

Study # 004	CHIL DID	Plate # 401	Visit # 001	F4A_DATE
<input type="text"/>				
Site	Center	Child ID	Day	Month
				Year

Section 1: Demographic and Epidemiological Information

1. Who is [Child's Name]'s primary caretaker? PRIMCARE
- | | | | |
|--|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Mother | <input type="checkbox"/> 2 Father | <input type="checkbox"/> 3 Sister | <input type="checkbox"/> 4 Brother |
| <input type="checkbox"/> 5 Grandmother | <input type="checkbox"/> 6 Grandfather | <input type="checkbox"/> 7 Aunt | <input type="checkbox"/> 8 Uncle |
| <input type="checkbox"/> 9 No relation | <input type="checkbox"/> 10 Other relation by blood or marriage, specify _____ | PRIMCARE_SPEC | |

2. What is your relationship to [Child's Name]? RELATIONSHIP
- | | | | |
|--|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Mother | <input type="checkbox"/> 2 Father | <input type="checkbox"/> 3 Sister | <input type="checkbox"/> 4 Brother |
| <input type="checkbox"/> 5 Grandmother | <input type="checkbox"/> 6 Grandfather | <input type="checkbox"/> 7 Aunt | <input type="checkbox"/> 8 Uncle |
| <input type="checkbox"/> 9 No relation | <input type="checkbox"/> 10 Other relation by blood or marriage, specify _____ | RELATION_SPEC | |

3. Where does [Child's Name]'s mother live? MOM_LIVE
- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> 1 Living in household | <input type="checkbox"/> 3 Abroad | <input type="checkbox"/> 5 Died |
| <input type="checkbox"/> 2 Lives outside of household | <input type="checkbox"/> 4 Whereabouts unknown | |
4. Where does [Child's Name]'s father live? DAD_LIVE
- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> 1 Living in household | <input type="checkbox"/> 3 Abroad | <input type="checkbox"/> 5 Died |
| <input type="checkbox"/> 2 Lives outside of household | <input type="checkbox"/> 4 Whereabouts unknown | |

5. How far did the child's primary caretaker go in school? PRIM_SCHL
- | | |
|--|---|
| <input type="checkbox"/> 1 No formal schooling | <input type="checkbox"/> 4 Completed secondary |
| <input type="checkbox"/> 2 Less than primary | <input type="checkbox"/> 5 Post-secondary |
| <input type="checkbox"/> 3 Completed primary | <input type="checkbox"/> 6 Religious education only |
| | <input type="checkbox"/> 7 Don't know |

6. How many people have been living regularly in your household for the past 6 months? PPL_HOUSE
- | | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|
7. How many people have been sleeping regularly in your household for the past 6 months? PPL_SLEEP
- | | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|
8. How many children younger than 60 months live in the household? YNG_CHILDREN
- | | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|



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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 _____

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

HOUSE_PHONE

 1 Electricity 1 Bicycle/rickshaw 1 Telephone (mobile or non-mobile) 1 Television 1 Car/truck 1 Animal-drawn cart 1 Motorcycle/scooter 1 Refrigerator 1 Agricultural land 1 Radio 1 Boat with a motor 1 None of the above

HOUSE_ELEC

HOUSE_BIKE

HOUSE_PHONE

HOUSE_TELE

HOUSE_CAR

HOUSE_CART

HOUSE_SCOOT

HOUSE_FRIDGE

HOUSE_AGLAND

HOUSE_RADIO

HOUSE_BOAT

HOUSE_NONE

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

FUEL_GRASS

 1 Electricity 1 Biogas 1 Straw/shrubs/grass

FUEL_PROPANE

 1 Coal/lignite

FUEL_DUNG

 1 Liquid Propane Gas 1 FUEL_CHARCOAL

FUEL_CROP

FUEL_NATGAS

 1 Charcoal

FUEL_OTHER

 1 Natural Gas 1 Wood

FUEL_OTHER_SPEC

FUEL_KERO

 1 Kerosene

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

 1 Goat ANI_GOAT 1 Cow ANI_COW 1 No Animals ANI_NO 1 Sheep ANI_SHEEP 1 Rodents ANI_RODENTS 1 Dog ANI_DOG 1 Fowl (chicken, duck or other birds) 1 Cat ANI_CAT 1 Other, specify ANI_SPEC



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

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Piped into house | WATER_HOUSE | <input type="checkbox"/> Covered well in house or yard | WATER_COVWELL |
| <input type="checkbox"/> Piped into yard | WATER_YARD | <input type="checkbox"/> Covered public well | WATER_COVPWELL |
| <input type="checkbox"/> Public tap | WATER_PUBTAP | <input type="checkbox"/> Protected spring | WATER_PROSPRING |
| <input type="checkbox"/> Open well in house or yard | WATER_WELL | <input type="checkbox"/> Unprotected spring | WATER_UNSPRING |
| <input type="checkbox"/> Open public well | WATER_PUBWELL | <input type="checkbox"/> River or stream | WATER_RIVER |
| <input type="checkbox"/> Pond or lake | WATER_POND | <input type="checkbox"/> Dam or earth pan | WATER_DAM |
| <input type="checkbox"/> Deep tube well | WATER_DEEPWELL | <input type="checkbox"/> Rainwater | WATER_RAIN |
| <input type="checkbox"/> Shallow tube well | WATER_SHALLWELL | <input type="checkbox"/> Bought (tank, bottles, etc) | WATER_BOUGHT |
| <input type="checkbox"/> Other, specify _____ | WATER_OTHR WATER_SPEC | <input type="checkbox"/> 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](#)

- | | |
|---|--|
| <input type="checkbox"/> Piped into house | <input type="checkbox"/> Covered well in house or yard |
| <input type="checkbox"/> Piped into yard | <input type="checkbox"/> Covered public well |
| <input type="checkbox"/> Public tap | <input type="checkbox"/> Protected spring |
| <input type="checkbox"/> Open well in house or yard | <input type="checkbox"/> Unprotected spring |
| <input type="checkbox"/> Open public well | <input type="checkbox"/> River or stream |
| <input type="checkbox"/> Pond or lake | <input type="checkbox"/> Dam or earth pan |
| <input type="checkbox"/> Deep tube well | <input type="checkbox"/> Rainwater |
| <input type="checkbox"/> Shallow tube well | <input type="checkbox"/> Bought (tank, bottles, etc) |
| <input type="checkbox"/> Other, specify _____ | <input type="checkbox"/> 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

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1 Less than 15 minutes | <input checked="" type="checkbox"/> 4 1 to 3 hours |
| <input checked="" type="checkbox"/> 2 15 to 29 minutes | <input checked="" type="checkbox"/> 5 More than 3 hours |
| <input checked="" type="checkbox"/> 3 30 to 59 minutes | |

17. Do you or other members from your household go and fetch drinking water for the household every day?

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

No

Yes

FETCH_WATER 0 1

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

Number of trips/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

TRIP_WEEK

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

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

- | | | |
|---|---|-------------|
| <input checked="" type="checkbox"/> 1 All the time | <input checked="" type="checkbox"/> 3 A few times per week | WATER_AVAIL |
| <input checked="" type="checkbox"/> 2 Several hours every day | <input checked="" type="checkbox"/> 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?

STORE_WATER 0 1

No

Yes

20. Do you usually treat drinking water at home?

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.]

- | | | |
|---|--|-----------------|
| <input checked="" type="checkbox"/> 1 Leave water in sun to disinfect | <input checked="" type="checkbox"/> 4 Boil | TRT_METHOD |
| <input checked="" type="checkbox"/> 2 Filter through a cloth | <input checked="" type="checkbox"/> 5 Filter through ceramic or other filter | |
| <input checked="" type="checkbox"/> 3 Chlorine liquid, powder, or tablets | <input checked="" type="checkbox"/> 6 Alum | |
| <input checked="" type="checkbox"/> 7 Other chemical or additive, specify _____ | | TRT_METHOD_SPEC |

[If chlorine is not used, skip to Question 22.]

21a. If you use chlorine liquid, powder or tablets, which type do you most commonly use? [“X” only one response.]

CHLORINE

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1 Certeza | <input checked="" type="checkbox"/> 5 Watermaker |
| <input checked="" type="checkbox"/> 2 Aquatabs | <input checked="" type="checkbox"/> 6 PuR |
| <input checked="" type="checkbox"/> 3 AquaGuard | <input checked="" type="checkbox"/> 7 Unknown |
| <input checked="" type="checkbox"/> 4 WaterGuard | <input checked="" type="checkbox"/> 8 Other, specify _____ CHLORINE_SPEC |



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NOTRT_WATER

No

Yes

22. In the last two weeks did you give [Child's Name] water which was not treated?

- 1 Scatter in yard DISP_FECES
- 2 Bury
- 3 Toilet, latrine

- 4 Bush/Field/Ground/Stream/Open sewer
- 5 Do nothing
- 6 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.]

- 1 Flush toilet FAC_WASTE
- 2 Ventilated improved pit (VIP) latrine
- 3 Traditional pit toilet
- 7 Ventilated improved pit w/water seal

- 4 Pour flush toilet
- 5 No facility: Bush/Field/Ground/Stream/Open sewer
- If "No facility" selected, go to Question 26*
- 6 Other, specify _____ FAC_SPEC

25. How many households (other than your own) share this facility? SHARE_FAC

26. When do you usually wash your hands? ["X" all that apply. Do not probe.]

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> 1 Before eating | WASH_EAT | <input type="checkbox"/> WASH_ANIMAL | <input type="checkbox"/> 1 After handling domestic animals |
| <input type="checkbox"/> 1 Before cooking | WASH_COOK | <input type="checkbox"/> WASH_CHILD | <input type="checkbox"/> 1 After cleaning child who defecated |
| <input type="checkbox"/> 1 Before you nurse or prepare baby's food | WASH_NURSE | <input type="checkbox"/> WASH_NEVER | <input type="checkbox"/> 1 Never |
| <input type="checkbox"/> 1 After you defecate | WASH_DEF | <input type="checkbox"/> WASH_OTHR | <input type="checkbox"/> 1 Other, specify _____ WASH_SPEC |

27. When you wash your hands, what do you usually use? ["X" only one.] WASH_USE

- 1 Water only 2 Water and soap 3 Water and ashes 4 Water and mud or clay

Section 2: Clinical Information

28. Is [Child's Name] currently breastfed? BREASTFED 0 No 1 Partial breastfeeding 2 Exclusive breastfeeding29. How many days including today has this episode of diarrhea lasted? DRH_DAYS



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30. Since [Child's Name] became ill with diarrhea, how would you best describe the stool?

["X" the most common.]

DRH_STOOLS

- 1 Simple watery 2 Rice watery stool 3 Sticky/mucoid 4 Bloody

31. During the illness, what was the maximum number of loose stools that [Child's Name] passed in a day (24-hour period)? ["X" only one response.]

MAX_STOOLS

- 1 ≤ 6 per day 2 7 to 10 times per day 3 More than 10 times per day

32. Did [Child's Name] have any of the following since this illness began?

		No	Yes	DK
a.	Blood in stools	DRH_BLOOD	0	1
b.	Vomiting 3 or more times per day	DRH_VOMIT	0	1
c.	Very thirsty	DRH_THIRST	0	1
d.	Drank much less than usual	DRH_LESSDRINK	0	1
e.	Unable to drink	DRH_UNDRINK	0	1
f.	Belly pain	DRH_BELLYPAIN	0	1
g.	Fever measured at least 38°C or parental perception	DRH_FEVER	0	1
h.	Irritable or restless	DRH_RESTLESS	0	1
i.	Decreased activity or lethargy	DRH_LETHRGY	0	1
j.	Loss of consciousness	DRH_CONSC	0	1
k.	Rectal straining	DRH_STRAIN	0	1
l.	Rectal prolapse	DRH_PROLAPSE	0	1
m.	Cough	DRH_COUGH	0	1
n.	Difficulty breathing	DRH_BREATH	0	1
o.	Convulsion	DRH_CONV	0	1



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33. Right now, does your child have any of the following?

		No	Yes	DK
a.	Very thirsty	CUR_THIRSTY	0	1
b.	Drinks poorly or not able to drink	CUR_NODRINK	0	1
c.	Sunken eyes	CUR_SUNKEYES	0	1
d.	Wrinkled skin	CUR_SKIN	0	1
e.	Irritable or restless	CUR_RESTLESS	0	1
f.	Lethargy or loss of consciousness	CUR_LETHRGY	0	1
g.	Dry mouth	CUR_DRYMOUTH	0	1
h.	Fast breathing	CUR_FASTBREATH	0	1

34. Before coming to this hospital/health center, was [Child's Name] given any of the following to treat his/her diarrhea? [“X” all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

HOMETRT_ORS A fluid made from a special packet called ORALITE or ORS?**HOMETRT_MAIZE** Homemade fluid (e.g., Thin watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink)**HOMETRT_MILK** Special milk or infant formula**HOMETRT_OTHRLIQ** Any other liquids, specify _____**HOMETRT_HERB** Home remedy/Herbal medication**HOMETRT_AB** Antibiotics, specify _____**HOMETRT_ZINC** Zinc (tablet/syrup)**HOMETRT_OTHR1** Other (1), specify _____**HOMETRT_NONE** No special remedies given**HOMETRT_OTHR2** Other (2), specify _____

35. Since [Child's Name] developed diarrhea, how much have you been offering [Child's Name] to drink?

OFFR_DRINK More than usual Much less than usual Usual Nothing to drink Somewhat less than usual

36. Since [Child's Name] developed diarrhea, how much have you been offering [Child's Name] to eat?

OFFR_EAT More than usual Much less than usual Usual Nothing to eat Somewhat less than usual



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40. Where did the money come from? [“X” all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

- | | |
|---|----------------|
| <input type="checkbox"/> 1 Cutting down expenses from meal | MONEY_MEAL |
| <input type="checkbox"/> 1 Cutting down from other expenses | MONEY_OTHEXP |
| <input type="checkbox"/> 1 Using savings | MONEY_SVNGS |
| <input type="checkbox"/> 1 Borrowing | MONEY_BORROW |
| <input type="checkbox"/> 1 Selling assets | MONEY_ASSET |
| <input type="checkbox"/> 1 Asking for donations outside the household | MONEY_DONAT |
| <input type="checkbox"/> 1 Relative or friend pays on your behalf | MONEY_RELATIVE |
| <input type="checkbox"/> 1 Others, specify _____ | MONEY_SPEC |
| | MONEY_OTHR |

Section 4: Health Care Expenses when leaving the hospital/health center

[Complete this section when the child leaves the health center after an outpatient visit or at discharge after admission.]

41. How long did it take to get here from your home (including the journey time and any time waiting for transport)?

TRNSPORT_TIME

- | | |
|---|--|
| <input type="checkbox"/> 1 Less than 15 minutes | <input type="checkbox"/> 4 1 to 4 hours |
| <input type="checkbox"/> 2 15 minutes to 29 minutes | <input type="checkbox"/> 5 More than 4 hours |
| <input type="checkbox"/> 3 30 to 59 minutes | <input type="checkbox"/> 6 Don't know |

42. If you paid for transportation to bring the child to the hospital or clinic, how much did you pay?

TRNS_INIT_PAY

Local currency

43. Other than the first trip to bring the child to the health center, how much did you pay for transport to or from this facility during the child's stay in the facility?

TRNS_YOU_PAY

Local currency

44. How much have other members of your household paid for transport to or from this facility as a result of the child's stay in the facility?

TRNS_OTHER_PAY

Local currency

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<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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45. What are your estimated out-of-pocket expenses for the following [This information applies to the period of hospitalization or visit to this center. Use the local currency.]:

Consultation: EXPEN_CONSULT

Drugs: EXPEN_DRUG

Diagnostics: EXPEN_DIAG

Food: EXPEN_FOOD

Other, specify: EXPEN_SPEC EXPEN_OTHR

[Only if the respondent cannot break down the expenses, use the "Total" row.
DO NOT CALCULATE THE "TOTAL" FROM ALL THE ROWS.]

Total: EXPEN_TOTAL

46. Where did the money that you spent during this visit or hospitalization come from? ["X" all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

SPENT_MEAL Cutting down expenses from meals

Selling assets SPENT_ASSET

SPENT_OTHEXP Cutting down from other expenses

Asking for donations outside the household SPENT_DONAT

SPENT_SVNGS Using savings

Relative or friend pays on your behalf SPENT_RELATIVE

SPENT_BORROW Borrowing

Other, specify: SPENT_OTHR SPENT_SPEC

[Answer Questions 47 to 50 for the time period starting from the beginning of the illness until today.]

47. Did you lose some earnings due to seeking or providing care during [Child's Name] illness?

LOSE_EARN No Yes

LOSE_TOTAL

If yes, how much? [Use local currency.]

48. Did other caregivers lose some earnings due to seeking or providing care during [Child's Name] illness?

OTRLOSE_EARN No Yes DK

OTRLOSE_TOTAL

If yes, how much? [Use local currency.]

49. How much time have you spent taking care of [Child's name] when otherwise you would have been doing income generating activities (farming, selling in the market, working in a private business, etc.)?

[Half a morning or afternoon = 0.25 days, a morning or afternoon = 0.50 days, a morning and afternoon = 1.00 day, anything less than half a morning or afternoon = 0 days.]

DAYSLOST_CARE . Day(s)



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50. How much time have other caregivers spent taking care of [*Child's name*] when otherwise they would have been doing income generating activities (farming, selling in the market, working in a private business, etc.)? [*Half a morning or afternoon = 0.25 days, a morning or afternoon = 0.50 days, a morning and afternoon = 1.00 day, anything less than half a morning or afternoon = 0 days.*]

DAYSLOST_OTHRCRE

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 Day(s)

END OF THE INTERVIEW.
THANK THE RESPONDENT(S) FOR THEIR COOPERATION.

Place sticker of Specimen ID here.

SPECIMEN_ID

51. Specimen ID:

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Notes or comments [*Initial and date notes*]

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Interviewer's Name _____

INT_CODE

--	--	--

Staff code

Quality Control's Name _____

QC_CODE

--	--	--

Staff code

QC_DATE

--	--

Day

--	--	--	--

Month

--	--	--	--

Year