



Study #006

Plate #001

Visit #001

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Child ID CHILDID

Date of Interview VISITDATE

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Day

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Month

Year

Check and choice boxes: blank=0 in the database

Directions: Complete a separate form for each child, whether or not the child meets eligibility criteria. 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

1. Child's age stratum (in months) according to the census: 0-11 12-23 24-59 AGESTRATUM

No Yes Died

2. Have you been able to identify the child? 1 2 3 ID_CHILD

[If "No" or "Died", STOP here, sign, date and submit this form to the DCC.]

3. Was consent given by the parent, primary caretaker or guardian? 1 2 3 CONSENT

Not Available
after 3 attempts

[If "Refused", or "Not available after 3 attempts," STOP here, sign, date and submit this page to the DCC. If "Yes", provide a copy of the consent form to the parent, primary caretaker or guardian and proceed to next question.]

4. Are you a primary caretaker of the child? 1 2 PRIMCARE

No Yes

[If "No", ask if a primary caretaker is available; if not available, make an appointment for a return visit and proceed to the next household. If "Yes", proceed to the next question.]

5. Is the child a boy or a girl? 1 2 GENDER

Boy Girl

6. Can you tell me the birth date of the child? BRTH_DATE

[Use "00" for "Day" if unknown.]

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Day Month Year

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

[If interview was "Not Conducted", write down the reason below, sign, date & submit this page to the DCC. If "Conducted", proceed to the next question.]

Reason not conducted: RSN_SPEC

Notes or comments [Initial and date notes]

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Interviewer's Name _____

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INT_CODE

Staff code

QC_DATE

Quality Control's Name _____

QC_CODE

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Staff code

Day

Month

Year



<input type="text"/>				
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Child ID

Part B: Household Information8. What is your relationship to [Child's Name]? **RELATION**

- | | | | |
|--|--|-----------------------------------|------------------------------------|
| <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 _____ | RELAT_SPEC | |

9. Where does [Child's Name] Mother live? **MOM_LIVE**

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> 1 Lives in household | <input type="checkbox"/> 2 Abroad | <input type="checkbox"/> 3 Died |
| <input type="checkbox"/> 4 Lives outside of household | <input type="checkbox"/> 5 Whereabouts unknown | |

10. Where does [Child's Name] Father live? **DAD_LIVE**

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> 1 Lives in household | <input type="checkbox"/> 2 Abroad | <input type="checkbox"/> 3 Died |
| <input type="checkbox"/> 4 Lives outside of household | <input type="checkbox"/> 5 Whereabouts unknown | |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 No formal schooling | <input type="checkbox"/> 3 Completed primary | <input type="checkbox"/> 5 Completed secondary |
| <input type="checkbox"/> 2 Less than primary | <input type="checkbox"/> 4 Post-secondary | <input type="checkbox"/> 6 Religious education only |

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PPL_HOUSE

13. How many rooms in your household are used for sleeping?

<input type="text"/>	<input type="text"/>
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SLP_ROOMS

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

<input type="text"/>	<input type="text"/>
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YNG_CHLDRN

15. How many children younger than 60 months in this household are under your primary care?

<input type="text"/>	<input type="text"/>
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PRIM_YOUNG16. What is the predominant floor inside the house? [Observe which material covers the largest surface.] **FLOOR**

- | <u>Natural Floor</u> | <u>Rudimentary Floor</u> | <u>Finished Floor</u> |
|---|--|---|
| <input type="checkbox"/> 1 Earth/Sand | <input type="checkbox"/> 4 Wood planks | <input type="checkbox"/> 6 Parquet or polished wood |
| <input type="checkbox"/> 2 Dung | <input type="checkbox"/> 5 Palm/bamboo | <input type="checkbox"/> 7 Vinyl or asphalt strips |
|
 | | |
| <input type="checkbox"/> 3 Other, specify _____ | FLOOR_SPEC | <input type="checkbox"/> 8 Ceramic Tile |
|
 | | |
| <input type="checkbox"/> 9 Cement | | <input type="checkbox"/> 10 Carpet |



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Child ID

17. Does your household have the following? [Must be functioning; “X” all that apply.]

- | | | |
|--|---|--|
| <input type="checkbox"/> Electricity <small>HOUSE_ELEC</small> | <input type="checkbox"/> Radio <small>HOUSE_RADIO</small> | <input type="checkbox"/> Telephone (mobile or non-mobile) <small>HOUSE_PHONE</small> |
| <input type="checkbox"/> Television <small>HOUSE_TELE</small> | <input type="checkbox"/> Bicycle <small>HOUSE_BIKE</small> | <input type="checkbox"/> Refrigerator <small>HOUSE_FRIDGE</small> |
| <input type="checkbox"/> Motorcycle/scooter <small>HOUSE_SCOOT</small> | <input type="checkbox"/> Car/truck <small>HOUSE_CAR</small> | <input type="checkbox"/> Boat with a motor <small>HOUSE_BOAT</small> |
| | | <input type="checkbox"/> None of the above <small>HOUSE_NONE</small> |

Part C: Parents Perception of Illness and Use of Health Care Facility

18. What do you look for to see if a child is dehydrated? [“X” all that apply.]

- | | | |
|--|--|--|
| <input type="checkbox"/> Dry mouth <small>DEH_DRY</small> | <input type="checkbox"/> Wrinkled skin <small>DEH_WRNKSKIN</small> | <input type="checkbox"/> Thirsty <small>DEH_THIRST</small> |
| <input type="checkbox"/> Decreased urination
<small>DEH_DECURIN</small> | <input type="checkbox"/> Lethargy <small>DEH_LETHRGY</small> | <input type="checkbox"/> None of the above <small>DEH_NONE</small> |
| <input type="checkbox"/> Sunken eyes
<small>DEH_SUNKEYES</small> | <input type="checkbox"/> Coma/loss of consciousness
<small>DEH_COMA</small> | <input type="checkbox"/> Don’t know <small>DEH_DK</small> |
| <input type="checkbox"/> Other, specify _____ | <small>DEH_OTHR DEHYDR_SPEC</small> | |

19. What are the types of diarrhea that can result in serious harm or even death in a child? [“X” all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

- | | |
|--|--|
| <input type="checkbox"/> Mucus/pus in stool [Use local name.] <small>SD_MUCUS</small> | <input type="checkbox"/> Fever associated with diarrhea <small>SD_FEVER</small> |
| <input type="checkbox"/> Rice watery stool [Use local name.] <small>SD_RICE</small> | <input type="checkbox"/> Diarrhea and vomiting <small>SD_VOMIT</small> |
| <input type="checkbox"/> Blood in stool [Use local name.] <small>SD_BLOOD</small> | <input type="checkbox"/> Presence of dehydration <small>SD_DEHYDR</small> |
| <input type="checkbox"/> A large number or amount of stools per day
<small>SD_LRGPERDAY</small> | <input type="checkbox"/> Don’t know <small>on DataFax screen only</small> <small>SD_DK</small> |

20. What are the health centers that you use/would use when [Child’s Name] is sick with diarrhea? [Use codes from the Health Facility Coding List. You can report a maximum of three centers].

<small>HLTHCTR1</small>	<small>HLTHCTR2</small>	<small>HLTHCTR3</small>	Enter 999 for Unknown									
<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				
<i>Center of first choice</i>	<i>Center of second choice</i>	<i>Center of third choice</i>										

If the facility was not coded, use code 090 in the boxes above and specify facility name(s) below:

FACILITY_SPEC1FACILITY_SPEC2FACILITY_SPEC3

21. How do you/would you usually get to the center of first choice? TRNSPORT

- Walk Commercial transport Personal transport Combination of the above

22. How long does/would it take to get to your center of first choice (using the transport mentioned in question 21)? TRNSPORT_TIME

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than 15 minutes | <input type="checkbox"/> 15 minutes to half an hour | <input type="checkbox"/> Half an hour to one hour |
| <input type="checkbox"/> 1 to 4 hours | <input type="checkbox"/> more than 4 hours | <input type="checkbox"/> Don’t know |



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Child ID CHILDID

23. Are there circumstances that sometimes make it difficult for you to reach your center of first choice? [*“X” all that apply. Start with open-ended question; then ask “Anything else” until the respondent indicates there is nothing else.*]

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Flood DIFF_FLOOD | <input type="checkbox"/> 1 Lack of transport DIFF_TRNSPRT | <input type="checkbox"/> 1 Heavy rain DIFF_RAIN |
| <input type="checkbox"/> 1 Temporary relocation DIFF_RELOC | <input type="checkbox"/> 1 Political unrest DIFF_POLITIC | <input type="checkbox"/> 1 Never a problem DIFF_NOPROB |
| <input type="checkbox"/> 1 Costs too much money DIFF_COST | <input type="checkbox"/> 1 Lack of childcare for other children DIFF_CHLDCARE | |
| <input type="checkbox"/> 1 Other, specify _____ DIFF_OTHR | <input type="checkbox"/> DIFF_SPEC | |

24. If the child is sick, who decides whether the child should go to a health center?

[Choose only one response.] WHO_DECID

- | | | | |
|--|---|-----------------------------------|------------------------------------|
| <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 _____ DECID_SPEC | | |

Part D: Diarrhea history

25. Has [Child's Name] had an illness with diarrhea (3 or more loose or watery stools during a 24-hour period) in the last two weeks? DRH2WKS

No 1

Yes 2

[If “No”, go to Part G, Health care attitudes; if “Yes”, continue.]

26. What is your best estimate of the maximum number of loose stools per day [Child's Name] had during his/her diarrheal illness? MAX_STOOLS

- | | |
|--|---|
| <input type="checkbox"/> 1 3 to 6 times per day | <input type="checkbox"/> 3 More than 10 times per day |
| <input type="checkbox"/> 2 7 to 10 times per day | <input type="checkbox"/> 4 Don't know |



<input type="text"/>				
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Child ID

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

		No	Yes	DK		No	Yes	DK	
Blood in stool	DRH_BLOOD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Sunken eyes	DRH_SUNKEYES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Mucus/pus in stool <i>[Use local name]</i>	DRH_MUCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrinkled skin	DRH_WRNKSIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice watery stool <i>[Use local name]</i>	DRH_RICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fever	DRH_FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased urination	DRH_DECURIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting <i>(3 or more times per day)</i>	DRH_VOMIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very thirsty	DRH_THIRST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lethargy	DRH_LETHRGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry mouth	DRH_DRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coma/loss of consciousness	DRH_COMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. How many days did [Child's Name] have diarrhea?

<input type="text"/>	<input type="text"/>
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Days DRH_DAYS

28a. Is [Child's Name] still having diarrhea?

No Yes

[If "No", continue; If "Yes", go to Part E.]

 1 2 DRH_CONT

28b. If no, how many days ago did the child have diarrhea

(3 or more abnormally loose or watery stools) for the last time?

<input type="text"/>	<input type="text"/>
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Days DRH_DAYSAGO

Part E: Health Care Utilization

29. Did you seek care for [Child's Name]'s diarrhea outside your home?

No Yes
 1 2 SEEKCARE

[If "Yes", go to Question 31.]

30. If you did not seek care outside your home, what were the reasons? *[X] all that apply. Start with open-ended question; then ask "Anything else" until the respondent indicates there is nothing else. After completing Question 30, go to Question 36.]*

- | | |
|--|--|
| <input type="checkbox"/> 1 Child did not seem to need care
NOSEEK_NONEED | <input type="checkbox"/> 1 Cost for travel too high NOSEEK_TRVLCOST |
| <input type="checkbox"/> 1 Clinic too far from home
NOSEEK_TOOFAR | <input type="checkbox"/> 1 Cost for treatment too high NOSEEK_TRMTMCOST |
| <input type="checkbox"/> 1 Unable to find transport
NOSEEK_TRNSPRT | <input type="checkbox"/> 1 Other children at home could not be left alone
NOSEEK_OTHRCHLD |
| <input type="checkbox"/> 1 Could not take time off from work
NOSEEK_WORK | <input type="checkbox"/> 1 Not happy with clinical services in area
NOSEEK_NOTHAPPY |
| <input type="checkbox"/> 1 Local situation NOSEEK_POLITIC
(Weather, natural or political reasons) | <input type="checkbox"/> 1 Other, specify _____ NOSEEK_OTHR NOSEEK_SPEC |



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<input type="text"/>				
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Child ID

31. Please rank the following in order of occurrence if you sought care for [Child's Name].

- Pharmacy RANK_PHARM
- Friend/relative RANK_FRIEND
- Traditional healer RANK_HEALR
- Unlicensed practitioner/village doctor/bush doctor/village health worker RANK_DOC
- Licensed practitioner/private doctor (not at hospital) RANK_PRIVDOC
- Bought a remedy/drug at the shop/market, specify remedy/drug RANK_REMDY REMDY_SPEC
- Hospital/Center of first choice RANK_CTR1 HOSPCTR1
- Hospital/Center of second choice RANK_CTR2 HOSPCTR2
- Hospital/Center of third choice RANK_CTR3 HOSPCTR3
- Other, specify RANK_OTHR RANK_OTHSPEC

[For health centers, use the Health Facility Coding List. If sought care at a sentinel health center, answer Question 32 and 33; otherwise, go to Question 34.]

32. On what day of [Child's Name]'s diarrhea did you seek care at the sentinel hospital/health center?

<input type="text"/>	<input type="text"/>
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DAYSEEK

33. What is your opinion of the care your child received at the health centers: [Mention the sentinel health centers listed in Question 31.]

Enter health center code:

Excellent Good Fair Bad

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CAREREC1

 1 2 3 4

CARE1_OP

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CAREREC2

 1 2 3 4

CARE2_OP

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

CAREREC3

 1 2 3 4

CARE3_OP



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Child ID

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

No Yes
 ADMIT

[If "No", go to Question 36; if "Yes", continue.]

35. To which hospital was [Child's Name] admitted? [Use the Health Facility Coding List.]

Center of 1st choiceCenter of 2nd choiceCenter of 3rd choice

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ADMIT_CTR1

--	--	--

ADMIT_CTR2

--	--	--

ADMIT_CTR3

If the facility was not coded, specify _____ ADMIT_SPEC

[After completing Question 35, go to Question 38.]

36. If [Child's Name] did not receive care at a hospital/health center, were you advised to take him/her to a hospital/health center?

No Yes
 ADVISE

[If "No", go to Question 38; If "Yes", continue.]

37. Why was [Child's Name] not taken to the hospital? [“X” only the single most important reason.]

NOHOSP

- | | |
|---|--|
| <input type="checkbox"/> Hospital too far from home | <input type="checkbox"/> Cost for treatment too high |
| <input type="checkbox"/> Unable to find transport | <input type="checkbox"/> Other children at home could not be left alone |
| <input type="checkbox"/> Cost for travel too high | <input type="checkbox"/> Did not think child was sick enough |
| <input type="checkbox"/> Could not take time off from work | <input type="checkbox"/> Not happy with care provided at the hospital |
| <input type="checkbox"/> Local situation
<i>(Weather, natural or political reasons).</i> | <input type="checkbox"/> Other, specify _____ NOHOSP_SPEC |

38. When [Child's Name] had diarrhea, was he/she given any of the following at home (before seeking care outside the house)? [“X” all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

- | | |
|--|--|
| <input type="checkbox"/> A fluid made from a special packet called ORALITE or ORS? HOMETRT_ORS | |
| <input type="checkbox"/> Homemade fluid (e.g., Thin watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink) | HOMETRT_MAIZE |
| <input type="checkbox"/> Special milk or infant formula | <input type="checkbox"/> Any other liquids, specify HOMETRT_OTHRLIQ HOMELIQ_SPEC |
| <input type="checkbox"/> Home remedy/Herbal medication | <input type="checkbox"/> Antibiotics, specify HOMETRT_AB HOMEAB_SPEC |
| <input type="checkbox"/> Zinc (tablet/syrup) | <input type="checkbox"/> Other, specify HOMETRT_OTHR1 HOMEOTHR_SPEC1 |
| <input type="checkbox"/> No special remedies given | <input type="checkbox"/> Other, specify HOMETRT_OTHR2 HOMEOTHR_SPEC2 |
| HOMETRT_NONE | |



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Child ID

39. Now I would like to know how much [*Child's Name*] was offered to drink during the diarrheal illness. Did you offer the child less than usual to drink, about the same, or more than usual to drink? [If "Less" probe:] Did you offer much less than usual to drink or somewhat less or nothing at all?

OFFR_DRINK

If "LESS THAN USUAL": DRINK_LESS

- | | |
|--|---|
| <input type="checkbox"/> 1 Usual | <input type="checkbox"/> 1 Much less |
| <input type="checkbox"/> 2 More than usual | <input type="checkbox"/> 2 Somewhat less |
| <input type="checkbox"/> 3 Less than usual | <input type="checkbox"/> 3 Nothing to drink |

40. When [*Child's Name*] had diarrhea, did you offer the child less than usual to eat, about the same amount, or more than usual to eat? [If "Less" probe:] Did you offer much less than usual to eat or somewhat less or nothing at all?

OFFR_EAT

If "LESS THAN USUAL": EAT_LESS

- | | |
|--|--|
| <input type="checkbox"/> 1 Usual | <input type="checkbox"/> 1 Much less |
| <input type="checkbox"/> 2 More than usual | <input type="checkbox"/> 2 Somewhat less |
| <input type="checkbox"/> 3 Less than usual | <input type="checkbox"/> 3 Stopped food |

[If no health center is reported in Question 31, go to Question 42; otherwise continue.]

41. Did [*Child's Name*] receive any of the following to treat the diarrhea from hospital/health facility? ["X" all that apply.]

- | | |
|--|--|
| <input type="checkbox"/> 1 Intravenous fluids
HOSPTRT_INTFLD | <input type="checkbox"/> 1 Don't know HOSPTRT_DK |
| <input type="checkbox"/> 1 Medicine by injection
HOSPTRT_MEDINJ | <input type="checkbox"/> 1 ORS
HOSPTRT_ORS |

- | | |
|--|--|
| <input type="checkbox"/> 1 Zinc HOSPTRT_ZINC | <input type="checkbox"/> 1 Antibiotics, specify _____ HOSPTRT_AB HOSPAB_SPEC |
| <input type="checkbox"/> 1 Other, specify _____ HOSPTRT_OTHR HOSPOTHR_SPEC | |

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Child ID

Part F: Health Care Expenses [Complete PART F only if the answer to Question 29 is "Yes".]

42. What are your or your household estimated out-of-pocket expenses for the following: [Have respondent answer for only those facilities (not friends or relatives) that were used in Question 31 and provide the expense in the local currency. Only if the respondent cannot break down the expenses, use the "Total" boxes. DO NOT CALCULATE THE "TOTAL" FROM ALL THE COLUMNS.]

<u>Consultation</u>	<u>Drugs</u>	<u>Diagnostics</u>	<u>Transport</u>	<u>Other</u>
PHARM_CONSULT a. Pharmacy	PHARM_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PHARM_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PHARM_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PHARM_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PHARM_TOTAL Pharmacy <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
HEALER_CONSULT b. Traditional healer	HEALER_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HEALER_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HEALER_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HEALER_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HEALER_TOTAL Traditional healer <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
DOC_CONSULT c. Unlicensed practitioner/village doctor/bush doctor	DOC_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DOC_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DOC_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DOC_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DOC_TOTAL Unlicensed practitioner/village doctor/bush doctor <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
PRIVDOC_CONSULT d. Licensed practitioner/private doctor	PRIVDOC_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PRIVDOC_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PRIVDOC_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PRIVDOC_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PRIVDOC_TOTAL Licensed practitioner/private doctor <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
REMDY_CONSULT e. Bought remedy/drugs at the shop/market	REMDY_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	REMDY_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	REMDY_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	REMDY_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
REMDY_TOTAL Bought remedy/drugs at the shop/market <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
CTR1_CONSULT f. Hospital/Center of 1 st choice	CTR1_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR1_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR1_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR1_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CTR1_TOTAL Hospital/Center of 1 st choice <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
CTR2_CONSULT g. Hospital/Center of 2 nd choice	CTR2_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR2_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR2_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR2_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CTR2_TOTAL Hospital/Center of 2 nd choice <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
CTR3_CONSULT h. Hospital/Center of 3 rd choice	CTR3_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR3_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR3_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CTR3_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CTR3_TOTAL Hospital/Center of 3 rd choice <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
OTHER_SPEC OTHER_CONSULT i. Other, specify _____	OTHER_DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OTHER_DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OTHER_TRNSPRT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OTHER_OTHR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OTHER_TOTAL Other, specify <u>TOTAL</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				



Study #006

Plate #010

Visit #001

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Child ID

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

- 1 Cutting down expenses from meal MONY_MEAL
- 1 Cutting down from other expenses MONY_OTHEXP
- 1 Using savings MONY_SVNGS
- 1 Borrowing MONY_BORROW
- 1 Selling assets MONY_ASSET
- 1 Asking for donations outside the household MONY_DONAT
- 1 Relative or friend pays on your behalf MONY_RELATIVE
- 1 Others, specify MONY_OTHR MONY_SPEC

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

No Yes LOSE_EARN

1 2

If yes, how much?

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LOSE_TOTAL

[Use local currency.]

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

No Yes DK

1 2 3

If yes, how much?

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OTHRLOSE_TOTAL

[Use local currency.]

46. How much time have you spent taking care of [Child’s name] when otherwise you would have been doing productive unpaid activities, e.g. housework, taking care of other children, farming, studying or attending school? [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.]

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 Day(s) DAYSLOST_CARE

47. How much time have other caregivers spent taking care of [Child’s name] when otherwise they would have been doing productive unpaid activities, e.g. housework, taking care of other children, farming, studying or attending school? [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.]

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 Day(s) DAYSLOST_OTHRCRE

[For children who had diarrhea, go to Part H after completing Part F.]



Study #006

Plate #011

Visit #001

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Child ID

Part G: Health Care Attitudes*[Introduce this section, e.g.: "Now I am going to ask you what you might do if [Child's Name] had a diarrheal illness."]*

48. If [Child's Name] had any of the following symptoms of diarrheal illness, would you seek treatment or advice within the first 7 days of his/her illness for any of the following?

	No	Yes	DK		No	Yes	DK
Frequent loose stools <= 6/day TRT_LOOSEL6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Diarrhea with fever TRT_FEVER	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Frequent loose stools 7-10/day TRT_LOOSE710	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood in stool (local name) TRT_BLOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent loose stool > 10/day TRT_LOOSEG10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decreased urination TRT_DECURIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mucus/pus in stool (local name) TRT_MUCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lethargy TRT_LETHRGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice watery stool (local name) TRT_RICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coma/loss of consciousness TRT_COMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea with wrinkled skin TRT_WRNKSKIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry mouth TRT_DRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea with sunken eyes TRT_SUNKEYES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea with dehydration TRT_DEHYDR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify TRT_OTHR_OTHR_SPEC	<input type="checkbox"/>	<input type="checkbox"/>		Diarrhea and vomiting TRT_VOMIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. If a doctor or nurse recommended that you take [Child's Name] for care at [the nearest sentinel center], would you be likely to agree to do this?

[If "Yes", go to Question 51; if "No", continue]

No 1 Yes 2

AGREE_DOC

50. If "No", why? [*X* the primary reason only.] NOTAGREE

- | | |
|---|---|
| <input type="checkbox"/> 1 Hospital too far from home | <input type="checkbox"/> 7 Cost for treatment too high |
| <input type="checkbox"/> 2 Unable to find transport | <input type="checkbox"/> 8 Other children at home could not be left alone |
| <input type="checkbox"/> 3 Cost for travel too high | <input type="checkbox"/> 9 Not confident about the care from the center |
| <input type="checkbox"/> 4 Cannot take time off from work | <input type="checkbox"/> 10 Not happy with care provided at the hospital |
| <input type="checkbox"/> 5 Most diarrheas are not serious enough | <input type="checkbox"/> 11 Other, specify <u>NOTAGREE_SPEC</u> |
| <input type="checkbox"/> 6 Local situation (<i>Weather, natural or political reasons</i>) | |

51. Where would you seek care for the following? [There is a maximum of 4 choices. If care was never sought, ask where the caretaker would seek care if needed. Use the Health Facility Coding List. Use 010 for licensed or private practitioner, 020 = pharmacy; 030 = friend/relative; 040 = traditional healer; 050=unlicensed practitioner/village doctor/bush doctor; or 060 = buy medication at the shop/market; other facilities not coded = 090.]

1 st Choice	2 nd Choice	3 rd Choice	4 th Choice									
DWB_CTR1	DWB_CTR2	DWB_CTR3	DWB_CTR4									
Diarrhea with blood DWOB_CTR1	<table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table>			
Diarrhea without blood DWOB_CTR2	<table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table>				<table border="1" style="width: 100px; height: 30px;"><tr><td></td><td></td><td></td></tr></table>			
Specify center/Diarrhea with blood DWB_SPEC	Specify center/Diarrhea without blood DWOB_SPEC											



Study #006

Plate #012

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Child ID

52. What is your opinion of the care your child might receive at the following health centers: [Mention the 3 nearest sentinel centers and present the choices to the caretaker.]

Enter health center code:

MGHTREC1

Excellent

 1 2 3 4 5DK on
DataFax
screen only

MGHT1_OP

MGHTREC2

Excellent

 1 2 3 4 5

MGHT2_OP

MGHTREC3

Excellent

 1 2 3 4 5

MGHT3_OP

Part H: Attitudes about Diarrheal Illness

53. What is the most common diarrheal illness affecting children younger than 60 months old in your community? [“X” only one.]

COMMON_DRH

- 1 Simple loose/watery diarrhea
- 2 Rice watery/cholera-like illness
- 3 Don't know

- 4 Bloody diarrhea
- 5 Other, specify _____

54. Do you know about a child who died from any of the following illnesses before their 5th birthday?

	No	Yes	
Simple loose/watery diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DIED_LOOSE
Rice watery/cholera-like illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DIED_RICE
Bloody diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DIED_BLOOD

55. Do you worry that your child will get one of the following before his/her 5th birthday?

	No	Yes	DK
Simple loose/watery diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	CHLDGET_LOOSE
Bloody diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	CHLDGET_BLOOD
Rice watery/cholera-like illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	CHLDGET_RICE

56. Do you know any ways that prevent your child from getting these illnesses?

	No	Yes	
Simple loose/watery diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	PREVENT_LOOSE
Bloody diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	PREVENT_BLOOD
Rice watery/cholera-like illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	PREVENT_RICE

[If “No” to all three, go to Question 58.]



Study #006

Plate #013

Visit #001

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Child ID

57. In your opinion, what are the best ways to prevent these illnesses?

[Select a maximum of 3 or less – Please do not prompt the caretaker.]

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Nutrition
<small>PREVWAYS_NUTR</small> | <input type="checkbox"/> 1 Breastfeeding
<small>PREVWAYS_BREFEED</small> | <input type="checkbox"/> 1 Proper disposal of human waste
<small>PREVWAYS_WASTE</small> |
| <input type="checkbox"/> 1 Medications
<small>PREVWAYS_MED</small> | <input type="checkbox"/> 1 Vaccines
<small>PREVWAYS_VACCIN</small> | <input type="checkbox"/> 1 Cannot be prevented
<small>PREVWAYS_CNBEPREV</small> |
| <input type="checkbox"/> 1 Washing hands
<small>PREVWAYS_WASH</small> | <input type="checkbox"/> 1 Clean food or water
<small>PREVWAYS_CLEAN</small> | <input type="checkbox"/> 1 Other, specify _____
<small>PREVWAYS_SPEC</small>
<small>PREVWAYS_OTHR</small> |

58. Do you think there is treatment that works well for each of the following?

	No	Yes	DK
Simple loose/watery diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <small>TRTWORKS_LOOSE</small>
Bloody diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <small>TRTWORKS_BLOOD</small>
Rice watery/cholera-like illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <small>TRTWORKS_RICE</small>

59. In your opinion, does ORS work well to treat diarrhea?

No	Yes	DK
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <small>ORS_WORK</small>

60. Which of the following is the most dangerous for a child? [*“X” one only.*]

Simple loose/watery diarrhea	<input type="checkbox"/> 1
Bloody diarrhea	<input type="checkbox"/> 2
Rice watery/cholera-like illness	<input type="checkbox"/> 3
Don’t know	<input type="checkbox"/> 4

61. Which of the following is the least dangerous for a child? [*“X” one only.*]

Simple loose/watery diarrhea	<input type="checkbox"/> 1
Bloody diarrhea	<input type="checkbox"/> 2
Rice watery/cholera-like illness	<input type="checkbox"/> 3
Don’t know	<input type="checkbox"/> 4

62. When your child is ill, you may have to pay when you seek for medical care. In your opinion, which of the following illnesses has the highest costs? [*“X” one only.*]

Simple loose/watery diarrhea	<input type="checkbox"/> 1
Bloody diarrhea	<input type="checkbox"/> 2
Rice watery/cholera-like illness	<input type="checkbox"/> 3
Don’t know	<input type="checkbox"/> 4

HIGHCOST



Study #006

Plate #014

Visit #001

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Child ID

63. When your child is ill, you may have to pay when you seek medical care. In your opinion, which of the following illnesses has the lowest costs? [“X” one only.]

Simple loose/watery diarrhea 1

Bloody diarrhea 2 LOWCOST

Rice watery/cholera-like illness 3

Don’t know 4

No Yes

64. In your opinion, are vaccines important for your child’s health? 1 2 VAC_IMP

65. If there would be a vaccine available to prevent the following illnesses, would you want to use it for your child?

No Yes
Simple loose/watery diarrhea 1 2 USEVAC_LOOSE

Bloody diarrhea 1 2 USEVAC_BLOOD

Rice watery/cholera like illness 1 2 USEVAC_RICE

Notes or comments [Initial and date notes]

INT_CODE2

Interviewer's Name _____

--	--	--

Staff code

QC_DATE2

Quality Control's Name _____

QC_CODE2

--	--

Staff code

--	--

Day

--	--	--

Month

--	--	--

Year