

Study # 006

Plate # 101

Visit # 001

		(7) CHILDID		
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Child ID

		(8) VISITDATE			
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Day

Month

Year

Directions: Complete a separate form for each child 0-59 months of age who has been selected for the survey, including children who have died within 14 days of the interview. Answer *every* question, unless told to skip. Unless otherwise stated, mark an "X" in the box. Directions for the interviewer appear [bracketed] and in italics. When "[Child's Name]" appears, say the name of the participant. "DK" is "Don't know".]

[Ask to speak to a Primary Caretaker of each child. If you cannot arrange to speak to a primary caretaker, complete questions 1-6, then sign your name, complete the staff code and date, and submit this form for data entry. Otherwise continue by reading the following request for permission to the caretaker:]

"We are conducting a research study to learn more about diarrhea illnesses that affect infants and children during the first 5 years of life. We would like to ask you some questions about the diarrheal illnesses that [Child's Name] may have had recently. The questions will take about 10 minutes or less. The information collected about your child will be shared with people in the U.S. who are helping with this project but it will not contain your child's name. We will keep this form in a locked file which only our staff has permission to access. You do not have to answer these questions, and you can stop participating at any time. Should you refuse to take part in the study, or decide to stop participating, you will continue to receive your usual medical care."

- Child's age: (9) AGE (in months)
- Gender: (10) GENDER
☐ 1 Boy ☐ 2 Girl
- Are you a primary caretaker of the child? (11) PRIMCARE
☐ 1 No ☐ 2 Yes [If 'No', ask if a primary caretaker is available.]
- Parent or caretaker gives verbal consent: (12) CONSENT
☐ 1 No ☐ 2 Yes
- Status of interview: (13) STATUS
☐ 1 Conducted ☐ 2 Not conducted
- If not conducted, what was the reason: (14) REASON
☐ 1 Primary caretaker not available ☐ 2 Refused ☐ 3 Moved away
☐ 4 Child died more than 14 days ago ☐ 5 Cannot locate child
☐ 6 Other (specify) (15) RSN_SPECIFY

[If "Not conducted", sign your name, staff code, date and submit this page to the DCC. If "Conducted", continue to Question 7.]

- Has [Child's Name] had an illness with diarrhea (3 or more abnormally loose stools during a 24-hour period) in the last 14 days? No Yes
☐ 1 ☐ 2 (16) DIARRHEA

[If "No", sign your name, staff code, date and submit this page to the DCC; if "Yes", continue to Question 8.]

Interviewer's Name _____

(17) INT_CODE

Staff code

Quality Control's Name _____

(18) QC_CODE

Staff code

		(19) QC_DATE			
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Child ID

8. How many days ago did the diarrhea start? (8) DRH_DAYS (days)

a. How many days did it last? (9) DRH_DAYS_LAST (days)

9. What is the maximum number of loose stools per day [Child's Name] had during this diarrheal illness?

(10) MAX STOOLS				
1	3 to 6	2	7 to 10	3
				4
				DK

10. Did [Child's Name] have any of the following symptoms during his/her diarrheal illness?

	No	Yes	DK		No	Yes	DK
Fever	(11) DRH_FEVER			Unable to drink or drank poorly			(12) DRH_DRINK
Blood in stool	(13) DRH_BLOOD			Rice watery stool without blood [Use local name]			(14) DRH_RICE
Irritable/less playful	(15) DRH_IRRITABLE			Lethargic, unconscious, or hard to stay awake			(16) DRH_LETHRGY
Very thirsty	(17) DRH_THIRSTY			Sunken eyes, more than usual			(18) DRH_SUNKEYES
Wrinkled skin	(19) DRH_WRNKSKIN						

11. Did [Child's Name] vomit?

[If 'No', go to Question 12. If 'Yes', continue.]

(20) VOMIT		
1	No	2
		Yes

a. On the worst day, how many times did s/he vomit? (21) VOMIT_TIMES

1	1-2	2	3-5	3	more than 5 times
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b. How many days did the child have vomiting? (22) VOMIT_DAYS

1	1-2	2	3-5	3	more than 5 days
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12. What was the outcome of this diarrheal illness?

(23) OUTCOME					
1	Resolved	2	Improved	3	Continuing
				4	Worsening
				5	Child died

13. Did you seek care for [Child's Name]'s diarrhea outside your home? (24) SEEK CARE

[If 'No', continue to Question 14. If 'Yes', go to Question 15.]

(24) SEEK CARE		
1	No	2
		Yes

14. If you did not seek care outside your home, what were the reasons? [X" all that apply. Start with open-ended question; then ask "Anything else" until the respondent indicates there is nothing else. If no further responses, continue to Question 19.]

(25) NOSEEK_NONEED

1 Child did not seem to need care

(26) NOSEEK_TRVLCOST

1 Cost for travel too high

(27) NOSEEK_TOOFAR

1 Clinic too far from home

(28) NOSEEK_TRTMT COST

1 Cost for treatment too high

(29) NOSEEK_TRANSPRT

1 Unable to find transport

(30) NOSEEK_OTHRCHLD

1 Other children at home could not be left alone

(31) NOSEEK_WORK

1 Could not take time off from work

(32) NOSEEK_NOTHAPPY

1 Not happy with clinical services in area

(33) NOSEEK_WEATHER

1 Flood or bad weather

(34) NOSEEK_OTHER

1 Other, specify

(35) NOSEEK_SPEC

(36) NOSEEK_POLITIC

1 Political unrest

		(7) CHILDID		
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Child ID

15. If you sought care for [Child's Name] for this illness, where did you go?

["X" all that apply. Use the Health Facility Coding List to code the center(s) of choice.]

- (8) SEEK_FRIEND ☐ Friend/relative
- (9) SEEK_REMEDY ☐ Bought a remedy/medicine at the shop/market
- (10) SEEK_HEALER ☐ Traditional healer
- (11) SEEK_PHARMACY ☐ Pharmacy
- (12) SEEK_CTR1 ☐ Hospital/Center of 1st choice
- (13) SEEK_CTR1_CODE ☐ Licensed practitioner/private doctor (not at hospital)
- (14) SEEK_LICDOC ☐ Licensed practitioner/private doctor (not at hospital)
- (15) SEEK_CTR2 ☐ Hospital/Center of 2nd choice
- (16) SEEK_CTR2_CODE ☐ Other Hospital/Center, specify
- (17) SEEK_OTHER ☐ Other Hospital/Center, specify
- (18) SEEK_OTHER_SPEC ☐ Other Hospital/Center, specify
- (19) SEEK_CTR3 ☐ Hospital/Center of 3rd choice
- (20) SEEK_CTR3_CODE ☐ Unlicensed practitioner/village doctor/bush doctor/village health worker
- (21) SEEK_UNLICDOC ☐ Unlicensed practitioner/village doctor/bush doctor/village health worker

[*If sought care at a sentinel health center, continue to Question 16. Otherwise, go to Question 17.]

16. On what day of [Child's Name]'s diarrhea did you visit [name of sentinel hospital/health center from question 15]?

(22) DAYSEEK (day)

17. Was [Child's Name] admitted to a hospital/health center for treatment of diarrheal illness?

[If 'Yes', continue. If 'No' or 'N/A', go to Question 19.]

☐ No ☐ (23) ADMIT Yes ☐ N/A

18. To which hospital was [Child's Name] admitted? [Use the Health Facility Coding List.]

Center of 1st choice (24) ADMIT_CTR1 Center of 2nd choice (25) ADMIT_CTR2 Center of 3rd choice (26) ADMIT_CTR3

If the facility was not coded, specify (27) ADMIT_SPEC

19. Did [Child's Name] receive any of the following to treat the diarrhea? ["X" all that apply.]

- (28) TRT_IV ☐ Intravenous fluids
- (29) TRT_NONE ☐ None
- (30) TRT_HOMEFLUID ☐ Home made fluid (Such as thin watery porridge made from maize, rice, wheat, soup, sugar, salt water solution or Yogurt-based drink.)
- (31) TRT_ORIS ☐ A fluid made from a special packet called ORALITE or ORS

20. While [Child's Name] had diarrhea, how much did you offer [Child's Name] to drink (including breast milk)?

(32) OFFER_DRINK

☐ More than usual ☐ Usual ☐ Less than usual ☐ Nothing to drink

21. While [Child's Name] had diarrhea, how much did you offer [Child's Name] to eat?

(33) OFFER_EAT

☐ More than usual ☐ Usual ☐ Less than usual ☐ Nothing to eat ☐ N/A

Interviewer's Name _____

(34) INT_CODE2

Staff code

Quality Control's Name _____

(35) QC_CODE2

Staff code

(36) QC_DATE2

Day Month Year