

Section 1: Demographic and Epidemiological Information

8. How many children younger than 60 months live in the household?

		YNG_CHILDNRN
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9. How many rooms in your household are used for sleeping?

SLP_ROOMS

10. What is the predominant floor in the house of [Child's Name]? FLOOR

Natural FloorRudimentary FloorFinished Floor☐ 1 Earth/Sand☐ 3 Wood planks☐ 5 Parquet or polished wood☐ 2 Dung☐ 4 Palm/bamboo☐ 6 Vinyl or asphalt strips☐ 7 Ceramic Tile☐ 8 Cement☐ 9 Carpet☐ 10 Other, specify FLOOR_SPEC _____

11. Does your household have the following? [Must be functioning; "X" all that apply.]

☐ 1 Electricity HOUSE_ELEC☐ 1 Bicycle/rickshaw HOUSE_BIKE☐ 1 Telephone (mobile or non-mobile) HOUSE_PHONE☐ 1 Television HOUSE_TELE☐ 1 Car/truck HOUSE_CAR☐ 1 Animal-drawn cart HOUSE_CART☐ 1 Motorcycle/scooter HOUSE_SCOOT☐ 1 Refrigerator HOUSE_FRIDGE☐ 1 Agricultural land HOUSE_AGLAND☐ 1 Radio HOUSE_RADIO☐ 1 Boat with a motor HOUSE_BOAT☐ 1 None of the above HOUSE_NONE

12. What type of cooking fuel does your household use? ["X" all that apply.]

☐ 1 Electricity FUEL_ELEC☐ 1 Biogas FUEL_BIOGAS☐ 1 Straw/shrubs/grass FUEL_GRASS☐ 1 Liquid Propane Gas FUEL_PROPANE☐ 1 Coal/lignite FUEL_COAL☐ 1 Animal dung FUEL_DUNG☐ 1 Natural Gas FUEL_NATGAS☐ 1 Charcoal FUEL_CHARCOAL☐ 1 Agricultural crop residue FUEL_CROP☐ 1 Kerosene FUEL_KERO☐ 1 Wood FUEL_WOOD☐ 1 Other, specify FUEL_OTHER _____

FUEL_OTHER_SPEC

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13. Do the following animals live in the compound where *[Child's Name]* lives? [*"X"* all that apply.]

ANI_GOAT ☐ GoatANI_COW ☐ CowANI_NO ☐ No AnimalsANI_SHEEP ☐ SheepANI_RODENTS ☐ RodentsANI_DOG ☐ DogANI_FOWL ☐ Fowl (chicken, duck or other birds)ANI_CAT ☐ CatANI_OTHER ☐ Other, specify ANI_SPEC _____

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

☐ Piped into house

WATER_HOUSE

☐ Covered well in house or yard WATER_COVWELL☐ Piped into yard

WATER_YARD

☐ Covered public well

WATER_COVPWELL

☐ Public tap

WATER_PUBTAP

☐ Protected spring

WATER_PROSPRING

☐ Open well in house or yard WATER_WELL☐ Unprotected spring

WATER_UNSPRING

☐ Open public well

WATER_PUBWELL

☐ River or stream

WATER_RIVER

☐ Pond or lake

WATER_POND

☐ Dam or earth pan

WATER_DAM

☐ Deep tube well

WATER_DEEPWELL

☐ Rainwater

WATER_RAIN

☐ Shallow tube well

WATER_SHALLWELL

☐ Bought (tank, bottles, etc)

WATER_BOUGHT

☐ Other, specify WATER_OTHR WATER_SPEC _____☐ Bore hole

WATER_BORE

15. 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.]

☐ Piped into house *[Go to Q18]*

MS_WATER

☐ Covered well in house or yard *[Go to Q18]*☐ Piped into yard *[Go to Q18]*☐ Covered public well☐ Public tap☐ Protected spring☐ Open well in house or yard *[Go to Q18]*☐ Unprotected spring☐ Open public well☐ River or stream☐ Pond or lake☐ Dam or earth pan☐ Deep tube well☐ Rainwater *[Go to Q18]*☐ Shallow tube well☐ Bought (tank, bottles, etc)☐ Other, specify MS_SPEC _____☐ Bore hole

[Use your response from Question 15 to answer Questions 16 and 17. If the response to Question 15 is "piped into house/yard", "open or covered well in house/yard" or "rainwater", then go to Question 18. Otherwise, continue.]



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16. How long does it take to go there, get water, and come back? TIME_WATER

☐ 1 Less than 15 minutes

☐ 4 1 to 3 hours

☐ 2 15 to 29 minutes

☐ 5 More than 3 hours

☐ 3 30 to 59 minutes

17. Do you or other members from your household go and fetch drinking water for the household every day? FETCH_WATER No Yes

☐ 0

☐ 1

[If "Yes", go to Question 17a, if "No" go to Question 17b.]

17a. On average, how many trips do you and members from your household make to fetch water each day?

TRIP_DAY
Number of trips/day

17b. On average, how many trips do you and members from your household make to fetch water each week?

TRIP_WEEK
Number of trips/week

[If no trips are made, complete as "00".]

18. In the last two weeks, how often has water been available from this main source?

☐ 1 All the time

☐ 3 A few times per week

WATER_AVAIL

☐ 2 Several hours everyday

☐ 4 Less frequent than a few times per week

19. In the last two weeks, did you give *[Child's Name]* stored water for drinking? STORE_WATER No Yes

☐ 0

☐ 1

20. Do you usually treat drinking water at home?

TRT_WATER
No
Yes
☐ 0

☐ 1

[If "No", go to Question 23.]

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

☐ 1 Leave water in sun to disinfect

☐ 4 Boil

TRT_METHOD

☐ 2 Filter through a cloth

☐ 5 Filter through ceramic or other filter

☐ 3 Chlorine liquid, powder, or tablets

☐ 6 Alum

☐ 7 Other chemical or additive, specify TRT_METHOD_SPEC

[If chlorine is not used, go to Question 22]

21a. If you use chlorine liquid, powder or tablets, which type do you most commonly use? *["X" only one response.]*

CHLORINE

☐ 1 Certeza

☐ 5 Watermaker

☐ 2 Aquatabs

☐ 6 PurR

☐ 3 AquaGuard

☐ 7 Don't know

☐ 4 WaterGuard

☐ 8 Other, specify CHLORINE_SPEC

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22. In the last two weeks did you give [Child's Name] water which was not treated? NOTRT_WATER No Yes

23. How do you usually dispose of [Child's Name]'s feces? [*"X" only one response.*]

DISP_FECES Scatter in yard Bush/Field/Ground/Stream/Open sewer Bury Do nothing Toilet, latrine Other, specify DISP_SPEC

24. 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. *"X" only one response.*]

 Flush toiletFAC_WASTE Pour flush toilet Ventilated improved pit (VIP) latrine No facility: Bush/Field/Ground/Stream/Open sewer Traditional pit toilet[If *"No facility" selected, go to Question 26.*] Ventilated improved pit w/water seal Other, specify FAC_SPEC

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

SHARE_FAC

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

26. When do you usually wash your hands? [*"X" all that apply. Do not probe.*]

 Before eatingWASH_EATWASH_ANIMAL After handling domestic animals Before cookingWASH_COOK
WASH_NURSEWASH_CHILD After cleaning child who defecated Before you nurse or prepare baby's foodWASH_NEVER Never After you defecateWASH_DEFWASH_OTHR Other, specify WASH_SPEC

27. When you wash your hands, what do you usually use? [*"X" only one.*] WASH_USE

 Water only Water and soap Water and ashes Water and mud or clay

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Section 2: Clinical Information

EVERBREASTFED

28. Was the child ever breastfed?

☐ No [Go to Question 29.]☐ Yes [Go to Question 28a.]

BREASTFED

28a. Is [Child's Name] currently breastfed?

☐ No☐ Partial breast feeding☐ Exclusive breast feeding

29. During the last 7 days, did [Child's Name] have any of the following?

a. Blood in stools

No

Yes

☐☐ BLOOD

b. Fever measured at least 38 °C or parental perception

☐☐ FEVER

c. Vomiting 3 or more times per day

☐☐ VOMIT

30. Is the child currently receiving any medicine?

CUR_MED

☐ No [Go to Question 31.]☐ Yes

30a. Is a bottle or tablet strip or prescription available for ongoing treatment?

☐ No [Go to Question 31.]☐ Yes

MED_ONGOING



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30b. What are the medicines that the child is currently receiving? [*"X" all that apply.*]

- | | |
|--|--|
| <input type="checkbox"/> 1 ORS MED_OR5 | <input type="checkbox"/> 1 Ampicillin MED_AMPI |
| <input type="checkbox"/> 1 Intravenous fluids MED_IV | <input type="checkbox"/> 1 Nalidixic acid MED_NALID |
| <input type="checkbox"/> 1 Cotrimoxazole MED_COTR
MED_NOFOOD | <input type="checkbox"/> 1 Ciprofloxacin/Norfloxacin/other fluoroquinolone |
| <input type="checkbox"/> 1 Normal food withheld for ≥ 1 day | <input type="checkbox"/> 1 Selexid/Pivmecillinam MED_SELE |
| <input type="checkbox"/> 1 Gentamycin MED_GENT
MED_CHLOR | <input type="checkbox"/> 1 Other antibiotic, specify MED_ANT_SPEC |
| <input type="checkbox"/> 1 Chloramphenicol/Thiamphenicol | <input type="checkbox"/> 1 Zinc MED_ZINC
MED_GOVFLUID |
| <input type="checkbox"/> 1 Erythromycin MED_ERYTH | <input type="checkbox"/> 1 A (government recommended) homemade fluid |
| <input type="checkbox"/> 1 Azithromycin MED_AZITH | <input type="checkbox"/> 1 An antimalarial drug MED_ANTIMAL |
| <input type="checkbox"/> 1 Other macrolides MED_OMACR | <input type="checkbox"/> 1 Other medicine, specify MED_OTH1_SPEC |
| <input type="checkbox"/> 1 Penicillin MED_PENI | <input type="checkbox"/> 1 Other medicine, specify MED_OTH2_SPEC |
| <input type="checkbox"/> 1 Amoxycillin MED_AMOXY | <input type="checkbox"/> 1 Other medicine, specify MED_OTH3_SPEC |
| | <input type="checkbox"/> 1 Nothing MED_NONE |

31. The last time [*Child's Name*] had diarrhea, did you seek care for him/her outside your household?

- ☐ 0 No [*Go to Question 33.*] SEEKCARE
- ☐ 1 Yes
- ☐ 2 Never had diarrhea [*Go to Question 35.*]



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32. If you sought care for [Child's Name]'s last episode of diarrhea where did you go? [Use the Health Facility Coding List to code the center(s) of choice. "X" all that apply.]

- ☐ Pharmacy SEEK_PHARM
- ☐ Friend/relative SEEK_FRIEND
- ☐ Traditional healer SEEK_HEALER
- ☐ Unlicensed practitioner/village doctor/bush doctor/village health worker SEEK_DOC
- ☐ Licensed practitioner/private doctor (not at hospital) SEEK_PRIVDOC
- ☐ Bought a remedy/medicine at the shop/market, specify remedy/drug SEEK_REMDY SEEK_REMDY_SPEC
- ☐ Hospital/Center of first choice SEEK_CTR1 SEEK_CTR1_CODE SEEK_CTR1_SHC 1=SHC, 0_NonSHC
- ☐ Hospital/Center of second choice SEEK_CTR2 SEEK_CTR2_CODE SEEK_CTR2_SHC 1=SHC, 0_NonSHC
- ☐ Hospital/Center of third choice SEEK_CTR3 SEEK_CTR3_CODE SEEK_CTR3_SHC 1=SHC, 0_NonSHC
- ☐ Other Hospital/Center, specify SEEK_OTHR SEEK_OTHR_SPEC

33. The last time [Child's name] had diarrhea, how much did you offer [Child's name] to drink?

OFFR_DRINK

- ☐ More than usual ☐ Much less than usual
- ☐ Usual ☐ Nothing to drink
- ☐ Somewhat less than usual

34. The last time [Child's Name] had diarrhea, how much did you offer [Child's Name] to eat?

OFFR_EAT

- ☐ More than usual ☐ Much less than usual
- ☐ Usual ☐ Nothing to eat
- ☐ Somewhat less than usual

Section 3: Physical Findings

35. Physical findings:

a. Weight WEIGHT

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

WT_CHILDWT_CARE

Caretaker + child

Caretaker alone

WT

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

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HEIGHT

b. Height

MUAC

HT1

1st

cm

HT2

2nd

cm

HT3

3rd

cm

MUAC1

1st

cm

MUAC2

2nd

cm

MUAC3

3rd

cm

TEMP

d. Axillary temperature

°C

RESP

e. Respiratory rate per minute

RESP1

1st

RESP2

2nd

Absent

Present

f. Bipedal edema [Both feet]

BIPEDAL

g. Abnormal hair: sparse, loose, straight

ABN_HAIR

h. Undernutrition: wasted/very thin

UNDER_NUTR

i. Skin has 'flaky paint' appearance

SKIN_FLAKY

END OF INTERVIEW

THANK RESPONDENT(S) FOR THEIR COOPERATION

36. Specimen ID:

SPECIMEN_ID

Place sticker of Specimen ID here.

Notes or comments [Initial and date notes]

Interviewer's Name _____

INT_CODE

Staff code

QC_DATE

Quality Control's Name _____

QC_CODE

Staff code

Day

Month

Year