

Integrated Community Case Management of Childhood Diseases in Uganda

INSCALE ENDLINE CHILD QUESTIONNAIRE 2014
30032014

[FORM ID LABEL HERE]

FORMNO

1 Child demographic characteristics

COMPLETE THIS FORM **ONCE** FOR EVERY CHILD LESS THAN FIVE YEARS OF AGE

[Fill in the below details 1.1 and 1.2 – cross check against the household form that you have just filled for the correct household ID]

1.1 Household ID . . . HHID

1.2 Child Code [give each child under five in this household a unique number from 01-99] CNO

CONFIRM THAT THE RESPONDENT IS THE **PRIMARY CARETAKER** FOR THIS CHILD

1.3 What the child's name? CNAME

1.4 Is [NAME] less than 1 month of age?

Yes 1 → 1.6 CLESS5

No 0

1.5 What is [NAME]'s age? [write the age below in years and months]

YEARS [=00 if less than one year old] YEARS

MONTHS MONTHS

1.6 What is [NAME]'s date of birth? [DD/MM/20YY] / 20 CDOB

[Every child form **MUST** include the full date of birth of the child (there is no option for 'not known'). If the caretaker is unsure, probe to provide a best estimate – Ask to see the Child Health Card if necessary]

1.7 Is [NAME] a boy or a girl?

boy 1 CSEX

girl 2

1.8 What is your relationship to [NAME]

1 Mother	2 Father	3 Sibling	4 Aunt/Uncle	5 Grandmother/father	CRELATE
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ CRELATEO

Say:

Now I would like to ask you whether [NAME] has been sick in the last month including today

1.9 In the past month including today, has [NAME] been sick? [READ OUT ALL OPTIONS]

[If the child has been sick more than once in the last month ONLY SURVEY ABOUT THE LAST (MOST RECENT) ILLNESS EPISODE]

YES, in the past 2 weeks	1		CESICK
YES, more than 2 weeks but up to 1 month ago	2		
NO, child not sick at all in the last month	0	→END	

If the child was NOT sick in the last month, CROSS THROUGH the following Sections 2-5 and END THE INTERVIEW

2 Illness

2.1 At this last time when [NAME] was sick did s/he have an illness with a cough?

Yes	1		COUGH
No	0	→ 2.4	

2.2 When [NAME] had the illness with a cough, did s/he have difficulty breathing or breathe faster than usual with short, rapid breaths?

Yes	1		BREATHE
No	0	→ 2.4	

2.3 When [NAME] had difficulty breathing or fast breathing, was it a problem with the chest or with a runny or blocked nose?

1 Problem with the chest	2 Blocked or runny nose	3 Both	4 I couldn't tell	LBREATHE
0 Neither				

2.4 At the time when [NAME] was sick, did s/he have a fever?

Yes	1		CFEVER
No	0		

2.5 At that last time when [NAME] was sick did s/he have diarrhoea?

Yes	1		CDIARR
No	0	→ 2.8	

2.6 On the day when [NAME] was most sick, how many stools in a day and the following night did [NAME] pass?

		CSTOOL
--	--	--------

2.7 Was the diarrhoea: **[PROBE]**

Watery	1	DIARRT
Containing mucus	2	
Bloody	3	

2.8 Did [name] have any of the following symptoms when s/he was sick that last time? [Read out list and circle yes or no. Explain symptoms as necessary] **classic danger signs for which children referred**

2.8.1	Convulsions	1. YES	0. NO	CONVUL
2.8.2	Unconsciousness	1. YES	0. NO	UNCONS
2.8.3	Lethargy/abnormally sleepy	1. YES	0. NO	SLEEPY
2.8.4	Vomiting everything	1. YES	0. NO	VOMT
2.8.5	Not drinking/breastfeeding	1. YES	0. NO	NODRINK
2.8.6	Loss of appetite	1. YES	0. NO	NOEAT
2.8.7	Chest indrawing <i>[Explain as 'whole chest pulling in']</i>	1. YES	0. NO	INDRAW
2.8.8	Chest pain	1. YES	0. NO	CHPAIN
2.8.9	Coughing up blood	1. YES	0. NO	CGBLOOD
2.8.10	Grunting	1. YES	0. NO	GRUNT
2.8.11	Wheezing	1. YES	0. NO	WHEEZE
2.8.12	Shortness of breath	1. YES	0. NO	SHORTB
2.8.13	Flaring of nostrils	1. YES	0. NO	FLARE
2.8.14	Continuous shaking	1. YES	0. NO	CHILLS
2.8.15	Restlessness	1. YES	0. NO	RESTLS
2.8.16	Irritability	1. YES	0. NO	IRRITA

3 Care seeking

SAY:

I would now like to ask you some questions about whether you sought care outside the home for this last illness that [NAME] had. If you did seek care, I would also like to know where or from whom you sought care and the cost and time it took.

3.1 Did you seek advice or treatment for that last illness outside the home?

Yes	1	→3.3	RXTHOME
No	0		

3.2 Why did you not seek advice or treatment outside the home? [circle the MAIN reason only]

1 Health facility/health provider too far	2 Had no time	3 Did not want to attend a health facility	4 Could manage illness at home	→S4	NOERXT	
5 Could treat illness with drugs I had at home	6 Spouse did not allow	7 Spouse's mother/my mother did not allow	8 Illness was not severe/illness got better by itself			
88 Other [SPECIFY BELOW]						

If 'Other' specify _____

→S4

NOERXTO

3.3 Where did you FIRST go to seek advice or treatment? [IF A HEALTH FACILITY: Ask for the name of the facility and check the facility level using the list of facilities provided]

1	PUBLIC SECTOR: Village Health Team/CMD	7	PRIVATE SECTOR: Pharmacy/drug shop	RXTPLACEU
2	PUBLIC SECTOR: Health Centre II (Health post)	8	PRIVATE SECTOR: Private health post/smaller clinic	
3	PUBLIC SECTOR: Health Centre III	9	PRIVATE SECTOR: Private hospital	
4	PUBLIC SECTOR: Health Centre IV	10	PRIVATE SECTOR: Private mobile/Outreach services	
5	PUBLIC SECTOR: Hospital	11	OTHER: General shop	
6	PUBLIC SECTOR: Mobile/Outreach services	12	OTHER: Traditional/herbal practitioner	
88	Other [SPECIFY BELOW]			

If 'Other' specify _____

RXTPLACO

3.4 How many days after you first saw the child was sick did you seek help outside the home? **DAYS**

--	--

 HDAYS**3.5 How did you get to the first place from which you sought treatment or advice? [circle MAIN transport]**

1 Walking	2 Bicycling	3 Boda Boda (motorbike taxi)	4 Taxi (public minibus/car)	GOTPLACE
5 Bus	6 Special hire car	7 Lorry/pickup	8 Boat	
88 Other [SPECIFY BELOW]				

If 'Other' specify _____

GOTPLACEO

3.6 How long did it take you to get from home to the first place you sought treatment/advice from? [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

hrs

--	--

DURHRS

mins

--	--

MINS

3.7 In relation to the visit to the first place you sought advice or treatment from:
Did you spend money on any of the following:

[Example 5000 UG Shillings – 005000]
[Fill in 000000 if no money was spent]
[Fill in 999999 if amount unknown]

3.7.1	Transportation	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TRANS
3.7.2	Patient registration fees	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFGEES
3.7.3	Material costs (like gloves, IV, syringes, etc)	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SYRINGES
3.7.4	Medicines	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEDICINE
3.7.5	Charges for overnight stay/accommodation	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OVERNFEEES
3.7.6	Monetary/non-monetary gifts, contributions	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GIFTS
3.7.7	Sustenance costs (food, drinks)	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SCOSTS
3.7.8	Other financial expenditure [SPECIFY BELOW]	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OEXPENSE

If 'Other' specify _____

OCOSTS

3.8 How long did you spend at the first place you sought advice or treatment from? Please Include both waiting time and time of consultation. [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

hrs	<input type="text"/>	<input type="text"/>	FACHRS
mins	<input type="text"/>	<input type="text"/>	FACMIN

3.9 How many ADULTS, including you, accompanied [NAME] to seek advice/treatment? [Just you=01]

--	--

 NUMACC

3.10 When you took [NAME] to this first place, were you referred to another location for further advice and/or treatment?

Yes	<input type="text" value="1"/>	REFER1
No	<input type="text" value="0"/> → 3.12	

3.11 [If yes:] Did you go to the second place you were referred to?

Yes	<input type="text" value="1"/> → 3.14	GOREF1
No, instead I sought advice or treatment at a different place to the one I was referred to	<input type="text" value="2"/> → 3.13	
No, I did not seek any further advice or treatment outside the home	<input type="text" value="0"/> → 3.30	

3.12 [If answer to qn 3.10 is NO:] Even if you were not referred, did you seek advice or treatment anywhere else after going to this first place?

Yes	<input type="text" value="1"/>	SEEK2
No	<input type="text" value="0"/> → 3.30	

3.13 What was the reason you sought care at the second place? [circle the MAIN reason only]

No drugs at first place	1
I was not happy with advice/treatment given at first place	2
Other [SPECIFY BELOW]	88

REAS2CS

If 'Other' specify _____

REAS2CS

3.14 What was the SECOND place where you sought advice or treatment? [IF A HEALTH FACILITY: Ask for the name of the facility and check the facility level using the list of facilities provided]

1	PUBLIC SECTOR: Village Health Team/CMD	7	PRIVATE SECTOR: Pharmacy/drug shop	RXTPLAC2U
2	PUBLIC SECTOR: Health Centre II (Health post)	8	PRIVATE SECTOR: Private health post/smaller clinic	
3	PUBLIC SECTOR: Health Centre III	9	PRIVATE SECTOR: Private hospital	
4	PUBLIC SECTOR: Health Centre IV	10	PRIVATE SECTOR: Private mobile/Outreach services	
5	PUBLIC SECTOR: Hospital	11	OTHER: General shop	
6	PUBLIC SECTOR: Mobile/Outreach services	12	OTHER: Traditional/herbal practitioner	
88	Other [SPECIFY BELOW]			
If 'Other' specify _____				RXTPLAC02

3.15 How did you get to the second place from which you sought treatment or advice? [circle MAIN transport]

1 Walking	2 Bicycling	3 Boda Boda (motorbike taxi)	4 Taxi (public minibus/car)	GOTPLAC2
5 Bus	6 Special hire car	7 Lorry/pickup	8 Boat	
88 Other [SPECIFY BELOW]				
If 'Other' specify _____				GOTPLAC02

3.16 How long did it take you to get to the second place you sought treatment/advice from? [fill in both hours and minutes
e.g. 45 mins = 00hrs, 45mins]

hrs	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			DURHRS2
mins	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			MINS2

3.17 In relation to the visit to the second place you sought advice or treatment from:
Did you spend money on any of the following

[Example 5000 UG Shillings – 005000]
[Fill in 000000 if no money was spent]
[Fill in 999999 if amount unknown]

3.17.1	Transportation	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TRANS2
3.17.2	Patient registration fees	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFGEES2
3.17.3	Material costs (like gloves, IV, syringes, etc)	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SYRINGES2
3.17.4	Medicines	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEDICINE2
3.17.5	Charges for overnight stay/accommodation	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OVERNFEE2
3.17.6	Monetary/non-monetary gifts, contributions	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GIFTS2
3.17.7	Sustenance costs (food, drinks)	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SCOSTS2
3.17.8	Other financial expenditure [SPECIFY BELOW]	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OEXPENSE2

If 'Other' specify _____

OCOSTS2

3.18 How long did you spend at the second place you sought advice or treatment from? Please include both waiting time and time of consultation. [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

hrs	<input type="text"/>	<input type="text"/>	FACHRS2
mins	<input type="text"/>	<input type="text"/>	FACMIN2

3.19 How many ADULTS, including you, accompanied [NAME] to **seek advice/treatment** at the second place? [Just you=01]

<input type="text"/>	<input type="text"/>	NUMACC2
----------------------	----------------------	---------

3.20 When you took [NAME] to this second place, were you referred to another location for further advice and/or treatment?

Yes	<input type="text" value="1"/>	REFER2
No	<input type="text" value="0"/> → 3.22	

3.21 [If yes:] Did you go to the third place you were referred to?

Yes	<input type="text" value="1"/> → 3.24	GOREF2
No, instead I sought advice or treatment at a different place to the one I was referred to	<input type="text" value="2"/> → 3.23	
No, I did not seek any further advice or treatment outside the home	<input type="text" value="0"/> → 3.30	

3.22 Even if you were not referred, did you seek advice or treatment anywhere else after going to this second place?

Yes	<input type="text" value="1"/>	SEEK3
No	<input type="text" value="0"/> → 3.30	

3.23 What was the reason you sought care at the third place? [circle the MAIN reason only]

No drugs at second place	1	
I was not happy with advice/treatment given at second place	2	
Other [SPECIFY BELOW]	88	

REAS3CS

If 'Other' specify _____

REAS3CS

3.24 What was the THIRD place where you sought advice or treatment? [IF A HEALTH FACILITY: Ask for the name of the facility and check the facility level using the list of facilities provided]

1	PUBLIC SECTOR: Village Health Team/CMD	7	PRIVATE SECTOR: Pharmacy/drug shop	RXTPLAC3U
2	PUBLIC SECTOR: Health Centre II (Health post)	8	PRIVATE SECTOR: Private health post/smaller clinic	
3	PUBLIC SECTOR: Health Centre III	9	PRIVATE SECTOR: Private hospital	
4	PUBLIC SECTOR: Health Centre IV	10	PRIVATE SECTOR: Private mobile/Outreach services	
5	PUBLIC SECTOR: Hospital	11	OTHER: General shop	
6	PUBLIC SECTOR: Mobile/Outreach services	12	OTHER: Traditional/herbal practitioner	
88	Other [SPECIFY BELOW]			
If 'Other' specify _____				RXTPLACO3

3.25 How did you get to the third place from which you sought treatment or advice? [circle MAIN transport]

1 Walking	2 Bicycling	3 Boda Boda (motorbike taxi)	4 Taxi (public minibus/car)	GOTPLAC3	
5 Bus	6 Special hire car	7 Lorry/pickup	8 Boat		
88 Other [SPECIFY BELOW]					
If 'Other' specify _____					GOTPLACO3

3.26 How long did it take you to get to the third place you sought treatment/advice from? [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

hrs				DURHRS3
mins				MINS3

3.27 In relation to the visit to the third place you sought advice or treatment from:
Did you spend money on any of the following

[Example 5000 UG Shillings – 005000]
[Fill in 000000 if no money was spent]
[Fill in 999999 if amount unknown]

3.27.1	Transportation	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TRANS3
3.27.2	Patient registration fees	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFGEES3
3.27.3	Material costs (like gloves, IV, syringes, etc)	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SYRINGES3
3.27.4	Medicines	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEDICINE3
3.27.5	Charges for overnight stay/accommodation	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OVERNFEE3
3.27.6	Monetary/non-monetary gifts, contributions	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GIFTS3
3.27.7	Sustenance costs (food, drinks)	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SCOSTS3
3.27.8	Other financial expenditure [SPECIFY BELOW]	UGX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OEXPENSE3

If 'Other' specify _____ OCOSTS3

3.28 How long did you spend at the third place you sought advice or treatment from? Please include both waiting time, time of consultation, buying drugs, etc [fill in both hours and minutes e.g. 45 mins = 00hrs, 45mins]

hrs	<input type="text"/>	<input type="text"/>	FACHRS3
mins	<input type="text"/>	<input type="text"/>	FACMIN3

3.29 How many ADULTS, including you, accompanied [NAME] to seek advice/treatment at the third place? [Just you=01]

<input type="text"/>	<input type="text"/>	NUMACC3
----------------------	----------------------	---------

3.30 [Did the respondent seek care for this child to the VHT?
-Check QUESTIONS 3.3 (first location), 3.14(second location) or 3.24 (third location). If the VHT is mentioned as a place where they sought advice or treatment in any of these questions, **GO STRAIGHT TO Question 3.32**

Otherwise If the VHT was NOT mentioned in any of the above questions, then ask:

3.31 Why did you not visit the village health team [circle the MAIN reason only]

1 Don't know the VHT	2 VHT has no drugs	3 VHT too expensive	4 VHT too far	VISITVHT
5 VHT was not available	6 VHT not good/do not trust	7 I was too busy	88 Other [SPECIFY BELOW]	
If 'Other' specify _____				VISITO

3.32 SAY:**I would like to ask you some questions about the time you had to spend per day caring for [NAME's] illness**

3.33 First tell me, is [NAME] still sick with this last illness or has he/she recovered?

YES, still sick	1		STILLSICK
NO, recovered	0		

3.34 During this last illness, for how many days in total was [NAME] sick? **[If still sick, enter the total number of days child has been sick SO FAR]**

DAYS			DAYSILL
------	--	--	---------

3.35 During these days when [NAME] was sick, **how much time** on average per day did you spend caring for [NAME] AT HOME?

HRS			HRSSILL
MINS			MINSILL

3.36 During this last illness, by how much time per day on average have you had to REDUCE the time you spend on your other daily activities because of caring for [NAME] at home? **[do not leave any blank: write hrs=00 mins=00 if no change in time spent on daily activities]****-PROBE and EXPLAIN that this is the amount of time by which the work is reduced:-****Example: if the respondent usually works for 10 hours/day on their farm, but because of caring for the child during the illness they only worked 2 hours/day on the farm, they have reduced their time by 8 hours: write hrs=08, mins=00 for QN 3.36.2****-If they don't usually do a particular type of work OR there was no change in time spent on a type of work, write hrs=00 and mins=00**

3.36.1 Salaried employment

		hrs		SALRHRS
		mins		SALRMIN

3.36.2 Agricultural or fishing work

		hrs		AGRRHRS
		mins		AGRRMIN

3.36.3 Casual labourer work

		hrs		LABRHRS
		mins		LABRMIN

3.36.4 Working at my own business
(including driver, trader, etc)

		hrs		SELRHRS
		mins		SELRMIN

3.36.5 Domestic work (household)

		hrs		DOMRHRS
		mins		DOMRMIN

3.36.6 Other work [SPECIFY BELOW]

		hrs		OTHRHRS
		mins		OTHRMIN

3.36.7 If 'other' [specify]

REDOTH

3.37 During these days when [NAME] was sick, did anyone else apart from you spend time caring for [NAME] AT HOME?

No	0	→3.39	REAS3CS
YES, father[or mother] of child	1	→3.38	
YES, sibling of child	2		
YES, grandparent of child	3		
Yes, other	88		

If 'Other' specify _____ REAS3CS

3.38 During these days when [NAME] was sick, **how much time** on average per day did this person spend caring for [NAME] AT HOME?

HRS			OHRSSILL
MINS			OMINSILL

3.39 At any point during the illness, did anyone count the breathing of the child?

[SHOW THE RESPIRATORY TIMER, however make it clear that other timing devices may be used]

Yes	1		CBREATHS
No	0	→3.41	
Don't know	99		

3.40 **[IF YES]** Who counted the breaths of the child? **[More than one answer possible - circle yes/no for each option (NO BLANKS)]**

	3.40.1 Village Health team/CMD	1. YES	0. NO	VCOUNT
	3.40.2 Staff in Health centre	1. YES	0. NO	HCCOUNT
	3.40.3 Staff in Hospital	1. YES	0. NO	HCOUNT
	3.40.4 Staff at private clinic/hospital	1. YES	0. NO	PCOUNT
	3.40.5 Staff at pharmacy/drug shop	1. YES	0. NO	SCOUNT
				WCOUNTO

Other [specify] _____

3.41 At any point during the illness, did [NAME] have blood taken from his or her finger or heel for testing?

Yes	1		BLOOD
No	0	→S4	
Don't know	99		

3.42 **[IF YES]** By whom? **[More than one answer possible - circle yes/no for each option]**

	3.42.1 Village Health team/CMD	1. YES	0. NO	VBLOOD
	3.42.2 Staff in Health centre	1. YES	0. NO	HCBLOOD
	3.42.3 Staff in Hospital	1. YES	0. NO	HBLOOD
	3.42.4 Staff at private clinic/hospital	1. YES	0. NO	PBLOOD
	3.42.5 Staff at pharmacy/drug shop	1. YES	0. NO	SBLOOD
				WBLOODO

Other [specify] _____

3.43 Was the test an RDT like this? [SHOW RDT]

Yes	1	RDTTEST
No	0	
Don't know	99	

3.44 Was the blood test positive for MALARIA?

Yes	1	TESTPOS
No	0	
Don't know	99	

4 Treatment

SAY:

I will now ask you some questions about any treatment that [NAME] received during this last illness.

4.1 At any point during this last illness episode, did [NAME] take any drugs for the illness?

Yes	1	TOOKDRUG
No	0	→S5
Don't know	99	

If the respondent says YES, we want to find out exactly what drugs were taken.

Take the respondent through ALL THREE options in this order:

- 1. Ask to see the balance of all treatment taken during last illness (e.g. blister pack, empty packet)**

THEN:

- 2. Ask to see the child health record, health record exercise book, or prescription, to verify or check if any other treatment given.**

THEN:

- 3. Show the respondent the drug posters one by one to VERIFY the above information, or to FIND OUT what treatment was given if no prescription or balance available.**

DO NOT PROBE – let the respondent show or identify the drugs as they recall for this illness.

[Circle YES for the drugs below that the respondent has identified as being used (whether they have shown the drug, the prescription or used the drug cards). Otherwise circle NO (do not probe).]

We have included the corresponding codes from the drug cards next to each option to help prompt you to remember to use the drug cards to confirm all treatments.]

SHOW CARD ONE:

4.2 **ORS** – D2 on card

Yes	<table border="1"><tr><td>1</td></tr></table>	1	D2ORS	
1				
No	<table border="1"><tr><td>0</td><td>→4.4</td></tr></table>	0	→4.4	
0	→4.4			

4.3 **[IF YES]** Where did you get the ORS from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	EGOTORS
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ EGOTORSO

4.4 **ZINC** – D3 on card

Yes	<table border="1"><tr><td>1</td></tr></table>	1	D3ZINC	
1				
No	<table border="1"><tr><td>0</td><td>→4.6</td></tr></table>	0	→4.6	
0	→4.6			

4.5 **[IF YES]** Where did you get the **ZINC** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	EGOTZINC
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ EGOTZNCO

[If the respondent spontaneously mentions that they used Homemade ORS, circle Homemade ORS below. Again, DO NOT PROBE]

4.6 **HOMEMADE ORS**

Yes	<table border="1"><tr><td>1</td></tr></table>	1	HMORS
1			
No	<table border="1"><tr><td>0</td></tr></table>	0	
0			

4.7 **METRONIDAZOLE** – D1 on card

Yes	<table border="1"><tr><td>1</td></tr></table>	1	METRON	
1				
No	<table border="1"><tr><td>0</td><td>→4.9</td></tr></table>	0	→4.9	
0	→4.9			

4.8 **[IF YES]** Where did you get the **METRONIDAZOLE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	GOTMETR
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ GOTMETRO

4.9 **LEVAMISOLE** – D4 on card

Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">1</td></tr></table>	1	LEVA	
1				
No	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">0</td><td style="text-align: center;">→4.11</td></tr></table>	0	→4.11	
0	→4.11			

4.10 **[IF YES]** Where did you get the **LEVAMISOLE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	GOTLEVA
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ GOTLEVAO

4.11 **ALBENDAZOLE**– D5 on card

Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">1</td></tr></table>	1	ALBEN	
1				
No	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">0</td><td style="text-align: center;">→4.13</td></tr></table>	0	→4.13	
0	→4.13			

4.12 **[IF YES]** Where did you get the **ALBENDAZOLE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	GOTALBEN
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ GOTALBEO

4.13 **MEBENDAZOLE**– D6 on card

Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">1</td></tr></table>	1	MEBEN	
1				
No	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">0</td><td style="text-align: center;">→4.15</td></tr></table>	0	→4.15	
0	→4.15			

4.14 **[IF YES]** Where did you get the **MEBENDAZOLE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	GOTMEBE
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ GOTMEBO

SHOW CARD TWO:4.15 **AMOCYCLIN**– P1 or P2 on card

Yes	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">1</td></tr></table>	1	AMOXY	
1				
No	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">0</td><td style="text-align: center;">→4.17</td></tr></table>	0	→4.17	
0	→4.17			

4.16 **[IF YES]** Where did you get the **AMOXYCILLIN** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

EGOTAMOX

If 'Other' specify here _____

EGOTAMXO

4.17 **AMPICILLIN**– P3 on card

Yes	1
No	0 →4.19

AMPICIL

4.18 **[IF YES]** Where did you get the **AMPICILLIN** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

GOTAMP

If 'Other' specify here _____

GOTAMPO

4.19 **COTRIMOXAZOLE OR SEPTRIN**– P4 on card

Yes	1
No	0 →4.21

SEPTRIN

4.20 **[IF YES]** Where did you get the **COTRIMOXAZOLE OR SEPTRIN** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

GOTSEPT

If 'Other' specify here _____

GOTSEPTO

4.21 **CHLORAMPHENICOL**– P5 on card

Yes	1
No	0 →4.23

CHLORAM

4.22 **[IF YES]** Where did you get the **CHLORAMPHENICOL** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

GOTCHLOR

If 'Other' specify here _____

GOTCHLO

4.23 **ERYTHROMYCIN**– P6 on card

Yes	1
No	0 →4.25

ERYTHRO

4.24 **[IF YES]** Where did you get the **ERYTHROMYCIN** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

GOTERYTH

If 'Other' specify here _____

GOTERYTO

4.25 **AZYTHROMYCIN**– P7 on card

Yes	1
No	0 →4.27

AZYTHRO

4.26 **[IF YES]** Where did you get the **AZYTHROMYCIN** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

GOTAZY

If 'Other' specify here _____

GOTAZYO

4.27 **PEN V**– P8 on card

Yes	1
No	0 →4.29

PEN V

4.28 **[IF YES]** Where did you get the **PEN V** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	GOTPENV
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ GOTPEN0

4.29 **CEPHALEXIN**– P9 on card

Yes	1	CEPHA
No	0 →4.31	

4.30 **[IF YES]** Where did you get the **CEPHALEXIN** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	GOTCEPHA
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ GOTCEPH0

SHOW CARD THREE:4.31 **COARTEM** or ARTEMETHER-LUMEFANTRINE – M1 on card

Yes	1	M1COART
No	0 →4.33	

4.32 **[IF YES]** Where did you get the **COARTEM** or **ARTEHETHER-LUMEFANTRINE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	EGOTCOAR
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ EGOTCOA0

4.33 **DUO-COTEXIN**– M2 on card

Yes	1	M2DUOC
No	0 →4.35	

--	--	--	--	--	--	--

4.34 **[IF YES]** Where did you get the **DUO-COTEXIN** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M2DUOCG

If 'Other' specify here _____

M2DUOCGO

4.35 **RECTAL ARTESUNATE/ARTENAM/PLASMOTRIM** – M3 on card

Yes	1	
No	0	→4.37

M3RECT

4.36 **[IF YES]** Where did you get the **RECTAL ARTESUNATE/ARTENAM/PLASMOTRIM** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M3RECTG

If 'Other' specify here _____

M3RECTGO

4.37 **ARTEMETHER** – M4 on card

Yes	1	
No	0	→4.39

M4ARTM

4.38 **[IF YES]** Where did you get the **ARTEMETHER** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M4ARTMG

If 'Other' specify here _____

M4ARTMGO

4.39 **FANSIDAR OR SP** – M5 on card

Yes	1	
No	0	→4.41

M5FANS

4.40 **[IF YES]** Where did you get the **FANSIDAR OR SP** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M5FANS

If 'Other' specify here _____

M5FANS

4.41 **AMODIAQUINE** – M6 on card

Yes	1
No	0 →4.43

M6AMOD

4.42 **[IF YES]** Where did you get the **AMODIAQUINE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M6AMODG

If 'Other' specify here _____

M6AMODGO

4.43 **AMODIAQUINE-ARTESUNATE (or artesunate-amodiaquine)** – M7 on card

Yes	1
No	0 →4.45

M7AMTE

4.44 **[IF YES]** Where did you get the **AMODIAQUINE-ARTESUNATE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M7AMTEG

If 'Other' specify here _____

M7AMTEGO

4.45 **QUININE** – M8 on card

Yes	1
No	0 →4.47

M8QUIN

4.46 **[IF YES]** Where did you get the **QUININE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M8QUING

If 'Other' specify here _____

M8QUINGO

4.47 **CHLOROQUINE** – M9 on card

Yes	1
No	0 →4.49

M9CHLO

4.48 **[IF YES]** Where did you get the **CHLOROQUINE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M9CHLOG

If 'Other' specify here _____

M9CHLOGO

4.49 **ARTESUNATE**– M10 on card

Yes	1
No	0 →4.51

M10ART

4.50 **[IF YES]** Where did you get the **ARTESUNATE** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop
88 Other [SPECIFY BELOW]				

M10ARTG

If 'Other' specify here _____

M10ARTGO

4.51 **ARTESUNATE-FANSIDAR** – not on card

Yes	1
No	0 →4.53

ART

4.52 **[[IF YES]** Where did you get the **ARTESUNATE-FANSIDAR** from?

1 VHT/CMD	2 Public Health Centre	3 Public Hospital	4 Private Clinic/hospital	5 Pharmacy/drug shop	GOTART
88 Other [SPECIFY BELOW]					

If 'Other' specify here _____ GOARTO

FACILITY TREATMENT

[Check if child was taken to a public or private health facility for this illness (see previous questions 3.3, 3.14, and 3.24).

If the child was **NOT** taken to a health facility at any point during this illness, **GO STRAIGHT TO QUESTION 4.55.**
If they **WERE** taken, ask:]

4.53 At any point during [NAME]'S illness was s/he admitted to a health facility?

Yes	1	ADMIT
No	0 →4.55	

4.54 **[IF YES:]** When [NAME] was admitted, was [NAME] put on a drip, or maybe received medicine into his/her vein using a needle?

Yes	1	PARENTE
No	0	
Don't know	99	

4.55 How many days after you first saw [NAME] was ill this last time did you first start his/her treatment? [e.g. **treatment received from the VHT/facility/pharmacy**]

DAYS			TDAYS
-------------	--	--	-------

5 VHT Referrals

[This section is to be filled in for only those respondents who have mentioned that they sought advice or treatment to the VHT in QUESTIONS 3.3 (first location), 3.14 (second location) or 3.24 (third location). Check these three questions now. If the VHT option is NOT circled in any of them, draw a double line through the whole of this section 5, and END the interview.

If the VHT option IS circled in any of the care seeking questions, SAY:

I would now like to ask you in a bit more detail about the service you received when you visited the VHT to seek advice or treatment.

You may notice that some of the questions I am about to ask are similar to questions I have asked previously, but here I am interested in the service you received from the VHT ONLY:

- 5.1 You said that you took [name] to see a VHT. During your visit, did the VHT tell you that you needed to take [name] to get treatment at a health facility?

Yes	<input type="text" value="1"/>	REFVHT
No	<input type="text" value="0"/> → END	

- 5.2 What did the VHT say was the MAIN reason for this?

Child was very sick and needed facility treatment	<input type="text" value="1"/>	REFWHY
VHT could treat child, but had run out of drugs	<input type="text" value="2"/>	
The VHT did not tell me the reason	<input type="text" value="3"/>	
The VHT told me the reason but I do not remember it	<input type="text" value="4"/>	
Other [SPECIFY BELOW]	<input type="text" value="88"/>	

IF 'other' specify _____ REFWHYO

- 5.3 Did the VHT give you a referral slip like this? [Show caretaker a copy of a VHT referral slip if you have one]

Yes	<input type="text" value="1"/>	REFSLIP
No	<input type="text" value="0"/>	

- 5.4 Did the VHT treat the child?

Yes, VHT gave first dose of medicine to the child at the visit	<input type="text" value="1. YES"/>	<input type="text" value="0. NO"/>	REFVMED
Yes, VHT gave me treatment for the child to take before reaching the facility	<input type="text" value="1. YES"/>	<input type="text" value="0. NO"/>	REFCMED
No treatment was given by the VHT	<input type="text" value="1. YES"/>	<input type="text" value="0. NO"/>	REFNOMED

- 5.5 Did the VHT call the facility to inform them that you were coming?

Yes	<input type="text" value="1"/>	REFCALL
No	<input type="text" value="0"/>	

- 5.6 Did the VHT help you arrange for transport to go to the facility?

Yes	<input type="text" value="1"/>	REFTRAN
No	<input type="text" value="0"/>	
Not applicable – I did not need transport	<input type="text" value="99"/>	

5.7 Did you take the child to the facility?

Yes	1	→5.9	REFTAKE
No	0		

5.8 If not, why not? **[DO NOT PROMPT]**

No money	1. mentioned	0. not mentioned	RNOCASH
Could not get transport	1. mentioned	0. not mentioned	RNOTRAN
Spouse/family member would not allow	1. mentioned	0. not mentioned	RFORBID
Used home/herbal treatment/visited traditional doctor instead	1. mentioned	0. not mentioned	RHTERAT
Thought child was ok/child would get better on their own	1. mentioned	0. not mentioned	RNOSEVE
<i>IF respondent gives another reason, specify</i>			RNOTHERO

IF THEY DID NOT TAKE THE BABY TO THE FACILITY, DRAW A DOUBLE LINE THROUGH THE REST OF THIS SECTION, THANK THE RESPONDENT AND END THE INTERVIEW.

5.9 How soon after the VHT referred [name] were you able to him/her to the facility?

Within 1 hour	1	→5.11	REFWHEN
After 1 hour but within 1 and 3 hours	2		
After 3 hours but within a day	3		
The following day	4		
Two (2) or more days later	5		

5.10 If not within a day, why not? **[DO NOT PROMPT]**

No money	1. mentioned	0. not mentioned	RNOCASH
Could not get transport	1. mentioned	0. not mentioned	RNOTRAN
Spouse/family member would not allow	1. mentioned	0. not mentioned	RFORBID
Used home/herbal treatment/visited traditional doctor instead	1. mentioned	0. not mentioned	RHTERAT
Thought child was ok/child would get better on their own	1. mentioned	0. not mentioned	RNOSEVE
<i>IF respondent gives another reason, specify</i>			RNOTHERO

5.11 When you reached the (first) facility, how quickly were you attended by a health worker?

1 In less than 30 mins	2 More than 30 mins but less than 1 hour	3 More than 1 hour but less than 3 hours	4 More than 3 hours later	REFWAIT
---------------------------	---	---	------------------------------	---------

END OF FORM FOR THIS CHILD.

Check your form, then thank the respondent for their time.