

	VIDA	:
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CRF05: 60 Day Follow-up (CFU)

Web Version: 1.0; 3.04; 25Apr17

Segment (PROTSEG): A

Visit Number (VISNO):

Center: (CFUCENGA)

- 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: (CFUCENMA)

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

Center: (CFUCENKE)

- 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: (CFUDATE)

(ddMMMyyyy)

Interview Outcome

1. What was the outcome of the follow-up interview?(CFUINOTC) Conducted Not conducted

If "Not conducted", what was the reason?(CFUINTNC)

- Child cannot be found
- Caretaker refused
- Caretaker not available after 3 visits
- Caretaker refused because the child died
- Other

Other,specify: (CFUINCSP)

[If the interview was not conducted for the reason: "Caretaker refused because the child died", please continue to answer Q2 and Q3 a, b and c. If the interview was not conducted for another reason, complete Q1, sign, date, and submit this page to the DCC.]

Section 1: Clinical Information

2. What is your relationship with the child?(CFURELCH)

- Mother
- Father
- Sister
- Brother
- Grandmother

Mother
Father
Sister
Brother
Grandmother
*Additional Options Listed Below

Other,specify: (CFURELSP)

3. How is child's health since the last study visit?(CFUHELTH)

Appears healthy
Health has deteriorated
Health improved but not back to normal
Died
No better/unchanged

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

a. If the child died, what was the date of death?(CFUDTHDT) (ddMMMyyyy)

b. If the child died, what was the place of death?(CFUDTHPL) Health facility Home or elsewhere

c. If the child died in a health facility, what was the name of the health facility?(CFUDTHFC)

[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'.]

Other,specify: (CFUDFCSP)

[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.]

4. Since the last study visit, did the child experience 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?		
(CFUDIARH)	No	Yes	Diarrhea	(CFUDIFC)	No	Yes
(CFUBLDDI)	No	Yes	Bloody diarrhea	(CFUBDIFC)	No	Yes
(CFUCOUGH)	No	Yes	Cough with difficult breathing	(CFUCGHFC)	No	Yes
(CFUFEVER)	No	Yes	Fever with unknown origin	(CFUFEVFC)	No	Yes
(CFUOTH1)	No	Yes	Other	(CFUOT1FC)	No	Yes
(CFUOTH2)	No	Yes	Other	(CFUOT2FC)	No	Yes
Other,specify: (CFUOT1SP)						
Other,specify: (CFUOT2SP)						

5. To your knowledge, was the child diagnosed with any of the following at a health care facility?

Typhoid: (CFUTYHPO) No Yes

Malaria: (CFUMALAR)

	No	Yes
Pneumonia: (CFUPNEUM)	No	Yes
Meningitis: (CFUMENIG)	No	Yes
Other: (CFUDGOTH)	No	Yes
Other,specify: (CFUDGOSP)		

6. Since the last study visit, did the child experience any of the following:
- | | | |
|----------------------------------------------------------------------------------------|----|-----|
| a. Rectal prolapse [Some pink tissue appears outside of the child's anus]: (CFURCTLPL) | No | Yes |
| b. Convulsions: (CFUCONVL) | No | Yes |
| c. Arthritis [Swollen, painful joints]: (CFUARTHR) | No | Yes |

Section 2: Physical Examination

7. Physical findings:
- a. Weight:

0-23 months old

24-59 months old

Child's age: (CFUCHAGE)

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

(CFUCTCWT)

(xxx.x)

(CFUCTWT)

(xxx.x)

kg Caretaker + child

kg Caretaker alone

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

(xxx.x)

kg

b. Height 1st: (CFUHGT1)

(xxx.x)

cm

2nd: (CFUHGT2)

(xxx.x)

cm

3rd: (CFUHGT3)

(xxx.x)

cm

c. MUAC 1st: (CFUMUAC1)

(xx.x)

cm

2nd: (CFUMUAC2)

(xx.x)

cm

3rd: (CFUMUAC3)

(xx.x)

cm

d. Axillary temperature: (CFUAXTMP)

(xx.x)

°C

e. Respiratory rate per minute 1st: (CFURP1RT)

(xxx)

2nd: (CFURP2RT)

(xxx)

f. Rectal prolapse: (CFURCPLP)

Absent

Present

g. Bipedal edema [Both feet]: (CFUEDMBP)

Absent

Present

h. Abnormal hair: sparse, loose, straight: (CFUAHAIR)

Absent

Present

i. Undernutrition: wasted/very thin: (CFUUNTRN)

Absent

Present

j. Skin has 'flaky paint' appearance: (CFUFLSKN)

Absent

Present

Notes or comments: (CFUCOMM)

Interviewer's Name: (CFUIVWNM)

Staff code: (CFUISTCD)

Quality Control's Name: (CFUQCNM)		Staff code: (CFUQSTCD)
(CFUQCDT)		(ddMMMyyyy)

Additional Selection Options for CFU

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 with the child?
Grandfather
Aunt
Uncle
No relation
Other relation by blood or marriage