

W1. Reference child 5-7 years old immunization and 2-week morbidity recall

Name of respondent: _____

IND ID | | | | |

Name of reference child 5-7 years old: _____

IND ID | | | | |

W101 Has the child at least got one vaccination recorded on his/her health card?

0=No
1=Yes
3=Does not have card

▲ If "NO" or "Does not have card" SKIP to Y1.

W102

Vaccination	Maximum possible	Number
		W102
1-BCG	1	
2-Polio	4	
3-DPT-HebB+Hib	3	
4-Measles	1	

Fill in number of each type of vaccination

Y1. OTHER DISEASES IN HOUSEHOLD/NEIGHBORHOOD

Y101 Is there currently anybody living in this household (other than reference child) or in the close neighborhood who has been diagnosed Tuberculosis at a health facility AND/OR who is coughing for more than 3 weeks?

0=No
1=Yes

Y102 If yes, has this person gone through treatment or is currently under treatment?

3=Don't know

W103: During the last two weeks, has the child had diarrhea?

0-No
1-Yes
9=Don't know

W104: *If Yes:* When did it end (number of days ago)?

00=Not yet
99=Don't know

If W103=1, fill out BOX W11 **→** *If W103=0 or 9, skip to W111*

Maximum possible: 14

Box W11 Gastro-Intestinal Symptoms

Gastro-Intestinal Symptoms					
How many times a day did the child defaecate in the beginning?			Did the child vomit at least once? 0=No 1=Yes	Did the child have fever? 0-No 1-Low 2-High	How many days did the diarrhea last? <i>Indicate number of days</i>
W105	W106	W107	W108	W109	W110
<input type="text"/> <input type="text"/> 99=Don't know			<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> <input type="text"/> 99=Don't know

W111 During the past 2 weeks, has the child suffered from acute respiratory infection (cough, runny nose, rapid breathing)?

0-No
1-Yes
9=Don't know

W112 *If Yes,* when did it end (number of days ago)?

00=Not yet
99=Don't know

If W111=1, fill out BOX W12 **→** *If W111=0 or 9, skip to W120*

Maximum possible: 14

Box W12 Respiratory Symptoms

Respiratory Symptoms				Fever?		<i>For other symptoms (runny nose and/or rapid breathing): How many days did the symptoms last? Indicate number of days</i>
Cough? 0=No 1=Yes	Runny nose? 0=No 1=Yes	Rapid breathing? 0=No 1=Yes	W116	0-No 1-Low 2-High	W118	W119
<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know	<input type="text"/> 9=Don't know		<input type="text"/> 9=Don't know	<input type="text"/> <input type="text"/> 99=Don't know 98=NA	<input type="text"/> <input type="text"/> 99=Don't know

W120 During the past 2 weeks, has the child suffered from fevers?

0-No
1-Yes
9=Don't know

W121 *If Yes,* when did it end (number of days ago)?

00=Not yet
99=Don't know

If W120=0 or 9, skip to W122

Maximum possible: 14

W122 During the past 2 weeks, has the child suffered from any other disease?

0-No
1-Yes
9=Don't know

W123 *If Yes,* when did it end (number of days ago)?

If W122=0 or 9, skip to W124

W124 During the past month, was the child admitted to a clinic/hospital?

0-No
1-Yes
9=Don't know

W125 *If yes,* did the child receive any medical treatment?

0-No
 1-Yes 9=Don't know

W126 *If yes at W125,* specify medicine received: _____

If W124=0 or 9, skip to W201 or end