

W2. Reference child 6-35 months old immunization and 2-week morbidity recall

Name of respondent: _____ **IND ID**

| | | | |

Name of reference child 6-35 months old: _____ **IND ID**

| | | | |

W201 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 Y2.*

W202

Vaccination	Maximum possible	Number
		W202
1-BCG	1	
2-Polio	4	
3-DPT-HebB+Hib	3	
4-Measles	1	

Fill in number of each type of vaccination

Y2. OTHER DISEASES IN HOUSEHOLD/NEIGHBORHOOD

Y201 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

Y202 *If yes*, has this person gone through treatment or is currently under treatment?

3=Don't know

W203: During the last two weeks, has the child had diarrhea?

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

W204: *If Yes* : When did it end (number of days ago)?

00=Not yet
99=Don't know

If W203=1, fill out BOX W21 **→** *If W203=0 or 9, skip to W211*

Maximum possible: 14

Box W21 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>
W205	W206	W207	W208	W209	W210
<input type="checkbox"/> <input type="checkbox"/> 99=Don't know			<input type="checkbox"/> 9=Don't know	<input type="checkbox"/> 9=Don't know	<input type="checkbox"/> <input type="checkbox"/> 99=Don't know

W211 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

W212 *If Yes* , when did it end (number of days ago)?

00=Not yet
99=Don't know

If W211=1, fill out BOX W22 **→** *If W211=0 or 9, skip to W220*

Maximum possible: 14

Box W22 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	W216	0-No 1-Low 2-High	W218	W219
W213	W214	W215		W217		
<input type="checkbox"/> <input type="checkbox"/> 9=Don't know	<input type="checkbox"/> <input type="checkbox"/> 9=Don't know	<input type="checkbox"/> <input type="checkbox"/> 9=Don't know		<input type="checkbox"/> 9=Don't know	<input type="checkbox"/> <input type="checkbox"/> 99=Don't know 98=NA	<input type="checkbox"/> <input type="checkbox"/> 99=Don't know

W220 During the past 2 weeks, has the child suffered from fevers?

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

W221 *If Yes* , when did it end (number of days ago)?

00=Not yet
99=Don't know

If W220=0 or 9, skip to W222

Maximum possible: 14

W222 During the past 2 weeks, has the child suffered from any other disease?

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

W223 *If Yes* , when did it end (number of days ago)?

If W222=0 or 9, skip to W224

W224 During the past month, was the child admitted to a clinic/hospital?

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

W225 *If yes* , did the child receive any medical treatment?

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

If W203=0 or 9, skip to end

W226 *If yes at W225* , specify medicine received: _____