LAKANA trial

**Data collection form 08: Morbidity Symptoms**

Version 0.4, 24 March 2020

Purpose: Data collected will be used to answer the following question: *Does biannual or quarterly azithromycin MDA to 1-11-month-old infants reduce the prevalence of ARI, diarrhea, or malaria symptoms among them?*

Sample: Secondary outcome sample formed from children who reside in the 60 villages around the four selected health centers close to the city of Kita.

Questions will be asked about **each under-five-year-old child** in the household, so the data can be tabulated separately for infants who have received the study drug intervention and older children who have not.

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| --- | --- | --- | --- | --- |
| **Section Header** | **Num.** | **Question Text** | **Question Responses** | **Required** |
|  | [0] | Instructions:Complete this form at each visit for the selected subgroup of participants | | |
| Visit information | [1] | Date: |  | Yes |
| Recent medical history | [2] | Has <name> had diarrhea in the last 2 weeks? |  |  |
|  | [3] | Has <name> been ill with a fever at any time in the last 2 weeks? | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [4] | Were you told by a healthcare provider that <name> had malaria? | 1, Yes | 0, No | 9, Unknown | Yes, OR only If fever=Yes? |
|  | [5] | Has <name> had an illness with a cough at any time in the last 2 weeks? | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [6] | Has <name> had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks? | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [7] | Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? | 1, Chest Only | 0, Nose Only  | 3, Both | 4, Other (Specify) | 9, Don't Know | Yes (if [5] = 1) |
|  | [8] | Specify: |  | Yes (if [7] = 4) |
|  | [9] | Has the child received any antibiotics in the past two weeks? | 1, Yes | 0, No | 9, Unknown | Yes |
|  | [10] | If *Yes*, what was the name of the drug (*if available, check from prescription or medication package)* |  | Yes (if [9] = 1) |
|  | [11] | If *Yes*, from where was the drug obtained? | 1, Hospital or CSRef, | 2, CSCom | 3, Mobile Clinique| 4, Community health worker/Relais | 5, private hospital/clinic | 6, Private health professional | 7, private pharmacy | 8, NGO clinic | 9, Market | 10, Shop | 11, Itinerant drug seller | Yes (if [5] = 1) |
| Medical history since the last visit | [12] | Did you visit a health facility with <name> since the last time we saw your <name> | 1, Yes | 0, No | Yes |
|  | [13] | If *Yes*, why did you go to a health facility? | 1, Diarrhea | 2, Malaria | 3, Fever | 4, Vomiting |5, Pneumonia | 6, Other | Yes |
|  | [14] | Specify: | text | Yes |
|  | [15] | Was <name> hospitalized since the last time we saw him/her? | 1, Yes | 0, No | Yes |
|  | [16] | If *Yes*, what was the reason for the hospitalization? | 1, Diarrhea | 2, Malaria | 3, Fever | 4, Vomiting |5, Pneumonia | 6, Other | Yes |
|  | [17] | Specify: | text | Yes |