

Online appendix 1: Infectious calendar

Number of illnesses

Child's age	Season	Number of illness					Most common reason for illness (Write no. from list) (Start with most frequent)
		Once or less a month	2-3 days a month	4-7days a month	8-14 days a month	15 days or more a month	
0-1 years	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ specify: _____
	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ specify: _____
1-2 years	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ specify: _____
	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ specify: _____
2-3 years	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ specify: _____
	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ specify: _____
3-6 years	Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ specify: _____
	Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ specify: _____

List of common infections in children:

1. Cold
2. Fever without known cause
3. Middle ear infection
4. Tonsillitis,
5. Bronchitis
6. Pneumonia
7. Infections of the skin
8. Urinary tract infection
9. Stomach flu
10. Other, specify