



Study #006	Plate #002	Visit #001
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Child ID

**Part B: Household Information**

8. 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 <i>RELAT_SPEC</i> _____ |                                   |                                    |
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?    *PPL\_HOUSE*
13. How many rooms in your household are used for sleeping?   *SLP\_ROOMS*
14. How many children younger than 60 months live in the household?   *YNG\_CHLDRN*
15. How many children younger than 60 months in this household are under your primary care?   *PRIM\_YOUNG*
16. 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 <i>FLOOR_SPEC</i> _____ |                                        | <input type="checkbox"/> 8 Ceramic Tile             |
|                                                                   |                                        | <input type="checkbox"/> 9 Cement                   |
|                                                                   |                                        | <input type="checkbox"/> 10 Carpet                  |

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17. Does your household have the following? [Must be functioning; "X" all that apply.]
- Electricity HOUSE\_ELEC     Radio HOUSE\_RADIO     Telephone (mobile or non-mobile) HOUSE\_PHONE
- Television HOUSE\_TELE     Bicycle HOUSE\_BIKE     Refrigerator HOUSE\_FRIDGE
- Motorcycle/scooter HOUSE\_SCOOT     Car/truck HOUSE\_CAR     Boat with a motor HOUSE\_BOAT     None of the above HOUSE\_NONE

**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.]
- Dry mouth DEH\_DRY     Wrinkled skin DEH\_WRNKSKIN     Thirsty DEH\_THIRST
- Decreased urination DEH\_DECURIN     Lethargy DEH\_LETHRGY     None of the above DEH\_NONE
- Sunken eyes DEH\_SUNKEYES     Coma/loss of consciousness DEH\_COMA     Don't know DEH\_DK
- Other, specify DEH\_OTHR DEHYDR\_SPEC \_\_\_\_\_

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.]
- Mucus/pus in stool [Use local name.] SD\_MUCUS     Fever associated with diarrhea SD\_FEVER
- Rice watery stool [Use local name.] SD\_RICE     Diarrhea and vomiting SD\_VOMIT
- Blood in stool [Use local name.] SD\_BLOOD     Presence of dehydration SD\_DEHYDR
- A large number or amount of stools per day SD\_LRGPERDAY     Don't know on DataFax screen only SD\_DK

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].

HLTHCTR1                      HLTHCTR2                      HLTHCTR3

                                            

Center of first choice                      Center of second choice                      Center of third choice

Enter 999 for Unknown

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

FACILITY\_SPEC1                      FACILITY\_SPEC2                      FACILITY\_SPEC3

\_\_\_\_\_

21. How do you/would you usually get to the center of first choice? TRANSPORT
- 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)? TRANSPORT\_TIME
- Less than 15 minutes     15 minutes to half an hour     Half an hour to one hour
- 1 to 4 hours     more than 4 hours     Don't know



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

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"/> Mother                                                                                         | <input type="checkbox"/> Father      | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Grandmother                                                                                    | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Aunt   | <input type="checkbox"/> Uncle   |
| <input type="checkbox"/> No relation                                                                                    |                                      |                                 |                                  |
| <input type="checkbox"/> Other relation by blood or marriage, specify <span style="color: red;">DECID_SPEC</span> _____ |                                      |                                 |                                  |

**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 Yes

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

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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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunken eyes	DRH_SUNKEYES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mucus/pus in stool [Use local name]	DRH_MUCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrinkled skin	DRH_WRNKSKIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice watery stool [Use local name]	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 (3 or more times per day)	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?   Days DRH\_DAYS

28a. Is [Child's Name] still having diarrhea? No Yes  
 [If "No", continue; If "Yes", go to Part E.]   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?   Days DRH\_DAYSAGO

**Part E: Health Care Utilization**

29. Did you seek care for [Child's Name]'s diarrhea outside your home? No Yes  
  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"/> Child did not seem to need care<br>NOSEEK_NONEED                             | <input type="checkbox"/> Cost for travel too high<br>NOSEEK_TRVLCOST                       |
| <input type="checkbox"/> Clinic too far from home<br>NOSEEK_TOOFAR                                    | <input type="checkbox"/> Cost for treatment too high<br>NOSEEK_TRTMTCOST                   |
| <input type="checkbox"/> Unable to find transport<br>NOSEEK_TRNSPRT                                   | <input type="checkbox"/> Other children at home could not be left alone<br>NOSEEK_OTHRCHLD |
| <input type="checkbox"/> Could not take time off from work<br>NOSEEK_WORK                             | <input type="checkbox"/> Not happy with clinical services in area<br>NOSEEK_NOTHAPPY       |
| <input type="checkbox"/> Local situation<br>NOSEEK_POLITIC<br>(Weather, natural or political reasons) | <input type="checkbox"/> Other, specify<br>NOSEEK_OTHR NOSEEK_SPEC                         |



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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?   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:	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Bad</i>
<input type="text"/> <input type="text"/> <input type="text"/> <span style="color: red;">CAREREC1</span>	<input type="text"/> <span style="color: red;">1</span>	<input type="text"/> <span style="color: red;">2</span>	<input type="text"/> <span style="color: red;">3</span>	<input type="text"/> <span style="color: red;">4</span> <span style="color: red;">CARE1_OP</span>
<input type="text"/> <input type="text"/> <input type="text"/> <span style="color: red;">CAREREC2</span>	<input type="text"/> <span style="color: red;">1</span>	<input type="text"/> <span style="color: red;">2</span>	<input type="text"/> <span style="color: red;">3</span>	<input type="text"/> <span style="color: red;">4</span> <span style="color: red;">CARE2_OP</span>
<input type="text"/> <input type="text"/> <input type="text"/> <span style="color: red;">CAREREC3</span>	<input type="text"/> <span style="color: red;">1</span>	<input type="text"/> <span style="color: red;">2</span>	<input type="text"/> <span style="color: red;">3</span>	<input type="text"/> <span style="color: red;">4</span> <span style="color: red;">CARE3_OP</span>



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34. Was [Child's Name] admitted to a hospital/health center for treatment of diarrheal illness?                      No                      Yes  
 1                       2 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 1<sup>st</sup> choice                      Center of 2<sup>nd</sup> choice                      Center of 3<sup>rd</sup> choice  
   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  
 1                       2 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  
 1 Hospital too far from home                       6 Cost for treatment too high  
 2 Unable to find transport                       7 Other children at home could not be left alone  
 3 Cost for travel too high                       8 Did not think child was sick enough  
 4 Could not take time off from work                       9 Not happy with care provided at the hospital  
 5 Local situation                       10 Other, specify                     NOHOSP\_SPEC  
 (Weather, natural or political reasons)

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.]

- 1 A fluid made from a special packet called ORALITE or ORS?                     HOMETRT\_ORS
- 1 Homemade fluid (e.g., Thin watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink)                     HOMETRT\_MAIZE
- 1 Special milk or infant formula                       1 Any other liquids, specify                     HOMETRT\_OTHRLIQ                      HOMELIQ\_SPEC
- 1 Home remedy/Herbal medication                       1 Antibiotics, specify                     HOMETRT\_AB                      HOMEAB\_SPEC
- 1 Zinc (tablet/syrup)                     HOMETRT\_ZINC                       1 Other, specify                     HOMETRT\_OTHR1                      HOMEOTHR\_SPEC1
- 1 No special remedies given                       1 Other, specify                     HOMETRT\_OTHR2                      HOMEOTHR\_SPEC2
- HOMETRT\_NONE

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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<br>HOSPTRT_INTFLD    | <input type="checkbox"/> 1 Zinc HOSPTRT_ZINC                           |
| <input type="checkbox"/> 1 Medicine by injection<br>HOSPTRT_MEDINJ | <input type="checkbox"/> 1 Antibiotics, specify HOSPTRT_AB HOSPAB_SPEC |
| <input type="checkbox"/> 1 ORS<br>HOSPTRT_ORS                      | <input type="checkbox"/> 1 Other, specify HOSPTRT_OTHR HOSPOTHR_SPEC   |
| <input type="checkbox"/> 1 Don't know HOSPTRT_DK                   |                                                                        |



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**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>
<b>PHARM_CONSULT</b> a. Pharmacy	<b>PHARM_DRUG</b>	<b>PHARM_DIAG</b>	<b>PHARM_TRNSPRT</b>	<b>PHARM_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>PHARM TOTAL</b>				<input type="text"/>
<b>HEALER_CONSULT</b> b. Traditional healer	<b>HEALER_DRUG</b>	<b>HEALER_DIAG</b>	<b>HEALER_TRNSPRT</b>	<b>HEALER_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>HEALER TOTAL</b>				<input type="text"/>
<b>DOC_CONSULT</b> c. Unlicensed practitioner/village doctor/bush doctor	<b>DOC_DRUG</b>	<b>DOC_DIAG</b>	<b>DOC_TRNSPRT</b>	<b>DOC_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DOC TOTAL</b>				<input type="text"/>
<b>PRIVDOC_CONSULT</b> d. Licensed practitioner/private doctor	<b>PRIVDOC_DRUG</b>	<b>PRIVDOC_DIAG</b>	<b>PRIVDOC_TRNSPRT</b>	<b>PRIVDOC_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>PRIVDOC TOTAL</b>				<input type="text"/>
<b>REMDY_CONSULT</b> e. Bought remedy/drugs at the shop/market	<b>REMDY_DRUG</b>	<b>REMDY_DIAG</b>	<b>REMDY_TRNSPRT</b>	<b>REMDY_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>REMDY TOTAL</b>				<input type="text"/>
<b>CTR1_CONSULT</b> f. Hospital/Center of 1 <sup>st</sup> choice	<b>CTR1_DRUG</b>	<b>CTR1_DIAG</b>	<b>CTR1_TRNSPRT</b>	<b>CTR1_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CTR1 TOTAL</b>				<input type="text"/>
<b>CTR2_CONSULT</b> g. Hospital/Center of 2 <sup>nd</sup> choice	<b>CTR2_DRUG</b>	<b>CTR2_DIAG</b>	<b>CTR2_TRNSPRT</b>	<b>CTR2_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CTR2 TOTAL</b>				<input type="text"/>
<b>CTR3_CONSULT</b> h. Hospital/Center of 3 <sup>rd</sup> choice	<b>CTR3_DRUG</b>	<b>CTR3_DIAG</b>	<b>CTR3_TRNSPRT</b>	<b>CTR3_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CTR3 TOTAL</b>				<input type="text"/>
<b>OTHER_SPEC</b> i. Other, specify	<b>OTHER_DRUG</b>	<b>OTHER_DIAG</b>	<b>OTHER_TRNSPRT</b>	<b>OTHER_OTHR</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>OTHER TOTAL</b>				<input type="text"/>
<b>Other, specify TOTAL</b>				<input type="text"/>

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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.]

- Cutting down expenses from meal MONY\_MEAL
- Cutting down from other expenses MONY\_OTHEXP
- Using savings MONY\_SVNGS
- Borrowing MONY\_BORROW
- Selling assets MONY\_ASSET
- Asking for donations outside the household MONY\_DONAT
- Relative or friend pays on your behalf MONY\_RELATIVE
- 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  
  If yes, how much?       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 OTHRLOSE\_EARN  
   If yes, how much?       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.]

.   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.]

.   Day(s) DAYSLOST\_OTHRCRE

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



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**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 <small>TRT_LOOSE6</small>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Diarrhea with fever <small>TRT_FEVER</small>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Frequent loose stools 7-10/day <small>TRT_LOOSE710</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood in stool (local name) <small>TRT_BLOOD</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent loose stool > 10/day <small>TRT_LOOSEG10</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decreased urination <small>TRT_DECURIN</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mucus/pus in stool (local name) <small>TRT_MUCUS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lethargy <small>TRT_LETHRGY</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice watery stool (local name) <small>TRT_RICE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coma/loss of consciousness <small>TRT_COMA</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea with wrinkled skin <small>TRT_WRNKSKIN</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry mouth <small>TRT_DRY</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea with sunken eyes <small>TRT_SUNKEYES</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea with dehydration <small>TRT_DEHYDR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify <small>TRT_OTHR OTHR_SPEC</small>	<input type="checkbox"/>	<input type="checkbox"/>		Diarrhea and vomiting <small>TRT_VOMIT</small>	<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?

No	Yes
<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

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 <small>NOTAGREE_SPEC</small>   |
| <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.*]

	<small>DWB_CTR1</small>	1 <sup>st</sup> Choice	<small>DWB_CTR2</small>	2 <sup>nd</sup> Choice	<small>DWB_CTR3</small>	3 <sup>rd</sup> Choice	<small>DWB_CTR4</small>	4 <sup>th</sup> Choice
Diarrhea with blood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>DWOB_CTR1</small>		<small>DWOB_CTR2</small>		<small>DWOB_CTR3</small>		<small>DWOB_CTR4</small>	
Diarrhea without blood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>DWB_SPEC</small>		<small>DWOB_SPEC</small>		<small>DWB_SPEC</small>		<small>DWOB_SPEC</small>	

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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:	Excellent	Good	Fair	Bad	DK	DK on DataFax screen only
<input type="text"/> <input type="text"/> <input type="text"/> MGHTRC1	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	MGHT1_OP
<input type="text"/> <input type="text"/> <input type="text"/> MGHTRC2	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	MGHT2_OP
<input type="text"/> <input type="text"/> <input type="text"/> MGHTRC3	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 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	
<input type="text"/> 1	Simple loose/watery diarrhea	<input type="text"/> 4	Bloody diarrhea
<input type="text"/> 2	Rice watery/cholera-like illness	<input type="text"/> 5	Other, specify <u>COMMON_SPEC</u>
<input type="text"/> 3	Don't know		

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

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

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

	No	Yes	DK
Simple loose/watery diarrhea	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3 CHLDGET_LOOSE
Bloody diarrhea	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3 CHLDGET_BLOOD
Rice watery/cholera-like illness	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3 CHLDGET_RICE

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

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

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

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

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	TRTWORKS_LOOSE
Bloody diarrhea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	TRTWORKS_BLOOD
Rice watery cholera-like illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	TRTWORKS_RICE

59. In your opinion, does ORS work well to treat diarrhea?      No      Yes      DK  
 1       2       3      ORS\_WORK

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	MST_DANGR
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	LST_DANGR
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	HIGHCOST
Rice watery cholera-like illness	<input type="checkbox"/> 3	
Don't know	<input type="checkbox"/> 4	

Study #006                      Plate #014                      Visit #001

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

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?

- |                                  | <i>No</i>                  | <i>Yes</i>                 |                     |
|----------------------------------|----------------------------|----------------------------|---------------------|
| Simple loose/watery diarrhea     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <b>USEVAC_LOOSE</b> |
| Bloody diarrhea                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <b>USEVAC_BLOOD</b> |
| Rice watery/cholera like illness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <b>USEVAC_RICE</b>  |

**Notes or comments** [*Initial and date notes*]

Interviewer's Name \_\_\_\_\_ **INT\_CODE2**  
    
*Staff code*

Quality Control's Name \_\_\_\_\_ **QC\_CODE2** **QC\_DATE2**  
       
*Staff code*      *Day*      *Month*      *Year*



| | | | | **SAMPLE ONLY** | | | | |

Study # 006

Plate # 101

Visit # 001

Child ID

Day

Month

Year

**[Directions: Complete a separate form for each child 0-59 months of age who has been selected for the survey, including children who have died within 14 days of the interview. 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".]**

*[Ask to speak to a Primary Caretaker of each child. If you cannot arrange to speak to a primary caretaker, complete questions 1-6, then sign your name, complete the staff code and date, and submit this form for data entry. Otherwise continue by reading the following request for permission to the caretaker:]*

*"We are conducting a research study to learn more about diarrhea illnesses that affect infants and children during the first 5 years of life. We would like to ask you some questions about the diarrheal illnesses that [Child's Name] may have had recently. The questions will take about 10 minutes or less. The information collected about your child will be shared with people in the U.S. who are helping with this project but it will not contain your child's name. We will keep this form in a locked file which only our staff has permission to access. You do not have to answer these questions, and you can stop participating at any time. Should you refuse to take part in the study, or decide to stop participating, you will continue to receive your usual medical care."*

1. Child's age:   (in months)
2. Gender:  Boy  Girl
3. Are you a primary caretaker of the child?  No  Yes *[If 'No', ask if a primary caretaker is available.]*
4. Parent or caretaker gives verbal consent:  No  Yes
5. Status of interview:  Conducted  Not conducted
6. If not conducted, what was the reason:
  - Primary caretaker not available  Refused  Moved away
  - Child died more than 14 days ago  Cannot locate child
  - Other (specify) \_\_\_\_\_

**[If "Not conducted", sign your name, staff code, date and submit this page to the DCC. If "Conducted", continue to Question 7.]**

7. Has [Child's Name] had an illness with diarrhea (3 or more abnormally loose stools during a 24-hour period) in the last 14 days? No  Yes

*[If "No", sign your name, staff code, date and submit this page to the DCC; if "Yes", continue to Question 8.]*

Interviewer's Name \_\_\_\_\_      
Staff code

Quality Control's Name \_\_\_\_\_            
Staff code Day Month Year

| | | | | **SAMPLE ONLY** | | | | |

Study # 006

Plate # 102

Visit # 001

Child ID

8. How many days ago did the diarrhea start?   (days)
- a. How many days did it last?   (days)
9. What is the maximum number of loose stools per day [Child's Name] had during this diarrheal illness?  
 3 to 6     7 to 10     More than 10 times per day     DK
10. Did [Child's Name] have any of the following symptoms during his/her diarrheal illness?
- |                        | No                       | Yes                      | DK                       |                                                  | No                       | Yes                      | DK                       |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Fever                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to drink or drank poorly                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood in stool         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rice watery stool without blood [Use local name] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irritable/less playful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lethargic, unconscious, or hard to stay awake    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very thirsty           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sunken eyes, more than usual                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrinkled skin          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                  |                          |                          |                          |
11. Did [Child's Name] vomit?     No     Yes  
*[If 'No', go to Question 12. If 'Yes', continue.]*
- a. On the worst day, how many times did s/he vomit?     1-2     3-5     more than 5 times
- b. How many days did the child have vomiting?     1-2     3-5     more than 5 days
12. What was the outcome of this diarrheal illness?  
 Resolved     Improved     Continuing     Worsening     Child died
13. Did you seek care for [Child's Name]'s diarrhea outside your home?     No     Yes  
*[If 'No', continue to Question 14. If 'Yes', go to Question 15.]*
14. 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. If no further responses, continue to Question 19.]
- |                                                            |                                                                         |
|------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Child did not seem to need care   | <input type="checkbox"/> Cost for travel too high                       |
| <input type="checkbox"/> Clinic 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"/> Could not take time off from work | <input type="checkbox"/> Not happy with clinical services in area       |
| <input type="checkbox"/> Flood or bad weather              | <input type="checkbox"/> Other, specify _____                           |
| <input type="checkbox"/> Political unrest                  |                                                                         |

