DSSID **Child's DSS Number:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Site ☐☐☐☐☐☐☐ Child ID

Date of Interview ☐☐ Day ☐☐☐ Month 2 0 ☐☐ Year
VISIT_DATE

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."

Part A: Eligibility Information

AGE
1. Child's age: ☐☐ *(in months)*

DOB
Date of Birth: ☐☐ ☐☐☐ 2 0 ☐☐

GENDER
2. Gender: ☐ Boy ☐ Girl

PRIMCARE 3. Are you a primary caretaker of the child? 0 No 1 Yes ***[If 'No', ask if a primary caretaker is available.]***

CONSENT 4. Parent or caretaker gives verbal consent: 0 No 1 Yes

STATUS 5. Status of interview: 1 Conducted 2 Not conducted

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

1 Primary caretaker not available 2 Refused 3 Moved away 5 Cannot locate child

4 Child died more than 7 days ago (including today) 9 Other *(specify)* RSN_SPECIFY ____________

[If "Not conducted", sign your name, staff code, date, and enter and submit this page. 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: ____

Notes or comments *[Initial and date notes]*

INT_NOTES

Interviewer's Name ______________________________ ☐☐☐ *Staff code*

Quality Control's Name ______________________________ ☐☐☐ *Staff code* ☐☐ *Day* ☐☐☐ *Month* 2 0 ☐☐ *Year*

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Part B: Household Information

7. What is your relationship to *[Child's Name]*? RELATIONSHIP

[1] Mother [2] Father [3] Sister [4] Brother
[5] Grandmother [6] Grandfather [7] Aunt [8] Uncle
[9] No relation [10] Other relation by blood or marriage, specify RELATION_SP _____

8. How far did you *[primary caretaker]* go in school? PRIM_SCHL

[1] No formal schooling
[2] Less than primary
[5] Completed primary
[3] Completed secondary.
[4] Post-secondary
[6] Religious education only
[7] Don't know

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

10. What is the predominant floor inside the house? *[Observe which material covers the largest surface.]*

NATFL *Natural Floor*
[1] Earth/Sand
[2] Dung

RUDFL *Rudimentary Floor*
[1] Wood planks
[2] Palm/bamboo

FINFL *Finished Floor*
[1] Parquet or polished wood
[2] Vinyl or asphalt strips
[3] Ceramic Tile
[4] Cement
[5] Carpet

OTHFL [1] Other, specify FLOOR_SPEC _____

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

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

Part C: Medical history

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

	No	Yes	DK	
Breast milk	0	1	9	DRINK_BREASTMILK
Drinking water	0	1	9	DRINK_WATER
Other foods or drinks	0	1	9	OTHER_FOODDRINK

13. Has *[Child's Name]* had an illness with diarrhea (3 or more loose or watery stools during a 24-hour period) in the last week? DIARRHEA

No	*Yes*
0	1

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

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

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

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16. What is the most (highest number) of loose stools in one day (24 hours) that *[Child's Name]* had during this diarrheal illness? **MAX_STOOLS**

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

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

	No	Yes	DK
DRH_FEVER Fever	0	1	9
DRH_BLOOD Blood in stool	0	1	9
DRH_IRRITABLE Irritable/less playful	0	1	9
DRH_THIRSTY Very thirsty	0	1	9
DRH_WRKSK Wrinkled skin (show picture of decreased skin turgor to respondent)	0	1	9
DRH_DRINK Unable to drink or drank poorly	0	1	9
DRH_RICE Rice watery stool without blood *[Use local name]*	0	1	9
DRH_LETHRGY Lethargic, unconscious, or hard to stay awake	0	1	9
DRH_SUNKEYES Sunken eyes (confirm that this is not "usual")	0	1	9

18. Did *[Child's Name]* vomit? ***[If 'No', go to Question 19. If 'Yes', continue.]*** [0] No [1] Yes **VOMIT**

a. On the worst day, how many times did s/he vomit? [1] 1 [2] 2-4 [3] 5 or more **VOMIT_TIMES**

b. How many days did the child have vomiting? ☐☐ days **VOMIT_DAYS**

19. What was the outcome of this diarrheal illness? **OUTCOME**

[1] Resolved [2] Improved [3] Continuing [4] Worsening [5] Child died

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

OFFR_DRINK [1] More than usual [2] Usual [3] Less than usual [4] Nothing to drink

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

OFFR_EAT [1] More than usual [2] Usual [3] Less than usual [4] Nothing to eat

22. Did you seek care for *[Child's Name]'s* diarrhea outside your home? [0] No [1] Yes **SEEKCARE**

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

23. 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.]

☐ **SEEK_FRIEND** Friend/relative

☐ **SEEK_HEALER** Traditional healer

☐ **SEEK_PHARMACY** Pharmacy

☐ **SEEK_CTR1** Hospital/Center of 1st choice* **SEEK_CTR1_CODE** ☐☐☐

☐ **SEEK_CTR2** Hospital/Center of 2nd choice* **SEEK_CTR2_CODE** ☐☐☐

☐ **SEEK_CTR3** Hospital/Center of 3rd choice* **SEEK_CTR3_CODE** ☐☐☐

☐ **SEEK_OTHER** Other Hospital/Center, specify **SEEK_OTHER_SPEC** _____

☐ **SEEK_DOCTOR** Licensed practitioner/private doctor (not hospital/center)

☐ **SEEK_UNLICDOC** Unlicensed practitioner/village doctor/bush doctor/village health worker

☐ **SEEK_REMEDY** Bought a remedy/medicine at the shop/market:

☐ **SEEK_WVEND** "Walking" vendor of conventional medicines

☐ **SEEK_TVEND** Vendor of traditional medicines

[*If sought care at a sentinel health center, continue to Question24. Otherwise, go to Question 25.]

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24. On what day of *[Child's Name]'s* diarrhea did you visit *[name of sentinel hospital/health center from Question 23]*? DAYSEEK *(day)* DAYSEEK_NA N/A *(Sought care at non-SHC)*

25a. If you sought care at a hospital or health center, did the clinical team advise that the child be hospitalized? HOSP_ADVISE

0 No 1 Yes N/A (did not seek care at a hospital or health center)

25b. Was *[Child's Name]* admitted to a hospital/health center for treatment of diarrheal illness?

0 No 1 Yes ADMIT

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

26. To which hospital/health center was *[Child's Name]* admitted? *[Use the Health Facility Coding List.]* ADMIT_CTR

If the facility was not coded, specify ADMIT_SPEC _____

27. Did *[Child's Name]* receive any of the following to treat the diarrhea at home or at the hospital/health center? *["X" all that apply.]*

Clinical team advised intravenous fluids Received intravenous fluids	1 RECOMMEND_IV 1 REC_IVFLUID
Homemade fluid *(Such as thin watery porridge made from maize, rice, wheat, soup, sugar, salt water solution or Yogurt-based drink.)*	1 REC_HOMEMADE
A fluid made from a special packet called ORALITE or ORS REC_ORS	1 at home 2 at the health center 3 both
Zinc REC_ZINC	1 at home 2 at the health center 3 both
Traditional medicine to drink	1 REC_TRAD
None of the above	1 NO_TREATMENT

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Part D: Immunizations

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

REC_VAX 28. Has your child received any vaccinations? No [0] Yes [1]

VAX_CARD 29a. Immunization card: [0] No [1] Yes **If yes, please attach photograph of immunization card.**

29b. If immunization card was not available, was vaccine data available from another source?

VAX_SOURCE [0] No [1] Yes, Other DSS [2] Yes, Other RVS [3] Yes, Other, Specify: VAX_SOTH _____

30. Vaccine Given?	Date	Name of health center	Health center code
a.DPT/Pentavalent #1 DPT1 No [0] Yes [1] DK [9]	DPT1_DATE ____/_____/____ dd/MMM/yyyy	DPT1_HC	DPT1_HCID DK [1] DPT1_DK
DPT/Pentavalent #2 DPT2 No [0] Yes [1] DK [9]	DPT2_DATE ____/_____/____ dd/MMM/yyyy	DPT2_HC	DPT2_HCID DK [1] DPT2_DK
DPT/Pentavalent #3 DPT3 No [0] Yes [1] DK [9]	DPT3_DATE ____/_____/____ dd/MMM/yyyy	DPT3_HC	DPT3_HCID DK [1] DPT3_DK
If yes, which vaccine was given. DPT_TYPE [1] DPT [2] Pentavalent [3] Don't know			
b. Rotavirus vaccine #1 ROT1 No [0] Yes [1] DK [9]	ROT1_DATE ____/_____/____ dd/MMM/yyyy	ROT1_HC	ROT1_HCID DK [1] ROT1_DK
Rotavirus vaccine #2 ROT2 No [0] Yes [1] DK [9]	ROT2_DATE ____/_____/____ dd/MMM/yyyy	ROT2_HC	ROT2_HCID DK [1] ROT2_DK
Rotavirus vaccine #3 ROT3 No [0] Yes [1] DK [9]	ROT3_DATE ____/_____/____ dd/MMM/yyyy	ROT3_HC	ROT3_HCID DK [1] ROT3_DK
c. Oral polio vaccine #1 OPV1 No [0] Yes [1] DK [9]	OPV1_DATE ____/_____/____ dd/MMM/yyyy	OPV1_HC	OPV1_HCID DK [1] OPV1_DK
Oral polio vaccine #2 OPV2 No [0] Yes [1] DK [9]	OPV2_DATE ____/_____/____ dd/MMM/yyyy	OPV2_HC	OPV2_HCID DK [1] OPV2_DK
Oral polio vaccine #3 OPV3 No [0] Yes [1] DK [9]	OPV3_DATE ____/_____/____ dd/MMM/yyyy	OPV3_HC	OPV3_HCID DK [1] OPV3_DK
d. Inactivated polio vaccine #1 IPV1 No [0] Yes [1] DK [9]	IPV1_DATE ____/_____/____ dd/MMM/yyyy	IPV1_HC	IPV1_HCID DK [1] IPV1_DK
Inactivated polio vaccine #2 IPV2 No [0] Yes [1] DK [9]	IPV2_DATE ____/_____/____ dd/MMM/yyyy	IPV2_HC	IPV2_HCID DK [1] IPV2_DK
Inactivated polio vaccine #3 IPV3 No [0] Yes [1] DK [9]	IPV3_DATE ____/_____/____ dd/MMM/yyyy	IPV3_HC	IPV3_HCID DK [1] IPV3_DK