CRF 01 – Healthcare Utilization and Attitudes Survey (HUAS) Questionnaire

<table>
<thead>
<tr>
<th>Study #006</th>
<th>Plate #001</th>
<th>Visit #001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child ID</td>
<td>CHILDID</td>
<td>Date of Interview VISITDATE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day Month Year</td>
</tr>
</tbody>
</table>

Check and choose 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 12-23 24-59 AGESTRATUM
   - No [ ] Yes [ ] Died [ ]
   - ID_CHILD [ ]
   
   [If “No” or “Died”, STOP here, sign, date and submit this form to the DCC.]

2. Have you been able to identify the child? Yes [ ] Refused [ ] Not Available after 3 attempts [ ] 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.]

3. Was consent given by the parent, primary caretaker or guardian? Yes [ ] Refused [ ] Not Available after 3 attempts [ ] PRMCARE
   
   [If “No”, ask if a primary caretaker is available; if not available, make an appointment for a return visit and proceed to next household. If “Yes”, proceed to the next question.]

4. Are you a primary caretaker of the child? No [ ] Yes [ ]
   
   [Use “00” for “Boy” and “Girl” if unknown.]

5. Is the child a boy or a girl? Boy [ ] Girl [ ] GENDER
   
   [Use “00” for “Day,” if unknown.]

6. Can you tell me the birth date of the child? Day [ ] Month [ ] Year [ ] BRTH_DATE
   
   [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:**
   
   [Notes or comments [Initial and date notes]]

   **Interviewer’s Name**
   
   [Int Code] INT_CODE
   
   **Quality Control’s Name**
   
   [QC Code] QC_DATE

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Supplemental Appendix 1.1.
**Supplemental Appendix 1.2.**

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**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

   - [ ] 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
    - [ ] 2. Completed primary
    - [ ] 3. Completed secondary
    - [ ] 4. Post-secondary
    - [ ] 5. 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_CHILDREN

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 | 1. Parquet or polished wood | 4. Parquet or polished wood
   2. Dung | 2. Vinyl or asphalt strips | 5. Vinyl or asphalt strips

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

- [ ] Electricity
- [ ] Television
- [ ] Motorcycle/scooter
- [ ] Boat with a motor
- [ ] Electric stove
- [ ] Radio
- [ ] Bicycle
- [ ] Car/truck
- [ ] Refrigerator
- [ ] Telephone (mobile or non-mobile)
- [ ] Bicycle
- [ ] Refrigerator
- [ ] Telephone (mobile or non-mobile)
- [ ] None of the above

**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.]

- [ ] Dry mouth
- [ ] Wrinkled skin
- [ ] Decreased urination
- [ ] Lethargy
- [ ] Sunken eyes
- [ ] Coma/loss of consciousness
- [ ] Other, specify
- [ ] Thirsty

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.]

- [ ] Mucus/pus in stool [Use local name.]
- [ ] Rice watery stool [Use local name.]
- [ ] Blood in stool [Use local name.]
- [ ] A large number or amount of stools per day
- [ ] Fever associated with diarrhea
- [ ] Diarrhea and vomiting
- [ ] Presence of dehydration
- [ ] Don’t know

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.]

- [ ] 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 get to the center of first choice? [TRANSPORT]

- [ ] Walking
- [ ] Commercial transport
- [ ] Personal transport
- [ ] Combination of the above

22. How long does it take to get to your center of first choice (using the transport mentioned in question 21)? [TRANSPORT_TIME]

- [ ] Less than 15 minutes
- [ ] 15 minutes to half an hour
- [ ] Half an hour to one hour
- [ ] More than 4 hours
- [ ] Don’t know

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Supplemental Appendix 1.3.
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.]

- Flood [DIFF_FLOOD]
- Lack of transport [DIFF_TRANSPRT]
- Heavy rain [DIFF_RAIN]
- Temporary relocation [DIFF_RELOC]
- Political unrest [DIFF_POLITIC]
- Never a problem [DIFF_NOPROB]
- Costs too much money [DIFF_COST]
- Lack of childcare for other children [DIFF_CHILDCRE]
- 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.]

- 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 Yes

[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 diarrhea 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
27. Did [Child’s Name] have any of the following symptoms during his/her diarrheal illness?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood in stool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucus/pus in stool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice watery stool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased urination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very thirsty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunken eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrinkled skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting (3 or more times per day)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lethargy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coma/loss of consciousness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. How many days did [Child’s Name] have diarrhea?

<table>
<thead>
<tr>
<th>Days</th>
<th>DRH_DAYS</th>
</tr>
</thead>
</table>

28a. Is [Child’s Name] still having diarrhea?  
[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?

<table>
<thead>
<tr>
<th>Days</th>
<th>DRH_DAYSAGC</th>
</tr>
</thead>
</table>

Part E: Health Care Utilization

29. Did you seek care for [Child’s Name]’s diarrheal illness outside your home?  
[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
2. Clinic too far from home
3. Unable to find transport
4. Could not take time off from work
5. Local situation
6. Cost for travel too high
7. Cost for treatment too high
8. Other children at home could not be left alone
9. Not happy with clinical services in area
10. Other, specify

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Supplemental Appendix 1.5.
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_OTH 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
34. Was [Child's Name] admitted to a hospital/health center for treatment of diarrheal illness? | No | Yes |

[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 | Center of 2nd choice | Center of 3rd choice
--- | --- | ---
ADMIT_CTR1 | ADMIT_CTR2 | ADMIT_CTR3

If the facility was not coded, specify ________________

[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 | Yes |

[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.]

- Hospital too far from home
- Unable to find transport
- Cost for travel too high
- Could not take time off from work
- Local situation (Weather, natural or political reasons)
- Cost for treatment too high
- Other children at home could not be left alone
- Did not think child was sick enough
- Not happy with care provided at the hospital
- Other, specify ________________

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.]

- A fluid made from a special packet called ORALITE or ORS?
- Homemade fluid (e.g., this watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink)
- Special milk or infant formula
- Home remedy/Herbal medication
- Zinc (tablet/syrup)
- No special remedies given
- Any other liquids, specify ________________
- Antibiotics, specify ________________
- Other, specify ________________
- Other, specify ________________

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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?

<table>
<thead>
<tr>
<th>OFFR_DRINK</th>
<th>If “LESS THAN USUAL”: DRINK_LESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Usual</td>
</tr>
<tr>
<td>2</td>
<td>More than usual</td>
</tr>
<tr>
<td>3</td>
<td>Less than usual</td>
</tr>
<tr>
<td>4</td>
<td>Much less</td>
</tr>
<tr>
<td>5</td>
<td>Somewhat less</td>
</tr>
<tr>
<td>6</td>
<td>Nothing to drink</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>OFFR_EAT</th>
<th>If “LESS THAN USUAL”: EAT_LESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Usual</td>
</tr>
<tr>
<td>2</td>
<td>More than usual</td>
</tr>
<tr>
<td>3</td>
<td>Less than usual</td>
</tr>
<tr>
<td>4</td>
<td>Much less</td>
</tr>
<tr>
<td>5</td>
<td>Somewhat less</td>
</tr>
<tr>
<td>6</td>
<td>Stopped food</td>
</tr>
</tbody>
</table>

[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 HOSPRT_INTALO |
| 2 | Medicine by injection HOSPRT_MEDINJ |
| 3 | ORS HOSPRT_ORS |
| 4 | Don’t know HOSPRT_DK |
| 5 | Zinc HOSPRT_ZINC |
| 6 | Antibiotics, specify HOSPRT_A9 HOSPAB_SPEC |
| 7 | Other, specify HOSPRT_OTHR HOSPOTH_SPEC |

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SUPPLEMENTAL APPENDIX 1.8.
### 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.)

<table>
<thead>
<tr>
<th>Consultation</th>
<th>Drugs</th>
<th>Diagnostics</th>
<th>Transport</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Pharmacy</td>
<td>PHARM_DRUG</td>
<td>PHARM_DIAG</td>
<td>PHARM_TRNSPT</td>
<td>PHARM_OTHR</td>
</tr>
<tr>
<td>b. Traditional healer</td>
<td>HEALER_DRUG</td>
<td>HEALER_DIAG</td>
<td>HEALER_TRNSPT</td>
<td>HEALER_OTHR</td>
</tr>
<tr>
<td>c. Unlicensed practitioner/village doctor/bush doctor</td>
<td>DOC_DIAG</td>
<td>DOC_TRNSPT</td>
<td>DOC_OTHR</td>
<td></td>
</tr>
<tr>
<td>d. Licensed practitioner/private doctor</td>
<td>PRIVOC_DRUG</td>
<td>PRIVOC_TRNSPT</td>
<td>PRIVOC_OTHR</td>
<td></td>
</tr>
<tr>
<td>e. Bought remedy/drugs at the shop/market</td>
<td>REMDY_DRUG</td>
<td>REMDY_TRNSPT</td>
<td>REMDY_OTHR</td>
<td></td>
</tr>
<tr>
<td>f. Hospital/Centre of 1st choice</td>
<td>CTR1 DRUG</td>
<td>CTR1_TRNSPT</td>
<td>CTR1_OTHR</td>
<td></td>
</tr>
<tr>
<td>g. Hospital/Centre of 2nd choice</td>
<td>CTR2 DRUG</td>
<td>CTR2_TRNSPT</td>
<td>CTR2_OTHR</td>
<td></td>
</tr>
<tr>
<td>h. Hospital/Centre of 3rd choice</td>
<td>CTR3 DRUG</td>
<td>CTR3_TRNSPT</td>
<td>CTR3_OTHR</td>
<td></td>
</tr>
<tr>
<td>i. Other, specify</td>
<td>OTHER_DRUG</td>
<td>OTHER_TRNSPT</td>
<td>OTHER_OTHR</td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

**Supplemental Appendix 1.9.**
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
2. Cutting down from other expenses  MONY_OTHEXP
3. Using savings  MONY_SVNGS
4. Borrowing  MONY_BORROW
5. Selling assets  MONY_ASSET
6. Asking for donations outside the household  MONY_DONAT
7. Relative or friend pays on your behalf  MONY_RELATIVE
8. Others, specify  MONY_OTHR  MONY_SPEC

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

No  Yes  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  Yes  OK

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)  DAYSLOT_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)  DAYSLOT_COTHER

[For children who had diarrhea, go to Part II after completing Part F.]

SUPPLEMENTAL APPENDIX 1.10.
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?  

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent loose stools &lt;= 6/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent loose stools 7-10/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent loose stool &gt; 10/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucus/pus in stool (local name)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice watery stool (local name)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea with wrinkled skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea with sunken eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify TRT_OTHR_OTHER_SPEC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea with fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood in stool (local name)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased urination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lethargy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corneal loss of consciousness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea with dehydration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea and vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

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

50. If “No”, why? (“X” the primary reason only.) NOTAGREE  

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital too far from home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to find transport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost for travel too high</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannot take time off from work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most diarrheas are not serious enough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local situation (Weather, natural or political reasons)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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; 060 = medical facility at the shop/market; other facilities not coded = 090.]  

<table>
<thead>
<tr>
<th>Choice</th>
<th>Diarrhea with blood</th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
<th>4th Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specify center/child with blood</td>
<td></td>
<td>DWRB_CTRL</td>
<td>DWRB_CTRL</td>
<td>DWRB_CTRL</td>
</tr>
<tr>
<td></td>
<td>Diarrhea without blood</td>
<td></td>
<td>DWRB_CTRL</td>
<td>DWRB_CTRL</td>
<td>DWRB_CTRL</td>
</tr>
</tbody>
</table>

SUPPLEMENTAL APPENDIX 1.11.
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:  

<table>
<thead>
<tr>
<th>Code</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Bad</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>MGHTREC1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>MGHTREC2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>MGHTREC3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

53. What is the most common diarrheal illness affecting children younger than 60 months old in your community? [“X” only one.]  

[ ] Simple loose/watery diarrhea  
[ ] Rice watery/cholera-like illness  
[ ] Bloody diarrhea  
[ ] Other, specify

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple loose/watery diarrhea</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Rice watery/cholera-like illness</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Bloody diarrhea</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple loose/watery diarrhea</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bloody diarrhea</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rice watery/cholera-like illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple loose/watery diarrhea</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Bloody diarrhea</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Rice watery/cholera-like illness</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Supplemental Appendix 1.12.
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.]

- Nutrition
- Breastfeeding
- Proper disposal of human waste
- Medications
- Vaccines
- Cannot be prevented
- Washing hands
- Clean food or water
- Other, specify

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple loose/watery diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloody diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice watery/cholera-like illness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

59. In your opinion, does ORS work well to treat diarrhea? [“X” one only.]

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple loose/watery diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloody diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice watery/cholera-like illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Simple loose/watery diarrhea
- Bloody diarrhea
- Rice watery/cholera-like illness

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

- Simple loose/watery diarrhea
- Bloody diarrhea
- Rice watery/cholera-like illness

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
- Bloody diarrhea
- Rice watery/cholera-like illness

**Supplemental Appendix 1.13.**
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 cost? [*X* one only.]

- Simple loose/watery diarrhea  
- Bloody diarrhea  
- Rice watery/cholera-like illness  
- Don’t know

64. In your opinion, are vaccines important for your child’s health?  

- No  
- Yes  

65. If there would be a vaccine available to prevent the following illnesses, would you want to use it for your child?

- Simple loose/watery diarrhea  
- Bloody diarrhea  
- Rice watery/cholera-like illness

**Notes or comments** [Initial and date notes]

---

**Interviewer's Name**

**Quality Control's Name**

**INT_CODE2**

**QC_CODE2**

---

Supplemental Appendix 1.14.
Supplemental Appendix 2.1.

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 diarrhea 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.]

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? [ ] No [ ] Yes
   [If “No”, sign your name, staff code, date and submit this page to the DCC; if “Yes”, continue to Question 8.]

Interviewer’s Name ____________________________

Quality Control’s Name ____________________________

Staff code

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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?
    - Fever No Yes DK
    - Blood in stool No Yes DK
    - Lethargic, unconscious, or hard to stay awake No Yes DK
    - Sunken eyes, more than usual No Yes DK
    - Wrinkled skin No Yes DK

11. Did [Child’s Name] vomit? No Yes
    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 diarrheal illness 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 □ Cost for travel too high
    □ Clinic too far from home □ Cost for treatment too high
    □ Unable to find transport □ Other children at home could not be left alone
    □ Could not take time off from work □ Not happy with clinical services in area
    □ Flood or bad weather □ Other, specify
    □ Political unrest

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Supplemental Appendix 2.2.
Supplemental Appendix 2.3.

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/Centre of 1st choice
- Hospital/Centre of 2nd choice
- Hospital/Centre of 3rd choice
- Licensed practitioner/private doctor (not at hospital)
- Other Hospital/Centre, 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?

- 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

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

Interviewer’s Name ____________________________

Quality Control’s Name ____________________________

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