

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER
PARTNERSHIP FOR MATERNAL, NEWBORN AND CHILD HEALTH (PAMANECH) PROJECT**

CHILD HEALTH QUESTIONNAIRE FOR MOTHER / FATHER / CARETAKER OF CHILDREN UNDER 5

IDENTIFICATION

VILLAGE OF RESIDENCE (CODESHEET B5)

START TIME (24HRS)

FIELD WORKER'S CODE

DATE OF INTERVIEW (DD/MM/YYYY)

HOUSEHOLD HEAD NAME

ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS

HOUSEHOLD ID

MOTHER'S NAME

MOTHER'S ID

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	INTERVIEWER NO. <input type="text"/> <input type="text"/>
RESULT*	<input type="text"/>	<input type="text"/>	<input type="text"/>	RESULT <input type="text"/>
NEXT VISIT: DATE TIME	<input type="text"/>	<input type="text"/>		TOTAL NUMBER OF VISITS <input type="text"/>

*RESULT CODES:
 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER (Refer to CODESHEET A5)
 3 POSTPONED 6 INCAPACITATED (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: **ENGLISH**

SUPERVISOR	OFFICE EDITOR	DATA ENTRY
NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
DATE <input type="text"/>	DATE <input type="text"/>	DATE <input type="text"/>

CHILD HEALTH QUESTIONNAIRE

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1.1	I would like to ask you some questions about (NAME OF CHILD FROM COVER PAGE). What is your relationship to (NAME OF CHILD)? OTHER _____ (Refer to CODESHEET A4)	BIOLOGICAL MOTHER 01 BIOLOGICAL FATHER 02 STEPMOTHER 03 STEPFATHER 04 GRANDMOTHER 05 GRANDFATHER 06 ADOPTIVE PARENT 07 SISTER/BROTHER 08 OTHER RELATIVE 09 NOT RELATED 10	
1.2	What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> DON'T KNOW DAY 98 MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 98	
1.3	How old is (NAME)? COMPARE AND CORRECT 1.2 AND/OR 1.3 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
1.4	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 98	
1.5	How old are you? COMPARE AND CORRECT 1.4 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
1.6	Have you ever attended school?	YES 1 NO 2	
1.7	What is the highest level of school you attended: primary, secondary, or higher?	I did not complete primary school.....1 Primary.....2 Secondary/High School.....3 College/Pre-university /University.....4 Post-Graduate degree.....5	
1.8	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	

SECTION 2: VACCINATION AND CARE SEEKING BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																																																						
2.1	Is (NAME) Vaccinated ?	Yes..... 1 No 2 Don't Know..... 8	→ 2.5																																																																																																																																																																																																						
2.2	Do you have a card where (NAME)'s vaccinations are written? IF YES : May I see it please?	YES, SEEN 1 YES, NOT SEEN 2 NO CARD 3	→ 2.4																																																																																																																																																																																																						
2.3	What is the MAIN reason why (NAME) does not have/has never had a vaccination card?	Mother too weak to visit HF..... 1 Costs..... 2 No Card/supplies at clinic..... 3 Card lost..... 4 Don't Know..... 98 Other 96 Specify _____	} 2.6																																																																																																																																																																																																						
2.4	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE IS RECORDED, (3) WRITE '66' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT DATE IS NO LEGIBLE (4) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES. (5) WRITE '77' IF VACCINE SHOULD HAVE BEEN GIVEN BY DATE OF INTERVIEW BUT WAS NOT GIVEN, CHILD IS OLDER FOR VACCINE (6) WRITE '99' IF CHILD HAS NOT REACHED AGE TO RECEIVE THE VACCINE <table border="1" data-bbox="282 1079 1276 1843"> <thead> <tr> <th></th> <th></th> <th align="center" colspan="3">DAY</th> <th align="center" colspan="3">MONTH</th> <th align="center" colspan="3">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pentavalent 1</td><td>Pentav.1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pentavalent 2</td><td>Pentav.2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pentavalent 3</td><td>Pentav.3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Oral Polio Vaccine Birth Dose (OPV0)</td><td>OPV0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Oral Polio Vaccine 1st Dose (OPV1)</td><td>OPV1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Oral Polio Vaccine 2nd Dose (OPV2)</td><td>OPV2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Oral Polio Vaccine 3rd Dose (OPV3)</td><td>OPV3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Measles (Dose 1)</td><td>Measles 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Measles (Dose 2)</td><td>Measles 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Vitamin A (Dose 1)</td><td>Vitamin A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Vitamin A (Dose 2)</td><td>Vitamin A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Dewormers</td><td>Dewormers</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Yellow Fever</td><td>Yellow Fever</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pneumococcal (Dose 1)</td><td>PCV 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pneumococcal (Dose 2)</td><td>PCV 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pneumococcal (Dose 2)</td><td>PCV 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					DAY			MONTH			YEAR			BCG	BCG										Pentavalent 1	Pentav.1										Pentavalent 2	Pentav.2										Pentavalent 3	Pentav.3										Oral Polio Vaccine Birth Dose (OPV0)	OPV0										Oral Polio Vaccine 1st Dose (OPV1)	OPV1										Oral Polio Vaccine 2nd Dose (OPV2)	OPV2										Oral Polio Vaccine 3rd Dose (OPV3)	OPV3										Measles (Dose 1)	Measles 1										Measles (Dose 2)	Measles 2										Vitamin A (Dose 1)	Vitamin A										Vitamin A (Dose 2)	Vitamin A										Dewormers	Dewormers										Yellow Fever	Yellow Fever										Pneumococcal (Dose 1)	PCV 1										Pneumococcal (Dose 2)	PCV 2										Pneumococcal (Dose 2)	PCV 3									
		DAY			MONTH			YEAR																																																																																																																																																																																																	
BCG	BCG																																																																																																																																																																																																								
Pentavalent 1	Pentav.1																																																																																																																																																																																																								
Pentavalent 2	Pentav.2																																																																																																																																																																																																								
Pentavalent 3	Pentav.3																																																																																																																																																																																																								
Oral Polio Vaccine Birth Dose (OPV0)	OPV0																																																																																																																																																																																																								
Oral Polio Vaccine 1st Dose (OPV1)	OPV1																																																																																																																																																																																																								
Oral Polio Vaccine 2nd Dose (OPV2)	OPV2																																																																																																																																																																																																								
Oral Polio Vaccine 3rd Dose (OPV3)	OPV3																																																																																																																																																																																																								
Measles (Dose 1)	Measles 1																																																																																																																																																																																																								
Measles (Dose 2)	Measles 2																																																																																																																																																																																																								
Vitamin A (Dose 1)	Vitamin A																																																																																																																																																																																																								
Vitamin A (Dose 2)	Vitamin A																																																																																																																																																																																																								
Dewormers	Dewormers																																																																																																																																																																																																								
Yellow Fever	Yellow Fever																																																																																																																																																																																																								
Pneumococcal (Dose 1)	PCV 1																																																																																																																																																																																																								
Pneumococcal (Dose 2)	PCV 2																																																																																																																																																																																																								
Pneumococcal (Dose 2)	PCV 3																																																																																																																																																																																																								

2.5	Please tell me the main reason why (NAME) has never been/ was never given any immunisation ? DO NOT PROMPT; RECORD THE MOST IMPORTANT REASON.	Child sick/weak..... A Not important/ignorance..... B Away/No time off work/ business..... C Mother/carer forgot..... D Mother/ carer sick/ died..... E Religious beliefs..... F Suspicion towards vaccines..... G Hospital/ clinic to far..... H Cost of vaccine..... I No vaccine/supplies at clinic..... J No reason..... K Don't Know..... 98 Other (specify)..... 96																									
CHILD MOBILITY AND HEALTH SEEKING BEHAVIOURS																											
Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks.																											
2.6	Has (NAME) been ill with any of the following illness any time in the last two weeks?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Cough</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>Cough with rapid breathing</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>Diarrohea</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>Fever</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> <tr> <td>Convulsions</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> </tr> </tbody> </table>		Y	N	DK	Cough	1	2	98	Cough with rapid breathing	1	2	98	Diarrohea	1	2	98	Fever	1	2	98	Convulsions	1	2	98	
	Y	N	DK																								
Cough	1	2	98																								
Cough with rapid breathing	1	2	98																								
Diarrohea	1	2	98																								
Fever	1	2	98																								
Convulsions	1	2	98																								
2.7	<p>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</p> <p><i>FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH +RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESS END INTERVIEW.</i></p> <p>NB: a = FEVER b = DIARRHEA c = COUGH d = COUGH + RAPID BREATH e = CONVULSIONS</p>																										
2.8	For how many days has (NAME) been ill/ was ill with (NAME OF ILLNESS)? RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, RECORD 98 , OTHERWISE RECORD '99 IN THE BOXES IF THERE WAS NO ILLNESS.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Days</th> </tr> </thead> <tbody> <tr> <td>a Fever</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>b Diarrhoea</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>c Cough</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>d Cough + Rapid Breath</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>e Convulsions</td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>		Days	a Fever	<input type="text"/>	b Diarrhoea	<input type="text"/>	c Cough	<input type="text"/>	d Cough + Rapid Breath	<input type="text"/>	e Convulsions	<input type="text"/>													
	Days																										
a Fever	<input type="text"/>																										
b Diarrhoea	<input type="text"/>																										
c Cough	<input type="text"/>																										
d Cough + Rapid Breath	<input type="text"/>																										
e Convulsions	<input type="text"/>																										
2.9	Apart from the illness I have talked about, does/ did (NAME) have any other illness in the last 14 days?	YES..... 1 NO..... 2 DON'T KNOW..... 98 Other..... 96 Specify_____	} 3.1 ←																								
2.10	Which other illnesses were these ? (Refer to CODESHEET A2)	_____ _____																									
2.11	Did you seek advice or treatment for the illness?	YES 1 NO 2	→ 2.14																								

2.12	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>{Refer to CODESHEET A3}</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>MOBILE CLINIC C</p> <p>CHW..... D</p> <p>OTHER PUBLIC</p> <p>_____ 96</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC F</p> <p>PHARMACY .. G</p> <p>PRIVATE DOCTOR H</p> <p>MOBILE CLINIC I</p> <p>COMMUNITY HEALTH WORKER..... J</p> <p>OTHER PRIVATE MEDICAL</p> <p>_____ 96</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER ... N</p> <p>OTHER</p> <p>_____ 96</p> <p>(SPECIFY)</p>	
2.13	<p>In your opinion, how was the quality of care you received when you went to seek medical care ?</p>	<p>1. Very Good..... 1</p> <p>2. Good..... 2</p> <p>3. Average..... 3</p> <p>4. Poor..... 4</p> <p>5. Very poor..... 5</p> <p>OTHERS</p> <p>_____ 96</p> <p>(SPECIFY)</p>	
2.14	<p>Why did you not seek medical attention for your child ?</p>	<p>1. Health facility too far..... A</p> <p>2. Cost of medical care..... B</p> <p>3. I thought my child was not seriously ill..... D</p> <p>4. I had to go to work first E</p> <p>5. Health personnel have a bad attitude..... F</p> <p>6. The health facilities are not 24 hours and do not operate during the weekend..... G</p> <p>7. Religion Belief..... H</p> <p>8. I don't know..... 98</p> <p>OTHERS (Refer to CODE SHEET)</p> <p>_____ 96</p> <p>(SPECIFY)</p>	

2.12	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S)) {CODESHEET A3}</p> <p>Multiple answers allowed</p>	<p>GOVERNMENT:</p> <p>Referral hospital..... 11</p> <p>Provincial hospital..... 12</p> <p>District hospital..... 13</p> <p>Health center..... 14</p> <p>Dispensary..... 15</p> <p>PRIVATE:</p> <p>Hospital..... 21</p> <p>Clinic..... 22</p> <p>Health center..... 23</p> <p>Dispensary..... 24</p> <p>OTHER:</p> <p>Pharmacy/chemist..... 31</p> <p>Traditional practitioner/herbalist..... 32</p> <p>CHW..... 33</p> <p>Traditional Birth Attendant..... 34</p> <p>Shop 35</p> <p>Church/Pastor/Prayers..... 36</p> <p>Other(specify) _____ 96</p> <p>(SPECIFY)</p>	
2.13	<p>In your opinion, how was the quality of care you received when you went to seek medical care ?</p>	<p>1. Very Good..... 1</p> <p>2. Good..... 2</p> <p>3. Average..... 3</p> <p>4. Poor..... 4</p> <p>5. Very poor..... 5</p> <p>OTHERS _____ 96</p> <p>(SPECIFY)</p>	
2.14	<p>Why did you not seek medical attention for your child ?</p>	<p>1. Health facility too far..... A</p> <p>2. Cost of medical care..... B</p> <p>3. I thought my child was not seriously ill..... D</p> <p>4. I had to go to work first E</p> <p>5. Health personnel have a bad attitude..... F</p> <p>6. The health facilities are not 24 hours and do not operate during the weekend..... G</p> <p>7. Religion Belief..... H</p> <p>8. I don't know..... 98</p> <p>OTHERS _____ 96</p> <p>(SPECIFY)</p>	

3. CHILD MORTALITY			
3.1	Have you lost a child in the last 12 months CIRCLE THE APPROPRIATE RESPONSE	YES..... 1 NO..... 2	→ <u>END</u>
3.2	IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did your baby/child die? (DD/MM/YYYY)	<input type="text"/>	
3.3	When was the child Born? (DD/MM/YYYY)	<input type="text"/>	
3.4	COMPUTE THE AGE OF THE CHILD AT DEATH CALCULATE THE AGE OF THE CHILD BY SUBTRACTING DATE WHEN CHILD WAS BORN FROM WHEN IT DIED. IF BABY DIED THE SAME DAY IT WAS BORN RECORD 00' DAYS. RECORD ONLY IN ONE UNIT.	Days..... <input type="text"/> Weeks..... <input type="text"/> Months..... <input type="text"/>	
3.5	Was your baby/child ill before he/she died? CIRCLE THE APPROPRIATE RESPONSE	Yes..... 1 No 2	
3.6	In your opinion, what caused the death of your child?	_____	
3.7	Where did the child die ? PROBE: IF CHILD DIED IN HOSPITAL, PROBE IF THE FACILITY WAS PRIVATE OR PUBLIC NAME OF FACILITY : _____	Health Facility..... 1 At home..... 2 On the way to hospital..... 3 OTHERS X (SPECIFY) _____	
3.8	Did you seek medical care during the child's illness ?	YES..... 1 NO..... 2	→ 3.11
3.9	Where did you seek advice or treatment? Anywhere else? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ {Refer to CODESHEET A3} (NAME OF PLACE(S)) Multiple choice allowed	GOVERNMENT: Referral hospital..... 11 Provincial hospital..... 12 District hospital..... 13 Health center..... 14 Dispensary..... 15 PRIVATE: Hospital..... 21 Clinic..... 22 Dispensary..... 23 OTHER: Pharmacy/chemist..... 31 Traditional practitioner/herbalist..... 32 Traditional Birth Attendant..... 33 Shop..... 34 Church/Pastor/Prayers..... 35 Other(specify)..... 36 _____	

