

Study # 027 CHILDID Plate # 051 Visit # 004 F5_DATE

Site Center Child ID Day Month Year

Version # 2

VERSION

Choose one: ☒ Case-child ☐ Control-child CASE_CONTROL

Interview Outcome

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

☒ Conducted STATUS

☐ Not conducted

If "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 Day Month Year

Study # 027	Plate # 052	Visit # 004
<input type="text"/>	<input type="text"/>	<input type="text"/>
Site	Center	Child ID

Section 1: Clinical Information2. What is your relationship to [Child's Name]? **RELATION**

- | | | | |
|--|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Mother | <input type="checkbox"/> 2 Father | <input type="checkbox"/> 3 Sister | <input type="checkbox"/> 4 Brother |
| <input type="checkbox"/> 5 Grandmother | <input type="checkbox"/> 6 Grandfather | <input type="checkbox"/> 7 Aunt | <input type="checkbox"/> 8 Uncle |
| <input type="checkbox"/> 9 No relation | <input type="checkbox"/> 10 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

- | | |
|---|--|
| <input type="checkbox"/> 1 Appears healthy | <input type="checkbox"/> 4 Health has deteriorated |
| <input type="checkbox"/> 2 Health improved but not back to normal | <input type="checkbox"/> 5 Died |
| <input type="checkbox"/> 3 No better/unchanged | |

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

DATE_DEATH

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

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

- | | | |
|--|--|--------------------|
| <input type="checkbox"/> 1 Health facility | <input type="checkbox"/> 2 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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Child ID

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	No	Yes	
EXP_DRH	<input type="text"/> <input type="text"/>	Diarrhea	EXP_DRH_VISIT	<input type="text"/> <input type="text"/>	EXP_FEVER	Fever with unknown origin	EXP_FEVER_VISIT	<input type="text"/> <input type="text"/>
EXP_DYS	<input type="text"/> <input type="text"/>	Dysentery	EXP_DYS_VISIT	<input type="text"/> <input type="text"/>	EXP_OTHR	Other, specify	EXP_OTHR_VISIT	<input type="text"/> <input type="text"/>
EXP_COU	<input type="text"/> <input type="text"/>	Cough with difficult breathing	EXP_COU_VISIT	<input type="text"/> <input type="text"/>	EXP_OTHR2	Other, specify	EXP_OTHR2_VISIT	<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"/>	Typhoid	
DIAG_MAL	<input type="text"/> <input type="text"/>	Malaria	
DIAG_PNE	<input type="text"/> <input type="text"/>	Pneumonia	
DIAG_MENG	<input type="text"/> <input type="text"/>	Meningitis	
DIAG_OTHR	<input type="text"/> <input type="text"/>	Other, specify <u>DIAG_SPEC</u>	

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"/>	EXP_RECTAL	
b. Convulsions	<input type="text"/> <input type="text"/>	EXP_CONVUL	
c. Arthritis [Swollen, painful joints]	<input type="text"/> <input type="text"/>	EXP_ARTHRITIS	

Section 2: Physical Examination

7. Physical findings

a. Weight **WEIGHT**

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

WT_CHILD	WT_CARE
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg	<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

HEIGHT	HT1	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	HT2	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm	HT3	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm
b. Height	1st		2nd		3rd	
MUAC	MUAC1	<input type="text"/> <input type="text"/> . <input type="text"/> cm	MUAC2	<input type="text"/> <input type="text"/> . <input type="text"/> cm	MUAC3	<input type="text"/> <input type="text"/> . <input type="text"/> cm
c. MUAC	1st		2nd		3rd	

d. Axillary temperature **TEMP** . °C

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

RESP1	<input type="text"/> <input type="text"/> <input type="text"/>	RESP2	<input type="text"/> <input type="text"/> <input type="text"/>
1st		2nd	



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Site

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Child ID

Absent Present

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

8a. Observed container(s) in use in the home? No Yes
 MAIN_CONT
 [If "No", go to Question 9.]

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

MAIN_TYPE

- | |
|---|
| <input checked="" type="text" value="1"/> Wide-mouthed container(s) - 6 cm or more across the opening |
| <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: _____ |

MAIN_TYPE_SPEC

8c. Are containers covered? No Yes Mixed (covered and uncovered)
 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_SUN☐☐☐ Filter through a cloth

Cloth observed

TRTOBS_BOIL☐☐☐ Ceramic/other filter

Filter observed

TRTOBS_FILTER☐☐☐ Chlorine

Tablet/liquid/powder observed

TRTOBS_CRMC☐☐☐ Alum

Alum observed

TRTOBS_CHLR☐☐☐ Other chemical

Chemical observed

TRTOBS_ALUM☐☐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?

☐ In or near dwelling/yard
☐ Another place
WASH_WHERE

[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

WASH_PIPED

Piped water source

No

Yes

Basin

WASH_BASIN

WASH_NOPTAP

Non-piped water source without tap

Soap

WASH_SOAP

WASH_TAP

Non-piped water source with tap

Ash

WASH_ASH

Mud WASH_MUD

Clay

WASH_CLAY

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

Flush toilet

CHILD_FECES

Pour flush latrine

Ventilated improved pit (VIP) latrine

Bush/Field/Ground/Stream/Open sewer*

Traditional pit toilet

Other, specify CHILD_FECES_SPEC

Ventilated improved pit w/water seal

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

14. [Interviewer, record whether feces observed]:

14a. Visible feces observed in defecation area

No

Yes

FECES_VISIBLE

14b. Visible feces observed elsewhere in house or yard

FECES_ELSE

15. Please show me the facility your household most commonly use to dispose of human fecal waste.

[*"X" one only.*]

HOUSE_FECES

Flush toilet

Pour flush toilet

Ventilated improved pit (VIP) latrine

No facility: Bush/Field/Ground/Stream/Open sewer

Traditional pit toilet

Other, specify HOUSE_FECES_SPEC

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

QC_DATE2

Month

Year