Study #006 Plate #001 Visit #001

Child ID CHILDID

Date of Interview VISITDATE Day Month Year

Check and choice boxes: blank=0 in the database

Directions: Complete a separate form for each child, whether or not the child meets eligibility criteria. 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".

Part A: Eligibility Information

1. Child's age stratum (in months) according to the census: *0-11* [1] *12-23* [2] *24-59* [3] AGESTRATUM

2. Have you been able to identify the child? *No* [1] *Yes* [2] *Died* [3] ID_CHILD

   *[If "No" or "Died", **STOP** here, sign, date and submit this form to the DCC.]*

3. Was consent given by the parent, primary caretaker or guardian? *Yes* [1] *Refused* [2] *Not Available after 3 attempts* [3] CONSENT

   *[If "Refused", or "Not available after 3 attempts," **STOP** here, sign, date and submit this page to the DCC. If "Yes", provide a copy of the consent form to the parent, primary caretaker or guardian and proceed to next question.]*

4. Are you a primary caretaker of the child? *No* [1] *Yes* [2] PRIMCARE

   [If "No", ask if a primary caretaker is available; if not available, make an appointment for a return visit and proceed to the next household. If "Yes", proceed to the next question.]

5. Is the child a boy or a girl? *Boy* [1] *Girl* [2] GENDER

6. Can you tell me the birth date of the child? BRTH_DATE
   [Use "00" for "Day" if unknown.] *Day* *Month* *Year*

7. Status of interview: [1] *Conducted* [2] *Not conducted* STATUS

   [If interview was "Not Conducted", write down the reason below, sign, date & submit this page to the DCC. If "Conducted", proceed to the next question.]

   Reason not conducted: RSN_SPEC _____

   Notes or comments *[Initial and date notes]*

Interviewer's Name _____ INT_CODE *Staff code*

QC_DATE

QC_CODE *Quality Control's Name* _____ *Staff code* *Day* *Month* *Year*

SUPPLEMENTAL APPENDIX 1.1.

Study #006 Plate #002 Visit #001

Child ID

Part B: Household Information

8. What is your relationship to *[Child's Name]*? RELATION

[1] Mother [2] Father [3] Sister [4] Brother
[5] Grandmother [6] Grandfather [7] Aunt [8] Uncle
[9] No relation [10] Other relation by blood or marriage, specify RELAT_SPEC

9. Where does *[Child's Name]* Mother live? MOM_LIVE

[1] Lives in household [2] Abroad [3] Died
[4] Lives outside of household [5] Whereabouts unknown

10. Where does *[Child's Name]* Father live? DAD_LIVE

[1] Lives in household [2] Abroad [3] Died
[4] Lives outside of household [5] Whereabouts unknown

11. How far did you *[primary caretaker]* go in school? PRIM_SCHL

[1] No formal schooling [3] Completed primary [5] Completed secondary
[2] Less than primary [4] Post-secondary [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

Natural Floor	*Rudimentary Floor*	*Finished Floor*
[1] Earth/Sand	[4] Wood planks	[6] Parquet or polished wood
[2] Dung	[5] Palm/bamboo	[7] Vinyl or asphalt strips
		[8] Ceramic Tile
[3] Other, specify FLOOR_SPEC		[9] Cement
		[10] Carpet

SUPPLEMENTAL APPENDIX 1.2.

Study #006 Plate #003 Visit #001

Child ID

17. Does your household have the following? *[Must be functioning; "X" all that apply.]*

- [1] Electricity HOUSE_ELEC
- [1] Radio HOUSE_RADIO
- [1] Telephone (mobile or non-mobile) HOUSE_PHONE
- [1] Television HOUSE_TELE
- [1] Bicycle HOUSE_BIKE
- [1] Refrigerator HOUSE_FRIDGE
- [1] Motorcycle/scooter HOUSE_SCOOT
- [1] Car/truck HOUSE_CAR
- [1] Boat with a motor HOUSE_BOAT
- [1] 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.]*

- [1] Dry mouth DEH_DRY
- [1] Wrinkled skin DEH_WRNKSKIN
- [1] Thirsty DEH_THIRST
- [1] Decreased urination DEH_DECURIN
- [1] Lethargy DEH_LETHRGY
- [1] None of the above DEH_NONE
- [1] Sunken eyes DEH_SUNKEYES
- [1] Coma/loss of consciousness DEH_COMA
- [1] Don't know DEH_DK
- [1] 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.]*

- [1] Mucus/pus in stool *[Use local name.]* SD_MUCUS
- [1] Fever associated with diarrhea SD_FEVER
- [1] Rice watery stool *[Use local name.]* SD_RICE
- [1] Diarrhea and vomiting SD_VOMIT
- [1] Blood in stool *[Use local name.]* SD_BLOOD
- [1] Presence of dehydration SD_DEHYDR
- [1] A large number or amount of stools per day SD_LRGPERDAY
- [1] 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? TRNSPORT

- [1] Walk
- [2] Commercial transport
- [3] Personal transport
- [4] 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)? TRNSPORT_TIME

- [1] Less than 15 minutes
- [2] 15 minutes to half an hour
- [3] Half an hour to one hour
- [4] 1 to 4 hours
- [5] more than 4 hours
- [6] Don't know

Study #006 Plate #004 Visit #001

Child ID CHILDID

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.]*

- [1] Flood DIFF_FLOOD
- [1] Lack of transport DIFF_TRNSPRT
- [1] Heavy rain DIFF_RAIN
- [1] Temporary relocation DIFF_RELOC
- [1] Political unrest DIFF_POLITIC
- [1] Never a problem DIFF_NOPROB
- [1] Costs too much money DIFF_COST
- [1] Lack of childcare for other children DIFF_CHLDCARE
- [1] Other, specify_____ DIFF_OTHR DIFF_SPEC

24. If the child is sick, who decides whether the child should go to a health center? *[Choose only one response.]* WHO_DECID

- [1] Mother
- [2] Father
- [3] Sister
- [4] Brother
- [5] Grandmother
- [6] Grandfather
- [7] Aunt
- [8] Uncle
- [9] No relation
- [10] Other relation by blood or marriage, specify_____ DECID_SPEC

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* [1] *Yes* [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

- [1] 3 to 6 times per day
- [2] 7 to 10 times per day
- [3] More than 10 times per day
- [4] Don't know

Supplemental Appendix 1.4.

Study #006 Plate #005 Visit #001

Child ID

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	1	2	3	Sunken eyes	DRH_SUNKEYES	1	2	3
Mucus/pus in stool *[Use local name]*	DRH_MUCUS				Wrinkled skin	DRH_WRNKSKIN			
Rice watery stool *[Use local name]*	DRH_RICE				Fever	DRH_FEVER			
Decreased urination	DRH_DECURIN				Vomiting *(3 or more times per day)*	DRH_VOMIT			
Very thirsty	DRH_THIRST				Lethargy	DRH_LETHRGY			
Dry mouth	DRH_DRY				Coma/loss of consciousness	DRH_COMA			

28. How many days did *[Child's Name]* have diarrhea? ☐☐ *Days* DRH_DAYS

28a. Is *[Child's Name]* still having diarrhea? *No* 1 *Yes* 2 DRH_CONT

[If "No", continue; If "Yes", go to Part E.]

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* 1 *Yes* 2 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.]***

- 1 Child did not seem to need care NOSEEK_NONEED
- 1 Clinic too far from home NOSEEK_TOOFAR
- 1 Unable to find transport NOSEEK_TRNSPRT
- 1 Could not take time off from work NOSEEK_WORK
- 1 Local situation NOSEEK_POLITIC *(Weather, natural or political reasons)*
- 1 Cost for travel too high NOSEEK_TRVLCOST
- 1 Cost for treatment too high NOSEEK_TRTMTCOST
- 1 Other children at home could not be left alone NOSEEK_OTHRCHLD
- 1 Not happy with clinical services in area NOSEEK_NOTHAPPY
- 1 Other, specify NOSEEK_OTHR NOSEEK_SPEC

Study #006 Plate #006 Visit #001

Child ID

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:	*Excellent*	*Good*	*Fair*	*Bad*
CAREREC1	1	2	3	4 CARE1_OP
CAREREC2	1	2	3	4 CARE2_OP
CAREREC3	1	2	3	4 CARE3_OP

SUPPLEMENTAL APPENDIX 1.6.

Study #006 Plate #007 Visit #001

Child ID

34. Was *[Child's Name]* admitted to a hospital/health center for treatment of diarrheal illness? *No* [1] *Yes* [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 1st choice ADMIT_CTR1 *Center of 2nd choice* ADMIT_CTR2 *Center of 3rd choice* 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* [1] *Yes* [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
- [2] Unable to find transport
- [3] Cost for travel too high
- [4] Could not take time off from work
- [5] Local situation *(Weather, natural or political reasons)*
- [6] Cost for treatment too high
- [7] Other children at home could not be left alone
- [8] Did not think child was sick enough
- [9] Not happy with care provided at the hospital
- [10] Other, specify NOHOSP_SPEC

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 HOMETRT_MILK
- [1] Home remedy/Herbal medication HOMETRT_HERBAL
- [1] Zinc (tablet/syrup) HOMETRT_ZINC
- [1] No special remedies given HOMETRT_NONE
- [1] Any other liquids, specify HOMETRT_OTHRLIQ HOMELIQ_SPEC
- [1] Antibiotics, specify HOMETRT_AB HOMEAB_SPEC
- [1] Other, specify HOMETRT_OTHR1 HOMEOTHR_SPEC1
- [1] Other, specify HOMETRT_OTHR2 HOMEOTHR_SPEC2

SUPPLEMENTAL APPENDIX 1.7.

Study #006 Plate #008 Visit #001

Child ID

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

- [1] Usual
- [2] More than usual
- [3] Less than usual

If "LESS THAN USUAL": DRINK_LESS

- [1] Much less
- [2] Somewhat less
- [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

- [1] Usual
- [2] More than usual
- [3] Less than usual

If "LESS THAN USUAL": EAT_LESS

- [1] Much less
- [2] Somewhat less
- [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.]*

- [1] Intravenous fluids HOSPTRT_INTFLD
- [1] Medicine by injection HOSPTRT_MEDINJ
- [1] ORS HOSPTRT_ORS
- [1] Don't know HOSPTRT_DK
- [1] Zinc HOSPTRT_ZINC
- [1] Antibiotics, specify HOSPTRT_AB HOSPAB_SPEC
- [1] Other, specify HOSPTRT_OTHR HOSPOTHR_SPEC

Study #006 Plate #009 Visit #001

Child ID

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.]*

	Consultation	Drugs	Diagnostics	Transport	Other
a. Pharmacy	PHARM_CONSULT	PHARM_DRUG	PHARM_DIAG	PHARM_TRNSPRT	PHARM_OTHR
Pharmacy TOTAL					PHARM_TOTAL
b. Traditional healer	HEALER_CONSULT	HEALER_DRUG	HEALER_DIAG	HEALER_TRNSPRT	HEALER_OTHR
Traditional healer TOTAL					HEALER_TOTAL
c. Unlicensed practitioner/village doctor/bush doctor	DOC_CONSULT	DOC_DRUG	DOC_DIAG	DOC_TRNSPRT	DOC_OTHR
Unlicensed practitioner/village doctor/bush doctor TOTAL					DOC_TOTAL
d. Licensed practitioner/private doctor	PRIVDOC_CONSULT	PRIVDOC_DRUG	PRIVDOC_DIAG	PRIVDOC_TRRNSPRT	PRIVDOC_OTHR
Licensed practitioner/private doctor TOTAL					PRIVDOC_TOTAL
e. Bought remedy/drugs at the shop/market	REMDY_CONSULT	REMDY_DRUG	REMDY_DIAG	REMDY_TRNSPRT	REMDY_OTHR
Bought remedy/drugs at the shop/market TOTAL					REMDY_TOTAL
f. Hospital/Center of 1st choice	CTR1_CONSULT	CTR1_DRUG	CTR1_DIAG	CTR1_TRNSPRT	CTR1_OTHR
Hospital/Center of 1st choice TOTAL					CTR1_TOTAL
g. Hospital/Center of 2nd choice	CTR2_CONSULT	CTR2_DRUG	CTR2_DIAG	CTR2_TRNSPRT	CTR2_OTHR
Hospital/Center of 2nd choice TOTAL					CTR2_TOTAL
h. Hospital/Center of 3rd choice	CTR3_CONSULT	CTR3_DRUG	CTR3_DIAG	CTR3_TRNSPRT	CTR3_OTHR
Hospital/Center of 3rd choice TOTAL					CTR3_TOTAL
i. Other, specify _____	OTHER_SPEC OTHER_CONSULT	OTHER_DRUG	OTHER_DIAG	OTHER_TRNSPRT	OTHER_OTHR
Other, specify TOTAL					OTHER_TOTAL

SUPPLEMENTAL APPENDIX 1.9.

Study #006 Plate #010 Visit #001

Child ID

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.]*

- [1] Cutting down expenses from meal MONY_MEAL
- [1] Cutting down from other expenses MONY_OTHEXP
- [1] Using savings MONY_SVNGS
- [1] Borrowing MONY_BORROW
- [1] Selling assets MONY_ASSET
- [1] Asking for donations outside the household MONY_DONAT
- [1] Relative or friend pays on your behalf MONY_RELATIVE
- [1] Others, specify MONY_OTHR MONY_SPEC _____

44. Did you lose some earnings due to seeking or providing care during *[Child's Name]* illness?

No [1] *Yes* [2] 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 [1] *Yes* [2] *DK* [3] 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.]

SUPPLEMENTAL APPENDIX 1.10.

Study #006 Plate #011 Visit #001

Child ID

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 TRT_LOOSEL6	1	2	3	Diarrhea with fever TRT_FEVER	1	2	3
Frequent loose stools 7-10/day TRT_LOOSE710	☐	☐	☐	Blood in stool (local name) TRT_BLOOD	☐	☐	☐
Frequent loose stool > 10/day TRT_LOOSEG10	☐	☐	☐	Decreased urination TRT_DECURIN	☐	☐	☐
Mucus/pus in stool (local name) TRT_MUCUS	☐	☐	☐	Lethargy TRT_LETHRGY	☐	☐	☐
Rice watery stool (local name) TRT_RICE	☐	☐	☐	Coma/loss of consciousness TRT_COMA	☐	☐	☐
Diarrhea with wrinkled skin TRT_WRNKSKIN	☐	☐	☐	Dry mouth TRT_DRY	☐	☐	☐
Diarrhea with sunken eyes TRT_SUNKEYES	☐	☐	☐	Diarrhea with dehydration TRT_DEHYDR	☐	☐	☐
Other, specify TRT_OTHR OTHR_SPEC	☐	☐		Diarrhea and vomiting TRT_VOMIT	☐	☐	☐

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 1 Yes 2 AGREE_DOC

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

50. If "No", why? *["X" the primary reason only.]* NOTAGREE

- 1 Hospital too far from home
- 2 Unable to find transport
- 3 Cost for travel too high
- 4 Cannot take time off from work
- 5 Most diarrheas are not serious enough
- 6 Local situation *(Weather, natural or political reasons)*
- 7 Cost for treatment too high
- 8 Other children at home could not be left alone
- 9 Not confident about the care from the center
- 10 Not happy with care provided at the hospital
- 11 Other, specify NOTAGREE_SPEC

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.]*

	1st Choice	2nd Choice	3rd Choice	4th Choice
Diarrhea with blood	DWB_CTR1	DWB_CTR2	DWB_CTR3	DWB_CTR4
Diarrhea without blood	DWOB_CTR1	DWOB_CTR2	DWOB_CTR3	DWOB_CTR4

Specify center/Diarrhea with blood DWB_SPEC

Specify center/Diarrhea without blood DWOB_SPEC

SUPPLEMENTAL APPENDIX 1.11.

Study #006 Plate #012 Visit #001

Child ID

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)	
MGHTREC1	1	2	3	4	5	MGHT1_OP
MGHTREC2	1	2	3	4	5	MGHT2_OP
MGHTREC3	1	2	3	4	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

- 1 Simple loose/watery diarrhea
- 2 Rice watery/cholera-like illness
- 3 Don't know
- 4 Bloody diarrhea
- 5 Other, specify COMMON_SPEC _____

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

	No	*Yes*	
Simple loose/watery diarrhea	1	2	DIED_LOOSE
Rice watery/cholera-like illness	1	2	DIED_RICE
Bloody diarrhea	1	2	DIED_BLOOD

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

	No	*Yes*	*DK*	
Simple loose/watery diarrhea	1	2	3	CHLDGET_LOOSE
Bloody diarrhea	1	2	3	CHLDGET_BLOOD
Rice watery/cholera-like illness	1	2	3	CHLDGET_RICE

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

	No	*Yes*	
Simple loose/watery diarrhea	1	2	PREVENT_LOOSE
Bloody diarrhea	1	2	PREVENT_BLOOD
Rice watery/cholera-like illness	1	2	PREVENT_RICE

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

Study #006 Plate #013 Visit #001

Child ID

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.]

- [1] Nutrition PREVWAYS_NUTR
- [1] Medications PREVWAYS_MED
- [1] Washing hands PREVWAYS_WASH
- [1] Breastfeeding PREVWAYS_BREFEED
- [1] Vaccines PREVWAYS_VACCIN
- [1] Clean food or water PREVWAYS_CLEAN
- [1] Proper disposal of human waste PREVWAYS_WASTE
- [1] Cannot be prevented PREVWAYS_CNBEPREV
- [1] Other, specify_____ PREVWAYS_SPEC PREVWAYS_OTHR

58. Do you think there is treatment that works well for each of the following?

	No	*Yes*	*DK*	
Simple loose/watery diarrhea	1	2	3	TRTWORKS_LOOSE
Bloody diarrhea	1	2	3	TRTWORKS_BLOOD
Rice watery/cholera-like illness	1	2	3	TRTWORKS_RICE

59. In your opinion, does ORS work well to treat diarrhea? *No* [1] *Yes* [2] *DK* [3] ORS_WORK

60. Which of the following is the most dangerous for a child? *["X" one only.]*

- Simple loose/watery diarrhea [1]
- Bloody diarrhea [2]
- Rice watery/cholera-like illness [3]
- Don't know [4]

MST_DANGR

61. Which of the following is the least dangerous for a child? *["X" one only.]*

- Simple loose/watery diarrhea [1]
- Bloody diarrhea [2]
- Rice watery/cholera-like illness [3]
- Don't know [4]

LST_DANGR

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 [1]
- Bloody diarrhea [2]
- Rice watery/cholera-like illness [3]
- Don't know [4]

HIGHCOST

SUPPLEMENTAL APPENDIX 1.13.

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	

	No	*Yes*	
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?

	No	*Yes*	
Simple loose/watery diarrhea	1	2	USEVAC_LOOSE
Bloody diarrhea	1	2	USEVAC_BLOOD
Rice watery/cholera like illness	1	2	USEVAC_RICE

Notes or comments *[Initial and date notes]*

Interviewer's Name _____ INT_CODE2 *Staff code*

Quality Control's Name _____ QC_CODE2 *Staff code* *Day* QC_DATE2 *Month* *Year*

SUPPLEMENTAL APPENDIX 1.14.

SAMPLE ONLY

Study # 006 Plate # 101 Visit # 001

Child ID

Day Month Year 2 0

***[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.]

	No	Yes
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?	☐	☐

[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* 2 0

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	☐	☐	☐	Unable to drink or drank poorly	☐	☐	☐
Blood in stool	☐	☐	☐	Rice watery stool without blood *[Use local name]*	☐	☐	☐
Irritable/less playful	☐	☐	☐	Lethargic, unconscious, or hard to stay awake	☐	☐	☐
Very thirsty	☐	☐	☐	Sunken eyes, more than usual	☐	☐	☐
Wrinkled skin	☐	☐	☐				

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.****]*

    ☐ Child did not seem to need care
    ☐ Clinic too far from home
    ☐ Unable to find transport
    ☐ Could not take time off from work
    ☐ Flood or bad weather
    ☐ Political unrest
    ☐ Cost for travel too high
    ☐ Cost for treatment too high
    ☐ Other children at home could not be left alone
    ☐ Not happy with clinical services in area
    ☐ Other, specify_____

SAMPLE ONLY

Study # 006 Plate # 103 Visit # 001

Child ID

15. If you sought care for *[Child's Name]* for this illness, where did you go?
["X" all that apply. Use the Health Facility Coding List to code the center(s) of choice.]

- ☐ Friend/relative
- ☐ Traditional healer
- ☐ Hospital/Center of 1st choice* ☐☐☐
- ☐ Hospital/Center of 2nd choice* ☐☐☐
- ☐ Hospital/Center of 3rd choice* ☐☐☐
- ☐ Bought a remedy/medicine at the shop/market
- ☐ Pharmacy
- ☐ Licensed practitioner/private doctor (not at hospital)
- ☐ Other Hospital/Center, specify_____
- ☐ Unlicensed practitioner/village doctor/bush doctor/village health worker

[*If sought care at a sentinel health center, continue to Question 16. Otherwise, go to Question 17.]

16. On what day of *[Child's Name]'s* diarrhea did you visit *[name of sentinel hospital/health center from question 15]*?

☐☐ *(day)*

17. Was *[Child's Name]* admitted to a hospital/health center for treatment of diarrheal illness?

[If 'Yes', continue. If 'No' or 'N/A', go to Question 19.] ☐ No ☐ Yes ☐ N/A

18. To which hospital was *[Child's Name]* admitted? *[Use the Health Facility Coding List.]*

Center of 1st choice ☐☐☐ Center of 2nd choice ☐☐☐ Center of 3rd choice ☐☐☐

If the facility was not coded, specify _____

19. Did *[Child's Name]* receive any of the following to treat the diarrhea? *["X" all that apply.]*

- ☐ Intravenous fluids
- ☐ Home made fluid (Such as thin watery porridge made from maize, rice, wheat, soup, sugar, salt water solution or Yogurt-based drink.)
- ☐ A fluid made from a special packet called ORALITE or ORS
- ☐ None

20. While *[Child's Name]* had diarrhea, how much did you offer *[Child's Name]* to drink *(including breast milk)*?

☐ More than usual ☐ Usual ☐ Less than usual ☐ Nothing to drink

21. While *[Child's Name]* had diarrhea, how much did you offer *[Child's Name]* to eat?

☐ More than usual ☐ Usual ☐ Less than usual ☐ Nothing to eat ☐ N/A (Breastfed exclusively)

Interviewer's Name _____ ☐☐☐ *Staff code*

*Quality Control's Name*_____ ☐☐☐ *Staff code* ☐☐ *Day* ☐☐☐ *Month* 2 0 ☐☐ *Year*