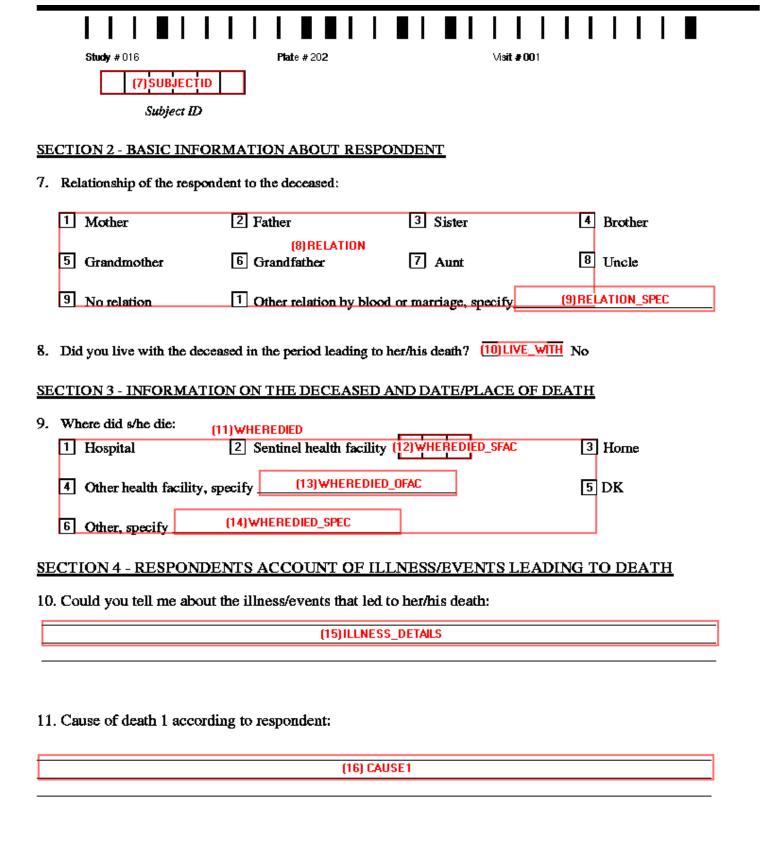
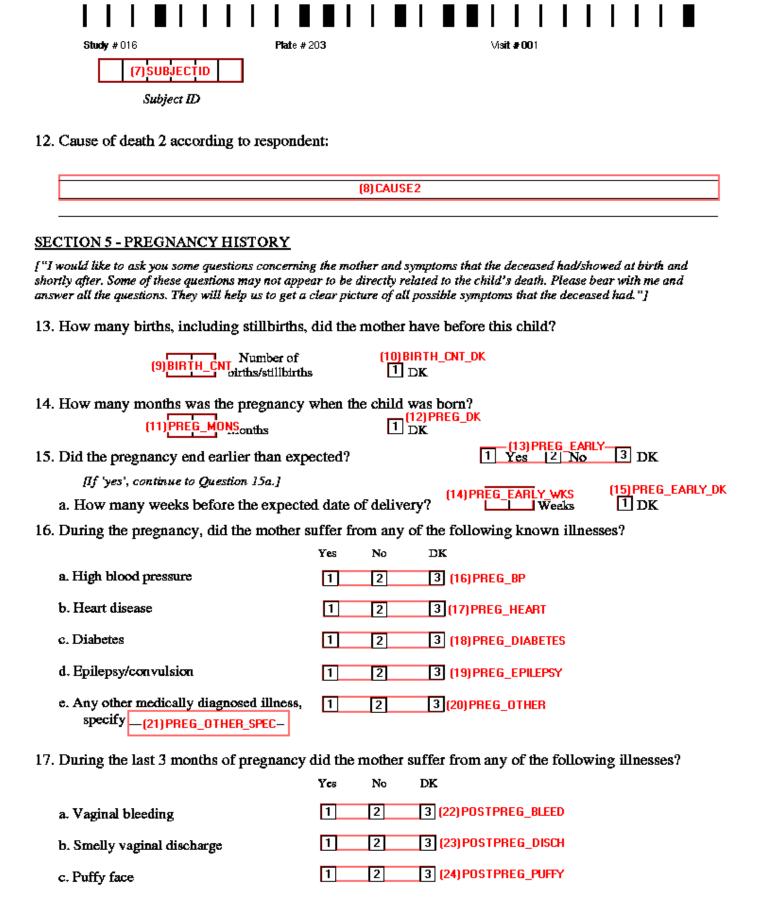
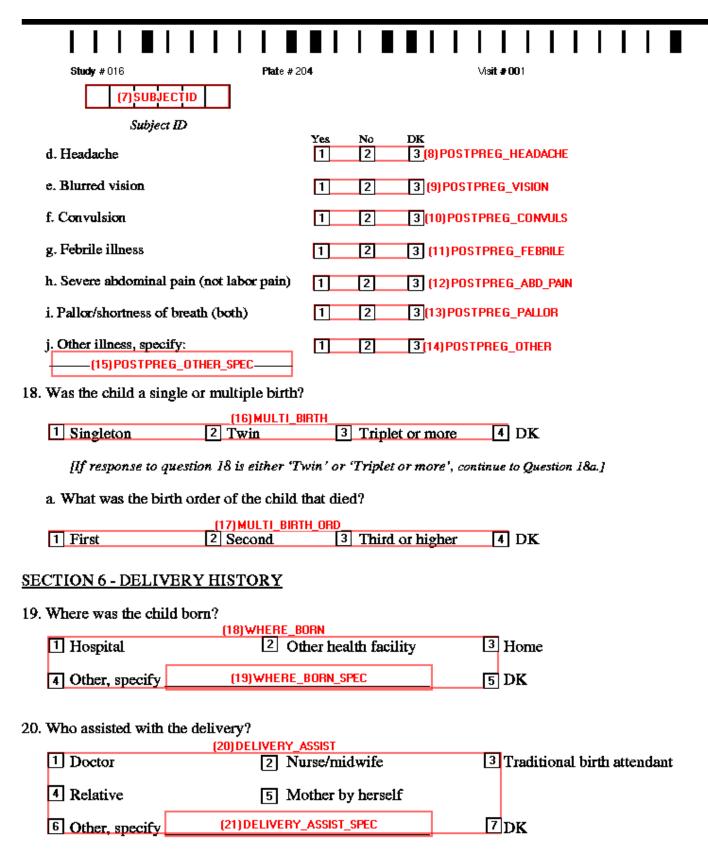


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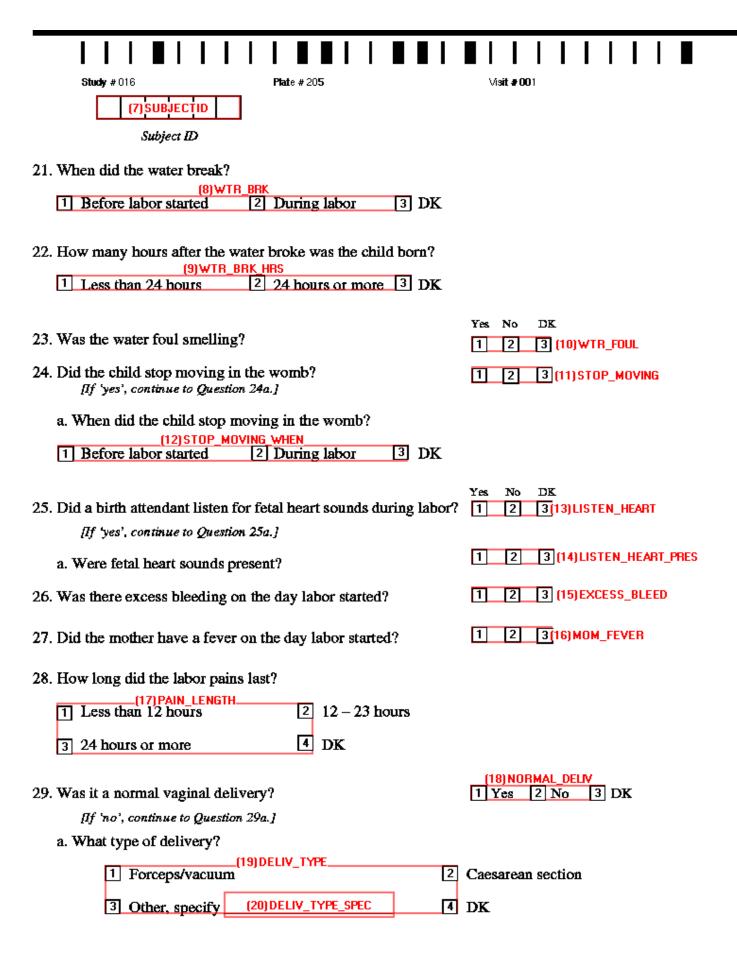


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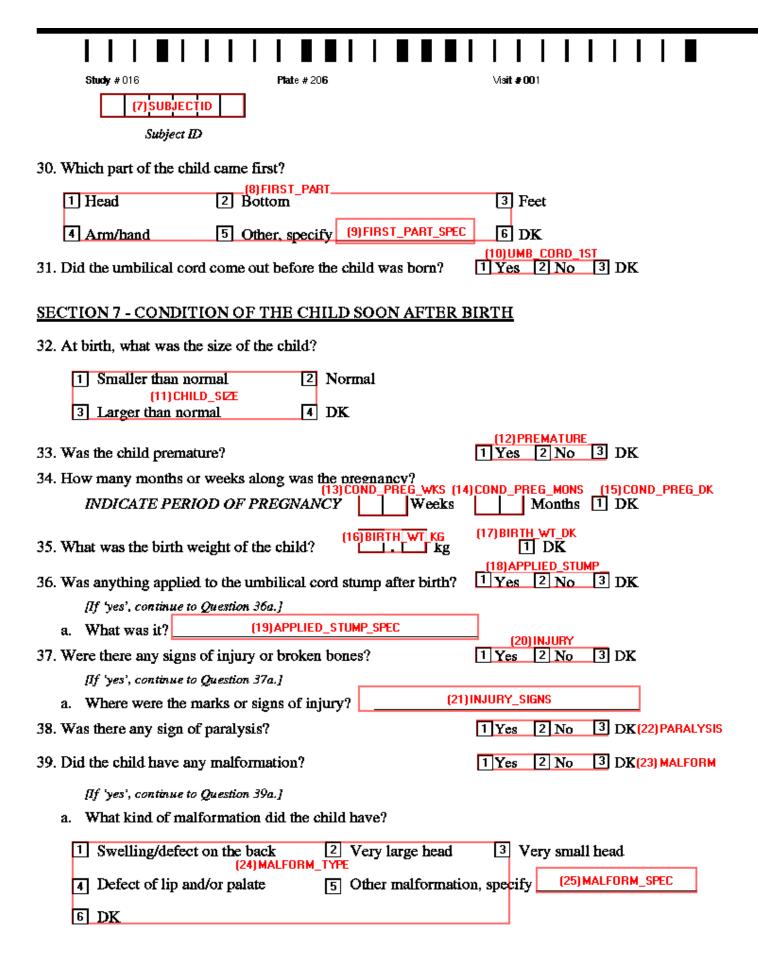




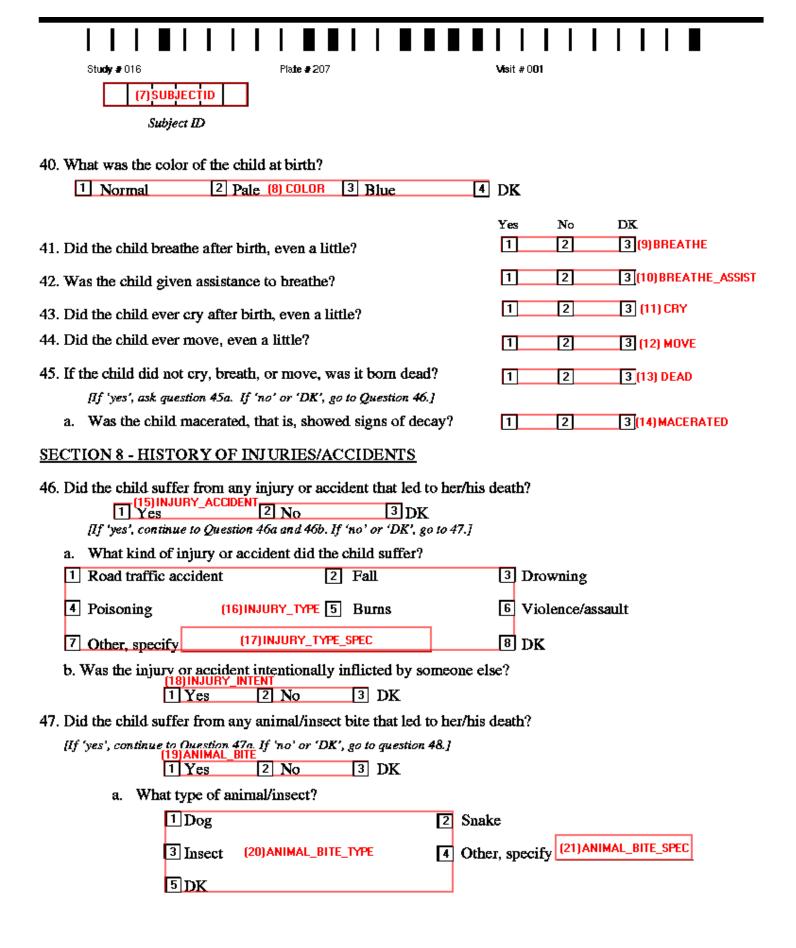
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## SECTION 9 - NEONATAL ILLNESS HISTORY

10	<b>11</b> 7.	on the shild even able to gradele on bottle food?	[8]BOTTLE_FEED  1 Yes 2 No 3 DK			
48.		as the child ever able to suckle or bottle-feed?				
	Цſ	'yes', continue to Question 48a-48c. If 'no' or 'DK', go to questio	(9)BOTTLE_FEED_HRS (10)BOTTLE_FEED_DAYS			
	a.	How soon after birth did the child suckle or bottle-feed	7     Hrg       Davg   1   DK			
	b.	Did the child stop suckling or bottle-feeding?	(12)BOTTLE_FEED_STOP 1 Yes  2  No  3 DK			
	c.	How many days after birth did the child stop suckling of	or bottle-feeding?			
		[13]	BOTTLE_STOP_DAYS (14)BOTTLE_STOP_DK  Days LT_DK			
49.	Wa	as the breastfeeding exclusive?	(15)BREASTFEED_EXCLUSIVE 1 Yes 2 No 3 DK			
50.	Die	d the child have convulsions?	1 Yes  2  No  3 DK			
		[If 'yes', continue to Question 50a. If 'no' or 'DK', go to question	N .(17)CONVULS_START_DAYS (18)CONVULS_START_DK			
	a.	How soon after birth did the convulsions start?	Days 1 DK			
51.	Die	d the child become stiff and arched backwards?	1 Yes 2 No 3 DK			
52.	Dio	d the child have bulging of the fontanelle?	1 Yes 2 No 3 DK			
		[If 'yes', continue to Question 52a. If 'no' or 'DK', go to question	(00) BIII O BI			
	a.	How many days after birth did the child have the bulgir				
53.	Dio	d the child become unresponsive or unconscious?	1 Yes 2 No 3 DK			
	[If 'yes', continue to Question 53a. If 'no' or 'DK', go to question 54.]					
	a.	How many days after birth did the child become unresponsive or unconscious?	4)UNCONSCIOUS_DAYS (25)UNCONSCIOUS_DK			
54.	Dio	d the child have a fever?	[26] FEVER  1 Yes 2 No 3 DK			
		[If 'yes', continue to Question 54a. If 'no' or 'DK', go to question	n 55.J			
	a.	How many days after birth did the child have a fever?	(27) FEVER_DAYS (28) FEVER_DK Days D DK			
55.	Dio	d the child become cold to the touch?	(29)COLD_TOUCH 1 Yes 2 No 3 DK			
		[If 'yes', continue to Question 55a. If 'no' or 'DK', go to question	n 56.J			
	a. How many days after birth did the child become cold to the touch?					
		(3	O)COLD_TOUCH_DAYS (31)COLD_TOUCH_DK Days			

				1   1   1   1   1   1   1			
		Study # 016	Plate # 209	Visit <b>∌ 00</b> 1			
		(7) SUBJECTID					
		Subject ID					
				(8) COUGH			
56.	Die	d the child have a cough?		1 Yes 2 No 3 DK			
		[If 'yes', continue to Question 56d	a. If 'no' or 'DK', go to question	_			
	a.	How many days after birth di	id the child start to cough?	(9)COUGH_DAYS (10)COUGH_DK  Days 1 DK  (11)FAST_BREATH			
57.	Die	d the child have fast breathing	?	1 Yes 2 No 3 DK			
		[If 'yes', continue to Question 57a	a. If 'no' or 'DK', go to question				
	a.	How many days after birth di	id the child start breathing	(12)FAST_BREATH_DAYS (13)FAST_BREATH_DK fast?			
58.	Die	d the child have difficulty brea	athing?	(14)DIFFICULT_BREATH 1 Yes 2 No 3 DK			
[If 'yes', continue to Question 58a. If 'no' or 'DK', go to question 59.]							
	a.	How many days after the bird difficulty in breathing?	th did the child start having	g (15)DIFFICULT_BREATH_DAYS (16)DIFFICULT_BREATH_DR			
	b.	Did the child have chest indr	awing?	1 Yes 2 No 3 DK			
	c.	Did the child have grunting?	(Demonstrate)	[18] GRUNT 1 Yes 2 No 3 DK			
	d.	Did the child have flaring of	the nostrils?	1 Yes 2 No 3 DK			
59.	Die	d the child have diarrhea?		(20) DIARRHEA 1 Yes 2 No 3 DK			
	[If 'yes', continue to Question 59a. If 'no' or 'DK', go to question 60.]						
	a.	How many days after birth di	id the child have diarrhea?	(21) DIARRHEA DAYS (22) DIARRHEA DK Days 1 DK			
	ъ.	How many days did the diarr		(23) DIARRHEA_LEN_DAYS (24) DIARRHEA_LEN_DK L Days 1 DK			
	c.	. When the diarrhea was most severe, how many times did the child pass stools in a day?					
				(25) STOOLS_DAY (26) STOOLS_DAY_DKNumber 1 DK			
	d.	Was there blood in the stools	?	1 Yes 2 No 3 DK			
	e.	Do you think the child was d	ehydrated (use local terms	) when s/he was having diarrhea?			
		-	-	1 Yes   2 No   3 DK			

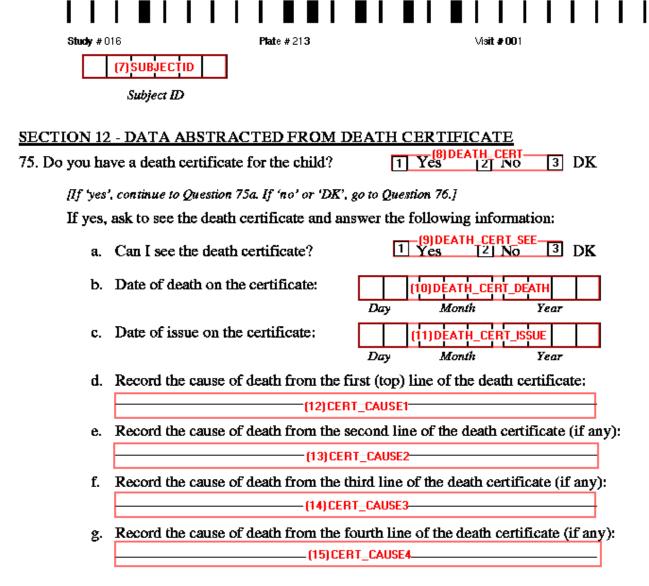
				111	
	Study # 016 Plate # 210	Visit <b># 00</b> 1			
	(7)SUBJECTID				
	Subject ID				
f.	Did s/he have sunken eyes?	(8) SUNKEN 1 Yes	EYES 2 No	3 D <b>K</b>	
1.	[If 'yes', continue to Question 59g. If 'no' or 'DK', go to ques		[2]110	U DI	
		(9) SUNKĘN_EYES			EYES_DK
g.	For how long did s/he have sunken eyes?		Days	1 DK	
h.	Did the child have wrinkled skin when s/he was ill w	vith diarrhea? (11)WI 1 Yes	RINKLED 2 No	SKIN 3 DK	
i.	During the diarrheal episode, was the child given any	(12)G	RS? IVEN_FLU		
		1 Yes	2 No	3 DK	
60. Di	id the child have vomiting?	(13) V 1 Yes	OMIT 2 No	3 DK	
	[If 'yes', continue to Question 60a. If 'no' or 'DK', go to ques				
a.	How many days after birth did vomiting start?	(14)VOMIT_DAY	Days	DK T	
b.	When the vomiting was severe, how many times did	the child vomit in	a day?		
		(16)VOMIT_TIME		DMIT_TIMES_ T ① DK	DK
61 D		137	Number (18) ABD_   2   No	DIST	
61. Di	id the child have abdominal distension?	1 Yes	[2]No	3 DK	
	[If 'yes', continue to Question 61a. If 'no' or 'DK', go to ques	inon 62.]			
a.	How many days after birth did the child have abdom				
		(19)ABD_DIST_D	AYS (20)/  Days	ABD_DIST_DK 1 DK	
			Yes	No	DK
	id the child have redness or discharge from the umbilio	al cord stump?	1	2	3 (21) RED_STUN
	id the child have a pustular skin rash?		1	2	3 (22) SKIN_RASI
64. Di	id the child have yellow palms or soles?		1	2	3 (23)YELLOW
	[If 'yes', continue to Question 64a. If 'no' or 'DK', go to ques	stion 65.]			
a.	How many days after birth did the yellow palms or s	oles begin? <sub>(24)YELL</sub>	_Ow_DAYS	(25)YELLO	DW_DK
ъ.	For how many days did the child have yellow palms	or soles?(26)YELLO	w_LENGT Days	H (27)YELLO 1 DK	DW_LENGTH_DK
SECT	TION 10 - MOTHER'S HEALTH AND CONTEXT	UAL FACTORS			
65. W	hat was the age of the mother at the time the child died	(28) MOM_AGE	YRS Years	(29) MOM_A	.GE_DK

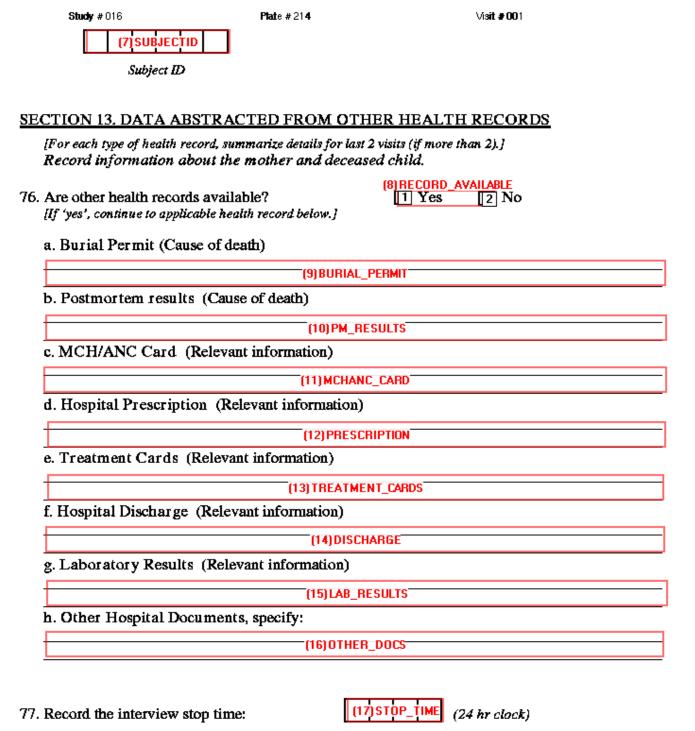
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Study # 016 Ptate # 211				
(7) SUBJECTID  Subject ID				
66. Did the mother receive antenatal care?	(8) ANTENATAL CA 1 Yes   2 No	RE 3 D	K	
67. Did the mother receive tetanus toxoid (TT) vaccine?  [If 'yes', continue to Question 67a. If 'no' or 'DK', go to question 68.]		3 Di		
	umber of doses	1 D		
68. How is the mother's health now?  (12) MOM_CUR_HEALTH  1 Healthy 2 III 3 Not alive	4 DK			
SECTION 11 - TREATMENT AND HEALTH SERVICE USE	FOR THE FINA	L ILLN	ESS	
69. Did the child receive any treatment for the illness that led to dea	th? (13) TREATMENT 1] Yes [2] No	3 D	K	
[If 'yes', continue to Question 69a. If 'no' or 'DK', go to question 75.]				
<ul> <li>a. List the treatments the child was given for the illness that led prescription/discharge notes if available.)</li> </ul>	i to death. (Copy f	îrom		
(14)TREATMENT_LIST				
70. Please tell me at which of the following places or facilities the cillness that led to death:	hild received treat	ment du	ring the	
	Yes	No	DK	
a. Home	1	2	3 (15) TRT_F	IOME
b. Traditional healer	1	2	3 (16) TRT_I	IEALER
c. Government clinic	1	2	3 (17) TRT_(	GOV_CLINIC
d. Government hospital	1	2	3 (18) TRT_6	OV_HOSP
e. Private clinic	1	2	3(19) TRT_P	VT_CLINIC
f. Private hospital	1	2	3 (20) TRT_F	PVT_HOSP
g. Pharmacy, drug seller, store	1	2	3 (21) TRT_F	PHARM
h. Any other place or facility, specify (23) TRT_SPEC [If 70c - 70h are 'yes' continue to Question 71. If 'no' or 'DK' go to Q	1] Question 72.]	2	3 (22) TRT_(	OTHER

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	Study # 016 Plate # 212 Visit # 001					
	(7)SUBJECTID					
	Subject ID					
71.	How many days after the illness started was care at a medical facility sought?					
	(8) SEEKCARE HRS (9) SEEKCARE DAYS (10) SEEKCARE DK Hours Days 1 DK					
72.	In the month before death, how many contacts with formal health services did the child have?					
	(11) HEALTH_CONTACTS Number of (12) HEALTH_CONTACTS_DI  contacts 1 DK					
73.	Was the child admitted to a hospital or health facility during the illness?					
	1 Yes 2 No 3 DK					
	[If 'yes', continue to Question 73a. If 'no' or 'DK', go to Question 74.]					
	a. Specify the facility name: (14)ADMIT_FAC					
	b. What was the main reason for admission? (15)ADMIT_REASON					
	c. Was the child treated with IV fluids?  1 Yes 2 No 3 DK					
74.	Did a health care worker tell you the cause of death?  1 17 CAREWER DEATH 1 Yes   2   NO   3 DK					
	[If 'yes', continue to question 74a. If 'no' or 'DK', go to question 75.]					
	a. What did the healthcare worker say?					
	(18) CAREWKR_SAID					





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Study # 016	Plate # 215	<b>Visit # 00</b> 1	111	■		
(7) SUBJECTID Subject ID						
	COMMENTS ON SPEC	VERS OBSERVATIONS  After completing interview.)  N SPECIFIC QUESTIONS:				
	ANY OTHER COMMENTS:					
	SUPERVISOR'S OB	SERVATIONS				
Interviewer's Name	(8)INT_C Staff co	ODE2 ode				

Staff code

Quality Control's Name\_

(10) QC\_DATE2

Year

Month

Day