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# Section 4: Questionnaire for young infant during follow-up

|  |  |
| --- | --- |
| Participant’s ID: | |
| Participant’s name :  [DËi `vZvi bvg] |  |
| **Participants followed by:** | **Phone Household visit** |
| Date of Interview [mv¶vrKvi MÖn‡bi ZvwiL]: Day Month Year | |

**Follow-up information (d‡jv-Av‡ci Z\_¨ )**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sequence of follow-up  [d‡jv-Av‡ci Pµ] | | | | | |  |  |
|  | Age of child in weeks  (wkkyi eqm KZ mßvn ) | | | | | |  |  |
|  | Was the child exclusively breast fed since last follow-up?  [me©‡kl d‡jv-Av‡ci ci ‡\_‡K wkky wK ïaygvÎ ey‡Ki `ya ‡L‡qwQj?} | | | | | | |  |
|  | Code  Yes [n¨uv]..............................................................................1 (go to Q5) (cÖkœ 5 G hvb)  No [bv] .................................................................................2 | | | | | | | |
|  | Months of exclusive breast feeding? (KZ gvm wkky ïaygvÎ ey‡Ki `ya ‡L‡qwQj) | | | | | | |  |
|  | Was there any new onset of respiratory symptoms during last 3 days?  [MZ 3 w`‡b k¦vmcÖk¦vm msµvšÍ bZzb †Kvb †iv‡M AvµšÍ n‡qwQj?] | | | | | | |  |
|  | Code  Yes [n¨uv]..............................................................................1  No [bv] .................................................................................2 (end interview) ( mvÿvrKvi †kl Kiyb) | | | | | | | |
|  | Date of signs/symptoms jÿY cÖKv‡ki ZvwiL | | | | | | | |
|  | a) Fever R¡i | d | d | m | m | | y | y |
|  | b) Cough Kvwk | d | d | m | m | | y | y |
|  | c) Rhinorhea mw`© /bvK w`‡q cvwb cov | d | d | m | m | | y | y |
|  | d) Difficulty breathing (k¦vm Kó) | d | d | m | m | | y | y |
|  | Did you seek care for that illness episode?  (GB Amy¯’Zvi Rb¨ Avcwb †Kvb Wv³vi †`wL‡q wQ‡jb?) | | | | | | |  |
|  | Code  Yes [n¨uv].............................................................................................1  No [bv] ................................................................................................2 (go to Q9) (cÖkœ 9 G hvb) | | | | | | | |
|  | From where did you seek care?  (Avcwb †Kv\_vq Wv³vi ‡`wL‡q wQ‡jb?) | | | | | | |  |
|  | Code  Traditional healers\* [cÖ\_vMZ wPwKrmK]..............................1  Unqualified practitioners\*\*[nvZy‡o Wv³vi]..................2  Qualified practitioners\*\*\*[GgweweGm ev Z`~aŸ© Wv³vi].........................................9 | | | | | | | |
|  | Days of illness? KZw`b Amy¯’ wQj? | | | | |  | |  |
|  | Was the specimen collected ? (bgybv ‡bIqv/ msMÖn Kiv n‡qwQj? ) | | | | | | |  |
|  | Code  Yes [n¨uv]............................................................................1  No [bv] ...............................................................................2 (end interview) ( mvÿvrKvi †kl Ki**y**b) | | | | | | | |
|  | Date of specimen collection  (bgybv msMÖ‡ni ZvwiL) | d | d | m | m | | y | y |
|  | Comment gšÍe¨ | | | | | | | |

\* Traditional healers include Kobiraj, Imam

\*\* Unqualified practitioners include Village doctor, Homeopath, Pharmacy

\*\*\* Qualified practitioners include MBBS doctors, private clinics, Govt. hospitals, and family welfare Center (FWC)