COAL)

Coal/lignite

(EN1DUNG)

dung

Animal

(EN1NTGAS)

Natural Gas

(EN1CHCOL)

Charcoal

(EN1CPRSD)

Agricultural crop residue

(EN1KERSN)

Kerosene

(EN1WOOD)

Wood

(EN1BTGAS)

gas

Butane

(EN1FUOTH)

specify

Other,

(EN1FUSP)

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

(EN1GOAT)	Goat	(EN1COW)	Cow	(EN1DNKY) Donkey	
(EN1SHEEP)	Sheep	(EN1RODNT)	Rodents	(EN1HORSE) Horses	
(EN1DOG)	Dog	(EN1FOWL)	Fowl (chicken, duck or other birds	(EN1NANM) Animals	No
(EN1CAT)	Cat	(EN1PIG)	Pig		
(EN1ANOTH) specify	Other,	(EN1ANMSP)			

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

(EN1DWPHS) Piped into house	(EN1DWPYR) Piped into yard	(EN1DWTAP) Public tap	(EN1OWLHS)	Open well in house or yard
(EN1OPBWL) Open public well	(EN1DAMET) Pond or lake	(EN1DTBWL) Deep tube well	(EN1STBWL)	Shallow tube well
(EN1CWLHS) Covered well in house or yard	(EN1CPBWL) Covered public well	(EN1PRSPR) Protected spring	(EN1UPSPR)	Unprotected spring
(EN1RIVER) River	(EN1DAM) Dam or earth	(EN1RAINW) Rainwater	(EN1BOTTL)	Bought (tank, bottles, etc)
(EN1BOREH) Bore hole	(EN1STREM) Stream	(EN1WTOTH) Other, specify	(EN1OWTSP)	

14. During the last two weeks, what was the **main source** of drinking water for the members of your household? *[Check only one response that relates to the main source of drinking water.]* (EN1MNSRS)

- 01-Piped into house
- 02-Piped into yard
- 03-Public tap
- 04-Open well in house or yard
- 05-Open public well
- \*Additional Options Listed Below

Specify: (EN1WMNSP)

*[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?(EN1WFCTM)

- 01-Less than 15 minutes
- 02-15 to 29 minutes
- 03-30 to 59 minutes
- 04-1 to 3 hours
- 05-More than 3 hours

16. Do you or other members from your household go and fetch drinking water for the household every day?(EN1FCHHM)

No Yes

*[If "Yes", go to Question 16a, if "No" go to Question 16b.]*

a. On average, how many trips do you and (xx) Number of trips/day

members from your household make to fetch water each day?(EN1FCFRD)

b. On average, how many trips do you and members from your household make to fetch water each week? [If no trips are made, complete as "00".](EN1FCFRW)

(xx) Number of trips/week

17. In the last two weeks, how often has water been available from this main source?(EN1MNWAV)

01-All the time  
02-Several hours every day  
03-A few times per week  
04-Less frequent than a few times per week

18. In the last two weeks, did you give the child stored water for drinking?(EN1SWTDR)

NoYes

19. What kind of facility does your household most commonly use to dispose of human fecal waste?(EN1FCWST)

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

Specify: (EN1FCWSP)

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

20. How many households (other than your own) share this facility?(EN1FWSHR)

[Respond with a number; code "00" for none.]

Section 2: Clinical Information

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

Breast milk: (EN1BRMLK)NoYesDK

Drinking water: (EN1DRWAT)NoYesDK

Other foods or drinks: (EN1OTHFD)NoYesDK

22. During the last 7 days, did the child have any of the following?

Blood in stools: (EN1BLDST)NoYes

Fever measured at least 38 °C or parental perception: (EN1FEVER)NoYes

Vomiting 3 or more times per day: (EN1VOMIT)NoYes

22x. Is this child a VIDA-Plus control?(EN1VIDPL)NoYes

IF VIDA-PLUS CONTROL, SAVE THIS FORM AND SKIP TO NEXT PAGE (PAGE 2) FOR SECTION 3.

23. Is the child currently receiving any medicine? (If No, go to Question 26)(EN1MEDS)NoYes

24. Is a bottle or tablet strip or prescription available for ongoing treatment?(If No, go to Question 26)(EN1PRSAV)NoYes

25. What are the medicines that the child is currently receiving? [Check all that apply and, if yes, indicate in next column by placing a check when the drug was verified by seeing a bottle, tablet strip, or prescription.]

Yes	Verified	Yes	Verified
(EN1ORS)	(EN1VORS)ORS	(EN1AMPIC)	(EN1VAMPI)Ampicillin

(EN1IV)	(EN1VIV) Intravenous fluids	(EN1NACID)	(EN1VACID) Nalidixic acid
(EN1ZINC)	(EN1VZINC) Zinc	(EN1CIPRO)	(EN1VCIPR) Ciprofloxacin/Norfloxacin/other fluoroquinolone
(EN1COTRI)	(EN1VCOTR) Cotrimoxazole	(EN1SLXID)	(EN1VSLXD) Selexid/Pivmecillinam
(EN1GENTA)	(EN1VGENT) Gentamycin	(EN1METRO)	(EN1VMTRO) Metronidazole (Flagyl)
(EN1CHLOR)	(EN1VCHLO) Chloramphenicol/Thiamphenicol	(EN1HMFLD)	(EN1VHMFL) A (government recommended) homemade fluid
(EN1ERYTH)	(EN1VERYT) Erythromycin	(EN1ANMAL)	(EN1VANML) An antimalarial drug
(EN1AZITH)	(EN1VAZIT) Azithromycin	(EN1OTAB)	(EN1VOTAB) Other antibiotic, specify
(EN1OMACR)	(EN1VOMAC) Other macrolides	(EN1OT1MD)	(EN1VOT1M) Other medicine, specify
(EN1PENIC)	(EN1VPENC) Penicillin	(EN1OT2MD)	(EN1VOT2M) Other medicine, specify
(EN1AMOXY)	(EN1VAMOX) Amoxycillin	(EN1OT3MD)	(EN1VOT3M) Other medicine, specify
(EN1CEFTR)	(EN1VCEFT) Ceftriaxone (or other 3rd generation cephalosporin)	(EN1NONEP)	(EN1VNONE) None prescribed/taken
(EN1CEPHA)	(EN1VCEPH) 1st or 2nd generation cephalosporin		

Specify: (EN1OABSP)

Specify: (EN1OM1SP)

Specify: (EN1OM2SP)

Specify: (EN1OM3SP)

26. The last time the child had diarrhea, did you seek care for him/her outside your household?(EN1OTCAR)

No [Go to Q. 28]YesNever had diarrhea [Go to Q. 30]
27. If you sought care for the child's last episode of diarrhea where did you go [Use the Health Facility Coding List to code the center(s) of choice. Check all that apply.]

(EN1CPHRM)Pharmacy

(EN1CFRND)Friend/relative

(EN1CTRDH)Traditional healer

(EN1CUNLC)Unlicensed practitioner/village doctor/bush doctor/village health worker

(EN1CPRDO)Licensed practitioner/private doctor (not at hospital)

(EN1CENT1)Hospital/Center of 1st choice (EN1CN1CD)

(EN1CENT2)	Hospital/Center of 2nd choice (EN1CN2CD)
(EN1CENT3)	Hospital/Center of 3rd choice (EN1CN3CD)
(EN1CRMMD)	Bought a remedy/medicine at the shop/market
(EN1COTHS)	Other Hospital/Center
Specify remedy/drug: (EN1RMDSP)	
Specify: (EN1OHPSP)	

28. The last time the child had diarrhea, how much did you offer the child to drink?(EN1OFDRK)

1-More than usual

2-Usual

3-Somewhat less than usual

4-Much less than usual

5-Nothing to drink

29. The last time the child had diarrhea, how much did you offer the child to eat?(EN1OFEAT)

1-More than usual

2-Usual

3-Somewhat less than usual

4-Much less than usual

5-Nothing to eat

Additional Selection Options for EN1

- Center:
- 06-06-Koina Health Center
  - 07-07-Bansang Hospital
  - 08-08-Brikamaba HC
  - 09-09-Jahali HC (Private)
  - 31-31-Bakadagi HC
  - 32-32-Janjang Bureh HC
  - 33-33-Fulabantang HC (private)
- Center:
- 06-06-Hopital Gabriel Toure - National Children Hospital
  - 07-07-Military Health center : Infirmerie du camp para
  - 08-08-ASACODJAN: a CSCOM Public HC in Banconi
  - 09-09-Centre de Sante SADIA pvt HC in Banconi
  - 10-10-Centre de Sante CHERIFLA
  - 31-31-CVD-Mali/CNAM
  - 32-32-The Clinic Lac TELE
  - 33-33-The Iranian Health Center : Centre Iranien
  - 34-34-Cabinet TERIYA, pvt HC in BANCONI
  - 35-35-PMI Missira, public HC in Commune 2
  - 36-36-ASACONORD Commune 1
  - 37-37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
  - 38-38-ASACOKOSA
  - 39-39-Clinic YATTARA, pvt HC in BANCONI
  - 40-40-Mother Child medical office AVICENNE pvt HC in BANCONI
  - 41-41-Cabinet DjIGUIYA, pvt HC in BANCONI
  - 42-42-Clinic FOMBA, pvt HC in BANCONI
  - 43-43-Clinic Life source , pvt HC in DJICORONI
- Center:
- 06-06-Ting Wangi Health Center
  - 07-07-Bar Agulu Health Center
  - 08-08-Akala Health Center
  - 09-09-Njejra Health Center
  - 10-10-Siala Kaduol Dispensary
  - 11-11-Mulaha Dispensary

- 12-12-Mahaya Health Centre
- 13-13-Ndori Dispensary
- 14-14-Nyathengo Health Centre
- 15-15-Wagai Dispensary
- 16-16-Siaya Prison Health Facility

**What is your relationship with the child?**

- 6-Grandfather
- 7-Aunt
- 8-Uncle
- 9-No relation
- 10-Other relation by blood or marriage

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

- 6-Religious education only
- 7-Don't know

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

- 06-Stream
- 07-Dam or earth
- 08-Deep tube well
- 09-Bought (tank, bottles, etc)
- 10-Covered well in house or yard
- 11-Covered public well
- 12-Protected spring
- 13-Unprotected spring
- 14-River
- 15-Pond or lake
- 16-Rainwater
- 17-Shallow tube well
- 18-Bore hole
- 99-Other

**What kind of facility does your household most commonly use to dispose of human fecal waste?**

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