



Under 5 Years Children, 2-Week Morbidity Module

**Complete one column for each child under age 5.
Observe the footnote as applicable**

	Household Serial Number									Total
	Child's Name									
	Sex : M = Male F = Female									M: F:
	Age: by completed Months (if less than 1 month = 0)									
1	In the last 2 weeks (that is since 2 weeks from today), did (child's name) had any of the following symptoms or problems ? <i>Prompt.</i>									
	Vomiting everything									Y
	Not able to drink									
	Convulsions									
	Unconsciousness / lethargy									
	Cough									Y
	Fast breathing									
	Difficult breathing									
	Pneumonia (cultural term)									
	Wheezes									
	Diarrhea									Y
	Blood in stool									Y
	Sore throat									
	Ear pain or discharge									Y
	Fever									
	Measles									Y
	Generalized skin rash									
	Runny nose									
	Eye redness or discharge									Y
	Loss of appetite									
	Loss of weight									
Pallor (facial and/or palmar)										
Oedema of both feet										
Bloated (swollen) abdomen										
Other (specify)										
2	When did this illness start ? <i>Do not prompt</i>									
	• Within the last 24 hrs									
	• More than 24 hrs									
3	How severe (<i>use cultural term</i>) was (child's name) illness? <i>Do not prompt.</i>									S
	<i>Mild = M, Severe = S, Life threatening = LT</i>									LT
4	If " <i>Cough</i> " in Q 1 : Did you notice that (child's name) breathing is faster than usual, or s(he) have difficult breathing?									

General Instructions: a) tick each mentioned response under specific column
b) unless specified, tick (✓) for Yes, (x) for No and (-) for DNK

17	What did you or the family do for the child during this last episode of illness?									
	<i>Do not prompt .</i>									
	Did nothing									Y
	Sought care outside home									Y
	Gave home treatment									Y
	DNK									

Household Serial Number								Total
Child's Name								
Sex : M = Male F = Female								M: F:
Age: by Months								
18	<p>If response was other than "sought care outside home" proceed to last Q 30. If "sought care outside home" :</p> <p>Where or from whom did you / the family seek care?</p> <p><i>Do not prompt, tick all boxes that apply.</i></p> <ul style="list-style-type: none"> • Governmental hospital • Governmental PHC facility • NGO polyclinic • Private physician • Pharmacy • CHW (TBA, Raidat) • Relatives or friends • Other (specify) 							
								Y
								Y
								Y
								Y
								Y
								Y
								Y
19	<p>If only one provider was mentioned, proceed to Q 21, if No ask:</p> <p>Which provider did you go first after (child's name) became ill?</p> <p><i>Circle the tick on the first provider mentioned in Q 18.</i></p>							
20	<p>Why did you decide to go to another provider ?</p> <p><i>Do not prompt</i></p> <ul style="list-style-type: none"> • Child was not cured. • Advised by the first provider • Medication was too expensive • Instructions for treatment were difficult to follow • Not satisfied • Other (specify) 							
21	<p>If child was taken to a physician or health facility ask:</p> <p>What made you decide to take (child's name) to (provider title)?</p> <p><i>Do not prompt</i></p> <ul style="list-style-type: none"> • Child's health condition worsened. • Family member advice. • Either money, or time became available. • Advised by another provider. • Advised by a nearby provider. • Other (specify) 							
22	<p>When did you take the child to the physician or health facility?</p> <p><i>Do not prompt</i></p> <ul style="list-style-type: none"> • Same day • Next day • After 2 days • After 3 or more days 							
23	<p>Was the child treated as an inpatient, outpatient or referred?</p> <p>Inpatient</p> <p>Outpatient</p>							

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Referred																				
DNK																				

	Household Serial Number																			Total
	Child's Name																			
	Sex : M = Male F = Female																			M: F:
	Age: by Months																			
24	<i>If Yes for referral ask:</i> Did the health worker explained to you that your child had to be taken to a hospital or another health center?																			
25	Were you able to comply with referral?																			Y
26	<i>If No ask :</i> What prevented you from complying with referral? <i>Do not prompt.</i>																			
	- Could not afford the additional costs.																			Y
	- Could not afford the time.																			Y
	- Did not have the household authority to make such a decision.																			Y
	- Other household members disagreed.																			
	- Did not believe that referral was necessary.																			
	- Has not yet taken child, but intends to.																			
	- Other (specify)																			
27	Was follow up required by the physician or health facility? <i>If No, proceed to Q30</i>																			
28	Were you able to comply with follow-up ? <i>If Yes, proceed to Q. 30</i>																			Y
29	What prevented you from following-up.																			
	- Could not afford the additional costs.																			Y
	- Could not afford the time.																			Y
	- Did not have the household authority to make such a decision.																			Y
	- Other household members disagreed.																			
	- Did not believe that follow-up was necessary.																			
	- Has not yet taken child but intends to.																			
	- Other (specify)																			
30	How is the (child's name) condition today?																			
	• Cured																			
	• Improved																			
	• Same																			
	• Worse																			
	• DNK																			

Proceed to "Home Management Skills Chart" for only the test that has been ticked off for each child

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Home Management Skills Chart

If the caretaker has more than one child suffering of the same problem, do the test just once and draw oblique lines on columns of other

Household Serial Number										Total
Child's Name										
Sex : M = Male F = Female										M: F:
Age: by Months										
(A)	Antibiotic Administration									Y
	<i>If it is time to give the antibiotic syrup to the child with pneumonia, ask the caretaker to give the drug in front of you. Observe his/her practice and tick if the caretaker:</i>									
A.1	Shakes the syrup bottle before use.									
A.2	Uses the measure/spoon properly.									
A.3	Has the caretaker correctly administered the antibiotic? (<u>Yes</u> for items A.1 and A.2 above)?									Y
(B)	ORS Preparation									Y
	<i>Give the caretaker an ORS packet and ask him / her to prepare the solution the way (s)he usually prepared it. Observe his/her practice and tick if the caretaker:</i>									Y
B.1	Dissolves the powder completely in water									Y
B.2	Uses the entire packet <i>Record E if entire packet is used, and P if only part of it is used.</i>									E
B.3	<i>After the caretaker finishes preparing the ORS solution, pour the prepared ORS solution from his/her mixing vessel into your measuring container and record the quantity in ml.</i>									
B.4	Is the quantity of the solution between 190 – 240 ml? Yes No									Y
B.5	Has the caretaker correctly prepared the ORS solution (<u>Yes</u> for question B.1 + E for question B.2 + <u>Yes</u> for question B.4)?									Y
(C)	Ear Wicking									Y
	<i>Ask the caretaker to wick the child's ear. Observe his/her practices and tick if she:</i>									
C.1	Rolls clean dry absorbent cloth spirally into a wick.									
C.2	Places the wick in the child's ear.									
C.3	Removes the wick when wet.									
C.4	Replaces the wick with a clean one and repeat these steps until the ear is dry.									
C.5	Washes hands after finishing wicking the ear.									
C.6	Has the caretaker correctly wicked the ear (<u>Yes</u> for all items from C.1 to C.5 above)?									Y
(D)	Care of eye inflammation									Y
	<i>Ask the care taker if (s)he has an eye ointment. If Yes, ask him/her to bring it, and if no give him/her one. Ask him/her to care of the inflamed eye in front of you. Observe his/her practices and tick if (s)he:</i>									
D.1	Washes hands before use.									
D.2	Asks child to close eyes.									
D.3	Uses a clean cloth and water to gently wipe away pus.									
D.4	Asks the child to look up.									

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D.5	Squeezes and put amount of <u>eye ointment</u> on the inside of the lower lid.									
D.6	Washes hand again after care.									
D.7	Has the caretaker correctly took care of the inflamed eye (<u>Yes</u> for all items from D.1 to D.6 above)?									Y

Household Serial Number										Total
Child's Name										
Sex : M = Male F = Female										M: F:
Age: by Months										
(E)	Care of mouth ulcers									Y
	<i>Ask the care taker if (s)he has gentian violet paint. If <u>Yes</u>, ask him/her to bring it, and if <u>No</u>, give him/her a bottle. Ask him/her to care of the mouth ulcers in front of you. Observe his/her practices and tick if (s)he:</i>									
E.1	Washes hands before care.									
E.2	Washes the (child's name) mouth with clean soft cloth wrapped around the finger and wet with salt water.									
E.3	Paints the mouth with half-strength gentian violet.									
E.4	Washes hands again after care.									
E.5	<i>Has the caretaker correctly took care of the mouth ulcers (<u>Yes</u> for all items from E1 to E4 above)?</i>									Y

Thank your respondent for his (her) time and useful information.