Health Care Utilization and Coverage Survey (HUCS) Questionnaire

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

☐ ☐☐☐☐☐☐   Date of Interview ☐☐ ☐☐ **2 0** ☐☐
Site   Child ID   **VISIT_DATE**   Day   Month   Year

*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 _____ ☐☐☐ ☐☐ ☐☐ **2 0** ☐☐
                                            Staff code   *Day*   *Month*   *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 **3** Completed secondary,

    2 Less than primary **4** Post-secondary

    5 Completed primary **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* **RUDFL** *Rudimentary Floor* **FINFL** *Finished Floor*

    1 Earth/Sand **1** Wood planks **1** Parquet or polished wood

    2 Dung **2** Palm/bamboo **2** Vinyl or asphalt strips

    3 Ceramic Tile

    4 Cement

    OTHFL **1** Other, specify **FLOOR_SPEC** _____ **5** Carpet

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

    HOUSE_ELEC **1** Electricity **HOUSE_BIKE** **1** Bicycle/rickshaw **HOUSE_PHONE** **1** Telephone (mobile or non-mobile)

    HOUSE_TELE **1** Television **HOUSE_CAR** **1** Car/truck **HOUSE_CART** **1** Animal-drawn cart

    HOUSE_SCOOT **1** Motorcycle/scooter **HOUSE_FRIDGE** **1** Refrigerator **HOUSE_AGLAND** **1** Agricultural land

    HOUSE_RADIO **1** Radio **HOUSE_BOAT** **1** Boat with a motor **HOUSE_NONE** **1** None of the above

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* **0** *Yes* **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		No	Yes	DK
DRH_FEVER Fever	0	1	9	**DRH_DRINK** Unable to drink or drank poorly	0	1	9
DRH_BLOOD Blood in stool	0	1	9	**DRH_RICE** Rice watery stool without blood *[Use local name]*	0	1	9
DRH_IRRITABLE Irritable/less playful	0	1	9	**DRH_LETHRGY** Lethargic, unconscious, or hard to stay awake	0	1	9
DRH_THIRSTY Very thirsty	0	1	9	**DRH_SUNKEYES** Sunken eyes (confirm that this is not "usual")	0	1	9
DRH_WRKSK Wrinkled skin (show picture of decreased skin turgor to respondent)					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   **SEEK_CTR1_CODE**
   ☐ Hospital/Center of 1st choice*
   SEEK_CTR2   **SEEK_CTR2_CODE**
   ☐ Hospital/Center of 2nd choice*
   SEEK_CTR3   **SEEK_CTR3_CODE**
   ☐ Hospital/Center of 3rd choice*
   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 Question 24. 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? **ADMIT_CTR** ☐☐☐
    [Use the Health Facility Coding List.]

    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	[1] **RECOMMEND_IV**
Received intravenous fluids	[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_HC**ID ☐☐☐ DK [1] **DPT1_DK**
DPT/Pentavalent #2 **DPT2** No [0] Yes [1] DK [9]	**DPT2_DATE** ___/___/___ dd/MMM/yyyy	**DPT2_HC**	**DPT2_HC**ID ☐☐☐ DK [1] **DPT2_DK**
DPT/Pentavalent #3 **DPT3** No [0] Yes [1] DK [9]	**DPT3_DATE** ___/___/___ dd/MMM/yyyy	**DPT3_HC**	**DPT3_HC**ID ☐☐☐ 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_HC**ID ☐☐☐ DK [1] **ROT1_DK**
Rotavirus vaccine #2 **ROT2** No [0] Yes [1] DK [9]	**ROT2_DATE** ___/___/___ dd/MMM/yyyy	**ROT2_HC**	**ROT2_HC**ID ☐☐☐ DK [1] **ROT2_DK**
Rotavirus vaccine #3 **ROT3** No [0] Yes [1] DK [9]	**ROT3_DATE** ___/___/___ dd/MMM/yyyy	**ROT3_HC**	**ROT3_HC**ID ☐☐☐ DK [1] **ROT3_DK**
c. Oral polio vaccine #1 OPV1 No [0] Yes [1] DK [9]	**OPV1_DATE** ___/___/___ dd/MMM/yyyy	**OPV1_HC**	**OPV1_HC**ID ☐☐☐ DK [1] **OPV1_DK**
Oral polio vaccine #2 **OPV2** No [0] Yes [1] DK [9]	**OPV2_DATE** ___/___/___ dd/MMM/yyyy	**OPV2_HC**	**OPV2_HC**ID ☐☐☐ DK [1] **OPV2_DK**
Oral polio vaccine #3 **OPV3** No [0] Yes [1] DK [9]	**OPV3_DATE** ___/___/___ dd/MMM/yyyy	**OPV3_HC**	**OPV3_HC**ID ☐☐☐ DK [1] **OPV3_DK**
d. Inactivated polio vaccine #1 IPV1 No [0] Yes [1] DK [9]	**IPV1_DATE** ___/___/___ dd/MMM/yyyy	**IPV1_HC**	**IPV1_HC**ID ☐☐☐ DK [1] **IPV1_DK**
Inactivated polio vaccine #2 **IPV2** No [0] Yes [1] DK [9]	**IPV2_DATE** ___/___/___ dd/MMM/yyyy	**IPV2_HC**	**IPV2_HC**ID ☐☐☐ DK [1] **IPV2_DK**
Inactivated polio vaccine #3 **IPV3** No [0] Yes [1] DK [9]	**IPV3_DATE** ___/___/___ dd/MMM/yyyy	**IPV3_HC**	**IPV3_HC**ID ☐☐☐ DK [1] **IPV3_DK**

MALI ONLY

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Part E: Care-Seeking Beliefs and Practices

31a. There are many causes of diarrhea. According to your knowledge and beliefs, what are the most likely causes of this episode of diarrhea? *[Select all responses volunteered by the participant.]*

Natural evolution of the body (symptomatic treatment only) [1] Yes   [0] No **HPECNATL**
HPESTMCH [1] Stomach-cleaning, removal of dirt, stomach evolution
HPETEETH [1] Teething
HPEFNTNL [1] Sunken fontanel phenomenon
HPEINTFD [1] Intolerance of foods due to age
HPEWEAN [1] Weaning   [1] Breastfeeding during pregnancy **HPEBRSTF**
HPE1OTH [1] Other : **HPE1OTSP** _____

Provoked by the Environment [1] Yes   [0] No **HPECENVI**   **HPEWIND**   **HPEHMSTL**
HPEFLIES [1] Flies   HPEDRWAT [1] Drinking water   [1] Wind itself   [1] Human stool
HPEBBTTL [1] Baby bottles [1] Breasts **HPEBRSTS**   [1] Animal stool **HPEANSTL**
HPEHTSP [1] Heat
     ☐ Stagnant warm water **HPESTWAT**
     ☐ Warm milk/breast (due to work, sex, not breastfeeding for a while, etc.) **HPEWMMLK**
   ☐ Dust, pollution, particles in the wind
   ☐ Filth, lack of propriety/hygiene, waste/trash, washing without soap
   ☐ Filth of sexual fluids (breastfeeding after sexual activity)
   ☐ Other : _____

Provoked by Another Person ☐ Yes   ☐ No
   ☐ Intentional poisoning by a mean person/ social problem
   ☐ Black magic (Sorcery, casting spells on someone)
   ☐ Other : _____

Provoked by the Ill Person Herself ☐ Yes   ☐ No
   ☐ Provoked by fear, nightmares
   ☐ Provoked by a forbidden wrongdoing
   ☐ Other : _____

Provoked by the Supernatural ☐ Yes   ☐ No
   ☐ Provoked by a supernatural being (Genies, monsters, etc.)
   ☐ God's will; divine punishment or purification
   ☐ Other : _____

Other Causes ☐ Yes   ☐ No
   ☐ Malnutrition
   ☐ Side effect of another illness or fever (e.g. Malaria)
   ☐ Side effect of a medication (Conventional or traditional)
   ☐ "Candidiasis" (Traditional explanation)
   ☐ Food intolerance due to a sensitive stomach (<u>Not filth</u>):

☐ Unripe mangos	☐ Over-ripe mangos	☐ Yogurt with millet
☐ Tamarind (Tomi)	☐ A taste (e.g. bitter)	☐ Milk
☐ Animal-head sauce	☐ Couscous with sauce	☐ Expired/ decomposing/
☐ Poorly cooked food	☐ Fermented food	leftover food

     ☐ Other food: _____
   ☐ No idea
   ☐ Other : _____

31b. Does the participant speak of germ transmission or infection as a root cause of diarrhea? (E.g. microbes, bacteria, viruses, or parasites, etc.)   ☐ Yes   ☐ No

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[If you did not seek care for diarrhea outside your home (Question 22 = "no"), go to Question 36b.]

32. You said that you sought care from *[Response 23]* for this episode of diarrhea.

Note the type of selected provider here:
☐ Friend/Relative   ☐ Conventional   ☐ Traditional
☐ Pharmacy   ☐ Vendor- Conventional   ☐ Vendor- Traditional

[*If the participant indicated multiple responses to Question 23, ask which provider was sought first.*]

I would like to understand why you asked for care here specifically. What are the factors that most influenced your decision to seek care from *[Response 23]?* Select all responses volunteered by the participant.

X	Factors		
	The illness		The idea that it is not a serious illness
			The severity of the illness, the mention of signs of severity
	The place		Distance
			Waiting time
			Availability of beds/consultation spaces
	The fees/ cost		Transportation
			Consultation
			Lab tests
			Care/ treatments/ medications
	The provider		Availability of provider (not too occupied, actually at work)
			Behavior of the provider/ Bedside manner, **specify:**
			Provider's knowledge/explanation of the cause of diarrhea
			Provider's knowledge of diarrhea treatment
			General past experience with this provider, social relationship
			Past experience with this provider concerning diarrhea
			Perception of the provider by others, her reputation, advice of others
	The care		The quality of the treatment, the capacity to heal
			The speed of healing/ of a medication
			The use/quality of lab tests
			Availability of medications
	Others :		

33a. Did someone advise you to seek care or remedies*?*

☐ No (Continue to question 34)

☐ Yes (Continue to question 33b) *[Use the codes below.]*

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33b. If yes, who advised you to see care/remedies *and from whom?*

Code	Advisor		Provider	Code
B	*Old woman*	*...told me to seek care with...*	*Traditional medicine provider*	*G*
		...told me to seek care with...		
		...told me to seek care with...		
		...told me to seek care with...		
		...told me to seek care with...		
		...told me to seek care with...		

Coding for questions 33b:

Code	Advisor		
A	Friend/Colleague		
B	Old woman (non-traditional healer, non-relative)		
C	"Walking" vendor of conventional medicines		
D	Pharmacist		
E	Conventional medicine provider		
F	Vendor of traditional medicines		
G	Traditional medicine provider		
H1	My mother	H7	My sister
H2	My father	H8	My brother
H3	My mother-in-law	H9	My aunt
H4	My father-in-law	H10	My uncle
H5	My husband (or co-parent of child if unmarried)	H11	My co-wife
H6	My wife (or co-parent of child if unmarried)	H12	Other:

34. On which day of the episode did you seek care outside the home for diarrhea?

☐ 1, The same day as the episode started. *[Go to Question 35b.]*

☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ Other: _____

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We want to understand why you chose this day (not sooner, not later).

35a. What is the reason why you sought care on the _____ *[Response 34]* day specifically
and not the _____ day *[1-before]?*

☐ I didn't think it was a problem; it's normal; the cause isn't worrisome

☐ I thought it would get better without intervention

☐ Lack of money

☐ It was a bad/unlucky/cursed day (e.g. Tuesday, Wednesday or Saturday may be unlucky), or a bad
moment (there would be supernatural consequences)

☐ Someone encouraged me to wait. (Who?): _____ *[Use the codes above.]*

☐ Other: _____

35b. What is the reason why you sought care on the _____ *[Response 34]* day specifically and not the
_____ day *[1-after]?*

☐ The episode lasted or persisted too long   ☐ Subsequent days would have been bad/unlucky/cursed

☐ Someone encouraged me to wait.   ☐ Fear of worsening symptoms
(Who?) _____ *[Use the codes above.]*

☐ The presence of a specific sign that concerned me:
Select all responses volunteered by the participant.

☐ Fever	☐ Sunken eyes	☐ Convulsions
☐ Intense thirst	☐ Decreased skin turgor	☐ Blood in stool
☐ Vomiting	☐ Weight loss	☐ Increased frequency (stools/day: _____)
☐ Abdominal pain	☐ Fatigue	☐ Other: _____
☐ Anorexia/ not eating	☐ Irritability	

☐ Other: _____

36a. Have you heard of ORS (oral rehydration solution) or SSS (salt-sugar solution)? Yes ☐   No ☐

36b. Have you prepared ORS/SSS in the past? Yes ☐   No ☐

Interviewer's Name _____

Staff code

Quality Control's Name _____

Staff code   Day   Month | 2 | 0 | | Year