

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

VDA01A (ENR)

Web Version: 1.0; 6.00; 25Apr17

Health Care Utilization and Coverage Survey (HUCS) Questionnaire

Directions: Complete a separate form for each child 0-59 months old who has been selected for the survey, whether or not the child meets eligibility criteria, including children who have died within 7 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".

Child's DSS Number:

Child's DSS Number:

Child's DSS Number:

Date of Interview: (ddMMMyyyy)

Part A: Eligibility Information

3. Are you a primary caretaker of the child?

NoYes
4. Parent or caretaker gives verbal consent:

NoYes
5. Status of interview:

ConductedNot conducted
6. If not conducted, what was the reason:

1-Primary caretaker not available

2-Refused

3-Moved away

4-Cannot locate child

5-Child died more than 7 days ago (including today)

*Additional Options Listed Below

Specify:

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

[If interview was "Not Conducted", write down the reason below, sign, date & submit this page. If "Conducted", proceed to the next question.]

Reason not conducted:

Part B: Household Information

7. What is your relationship with the child?

1-Mother

2-Father

3-Sister

4-Brother

5-Grandmother

*Additional Options Listed Below

Specify:

8. How far did you go in school?

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

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

10. What is the predominant floor inside the house? [Check one]

Natural Floor

Rudimentary Floor

Finished Floor

- | | | | |
|----------------|-------------|-------------|--------------------------|
| Earth/Sand | Wood planks | Palm/bamboo | Parquet or polished wood |
| Dung | | | Vinyl or asphalt strips |
| | | | Ceramic tile |
| | | | Cement |
| | | | Carpet |
| Other, specify | | | |

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

- | | | |
|--------------------|-------------------|----------------------------------|
| Electricity | Bicycle/rickshaw | Telephone (mobile or non-mobile) |
| Television | Car/truck | Animal-drawn cart |
| Motorcycle/scooter | Refrigerator | Agricultural land |
| Radio | Boat with a motor | None of the above |

Part C: Medical history

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

- | | | | |
|------------------------|----|-----|----|
| Breast milk: | No | Yes | DK |
| Drinking water: | No | Yes | DK |
| Other foods or drinks: | No | Yes | DK |

13. Has the child had an illness with diarrhea (3 or more loose or watery stools during a 24-hour period) in the last week?

- No Yes

[If "No", go to Question 28, if "Yes", continue to Question 14.]

14. How many days ago did the diarrhea start? (days) [code '000' if started today]

15. How many days did the diarrhea last? (xx) (days) [If diarrhea is ongoing, include the day of the interview in the count]

16. What is the most (highest number) of loose stools in one day (24 hours) that the child had during this diarrheal illness?

- 1-3
- 2-4 to 5
- 3-6 to 10
- 4-More than 10 times per day

17. Did the child have any of the following symptoms during his/her diarrheal illness?

- | | | | |
|-----------------|----|-----|----|
| Fever: | No | Yes | DK |
| Blood in stool: | No | Yes | DK |

Irritable/less playful:	No	Yes	DK
Very thirsty:	No	Yes	DK
Unable to drink or drank poorly:	No	Yes	DK
Rice watery stool without blood:	No	Yes	DK
Lethargic, unconscious, or hard to stay awake:	No	Yes	DK
Sunken eyes:	No	Yes	DK
Wrinkled skin:	No	Yes	DK

18. Did the child vomit? *[If 'No', go to Question 19. If 'Yes', continue.]*

a. On the worst day, how many times did s/he vomit?	1	2-4	5 or more
b. How many days did the child have vomiting?	(xx) (days)		

19. What was the outcome of this diarrheal illness?

1-Resolved
2-Improved
3-Continuing
4-Worsening
5-Child died

20. While the child had diarrhea, how much did you offer him/her to drink *(including breast milk)*?

1-More than usual
2-Usual
3-Somewhat less than usual
4-Much less than usual
5-Nothing to drink

21. While the child had diarrhea, how much did you offer the child to eat?

1-More than usual
2-Usual
3-Less than usual
4-Nothing to eat

22. Did you seek care for the child's diarrhea outside your home?

No	Yes
----	-----

[If 'No', continue to Question 27. If 'Yes', go to Question 23.]

23. If you sought care for the child for this illness, where did you go?
[Check all that apply. Use the Health Facility Coding List to code the center(s) of choice.]

- Friend/relative
- Traditional healer
- Hospital/Center of 1st choice
- Hospital/Center of 2nd choice
- Hospital/Center of 3rd choice
- Bought a remedy/medicine at the shop/market
- "Walking" vendor of conventional medicines
- Vendor of traditional medicines
- Pharmacy
- Licensed practitioner/private doctor (not hospital/center)
- Unlicensed practitioner/village doctor/bush

doctor/village health worker
Other Hospital/Center
Specify:

[If sought care at a sentinel health center, continue to Question 24. Otherwise, select 'N/A' and go to Question 25a.]

24. On what day of the child's diarrhea did you visit? (xx) N/A (Sought care at non-SHC)
[name of sentinel hospital/health center from question 23]?

25a. Did the clinical team advise that the child be hospitalized? No Yes

25b. Was the child admitted to a hospital/health center for treatment of diarrheal illness? No Yes

[If 'Yes', continue. If 'No', go to Question 27.]

26. To which hospital/health center was the child admitted? [Use the Health Facility Coding List.] (xxx)

If the facility was not coded, specify:

27. Did the child receive any of the following to treat the diarrhea at home or at the hospital/health center? [Check all that apply]

Clinical team advised intravenous fluids
Received intravenous fluids
Homemade fluid
(Such as thin watery porridge made from maize, rice, wheat, soup, sugar, salt water solution or Yogurt-based drink.)
A fluid made from a special packet called ORALITE or ORS: At home At the health center Both
Traditional medicine to drink
Zinc At home At the health center Both
None of the above

The following information must be transmitted from the DSS database or entered onto this CRF during the HUICS interview:
Part D: Immunizations

Birth date: (ddMMMyyyy)
28. Has your child received any vaccinations? No Yes
29. Immunization card: No Yes
29a. If immunization card was not available, was vaccine data available from another source?
N-No
D-Yes, DSS
R-Yes, RVS
Y-Yes, Other Specify

Other, Specify:

30. Vaccine Given?	Date:(ddMMMyyyy)	Name of health center	Health	Health
--------------------	------------------	-----------------------	--------	--------

			center code Don't Know	center code
DPT/Pentavalent#1: No Yes DK				
DPT/Pentavalent#2: No Yes DK				
DPT/Pentavalent#3: No Yes DK				
Which vaccine was given: DPT Pentavalent Don't know				
Rotavirus vaccine #1: No Yes DK				
Rotavirus vaccine #2: No Yes DK				
Rotavirus vaccine #3: No Yes DK				
Oral polio vaccine #1: No Yes DK				
Oral polio vaccine #2: No Yes DK				
Oral polio vaccine #3: No Yes DK				
Inactivated polio vaccine (IPV) #1: No Yes DK				
Inactivated polio vaccine (IPV) #2: No Yes DK				
Inactivated polio vaccine (IPV) #3: No Yes DK				

Comments:

Interviewer's Name:

Staff code

Quality Control's Name:

Staff code

(ddMMMyyyy)

Save this form and proceed to the Data Entry page to complete 'HUCS Section E: Care-Seeking Beliefs and Practices'.

Additional Selection Options for ENR

6. If not conducted, what was the reason:
9-Other

7. What is your relationship with the child?
6-Grandfather
7-Aunt
8-Uncle
9-No relation
10-Other relation by blood or marriage

8. How far did you go in school?
6-Religious education only
7-Don't know