

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] | | | | | →S4 | NOERXTO |
| If 'Other' specify _____ | | | | | | |

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"/> | | TRANS |
| 3.7.2 | Patient registration fees | UGX | <input type="text"/> | | REFGEES |
| 3.7.3 | Material costs (like gloves, IV, syringes, etc) | UGX | <input type="text"/> | | SYRINGES |
| 3.7.4 | Medicines | UGX | <input type="text"/> | | MEDICINE |
| 3.7.5 | Charges for overnight stay/accommodation | UGX | <input type="text"/> | | OVERNFEEES |
| 3.7.6 | Monetary/non-monetary gifts, contributions | UGX | <input type="text"/> | | GIFTS |
| 3.7.7 | Sustenance costs (food, drinks) | UGX | <input type="text"/> | | SCOSTS |
| 3.7.8 | Other financial expenditure [SPECIFY BELOW] | UGX | <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 |
| | <input type="text" value="2"/> | →3.13 | | |
| No, instead I sought advice or treatment at a different place to the one I was referred to | <input type="text" value="0"/> | →3.30 | | |
| No, I did not seek any further advice or treatment outside the home | | | | |

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 _____ | | | | RXTPLACO2 |

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 _____ | | | | GOTPLACO2 |

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 | | | DURHRS2 |
| mins | | | 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 | | | | | | | TRANS2 |
| 3.17.2 | Patient registration fees | UGX | | | | | | | REFGEES2 |
| 3.17.3 | Material costs (like gloves, IV, syringes, etc) | UGX | | | | | | | SYRINGES2 |
| 3.17.4 | Medicines | UGX | | | | | | | MEDICINE2 |
| 3.17.5 | Charges for overnight stay/accommodation | UGX | | | | | | | OVERNFEE2 |
| 3.17.6 | Monetary/non-monetary gifts, contributions | UGX | | | | | | | GIFTS2 |
| 3.17.7 | Sustenance costs (food, drinks) | UGX | | | | | | | SCOSTS2 |
| 3.17.8 | Other financial expenditure [SPECIFY BELOW] | UGX | | | | | | | 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 | | | FACHRS2 |
| mins | | | FACMIN2 |

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

| | | |
|--|--|---------|
| | | NUMACC2 |
|--|--|---------|

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

| | | |
|-----|----------|--------|
| Yes | 1 | REFER2 |
| No | 0 → 3.22 | |

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

| | | |
|--|----------|--------|
| Yes | 1 → 3.24 | GOREF2 |
| No, instead I sought advice or treatment at a different place to the one I was referred to | 2 → 3.23 | |
| No, I did not seek any further advice or treatment outside the home | 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 | 1 | SEEK3 |
| No | 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"/> | TRANS3 |
| 3.27.2 | Patient registration fees | UGX | <input type="text"/> | REFGEES3 |
| 3.27.3 | Material costs (like gloves, IV, syringes, etc) | UGX | <input type="text"/> | SYRINGES3 |
| 3.27.4 | Medicines | UGX | <input type="text"/> | MEDICINE3 |
| 3.27.5 | Charges for overnight stay/accommodation | UGX | <input type="text"/> | OVERNFEE3 |
| 3.27.6 | Monetary/non-monetary gifts, contributions | UGX | <input type="text"/> | GIFTS3 |
| 3.27.7 | Sustenance costs (food, drinks) | UGX | <input type="text"/> | SCOSTS3 |
| 3.27.8 | Other financial expenditure [SPECIFY BELOW] | UGX | <input type="text"/> | OEXPENSE3 |

If 'Other' specify _____ O COSTS3

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] 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 | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | hrs | | SALRHRS |
| | | | | | | |
| | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | mins | | SALRMIN |
| | | | | | | |
| 3.36.2 Agricultural or fishing work | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | hrs | | AGRRHRS |
| | | | | | | |
| | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | mins | | AGRRMIN |
| | | | | | | |
| 3.36.3 Casual labourer work | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | hrs | | LABRHRS |
| | | | | | | |
| | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | mins | | LABRMIN |
| | | | | | | |
| 3.36.4 Working at my own business (including driver, trader, etc) | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | hrs | | SELRHRS |
| | | | | | | |
| | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | mins | | SELRMIN |
| | | | | | | |
| 3.36.5 Domestic work (household) | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | hrs | | DOMRHRS |
| | | | | | | |
| | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | mins | | DOMRMIN |
| | | | | | | |
| 3.36.6 Other work [SPECIFY BELOW] | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | hrs | | OTHRHRS |
| | | | | | | |
| | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | 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 |

Other [specify] _____ WCOUNTO

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 |

Other [specify] _____ WBLOODO

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

| | | |
|------------|----|--------|
| Yes | 1 | RDTEST |
| 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 | 1 | D2ORS |
| No | 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 | 1 | D3ZINC |
| No | 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 _____ EGOTZINCO

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

4.6 **HOMEMADE ORS**

| | | |
|-----|---|-------|
| Yes | 1 | HMORS |
| No | 0 | |

4.7 **METRONIDAZOLE** – D1 on card

| | | |
|-----|--------|--------|
| Yes | 1 | METRON |
| No | 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 | 1 | LEVA |
| No | 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 | 1 | ALBEN |
| No | 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 | 1 | MEBEN |
| No | 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 | 1 | AMOXY |
| No | 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 |

PENV

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 | M2DUOCG |
| 88 Other [SPECIFY BELOW] | | | | | |

If 'Other' specify here _____ M2DUOCGO

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

| | | |
|-----|---------|--------|
| Yes | 1 | M3RECT |
| No | 0 →4.37 | |

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 | M3RECTG |
| 88 Other [SPECIFY BELOW] | | | | | |

If 'Other' specify here _____ M3RECTGO

4.37 **ARTEMETHER** – M4 on card

| | | |
|-----|---------|--------|
| Yes | 1 | M4ARTM |
| No | 0 →4.39 | |

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 | M4ARTMG |
| 88 Other [SPECIFY BELOW] | | | | | |

If 'Other' specify here _____ M4ARTMGO

4.39 **FANSIDAR OR SP** – M5 on card

| | | |
|-----|---------|--------|
| Yes | 1 | M5FANS |
| No | 0 →4.41 | |

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] | | | | | |

M5FANSG

If 'Other' specify here _____

M5FANSGO

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 | 1 | REFVHT |
| No | 0 → END | |

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

| | | | |
|---|----|--|--------|
| Child was very sick and needed facility treatment | 1 | | REFWHY |
| VHT could treat child, but had run out of drugs | 2 | | |
| The VHT did not tell me the reason | 3 | | |
| The VHT told me the reason but I do not remember it | 4 | | |
| Other [SPECIFY BELOW] | 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 | 1 | REFSLIP |
| No | 0 | |

5.4 Did the VHT treat the child?

| | | | | |
|---|--------|-------|--|----------|
| Yes, VHT gave first dose of medicine to the child at the visit | 1. YES | 0. NO | | REFVMED |
| Yes, VHT gave me treatment for the child to take before reaching the facility | 1. YES | 0. NO | | REFCMED |
| No treatment was given by the VHT | 1. YES | 0. NO | | REFNOMED |

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

| | | |
|-----|---|---------|
| Yes | 1 | REFCALL |
| No | 0 | |

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

| | | |
|---|----|---------|
| Yes | 1 | REFTRAN |
| No | 0 | |
| Not applicable – I did not need transport | 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 | 2 | 3 | 4 | REFWAIT |
| In less than 30 mins | More than 30 mins but less than 1 hour | More than 1 hour but less than 3 hours | More than 3 hours later | |

END OF FORM FOR THIS CHILD.

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