
Person ID

(Study ID without visit EG: MF0001 is AIC
Msambweni child 1)

Submissiondate

Study ID

End Aic (internally generated date from tablet. not
reliable)

Today Aic (internally generated date from tablet. not
reliable)

Start Aic (internally generated date from tablet. not
reliable)

DeviceID Aic (internally generated date from tablet.)

Subscriber ID

What is the hospital site?

Is the child enrolled as an HCC patient?

- Yes
- No

What is the child's HCC ID number?

Which type of visit is this?

- Initial visit, first enrollment
- Initial visit, re-enrollment
- Scheduled one month follow-up
- Sick visit prior to scheduled follow up
- Repeat follow up (patient was febrile during
scheduled follow up)

Interviewer name

Other interviewer name

Interview date

What is the informant's relationship to child/patient?

- Child/Patient
- Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Grandmother
- Grandfather
- Other

Other informant Relationship

Child's Date of Birth

Child's calculated Age

Child's Gender

- Male
- Female

Child's occupation

- 0-2 years (no school yet)
- Madrassa
- Nursery school
- Primary school student
- Secondary school student
- Other student
- Housewife
- Herder
- Business person
- Other
- N/A

Other Child Occupation

What is the child's highest level of education?

- Primary school
- Secondary school
- Technical college
- Professional degree
- Other
- N/A

Other child highest level of education

What is the mom's highest level of education?

- Primary school
- Secondary school
- Technical college
- Professional degree
- Other
- N/A

Other Mum highest education level

What is the roof made out of?

- Natural material
- Corrugated iron
- Plastic
- Other
- N/A

Other roof type

What kind of latrine/toilet do they use?

- None
- Bush
- Pit latrine
- VIP latrine
- Flush toilet
- Other
- N/A

Other latrine type

What is the floor made out of?

- Dirt
- Wood
- Cement
- Tile
- Other
- N/A

Other floor type

Drinking water source

- River or pond
- Rain water
- Public well or borehole
- Inside well
- Public tap or piped
- Water truck
- N/A

What is the main source of light at night?

- Electricity line
- Paraffin
- Gas
- Firewood
- Charcoal
- Solar
- Other
- N/A

Other light source

Does child's dwelling have any of the following?

How many windows are there in the house?

How many rooms in the house?

How many people live in the house?

How many siblings living in the house?

How many people sleeping in the same room?

Do they own a telephone?

- Yes
 No
 Refused

Do they own a radio?

- Yes
 No
 Refused

Do they own a television?

- Yes
 No
 Refused

Do they own a bicycle?

- Yes
 No
 Refused

Do they own a motorized vehicle (i.e. automobile, scooter)?

- Yes
 No
 Refused

Do they have a domestic worker?

- Yes
 No
 Refused

Has the child been in contact with other people with similar symptoms in the last 15 days?

- Yes
 No
 Refused

Does the child usually work outdoors or do outdoor activities?

- Yes
 No
 Refused

Did the child get bitten by mosquitoes in the last 4 weeks?

- Yes
 No
 Refused

Does the child use a mosquito coil to avoid mosquitoes?

- Yes
 No
 Refused

Does the child sleep under a mosquito net?

- Always
 Sometimes
 Rarely
 Never
 N/A

Has the child traveled more than 10km away from home in the last 6 months?

Yes
 No
 Refused

If yes, where did they travel?

Did the child spend at least one night in the travel destination?

Yes
 No
 Refused

Has the child ever been hospitalized?

Yes
 No
 Refused

Hospitalization history

Has the child ever had surgery?

Yes
 No
 Refused

If yes, what was the child's surgery for?

When was the child's surgery?

Was the child full term or preterm?

Full term
 Preterm
 Does not know

Was the patient breast fed as a child?

Yes
 No
 Refused

If yes, how many months was the patient breast fed?

1 month
 2 months
 3 months
 4 months
 5 months
 6 months
 7 months
 8 months
 9 months
 10 months
 11 months
 12 months
 Between 12-18 months
 18 months
 Other
 Do not know

Other how long the patient was breast fed

Has the child had any vaccinations?

Has the child ever been vaccinated against Yellow Fever? Yes
 No
 Refused

If yes, when were they vaccinated?

Has the child ever been vaccinated against Japanese Encephalitis? Yes
 No
 Refused

If yes, when were they vaccinated?

Past medical history

Other past medical history

Is the child currently taking any medications? Yes
 No
 Refused

If yes, which ones?

Other current medications

Has the patient ever been pregnant? Yes
 No
 Refused

Is the child currently sick? Yes
 No
 Refused

Current Disease Note

If the child does not have any symptoms they should not be included in the study.

How many days has the child been ill/showed symptoms?

What are the child's current symptoms?

Other current symptoms

Temperature (C)

Child height (cm) (not reliable)

Child weight (kg) (not reliable)

Head circumference for children under 2 years old
(cm) (not reliable)

(only in children under 2)

Heart rate (beats/minute)

(This value is unreliable)

Respiratory rate (breaths/minute)

(This value is unreliable)

Blood pressure measurement available?

- Yes
 No
(This value is unreliable)

Systolic blood pressure (mmHg)

(This value is unreliable)

Diastolic blood pressure (mmHg)

(This value is unreliable)

Pulse oximetry reading (%)

(This value is unreliable)

Can visual acuity testing be performed?

- Yes
 Unable to perform because child was too sick
 Unable to perform because child was too young
 Unable to perform for another reason"

Left eye visual acuity

Right eye visual acuity

Head and neck exam

Clinician's notes on head and neck exam

Chest exam

Clinician's notes on chest exam

Heart exam

Clinician's notes heart

Abdomen exam

Where is the abdominal tenderness?

Clinician's notes on abdominal exam

Node exam

Other node exam

Clinician's notes on node exam

Joint exam

Which joints?

Clinician's notes on joint exam

Skin exam

Other skin exam

Clinician's notes on skin exam

Neuro exam

Other euro exam

Clinician's notes on neuro exam

Tourniquet test

- Positive 20 or more
- 10
- Normal
- Not done

Which malaria lab test was ordered?

Specify if other

Results of malaria blood smear

- Negative
- 1+ (+)
- 2+ (++)
- 3+ (++++)
- 4+ (++++)
- Pending

Results of rapid diagnostic test (RDT)

- Positive
- Negative

Laboratory tests ordered

Specify if other

Wbc (mcl or u)

% neutrophils

% lymphhead of compoundytes

% monocytes

% eosinophils

Hemoglobin in blood count test (g/dl)

MCV

Platelets count

Specify which other blood test and enter results.

Hemoglobin results (g/dl)

HIV test result

- Reactive
- Non_reactive
- Unknown
- Refused

Urinalysis results

- Normal
 Abnormal
 Unknown

Enter abnormal urinalysis results.

Results of stool ova and cyst test

- Normal
 WBCs
 Ova_or_cysts
 Other

Enter other findings seen on stool test

Results of Widal or other typhoid test

- positive
 Negative
 Unknown

Results of sickle cell disease test

- positive
 negative
 unknown

Specify other tests ordered.

Enter results of other tests ordered.

What do you think is the most likely cause of the child's illness?

- Malaria
 Chikungunya virus
 Dengue virus
 Influenza
 Common cold virus
 Measles
 Bacterial infection
 Other
 NA

Other primary diagnosis

What type of bacterial illness?

If your primary diagnosis is not correct, what is your second guess of what could be causing the child's illness?

- I still think it is my primary diagnosis
 Malaria
 Chikungunya virus
 Dengue virus
 Influenza
 Common cold virus
 Measles
 Bacterial infection
 Other
 NA

Other secondary diagnosis

What type of bacterial illness?

What do you think is the stage of the child's disease?

Specify if other

What could be contributing to the child's illness?

Other health impacts

Medications prescribed

Other medicines prescribed

Outcome

- Sent home, no follow-up
- Sent home with follow-up
- Referred to district hospital
- Referred to provincial hospital for intensive care
- Death
- Other

Other outcome

Was the patient hospitalized?

- Yes
 - No
 - Refused
- ((Philip Chebii (one of the COs in Msambweni) says 'refused' is 'refused to answer'. He is says it is very rare))

If yes, where was the patient hospitalized? (visit's outcome)

- Obama Children's Hospital
- Chulaimbo Health Centre
- Msambweni District Hospital
- Ukunda Health Centre
- Other
- N/A

Other hospital where hospitalized (visit's outcome)

When was the patient hospitalized? (visit's outcome)

Key

Version

 Parent Key

 (aic_merged_past_med_history_past_hospitalization)

 Key Aic Merged Past Med History Past Hospitalization

 (aic_merged_past_med_history_past_hospitalization)

 Past hospitalizations?

 (aic_merged_past_med_history_past_hospitalization)

Past hospitalizations

How many itimes was the patient hospitalized?

 (aic_merged_past_med_history_past_hospitalization)

 Why was the patient hospitalized? (1)

 (aic_merged_past_med_history_past_hospitalization)

 When was the patient hospitalized? (1)

 (aic_merged_past_med_history_past_hospitalization)

 Where was the patient Hospitalized? (1)

- Obama Children's Hospital
- Chulaimbo Health Centre
- Msambweni District Hospital
- Ukunda Health Centre
- Other
- N/A

 (aic_merged_past_med_history_past_hospitalization)

 If other, specify where patient was hospitalized. (1)

 How long was the patient hospitalized? (1)

 (aic_merged_past_med_history_past_hospitalization)

 Why else was the patient hospitalized? (2)

 (database_cleaning)

 When else was the patient hospitalized? (2)

 (database_cleaning)

 Where else was the patient hospitalized? (2)

- Obama Children's Hospital
- Chulaimbo Health Centre
- Msambweni District Hospital
- Ukunda Health Centre
- Other
- N/A

 (database_cleaning)

If other, specify where patient was hospitalized this time. (2)

(database_cleaning)

How long was the patient hospitalized this time? (2)

- 0 -3 days
 - 4 - 7 days
 - 2 weeks
 - 3 weeks
 - 4 weeks
 - 5 weeks
 - 6 weeks
 - More than 6 weeks
 - Do not know
- (database_cleaning)
-

Why else was the patient hospitalized? (3)

(database_cleaning)

When else was the patient hospitalized? (3)

(database_cleaning)

Where else was the patient hospitalized? (3)

- Obama Children's Hospital
 - Chulaimbo Health Centre
 - Msambweni District Hospital
 - Ukunda Health Centre
 - Other
 - N/A
- (database_cleaning)
-

If other, specify where patient was hospitalized this time. (3)

(database_cleaning)

How long was the patient hospitalized this time? (3)

- 0 -3 days
 - 4 - 7 days
 - 2 weeks
 - 3 weeks
 - 4 weeks
 - 5 weeks
 - 6 weeks
 - More than 6 weeks
 - Do not know
- (database_cleaning)
-

Why else was the patient hospitalized? (4)

(database_cleaning)

When else was the patient hospitalized? (4)

(database_cleaning)

Where else was the patient hospitalized? (4)

- Obama Children's Hospital
 - Chulaimbo Health Centre
 - Msambweni District Hospital
 - Ukunda Health Centre
 - Other
 - N/A
- (database_cleaning)
-

If other, specify where patient was hospitalized this time. (4)

(database_cleaning)

How long was the patient hospitalized this time? (4)

- 0 -3 days
 - 4 - 7 days
 - 2 weeks
 - 3 weeks
 - 4 weeks
 - 5 weeks
 - 6 weeks
 - More than 6 weeks
 - Do not know
- (database_cleaning)
-

Why else was the patient hospitalized? (5)

(database_cleaning)

When was the patient hospitalized this time? (5)

(database_cleaning)

Where was the patient Hospitalized this time? (5)

- Obama Children's Hospital
 - Chulaimbo Health Centre
 - Msambweni District Hospital
 - Ukunda Health Centre
 - Other
 - N/A
- (database_cleaning)
-

If other, specify where patient was hospitalized this time. (5)

(database_cleaning)

How long was the patient hospitalized this time? (5)

- 0 -3 days
 - 4 - 7 days
 - 2 weeks
 - 3 weeks
 - 4 weeks
 - 5 weeks
 - 6 weeks
 - More than 6 weeks
 - Do not know
- (database_cleaning)