

Study # 004	CHILDID	Plate # 071	Visit # 001	F7_DATE
<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
Site	Center	Control ID	Day	Month
				Year
		<input style="width: 80px; height: 25px;" type="text"/>		
		CASE_ID		
		Index Case ID		

## **Section 1: Demographic and Epidemiological Information**

1. Who is [Child's Name]'s primary caretaker? PRIMCARE

- |   |  |  |   |
|---|--|--|---|
| <input style="width: 20px; height: 20px;" type="checkbox"/> 1 Mother      | <input style="width: 20px; height: 20px;" type="checkbox"/> 2 Father   | <input style="width: 20px; height: 20px;" type="checkbox"/> 3 Sister | <input style="width: 20px; height: 20px;" type="checkbox"/> 4 Brother |
| <input style="width: 20px; height: 20px;" type="checkbox"/> 5 Grandmother | <input style="width: 20px; height: 20px;" type="checkbox"/> 6 Grandfather  | <input style="width: 20px; height: 20px;" type="checkbox"/> 7 Aunt   | <input style="width: 20px; height: 20px;" type="checkbox"/> 8 Uncle   |
| <input style="width: 20px; height: 20px;" type="checkbox"/> 9 No relation | <input style="width: 20px; height: 20px;" type="checkbox"/> 10 Other relation by blood or marriage, specify <span style="color: red;">PRIMCARE_SPEC</span> |  |   |

2. What is your relationship to [Child's Name]? RELATION

- |   |  |  |   |
|---|--|--|---|
| <input style="width: 20px; height: 20px;" type="checkbox"/> 1 Mother      | <input style="width: 20px; height: 20px;" type="checkbox"/> 2 Father   | <input style="width: 20px; height: 20px;" type="checkbox"/> 3 Sister | <input style="width: 20px; height: 20px;" type="checkbox"/> 4 Brother |
| <input style="width: 20px; height: 20px;" type="checkbox"/> 5 Grandmother | <input style="width: 20px; height: 20px;" type="checkbox"/> 6 Grandfather  | <input style="width: 20px; height: 20px;" type="checkbox"/> 7 Aunt   | <input style="width: 20px; height: 20px;" type="checkbox"/> 8 Uncle   |
| <input style="width: 20px; height: 20px;" type="checkbox"/> 9 No relation | <input style="width: 20px; height: 20px;" type="checkbox"/> 10 Other relation by blood or marriage, specify <span style="color: red;">RELATION_SPEC</span> |  |   |

3. Where does [Child's Name]'s mother live? MOM\_LIVE

- |  |   |  |
|--|---|--|
| <input style="width: 20px; height: 20px;" type="checkbox"/> 1 Living in household        | <input style="width: 20px; height: 20px;" type="checkbox"/> 3 Abroad              | <input style="width: 20px; height: 20px;" type="checkbox"/> 5 Died |
| <input style="width: 20px; height: 20px;" type="checkbox"/> 2 Lives outside of household | <input style="width: 20px; height: 20px;" type="checkbox"/> 4 Whereabouts unknown |  |

4. Where does [Child's Name]'s father live? DAD\_LIVE

- |  |   |  |
|--|---|--|
| <input style="width: 20px; height: 20px;" type="checkbox"/> 1 Living in household        | <input style="width: 20px; height: 20px;" type="checkbox"/> 2 Abroad              | <input style="width: 20px; height: 20px;" type="checkbox"/> 3 Died |
| <input style="width: 20px; height: 20px;" type="checkbox"/> 4 Lives outside of household | <input style="width: 20px; height: 20px;" type="checkbox"/> 5 Whereabouts unknown |  |

5. How far did the child's primary caretaker go in school?

- |   |  |  |
|---|--|--|
| <input style="width: 20px; height: 20px;" type="checkbox"/> 1 No formal schooling | <span style="color: red;">PRIM_SCHL</span> | <input style="width: 20px; height: 20px;" type="checkbox"/> 4 Completed secondary      |
| <input style="width: 20px; height: 20px;" type="checkbox"/> 2 Less than primary   |  | <input style="width: 20px; height: 20px;" type="checkbox"/> 5 Post-secondary           |
| <input style="width: 20px; height: 20px;" type="checkbox"/> 3 Completed primary   |  | <input style="width: 20px; height: 20px;" type="checkbox"/> 6 Religious education only |
|   |  | <input style="width: 20px; height: 20px;" type="checkbox"/> 7 Don't know               |

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




PPL\_SLEEP

7. How many people have been sleeping regularly in your household for the past 6 months?

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

YNG\_CHILDNRN

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\_AG LAND☐ 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.]

MS\_WATER

☐ Piped into house☐ Covered well in house or yard☐ Piped into yard☐ Covered public well☐ Public tap☐ Protected spring☐ Open well in house or yard☐ Unprotected spring☐ Open public well☐ River or stream☐ Pond or lake☐ Dam or earth pan☐ Deep tube well☐ Rainwater☐ 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?

No Yes

 FETCH\_WATER ☐ 0 ☐ 1

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

Number of trips/day

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

TRIP\_DAY

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

Number of trips/week

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

TRIP\_WEEK

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?

No Yes

 STORE\_WATER ☐ 0 ☐ 1

20. Do you usually treat drinking water at home?

No Yes

 TRT\_WATER ☐ 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.]

TRT\_METHOD

☐ 1 Leave water in sun to disinfect

☐ 4 Boil

☐ 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.]

 Scatter in yard DISP\_FECES
 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 toilet FAC\_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 eating WASH\_EAT
 After handling domestic animals WASH\_ANIMAL
 Before cooking WASH\_COOK
 After cleaning child who defecated WASH\_CHILD
 Before you nurse or prepare baby's food WASH\_NURSE
 Never WASH\_NEVER
 After you defecate WASH\_DEF
 Other, specify WASH\_SPEC WASH\_OTHR

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

## Section 2: Clinical Information

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

 No

 Partial breastfeeding

 Exclusive breastfeeding

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

- |   | No                     | Yes                          |
|---|------------------------|------------------------------|
| a. Blood in stools                                      | <input type="text"/> 0 | <input type="text"/> 1 BLOOD |
| b. Fever measured at least 38 °C or parental perception | <input type="text"/> 0 | <input type="text"/> 1 FEVER |
| c. Vomiting 3 or more times per day                     | <input type="text"/> 0 | <input type="text"/> 1 VOMIT |

30. Is the child currently receiving any medicine?

*[If "No", go to Question 31.]*

- | No                     | Yes                            |
|------------------------|--------------------------------|
| <input type="text"/> 0 | <input type="text"/> 1 CUR_MED |

30a. If 'Yes' to Question 30, is a bottle or tablet strip or prescription available for ongoing treatment?

*[If "Yes", go to Question 30b.]*

- | No                     | Yes                                |
|------------------------|------------------------------------|
| <input type="text"/> 0 | <input type="text"/> 1 MED_ONGOING |

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

- |  |  |
|--|--|
| <input type="text"/> 1 MED_ORX<br>ORS                                      | <input type="text"/> 1 Ampicillin MED_AMPI                                       |
| <input type="text"/> 1 MED_IV<br>Intravenous fluids                        | <input type="text"/> 1 Nalidixic acid MED_NALID                                  |
| <input type="text"/> 1 MED_COTR<br>Cotrimoxazole                           | <input type="text"/> 1 Ciprofloxacin/Norfloxacin/other fluoroquinolone MED_CIPRO |
| <input type="text"/> 1 MED_NOFOOD<br>Normal food withheld for $\geq 1$ day | <input type="text"/> 1 Selexid/Pivmecillinam MED_SELE                            |
| <input type="text"/> 1 MED_GENT<br>Gentamycin                              | <input type="text"/> 1 Other antibiotic, specify MED_OTHERANT MED_ANT_SPEC       |
| <input type="text"/> 1 MED_CHLOR<br>Chloramphenicol/Thiamphenicol          | <input type="text"/> 1 Zinc MED_ZINC   |
| <input type="text"/> 1 MED_ERYTH<br>Erythromycin                           | <input type="text"/> 1 A (government recommended) homemade fluid MED_GOVFLUID    |
| <input type="text"/> 1 MED_AZITH<br>Azithromycin                           | <input type="text"/> 1 An antimalarial drug MED_ANTIMAL                          |
| <input type="text"/> 1 MED_OMACR<br>Other macrolides                       | <input type="text"/> 1 Other medicine, specify MED_OTHER1 MED_OTH1_SPEC          |
| <input type="text"/> 1 MED_PENI<br>Penicillin                              | <input type="text"/> 1 Other medicine, specify MED_OTHER2 MED_OTH2_SPEC          |
| <input type="text"/> 1 MED_AMOXY<br>Amoxycillin                            | <input type="text"/> 1 Other medicine, specify MED_OTHER3 MED_OTH3_SPEC          |
|  | <input type="text"/> 1 Nothing MED_NONE  |

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

*[If "No", go to Question 33.]**[If the child never had diarrhea, go to Question 35.]*

- |           | No                     | Yes                    | Never had diarrhea     |
|-----------|------------------------|------------------------|------------------------|
| SEEK CARE | <input type="text"/> 0 | <input type="text"/> 1 | <input type="text"/> 2 |



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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 4 ☐ Much less than usual
- ☐ Usual 5 ☐ 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 4 ☐ Much less than usual
- ☐ Usual 5 ☐ 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\_CHILD

Caretaker + child

WT\_CARE

Caretaker alone

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

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- b. Height <sup>HEIGHT</sup> 1st <sup>HT1</sup>    .  cm 2nd <sup>HT2</sup>    .  cm 3rd <sup>HT3</sup>    .  cm
- c. MUAC <sup>MUAC</sup> 1st <sup>MUAC1</sup>   .  cm 2nd <sup>MUAC2</sup>   .  cm 3rd <sup>MUAC3</sup>   .  cm
- d. Axillary temperature <sup>TEMP</sup>   .  °C
- e. Respiratory rate per minute <sup>RESP</sup> 1st <sup>RESP1</sup>    2nd <sup>RESP2</sup>

- |   | <i>Absent</i>          | <i>Present</i>         |                       |
|---|------------------------|------------------------|-----------------------|
| f. Bipedal edema [ <i>Both feet</i> ]     | <input type="text"/> 0 | <input type="text"/> 1 | <sup>BIPEDAL</sup>    |
| g. Abnormal hair: sparse, loose, straight | <input type="text"/> 0 | <input type="text"/> 1 | <sup>ABN_HAIR</sup>   |
| h. Undernutrition: wasted/very thin       | <input type="text"/> 0 | <input type="text"/> 1 | <sup>UNDER_NUTR</sup> |
| i. Skin has 'flaky paint' appearance      | <input type="text"/> 0 | <input type="text"/> 1 | <sup>SKIN_FLAKY</sup> |

END OF INTERVIEW

THANK RESPONDENT(S) FOR THEIR COOPERATION

36. Specimen ID:

<sup>SPECIMEN\_ID</sup>

Place sticker of Specimen ID here.

Notes or comments [*Initial and date notes*]

Interviewer's Name \_\_\_\_\_

<sup>INT\_CODE</sup>

Staff code

<sup>QC\_DATE</sup>

Quality Control's Name \_\_\_\_\_

<sup>QC\_CODE</sup>

Staff code

Day

Month

Year