

MODULE 2: CAREGIVER AND FAMILY BACKGROUND INFORMATION**Interviewer:*****Thank you very much for agreeing to respond to this survey. I would first like to ask you about you and your family.***

M2.1	What is the name of the child	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	M2.1	
M2.2	What is the date of birth of the child?	dd _ _ mm _ _ yyyy _ _ _ _ _	M2.2	
M2.3	What is your name?	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	M2.3	
M2.4	What is your age?	Enter number	_ _ _ Years	M2.4
M2.5	Are you the mother of child [Name]? (If not please specify)	1. Yes 2. No, specify – GO TO M2.6	_	M2.5
M2.6	If NO , specify	_____	M2.6	
M2.7	Do you know how to read or how to write?	1. Yes 2. No – GO TO M2.10	_	M2.7
M2.8	Have you ever attended school?	1. Yes 2. No – GO TO M2.10	_	M2.8
M2.9	How many years of education have you had?	Enter number	_ _ _ Years	M2.9
M2.10	Are you gainfully employed?	1. Yes 2. No – GO TO M2.12	_	M2.10
M2.11	What is nature of your work? Select ONLY one	1. Professional/technical/managerial 2. Clerical 3. Sales and services 4. Skilled manual Unskilled manual 5. Agriculture	_	M2.11
M2.12	Are you married?	1. Yes 2. Widowed – GO TO M2.19 3. No – GO TO M2.19	_	M2.12
M2.13	What is your husband's age?	Enter age 99 if don't know	_ _ _ Years	M2.13
M2.14	Does he know how to read or how to write?	1. Yes 2. No – GO TO 2.17	_	M2.14
M2.15	Has he ever attended school?	1. Yes 2. No – GO TO 2.17	_	M2.15
M2.16	How many years of education has he had?	Enter number 99 if don't know	_ _ _ Years	M2.16
M2.17	Is he gainfully employed?	1. Yes 2. No – GO TO 2.19	_	M2.17
M2.18	What is nature of his work? Select ONLY one	1. Professional/technical/managerial 2. Clerical 3. Sales and services 4. Skilled manual Unskilled manual 5. Agriculture	_	M2.18
M2.19	Have you ever been tested for HIV	1. Yes, positive 2. Yes, negative 3. Yes, don't know 4. No – END ENTRY INTERVIEW	_	M2.19
M2.20	Have [Child's Name] ever been tested for HIV	1. Yes, positive 2. Yes, negative	_	M2.20

3. Yes, don't know
4. No

***** End Entry Interview Here Continue After Consultation *****

MODULE 3-7: AFTER CONSULTATION

MODULE 3: HEALTH STATUS OF THE CHILD

INTERVIEWER: I would now like to ask you about the current health status of your baby and any illness your baby has and care takers experience with the Health Extension Worker

		1= Yes	2= No	8=DK	<input type="checkbox"/>		
M3.1	Has [NAME] had fever with this illness or any time in the past two days?				<input type="checkbox"/>	M3.1	
M3.2	Has [NAME] had very cold body with this illness or any time in the past two days?	1	2	8	<input type="checkbox"/>	M3.2	
M3.3	Has [NAME] had any convulsion with this illness?	1	2	8	<input type="checkbox"/>	M3.3	
M3.4	Does [NAME] have cough with this illness?	1	2	8	<input type="checkbox"/>	M3.4	
M3.5	Does [NAME] have rapid breathing with this illness?	1	2	8	<input type="checkbox"/>	M3.5	
M3.6	Does [NAME] have grunted breathing with this illness?	1	2	8	<input type="checkbox"/>	M3.6	
M3.7	Does [NAME] have difficulty in breathing (i.e. lower chest wall in drawing) with this illness?	1	2	8	<input type="checkbox"/>	M3.7	
M3.8	Does [NAME]'s ability to breastfeed or drink milk is significantly reduced during this illness?	1	2	8	<input type="checkbox"/>	M3.8	
M3.9	Does [NAME] vomit everything when he/she breastfeeds or drink milk during this illness?	1	2	8	<input type="checkbox"/>	M3.9	
M3.10	Has [Name] had watery and frequent stools with this illness or any time in the past two days?	1	2	8	<input type="checkbox"/>	M3.10	
M3.11	Has [HE/SHE] been excessively sleepy during this illness?	1	2	8	<input type="checkbox"/>	M3.11	
M3.12	Has [HE/SHE] lacked spontaneous movement during this illness?	1	2	8	<input type="checkbox"/>	M3.12	
M3.13	Has [HE/SHE] got visible bulging fontanelle during this illness?	1	2	8	<input type="checkbox"/>	M3.13	
M3.14	Has [HE/SHE] been excessively irritable/ crying during this illness?	1	2	8	<input type="checkbox"/>	M3.14	
		1= Yes 2= No					
For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS PROBE: Anything else/other?		M3.15	Ear problems		<input type="checkbox"/>	M3.15	
		M3.16	Skin sore problem		<input type="checkbox"/>	M3.16	
		M3.17	Injury		<input type="checkbox"/>	M3.17	
		M3.18	No reason/general exam		<input type="checkbox"/>	M3.18	
		M3.19	Vaccination		<input type="checkbox"/>	M3.19	
		M3.20	Other – GO TO M3.21		<input type="checkbox"/>	M3.20	

		M3.21	Specify _____	M3.21
M3.22	Has [NAME] been brought to this facility before for this same illness? IF YES, ASK: How long ago was that?		<ol style="list-style-type: none"> 1. Within the past week 2. Within the past 2-4 3. More than 4 weeks 4. No 5. DON'T KNOW. 	<input type="checkbox"/> M3.22
M3.23	How many days ago did the illness for which you brought [NAME] here begin? If less than 1 day, enter 00		ENTER NUMBER 99: DON'T KNOW	<input type="text"/> <input type="text"/> Days M3.23

MODULE 4: INFORMATION PROVIDED TO CARETAKER ABOUT ILLNESS, TREATMENT AND CARE

M4.1	Did the HEW tell you what illness [NAME] has?		<ol style="list-style-type: none"> 1. Yes, I do understand 2. Yes, but I am not sure 3. No 	<input type="checkbox"/> M4.1
M4.2	What would you do if [NAME] does not get completely better or becomes worse?		<ol style="list-style-type: none"> 1. Return to the HEW (HP) 2. Go to Health center/hospital 3. Go to the pharmacy 4. Go to traditional healer. 5. Nothing, just wait. 6. Don't know 	<input type="checkbox"/> M4.2
Did the HEW tell you about any signs or symptoms you might see for which you must immediately bring the child back? Or go the health center/ hospital IF YES: Can you tell me what these are? (Please check all the possible responses)		1= Yes 2= No		
		M4.3	Fever	<input type="checkbox"/> M4.3
		M4.4	Breathing problems	<input type="checkbox"/> M4.4
		M4.5	Becomes sicker	<input type="checkbox"/> M4.5
		M4.6	Vomiting	<input type="checkbox"/> M4.6
		M4.7	Poor/not drinking or breastfeeding	<input type="checkbox"/> M4.7
		M4.8	None to watch	<input type="checkbox"/> M4.8
		M4.9	Other	<input type="checkbox"/> M4.9
Did the HEW tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Can you tell me what these are? (Please check all the possible responses)		1= Yes 2= No		
		M4.11	More medicines	<input type="checkbox"/> M4.11
		M4.12	If symptoms increase or become worse follow-up appointment.	<input type="checkbox"/> M4.12
		M4.13	Lab test results	<input type="checkbox"/> M4.13
		M4.14	Child admitted	<input type="checkbox"/> M4.14
		M4.15	Routine immunization	<input type="checkbox"/> M4.15
		M4.16	No	<input type="checkbox"/> M4.16
		M4.17	Others	<input type="checkbox"/> M4.17
M4.18	Specify _____		M4.18	
M4.19	Did the provider give or prescribe any medicines for [NAME] to take at home?		<ol style="list-style-type: none"> 1. Yes, gave meds only 2. Yes, gave prescription only 3. Yes, gave both meds and prescription 4. No – GO TO M4.24 	<input type="checkbox"/> M4.19
M4.20	Ask to see all medications that the		<ol style="list-style-type: none"> 1. Has all medicines 	<input type="checkbox"/> M4.20

	<p>caretaker received and any prescriptions that have not yet been filled.</p> <p>Circle the response describing the medications and prescriptions you see.</p>	<p>2. Has some meds, some un-filled prescriptions</p> <p>3. No medications seen, has the prescription only</p>		
M4.21	Did the HEW explain to you how to give these medicines to [NAME] at home?	<p>1. Yes</p> <p>2. No</p> <p>8. Don't know</p>	<input type="checkbox"/>	M4.21
M4.22	Do you feel comfortable or confident that you know how much of each medication to give [NAME] each day and for how many days to give it?	<p>1. Yes</p> <p>2. No</p>	<input type="checkbox"/>	M4.22
M4.23	Has [NAME] been given an oral dose of any of these medications here at the facility already?	<p>1. Yes</p> <p>2. No</p>	<input type="checkbox"/>	M4.23
M4.24	Did [NAME] receive an injection for treating the sickness here at the facility today?	<p>1. Yes</p> <p>2. No</p>	<input type="checkbox"/>	M4.24
M4.25	Did anyone at the health facility weigh [NAME] today?	<p>1. Yes</p> <p>2. No</p>	<input type="checkbox"/>	M4.25
M4.26	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	<p>1. Yes</p> <p>2. No</p>	<input type="checkbox"/>	M4.26
M4.27	What did the HEW tell you about keep giving breast milk, if the child is breastfed to [NAME] during this illness?	<p>1. Give less than usual</p> <p>2. Give same as usual</p> <p>3. Give more than usual</p> <p>4. Give nothing/don't feed</p> <p>5. Didn't discuss</p>	<input type="checkbox"/>	M4.27
M4.28	Did the HEW give any advice about hand washing during this illness?	<p>1. Yes, wash hands before touching the child</p> <p>2. Yes, wash hands before breast feeding</p> <p>3. Yes, always wash hands with soap</p> <p>4. Didn't discuss</p>	<input type="checkbox"/>	M4.28
M4.29	Did the HEW give any advice about keeping the child warm during this illness?	<p>1. Yes, consistently wrapped to keep warm</p> <p>2. Yes, don't keep warm</p> <p>3. No, didn't discuss</p>	<input type="checkbox"/>	M4.29
M4.30	Was [NAME] given a vaccination today? IF YES, ASK TO SEE THE VACCINATION CARD OR BOOKLET TO VERIFY.	<p>1. Yes, observed in the card</p> <p>2. Yes, reported by the caregiver</p> <p>3. No</p>	<input type="checkbox"/>	M4.30
M4.31	Were you advised on the next vaccination visit?	<p>1. Yes</p> <p>2. No</p>	<input type="checkbox"/>	M4.31
M4.32	Did you even receive HIV information from the HEW?	<p>1. Yes</p> <p>2. No</p>	<input type="checkbox"/>	M4.32

MODULE 5: REFERRAL

M5.1	Did the HEW instruct you to take [NAME] to see a provider in another facility (health center/ hospital) for further care?	<p>1 = Yes</p> <p>2 = No – GO TO M5.7</p>	<input type="checkbox"/>	M5.1
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	Regarding this referral, please tell me:	YES	No	DK	<input type="text"/>	
M5.2	Were you given any paper or record to take with you for the referral?	1	2	8	<input type="text"/>	M5.2
M5.3	Were you told where to go for the referral?	1	2	8	<input type="text"/>	M5.3
M5.4	Were you told who to see for the referral?	1	2	8	<input type="text"/>	M5.4
M5.5	Were you told why you are to go for the referral?	1	2	8	<input type="text"/>	M5.5
M5.6	Do you intend to go to this (these) referral(s)?	1	2	8	<input type="text"/>	M5.6
M5.7	Did you take [NAME] to see another health provider or traditional healer before coming here? IF YES, ASK: Whom did you see and where? CIRCLE ALL THAT APPLY	1. Yes, provider at different facility 2. Yes, traditional healer 3. No one			<input type="text"/>	M5.7

MODULE 6: CAREGIVER SATISFACTION							
M6.1	How long did you wait between the time you arrived at this health post and the time you were able to see a provider for the consultation? SAW PROVIDER IMMEDIATELY: 000 Don't know: 999	Enter number				<input type="text"/> Minutes	M6.1
Now I am going to ask about some common experience you have had the Health post today. As I mention each one, please tell me whether any of these were issues or problems for you today, and if so, whether they were major or minor problems for you.		Major	Minor	No problem	DK		
M6.2	Time you waited to see a provider	1	2	3	8	<input type="text"/>	M6.2
M6.3	Ability to discuss problems or concerns about [NAME] illness	1	2	3	8	<input type="text"/>	M6.3
M6.4	Amount of explanation you received about the child's problem or treatment	1	2	3	8	<input type="text"/>	M6.4
M6.5	Privacy from having others see the examination	1	2	3	8	<input type="text"/>	M6.5
M6.6	Privacy from having others hear your child's consultation discussion	1	2	3	8	<input type="text"/>	M6.6
M6.7	Availability of medicines at this facility	1	2	3	8	<input type="text"/>	M6.7
M6.8	The working hours of service at this facility, i.e., when they open and close	1	2	3	8	<input type="text"/>	M6.8
M6.9	The number of days services are available to you	1	2	3	8	<input type="text"/>	M6.9

M6.10	The cleanliness of the facility	1	2	3	8	<input type="checkbox"/>	M6.10
M6.11	How the staff treated you	1	2	3	8	<input type="checkbox"/>	M6.11
M6.12	Cost for medicine, if applicable (if not enter:8)	1	2	3	8	<input type="checkbox"/>	M6.12
M6.13	Cost for referral, if applicable (if not enter:8)	1	2	3	8	<input type="checkbox"/>	M6.13
M6.14	Is this the closest health post to your home?	1. Yes 2. No				<input type="checkbox"/>	M6.14
M6.15	In general, Can you tell us whether or not you were satisfied with the neonatal care services provided at this health post by the HEW today t? Do not read list of options	1 = Yes was satisfied 2 = No was not satisfied – GO TO M6.17 3 = Neither satisfied nor dissatisfied– GO TO M6.18				<input type="checkbox"/>	M6.15
M6.16	IF YES, then what was the level of satisfaction Read both options	1 = Fully satisfied – GO TO M6.18 2 = Somewhat satisfied– GO TO M6.18				<input type="checkbox"/>	M6.16
M6.17	IF NO, then what was the level of dissatisfaction Read both options	1 = Fully dissatisfied 2 = Somewhat dissatisfied				<input type="checkbox"/>	M6.17
M6.18	Will you recommend this Health Post to a friend or family member?	1. Yes 2. No				<input type="checkbox"/>	M6.18
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!							