

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

Name of respondent: \_\_\_\_\_ **IND ID**

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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>
<b>W205</b>	<b>W206</b>	<b>W207</b>	<b>W208</b>	<b>W209</b>	<b>W210</b>
<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	<b>W216</b>	0-No 1-Low 2-High	<b>W218</b>	<b>W219</b>
<b>W213</b>	<b>W214</b>	<b>W215</b>		<b>W217</b>		
<input type="checkbox"/> 9=Don't know	<input type="checkbox"/> 9=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 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: \_\_\_\_\_