Supplemental Appendix 1.1.
Part B: Household Information

8. What is your relationship to [Child’s Name]? RELATION
   9. No relation  10. Other relation by blood or marriage, specify ____________________________

   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_SCHIL
    1. No formal schooling  2. Completed primary    3. Completed secondary

12. How many people have been living regularly in your household for the past 6 months? ________

13. How many rooms in your household are used for sleeping? ________

14. How many children younger than 60 months live in the household? ________

15. How many children younger than 60 months in this household are under your primary care? ________

16. What is the predominant floor inside the house? [Observe which material covers the largest surface.] FLOOR

   Natural Floor  Rudimentary Floor  Finished Floor
   1. Earth/Sand   4. Wood planks  7. Parquet or polished wood
   2. Dung        5. Palm/bamboo  8. Vinyl or asphalt strips
   3. Other, specify ____________________________ 9. Ceramic Tile
   10. Cement
   11. Carpet
17. Does your household have the following? [Must be functioning; “X” all that apply.]

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

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: DEH_DRY
- Wrinkled skin: DEH_WRINKL
- Decreased urination: DEH_DECU
- Lethargy: DEH_LETHRG
- Sunken eyes: DEH_SUNKE
- Coma/loss of consciousness: DEH_COMA
- Other, specify: DEH_OTHER
- None of the above: DEH_NONE

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: SD_MUCUS
- Rice watery stool: SD_RICE
- Blood in stool: SD_BLOOD
- A large number or amount of stools per day: SD_UNSPERDAY

20. What are the health centers that you 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

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

Enter 999 for Unknown

21. How do you/would you usually get to the center of first choice?

- Walk
- Commercial transport
- Personal transport
- Combination of the above

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

- Less than 15 minutes
- 15 minutes to half an hour
- Half an hour to one hour
- More than 4 hours
- Don’t know
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
- [ ] Lack of transport
- [ ] Heavy rain
- [ ] Temporary relocation
- [ ] Political unrest
- [ ] Never a problem
- [ ] Costs too much money
- [ ] Lack of childcare for other children
- [ ] Other, specify

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

- [ ] Mother
- [ ] Father
- [ ] Sister
- [ ] Brother
- [ ] Grandmother
- [ ] Grandfather
- [ ] Aunt
- [ ] Uncle
- [ ] No relation
- [ ] Other relation by blood or marriage, specify

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? [If “No”, go to Part G, Health care attitudes; if “Yes”, continue.]

- [ ] No
- [ ] Yes

26. What is your best estimate of the maximum number of loose stools per day [Child’s Name] had during his/her diarrhea illness?

- [ ] 3 to 6 times per day
- [ ] More than 10 times per day
- [ ] 7 to 10 times per day
- [ ] 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 [If local name]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice watery stool [If local name]</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.)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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.)

- [ ] Child did not seem to need care
- [ ] Cost for travel too high
- [ ] Cost for treatment too high
- [ ] Unable to find transport
- [ ] Other children at home could not be left alone
- [ ] Not happy with clinical services in area
- [ ] Other, specify
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_REMIX_REMIXSPEC
- 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
### CRF 01 – Healthcare Utilization and Attitudes Survey (HUAS) Questionnaire

**Supplemental Appendix 1.7.**

<table>
<thead>
<tr>
<th>Study #006</th>
<th>Plate #007</th>
<th>Visit #001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child ID</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMIT_CTR1</td>
<td>ADMIT_CTR2</td>
<td>ADMIT_CTR3</td>
</tr>
</tbody>
</table>

If the facility was not coded, specify ADMIT_SPEC  

*After completing Question 35, go to Question 38.*

#### 36. If [Child’s Name] did not receive care at a hospital/health center, were you advised to take him/her to a hospital/health center?  
*No*  
*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 NOHOSP_SPEC

#### 38. When [Child’s Name] had diarrheal, 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? HOMETRT_OORS  
- [ ] Homemade fluid (e.g., This watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink) HOMETRT_MADE  
- [ ] Special milk or infant formula HOMETRT_MILK  
- [ ] Home remedy/Herbal medication HOMETRT_HERBAL  
- [ ] Zinc (tablet/syrup) HOMETRT_ZINC  
- [ ] No special remedies given HOMETRT_NONE  
- [ ] Any other liquids, specify HOMETRT_OTHLIQ_HOMELIQ_SPEC  
- [ ] Antibiotics, specify HOMETRT_AB  
- [ ] Other, specify HOMETRT_OTHR_HOMETHR_SPEC1  
- [ ] Other, specify HOMETRT_OTHR2_HOMETHR_SPEC2

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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?

- [ ] Usual
- [ ] More than usual
- [ ] Less than usual

If “LESS THAN USUAL”: DRINK_LESS
- [ ] Much less
- [ ] Somewhat less
- [ ] Nothing to drink

40. When [Child’s Name] had diarrhea, did you offer the child less than usual to eat, about the same amount, or more than usual to eat? [If “Less” probe:] Did you offer much less than usual to eat or somewhat less or nothing at all?

- [ ] Usual
- [ ] More than usual
- [ ] Less than usual

If “LESS THAN USUAL”: EAT_LESS
- [ ] Much less
- [ ] Somewhat less
- [ ] Stopped food

[If no health center is reported in Question 31, go to Question 42; otherwise continue.]

41. Did [Child’s Name] receive any of the following to treat the diarrhea from hospital/health facility? [“X” all that apply.]

- [ ] Intravenous fluids
- [ ] Medicine by injection
- [ ] ORS
- [ ] Don’t know

Zinc: HOSPRT_ZINC
Antibiotics, specify: HOSPRT_AB HOSPAB_SPEC
Other, specify: HOSPRT_OTHR HOSPOTHR_SPEC
**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_TRNSPTR</td>
<td>PHARM_OTHR</td>
</tr>
<tr>
<td>b. Traditional healer</td>
<td>HEALER_DRUG</td>
<td>HEALER_DIAG</td>
<td>HEALER_TRNSPTR</td>
<td>HEALER_OTHR</td>
</tr>
<tr>
<td>c. Unlicensed practitioner/village doctor</td>
<td>DOC_DRUG</td>
<td>DOC_DIAG</td>
<td>DOC_TRNSPTR</td>
<td>DOC_OTHR</td>
</tr>
<tr>
<td>d. Licensed practitioner/private doctor</td>
<td>PRIVDOC_DRUG</td>
<td>PRIVDOC_DIAG</td>
<td>PRIVDOC_TRNSPTR</td>
<td>PRIVDOC_OTHR</td>
</tr>
<tr>
<td>e. Bought remedy/drugs at the shop/market</td>
<td>REMDY_DRUG</td>
<td>REMDY_DIAG</td>
<td>REMDY_TRNSPTR</td>
<td>REMDY_OTHR</td>
</tr>
<tr>
<td>f. Hospital/Center of 1st choice</td>
<td>CTRL1_DRUG</td>
<td>CTRL1_DIAG</td>
<td>CTRL1_TRNSPTR</td>
<td>CTRL1_OTHR</td>
</tr>
<tr>
<td>g. Hospital/Center of 2nd choice</td>
<td>CTRL2_DRUG</td>
<td>CTRL2_DIAG</td>
<td>CTRL2_TRNSPTR</td>
<td>CTRL2_OTHR</td>
</tr>
<tr>
<td>h. Hospital/Center of 3rd choice</td>
<td>CTRL3_DRUG</td>
<td>CTRL3_DIAG</td>
<td>CTRL3_TRNSPTR</td>
<td>CTRL3_OTHR</td>
</tr>
<tr>
<td>i. Other, specify</td>
<td>OTHER_DRUG</td>
<td>OTHER_DIAG</td>
<td>OTHER_TRNSPTR</td>
<td>OTHER_OTHR</td>
</tr>
<tr>
<td>j. Other, specify total</td>
<td>OTHER_TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supplemental Appendix 1.9.**
CRF 01 – Healthcare Utilization and Attitudes Survey (HUAS) Questionnaire

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_SAVNS
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?
   [Use local currency.]

   No Yes
   If yes, how much?
   [Use local currency.]

45. Did other caregivers lose some earnings due to seeking or providing care during [Child’s Name] illness?
   [Use local currency.]

   No Yes
   If yes, how much?
   [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)

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)

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

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Supplemental Appendix 1.10.
Part G: Health Care Attitudes

[Explain 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>Yes</th>
<th>DK</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>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent loose stools 7-10/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent loose stool &gt; 10/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucus/pus in stool (local name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice watery stool (local name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea with wrinkled skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea with sunken eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify TRT_OHTR. OTHER_SPEC</td>
<td></td>
<td></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

1. Hospital too far from home
2. Unable to find transport
3. Cost for treatment too high
4. Other children at home could not be left alone
5. Not confident about the care from the center
6. Cost for travel too high
7. Other, specify...

51. Where would you seek care for the following? [There is a maximum of 4 choices. If care was never sought, ask where the caretaker would seek care if needed. Use the Health Facility Coding List. Use 010 for licensed or private practitioner, 020 = pharmacy, 030 = friend/relative; 040 = traditional healer; 050 = unlicensed practitioner/village doctor/bush doctor; 060 = buy medication at the shop/market; other facilities not coded = 990.]

<table>
<thead>
<tr>
<th>Symptom</th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
<th>4th Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea with blood</td>
<td>DWB_CTR0</td>
<td>DWB_CTR1</td>
<td>DWB_CTR2</td>
<td>DWB_CTR3</td>
</tr>
<tr>
<td>Diarrhea without blood</td>
<td>DWOB_CTR0</td>
<td>DWOB_CTR1</td>
<td>DWOB_CTR2</td>
<td>DWOB_CTR3</td>
</tr>
</tbody>
</table>

specify center/Diarrhea with blood    DWB_SPEC
specify center/Diarrhea without blood DWOB_SPEC
52. What is your opinion of the care your child might receive at the following health centers: [Mention the 3 nearest sentinel centers and present the choices to the caretaker.]

Enter health center code: | Excellent | Good | Fair | Bad | DK
---|---|---|---|---|---
MGHTREC1 | 1 | 2 | 3 | 4 | 5
MGHTREC2 | 1 | 2 | 3 | 4 | MGHT1_OP
MGHTREC3 | 1 | 2 | 3 | 4 | MGHT2_OP

Part H: Attitudes about Diarrheal Illness

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

- 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?

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

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

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

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

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

If “No” to all three, go to Question 58.
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>Treatment</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple loose/watery diarrhea</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bloody diarrhea</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rice watery/cholera-like illness</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

59. In your opinion, does ORS work well to treat diarrhea?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORS WORK</td>
<td>1</td>
<td>2</td>
<td>3</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
- Don't know

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
- Don't know

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
- Don’t know
63. When your child is ill, you may have to pay when you seek medical care. In your opinion, which of the following illnesses has the lowest costs? ["X" one only.]

- Simple loose/watery diarrhea
- 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]
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. “OK” 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 ________________________ □ □ □ □ 20 □ □

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Supplemental Appendix 2.1.
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?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Yes</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Blood in stool</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Irritable/less playful</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Very thirsty</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Wrinkled skin</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Unable to drink or drank poorly</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Rice watery stool without blood</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Lethargic, unconscious, or hard to</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>stay awake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunken eyes, more than usual</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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________________________
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
   ☐ Bought a remedy/medicine at the shop/market
   ☐ Pharmacy
   ☐ 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?
   [If ‘Yes’, continue. If ‘No’ or ‘N/A’, go to Question 19.]
   ☐ No ☐ Yes ☐ N/A

18. To which hospital was [Child’s Name] admitted? [Use the Health Facility Coding List.]
   Center of 1st choice
   Center of 2nd choice
   Center of 3rd choice

   If the facility was not coded, specify ________________________________

19. Did [Child’s Name] receive any of the following to treat the diarrhea? (“X” all that apply.)
   ☐ Intravenous fluids
   ☐ Home made fluid (Such as thin watery porridge made from maize, rice, wheat, soup, sugar, salt water solution or Yogurt-based drink.)
   ☐ A fluid made from a special packet called ORALITE or ORS

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
   [If child died, mark N/A (Wouldn’t be applicable)]

   Interviewer’s Name ____________________________
   Quality Control’s Name _________________________
   Staff code __________________________
   Day _______ Month _______ Year ________

SUPPLEMENTAL APPENDIX 2.3.