					2 0	DATE
Site	*Center*	*Child ID*	*Day*	*Month*	*Year*	

Section 1: Demographic and Epidemiological Information

1. What is your relationship to *[Child's Name]*? **PRIMCARE**

[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 **PRIMCARE_SPEC** _____

2. Where does *[Child's Name]*'s mother live? **MOM_LIVE**

[1] Living in household [3] Abroad [5] Died
[2] Lives outside of household [4] Whereabouts unknown

3. Where does *[Child's Name]*'s father live? **DAD_LIVE**

[1] Living in household [3] Abroad [5] Died
[2] Lives outside of household but nearby [4] Whereabouts unknown

4. How far did the child's primary caretaker go in school? **PRIM_SCHL**

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

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

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

7. How many children younger than 60 months live in the household? ☐☐ **YNG_CHILDREN**

8. How many rooms in your household are used for sleeping? ☐☐ **SLP_ROOMS**

☐ ☐☐ ☐☐☐☐☐☐☐

Site *Center* *Child ID*

9. What is the predominant floor in the house of *[Child's Name]*?

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**

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

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

11. What type of cooking fuel does your household use? *["X' all that apply.]*

- **FUEL_ELEC** [1] Electricity
- **FUEL_PROPANE** [1] Liquid Propane Gas
- **FUEL_NATGAS** [1] Natural Gas
- **FUEL_KERO** [1] Kerosene
- **FUEL_OTHER** [1] Other, specify **FUEL_OTHER_SPEC**
- **FUEL_BIOGAS** [1] Biogas
- **FUEL_COAL** [1] Coal/lignite
- **FUEL_CHARCOAL** [1] Charcoal
- **FUEL_WOOD** [1] Wood
- **FUEL_GRASS** [1] Straw/shrubs/grass
- **FUEL_DUNG** [1] Animal dung
- **FUEL_CROP** [1] Agricultural crop residue
- **FUEL_BUT** [1] Butane gas

12. Do the following animals live in the compound where *[Child's Name]* lives? *["X" all that apply.]*

- **ANI_GOAT** [1] Goat
- **ANI_SHEEP** [1] Sheep
- **ANI_DOG** [1] Dog
- **ANI_CAT** [1] Cat
- **ANI_COW** [1] Cow
- **ANI_RODENTS** [1] Rodents
- **ANI_FOWL** [1] Fowl (chicken, duck or other birds)
- **ANI_PIG** [1] Pig
- **ANI_DONK** [1] Donkey
- **ANI_HORS** [1] Horses
- **ANI_NO** [1] No Animals
- **ANI_OTHER** [1] Other, specify

ANI_SPEC _____

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Site *Center* *Child ID*

13. During the last two weeks, has your household ever obtained drinking water from any of the following sources? *["X" all that apply.]*

- [1] Piped into house WATER_HOUSE
- [1] Piped into yard WATER_YARD
- [1] Public tap WATER_PUBTAP
- [1] Open well in house or yard WATER_WELL
- [1] Open public well WATER_PUBWELL
- [1] Stream WATER_STR
- [1] Dam or earth WATER_DAM
- [1] Deep tube well WATER_DEEPWELL
- [1] Bought (tank, bottles, etc) WATER_BOUGHT
- [1] Covered well in house or yard WATER_COVWELL
- [1] Covered public well WATER_COVPWELL
- [1] Protected spring WATER_PROSPRING
- [1] Unprotected spring WATER_UNSPRING
- [1] River WATER_RIV
- [1] Pond or lake WATER_POND
- [1] Rainwater WATER_RAIN
- [1] Shallow tube well WATER_SHALLWELL
- [1] Bore hole WATER_BORE
- [1] Other, specify WATER_OTHR WATER_SPEC _____

14. 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

- [1] Piped into house ***[Go to Q17]***
- [2] Piped into yard ***[Go to Q17]***
- [3] Public tap
- [4] Open well in house or yard ***[Go to Q17]***
- [5] Open public well
- [19] Stream
- [14] Dam or earth
- [7] Deep tube well
- [16] Bought (tank, bottles, etc)
- [18] Other, specify MS_SPEC _____
- [9] Covered well in house or yard ***[Go to Q17]***
- [10] Covered public well
- [11] Protected spring
- [12] Unprotected spring
- [13] River
- [6] Pond or lake
- [15] Rainwater
- [8] Shallow tube well
- [17] Bore hole

[Use your response from Question 14 to answer Questions 15 and 16. If the response to Question 14 is "piped into house/yard", "open or covered well in house/yard" or "rainwater", then go to Question 17. Otherwise, continue.]

15. How long does it take to go there, get water, and come back? TIME_WATER

- [1] Less than 15 minutes
- [2] 15 to 29 minutes
- [3] 30 to 59 minutes
- [4] 1 to 3 hours
- [5] More than 3 hours

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16. Do you or other members from your household go and fetch drinking water for the household every day? **FETCH_WATER** *No* [0] *Yes* [1]
[If "Yes", go to Question 16a, if "No" go to Question 16b.]

16a. On average, how many trips do you and members from your household make to fetch water each day? *Number of trips/day* ☐☐ **TRIP_DAY**

16b. On average, how many trips do you and members from your household make to fetch water each week? *Number of trips/week* ☐☐ **TRIP_WEEK**
[If no trips are made, complete as "00".]

17. In the last two weeks, how often has water been available from this main source? **WATER_AVAIL**

[1] All the time
[2] Several hours everyday
[3] A few times per week
[4] Less frequent than a few times per week

18. In the last two weeks, did you give *[Child's Name]* stored water for drinking? *No* [0] *Yes* [1] **STORE_WATER**

19. 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.] **MAIN_WASTE**

[1] Flush or pour-flush toilet to:
- piped sewer system
- septic tank
- pit latrine

[2] Flush or pour-flush toilet to elsewhere
[3] Bucket
[10] Other, specify **WASTE_SPEC** _____
[4] Ventilated improved pit (VIP) latrine
[5] Pit latrine with slab
[6] Pit latrine without slab or open pit
[7] Composting toilet
[8] Hanging toilet or hanging latrine
[9] No facility: Bush/Field/Ground/Stream/Open sewer

[If "No facility" selected, go to Question 21]

20. How many households (other than your own) share this facility? ☐☐ **SHARE_FAC**
[Respond with a number; code "00" for none.]

Section 2: Clinical Information

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

	No	Yes	DK	
Breast milk	[0]	[1]	[9]	**CUR_BMILK**
Drinking water	[0]	[1]	[9]	**CUR_H20**
Other foods or drinks	[0]	[1]	[9]	**CUR_FDRK**

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

	No	*Yes*
a. Blood in stools	0	1 BLOOD
b. Fever measured at least 38 ˚C or parental perception	0	1 FEVER
c. Vomiting 3 or more times per day	0	1 VOMIT

IF THE CHILD IS A VIDA-PLUS CONTROL, GO TO SECTION 3.

23. Is the child currently receiving any medicine? CUR_MED

0 No ***[Go to Question 26]*** 1 Yes

24. Is a bottle or tablet strip or prescription available for ongoing treatment? MED_ONGOING

0 No ***[Go to Question 26]*** 1 Yes

25. What are the medicines that the child is currently receiving? *["X" all that apply and, if yes, indicate in next column by placing an "X" when the drug was verified by seeing a bottle, tablet strep, or prescription.]*

Yes	*Verified*	
MED_ORS 1	MED_ORSv 1	ORS
MED_IV 1	MED_IVV 1	Intravenous fluids
MED_ZINC 1	MED_ZINCV 1	Zinc
MED_COTR 1	MED_COTRV 1	Cotrimoxazole
MED_GENT 1	MED_GENTV 1	Gentamycin
MED_CHLOR 1	MED_CHLORV 1	Chloramphenicol/Thiamphenicol
MED_ERYTH 1	MED_ERYTHV 1	Erythromycin
MED_AZITH 1	MED_AZITHV 1	Azithromycin
MED_OMACR 1	MED_OMACRV 1	Other macrolides
MED_PENI 1	MED_PENIV 1	Penicillin
MED_AMOXY 1	MED_AMOXYV 1	Amoxycillin
MED_CEFT 1	MED_CEFTV 1	Ceftriaxone (or other 3rd generation cephalosporin)
MED_CEPA 1	MED_CEPAV 1	1st or 2nd generation cephalosporin
MED_NONE 1	MED_NONEV 1	None prescribed/taken

Yes	*Verified*	
MED_AMPI 1	MED_AMPIV 1	Ampicillin
MED_NALID 1	MED_NALIDV 1	Nalidixic acid
MED_CIPRO 1	MED_CIPROV 1	Ciprofloxacin/Norfloxacin/other fluoroquinolone
MED_SELE 1	MED_SELEV 1	Selexid/Pivmecillinam
MED_FLAG 1	MED_FLAGV 1	Metronidazole (Flagyl)
MED_OTHERANT 1	MED_OTHERANT 1	Other antibiotic, specify MED_ANT_SPEC
MED_GOVFLUID 1	MED_GOVFLUIDV 1	A (government recommended) homemade fluid
MED_ANTIMAL 1	MED_ANTIMAL 1	An antimalarial drug
MED_OTHER1 1	MED_OTHER1V 1	Other medicine, specify MED_OTH1_SPEC
MED_OTHER2 1	MED_OTHER2V 1	Other medicine, specify MED_OTH2_SPEC
MED_OTHER3 1	MED_OTHER3V 1	Other medicine, specify MED_OTH3_SPEC

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Site *Center* *Child ID*

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

0 No ***[Go to Question 28]***
1 Yes
2 Never had diarrhea ***[Go to Question 30]***

27. 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.]*

1 Pharmacy SEEK_PHARM
1 Friend/relative SEEK_FRIEND
1 Traditional healer SEEK_HEALER
1 Unlicensed practitioner/village doctor/bush doctor/village health worker SEEK_DOC
1 Licensed practitioner/private doctor (not at hospital) SEEK_PRIVDOC
1 Bought a remedy/medicine at the shop/market, specify remedy/drug_____ SEEK_REMDY
1 Hospital/Center of first choice ☐☐☐ SEEK_CTR1_CODE SEEK_CTR1
1 Hospital/Center of second choice ☐☐☐ SEEK_CTR2_CODE SEEK_CTR2
1 Hospital/Center of third choice ☐☐☐ SEEK_CTR3_CODE SEEK_CTR3
1 Other Hospital/Center, specify _____ SEEK_OTHR_SPEC SEEK_OTHR

28. The last time *[Child's name]* had diarrhea, how much did you offer *[Child's name]* to drink? OFFR_DRINK

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

29. The last time *[Child's Name]* had diarrhea, how much did you offer *[Child's Name]* to eat? OFFR_EAT

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

	No	*Yes*
29x. Is the child a VIDA-Plus control?	☐	☐

☐ ☐☐ ☐☐☐☐☐☐☐

Site *Center* *Child ID*

Section 3: Physical Findings

30. Physical findings:

a. Weight

0-23 months old: (Weight of caretaker with and without child): WT_CHILD ☐☐☐.☐ kg WT_CARE ☐☐☐.☐ kg

Caretaker + child *Caretaker alone*

24-59 months old: (Weight of child alone): WT ☐☐☐.☐ kg WTNA

b. Height HT1 1st ☐☐☐.☐ cm HT2 2nd ☐☐☐.☐ cm HT3 3rd ☐☐☐.☐ cm

c. MUAC MUAC1 1st ☐☐.☐ cm MUAC2 2nd ☐☐.☐ cm MUAC3 3rd ☐☐.☐ cm

d. Axillary temperature ☐☐.☐ °C TEMP

e. Respiratory rate per minute 1st ☐☐☐ RESP1 2nd ☐☐☐ RESP2

	Absent	*Present*	
f. Bipedal edema *[Both feet]*	0	1	BEPEDAL
g. Abnormal hair: sparse, loose, straight	0	1	ABN_HAIR
h. Undernutrition: wasted/very thin	0	1	UNDER_NUTR
i. Skin has 'flaky paint' appearance	0	1	SKIN_FLAKY

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Site *Center* *Child ID*

Section 4: Immunizations

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

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

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

33. 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 _____

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

Site	*Center*	*Child ID*

END OF INTERVIEW

THANK RESPONDENT(S) FOR THEIR COOPERATION

35. Specimen ID: SPEC_ID

Place sticker of Specimen ID here.

(DO NOT COLLECT A STOOL SPECIMEN IF THE CHILD IS A VIDA-PLUS CONTROL)

Notes or comments *[Initial and date notes]*

COMMENT

Interviewer's Name INTVWR ____________ INT_CODE *Staff code*

Quality Control's Name QC ____________ *Staff code* QC_CODE *Day* *Month* QC_DATE 2 0 *Year*