

Tools: Impact and Outcomes

Examples of Questions used in household surveys to assess coverage and source and point of treatment for pneumonia, malaria and diarrhea

(Source: Save the Children and John's Hopkins University Institute for International Programs, Malawi and Mozambique questionnaires)

Malawi

Cough and fever module			CO
CO1.	Has (NAME) been ill with a fever at any time in the last 2 weeks?	Yes1 No2 Don't know8	
CO2.	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	Yes1 No2 Don't know8	2⇒CO5 8⇒CO5
CO3.	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths or have difficulty breathing?	Yes1 No2 Don't know8	8⇒CO5 8⇒CO5
CO4.	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Problem in the chest1 Blocked nose2 Both3 Other (<i>specify</i>)6 Don't know8	
CO5. For the interviewer: Check answers in CO1 for fever and CO2 for cough "No" for fever <u>AND</u> "No" for cough1⇒ Next module "Yes" for fever and/or "Yes" for cough 2⇒CO6			
CO6.	Did you seek advice or treatment for the illness?	Yes1 No2 Don't know8	2⇒CO13 8⇒CO13

CO7.	<p>From where did you seek care?</p> <p>Anywhere else?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>(Name of place) _____</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td colspan="3">PUBLIC SECTOR</td> </tr> <tr> <td>A. Govt. hospital</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Govt. health centre</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Govt. health post</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Village clinic/HSA</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Mobile/outreach clinic.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Other public (specify) ..</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">PRIVATE MEDICAL SECTOR</td> </tr> <tr> <td>I. Private hospital/clinic</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. Private physician.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. Private pharmacy</td> <td>1</td> <td>2</td> </tr> <tr> <td>L. Mobile clinic</td> <td>1</td> <td>2</td> </tr> <tr> <td>O. Other private medical (specify) ..</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">OTHER SOURCE</td> </tr> <tr> <td>P. Relative or friend</td> <td>1</td> <td>2</td> </tr> <tr> <td>Q. Shop</td> <td>1</td> <td>2</td> </tr> <tr> <td>R. Traditional practitioner</td> <td>1</td> <td>2</td> </tr> <tr> <td>X. Other (specify).....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PUBLIC SECTOR			A. Govt. hospital	1	2	B. Govt. health centre	1	2	C. Govt. health post	1	2	D. Village clinic/HSA	1	2	E. Mobile/outreach clinic.....	1	2	H. Other public (specify) ..	1	2	PRIVATE MEDICAL SECTOR			I. Private hospital/clinic	1	2	J. Private physician.....	1	2	K. Private pharmacy	1	2	L. Mobile clinic	1	2	O. Other private medical (specify) ..	1	2	OTHER SOURCE			P. Relative or friend	1	2	Q. Shop	1	2	R. Traditional practitioner	1	2	X. Other (specify).....	1	2	
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CO8.	<p>Check CO7.</p> <p>Visited an HSA?</p>	<p>Yes1</p> <p>No2</p>	2⇒CO10																																																									
CO9.	At what visit did you see the HSA?	<p>At first visit1</p> <p>At second visit.....2</p> <p>More than 2 visits.....3</p>																																																										
CO10.	<p>Where did you first seek advice or treatment?</p> <p>USE CODES (letter) FROM CO7</p>	<p>First place <input type="checkbox"/></p>																																																										
CO11.	Did any health worker check (NAME's) breathing using a watch or timer to count his/her breaths?	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	<p>2⇒CO13</p> <p>8⇒CO13</p>																																																									

CO12.	<p>Who checked (NAME's) breathing?</p> <p>Anyone else?</p> <p>CIRCLE ALL PROVIDERS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</p>	<p>HSA A</p> <p>Medical assistant/clinical officer B</p> <p>Nurse C</p> <p>Doctor D</p> <p>Other (specify) X</p> <p>Don't know 8</p>	
CO13.	<p>Did (NAME) take any drugs for the illness?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p>	<p>2⇒DI1</p> <p>8⇒DI1</p>
CO14.	<p>What drugs did (NAME) take?</p> <p>Where did you collect these drugs? (<i>source</i>)</p> <p>Any other drugs? Where did you collect these drugs? (<i>source</i>)</p> <p>RECORD ALL MENTIONED</p> <p>Ask to see drug(s) if type of drug is not known. If type of drug is still not determined, show typical drugs to respondent.</p> <p>Codes for source</p> <p>PUBLIC SECTOR</p> <p>Govt. hospital..... A</p> <p>Govt. health centre B</p> <p>Govt. health post..... C</p> <p>Village clinic/ (HSA) D</p> <p>Mobile/outreach clinic E</p> <p>Other public (specify) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>Private hospital/clinic I</p> <p>Private physician..... J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p>	<p>Yes No Source</p> <p>ANTIMALARIALS</p> <p>SP/Fansidar 1 2 ____</p> <p>Chloroquine 1 2 ____</p> <p>Amodiaquine 1 2 ____</p> <p>Quinine 1 2 ____</p> <p>Artemisinin-based combination 1 2 ____</p> <p>Other anti-malarial (<i>specify</i>) ____</p> <p>ANTIBIOTIC</p> <p>Cotrimoxazole 1 2 ____</p> <p>Amoxicillin 1 2 ____</p> <p>Other antibiotic 1 2 ____</p> <p>(<i>specify</i>) ____</p> <p>OTHER</p> <p>Aspirin 1 2 ____</p> <p>Acetaminophen/ Paracetamol/Panadol 1 2 ____</p> <p>Ibuprofen 1 2 ____</p> <p>Other ____</p> <p>(<i>specify</i>) ____</p> <p>Don't know 8</p>	

	Other private medical (specify) _____ O OTHER SOURCE Relative or friend..... P Shop Q Traditional practitioner R Other (specify)..... X IF LOCATION IS NOT KNOWN, RECORD 'Z'		
CO15. For the interviewer: Check CO14. Did the child receive Artemisin-based combination (coartem, coarsucam, coarinate, artefan, artemeter/lumefantrine, and/or artenusate/amodiaquine)? Yes.....1⇒CO16 No.....2⇒CO22			
CO16.	How many days after the fever began did (NAME) first take [NAME OF ARTEMISIN COMBINATION THERAPY RECEIVED]?	Same day0 Next day1 Two days after fever began2 Three days after fever began3 Four or more days after fever began4 Don't know8	
CO17.	For how many days did (NAME) take [NAME OF ARTEMISIN COMBINATION THERAPY RECEIVED]? If 7 days or more, record '7'	____ days Don't know8	
CO18.	For the interviewer: Check CO14. Did (NAME) receive an ARTEMISIN COMBINATION THERAPY from an HSA? Yes.....1 ⇒CO19 No.....2 ⇒CO21		
CO19.	Did the HSA explain how to give the medicine to (NAME)?	Yes1 No2 Don't know8	
CO20.	Did (NAME) take the first dose of [NAME OF ARTEMISIN COMBINATION THERAPY RECEIVED] while at the village clinic (in presence of HSA)?	Yes1 No2 Don't know8	
CO21. For the interviewer: Check CO14. Did the child receive quinine? Yes.....1⇒CO22			

No..... 2⇒CO24			
CO22.	How many days after the fever began did (NAME) first take Quinine?	Same day0 Next day1 Two days after fever began2 Three days after fever began3 Four or more days after fever began4 Don't know8	
CO23.	For how many days did (NAME) take Quinine? If 7 days or more, record '7'	____ days Don't know8	
CO24.	For the interviewer: Check CO14. Did the child receive Cotrimoxazole or Amoxicillin? Yes.....1⇒CO25 No2⇒CO30		
CO25.	How many days after the cough and/or difficult/fast breathing began did (NAME) first take cotrimoxazole/amoxicillin?	Same day0 Next day1 2 days after cough/difficult breathing began....2 3 days after cough/difficult breathing began...3 4 or more days after cough/difficult breathing began4 Don't know8	
CO26.	For how many days did (NAME) takecotrimoxazole/amoxicillin? If 7 days or more, record '7'	____ days Don't know8	
CO27.	For the interviewer: Check CO14. Did (NAME) receive Cotrimoxazole or Amoxicillinfrom an HSA? Yes.....1 ⇒CO28 No.....2 ⇒CO30		
CO28.	Did the HSA explain how to give the medicine to (NAME)?	Yes 1 No..... 2 Don't know 8	
CO29.	Did (NAME) take the first dose of Cotrimoxazole/Amoxicillin while at the village clinic (in presence of HSA)?	Yes 1 No..... 2 Don't know..... 8	
CO30.	Check CO7. Visited an HSA?	Yes 1 No..... 2	2⇒DI1
CO31.	Did the HSA tell you when to come back for follow-up for (NAME)?	Yes 1 No..... 2 Don't know 8	2⇒DI1

			8⇒DI1
CO32.	When did the HSA tell you to come back for follow-up?	Within 2 days.....1 Within 3 days.....2 Other (specify):.....3 Don't know.....8	
CO33.	Did you visit the HSA for follow-up for (NAME)?	Yes, within 3 days.....1 Yes, after 3 days.....2 No.....3	1⇒DI1 2⇒DI1
CO34.	What was the main reason you did not return to the HSA for follow-up? Circle one response only.	Too busy 1 Did not think it was necessary 2 Too far 3 HSA was not available 4 Other (specify).....5 Don't know 8	

Diarrhea module		DI																																				
<input type="checkbox"/> Has (NAME) had diarrhea in the last 2 weeks? <i>Diarrhea is defined as three or more loose or watery stools per day, or blood in stool. If child is exclusively breastfeeding, diarrhea is determined as perceived by mother or caretaker.</i>	Yes 1 No 2 Don't know 8	2⇒DI2 0 8⇒DI2 0																																				
<input type="checkbox"/> Was there any blood in the stools?	Yes 1 No 2 Don't know 8																																					
<input type="checkbox"/> Does (NAME) still have diarrhea?	Yes 1 No 2																																					
<input type="checkbox"/> Was he/she given any of the following to drink while he/she had the diarrhea: READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT. SHOW LOCAL ORS SACHETS	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A liquid made from a packet called [LOCAL NAME] or ORS (oral rehydration solution)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Government recommended homemade fluid:</td> <td></td> <td></td> </tr> <tr> <td>Fresh juice</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tea</td> <td>1</td> <td>2</td> </tr> <tr> <td>Porridge</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fresh thobwa</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	A liquid made from a packet called [LOCAL NAME] or ORS (oral rehydration solution)	1	2	Government recommended homemade fluid:			Fresh juice	1	2	Tea	1	2	Porridge	1	2	Fresh thobwa	1	2																
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DI5. For the interviewer: Check DI4. Was ORS given? Yes1 →DI6 No2→DI9																																						
<input type="checkbox"/> Where did you get the ORS? Record all responses	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>Public sector</u></td> </tr> <tr> <td>A. Govt. hospital.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Govt. health centre</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Govt. health post</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Village clinic/(HSA).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Mobile/outreach clinic.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Other public (specify)</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3"><u>Private medical sector</u></td> </tr> <tr> <td>I. Private hospital/clinic</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. Private physician</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. Private pharmacy</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	<u>Public sector</u>			A. Govt. hospital.....	1	2	B. Govt. health centre	1	2	C. Govt. health post	1	2	D. Village clinic/(HSA).....	1	2	E. Mobile/outreach clinic.....	1	2	H. Other public (specify)	1	2	<u>Private medical sector</u>			I. Private hospital/clinic	1	2	J. Private physician	1	2	K. Private pharmacy	1	2
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<input type="checkbox"/> Check DI6: ORS provided by HSA?	Yes 1 No2	2⇒DI9
<input type="checkbox"/> Did (NAME) take the first dose of ORS while at the village clinic (in presence of HSA)?	Yes 1 No 2 Don't know 8	
DI9. For the interviewer: Check DI4. Were homemade liquids (recommended or non-recommended) given? Yes1 →DI10 No2→DI11		
<input type="checkbox"/> What homemade liquids was (NAME) given? OPEN QUESTION. Record all responses	 	
<input type="checkbox"/> Now I would like to know how much (NAME) was given to drink during the diarrhea (including breast milk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? If less, probe: Was he/she given much less than usual to drink or somewhat less?	Much less..... 1 Somewhat less..... 2 About the same..... 3 More 4 Nothing to drink..... 5 Don't know 8	
<input type="checkbox"/> When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? If less, probe: Was he/she given much less than usual to eat or somewhat less?	Much less..... 1 Somewhat less..... 2 About the same..... 3 More 4 Stopped food..... 5 Never gave food..... 6 Don't know 8	
<input type="checkbox"/> Did you seek advice or treatment for the diarrhea from any source?	Yes 1 No 2 Don't know 8	→DI18 →DI18
<input type="checkbox"/> Where did you seek advice or treatment? Record all sources mentioned Probe: "Anywhere else?"	<p style="text-align: center;"><u>YES</u> <u>NO</u></p> <p>PUBLIC SECTOR</p> A. Govt. hospital..... 1 2 B. Govt. health centre 1 2	

	<p>Probe to identify each type of source and circle the appropriate code(s). If unable to determine if a hospital, health center, or clinic is public or private, write the name of place below:</p> <hr/> <p style="text-align: center;">(Name of Place)</p> <hr/> <p>—</p> <hr/> <p>—</p> <hr/> <p style="text-align: center;">—</p>	<p>C. Govt. health post 1 2</p> <p>D. Village clinic/(HSA) 1 2</p> <p>E. Mobile/outreach clinic 1 2</p> <p>H. Other public (specify) 1 2</p> <p>PRIVATE MEDICAL SECTOR</p> <p>I. Private hospital/clinic 1 2</p> <p>J. Private physician 1 2</p> <p>K. Private pharmacy 1 2</p> <p>L. Mobile clinic 1 2</p> <p>O. Other private medical (specify) 1 2</p> <p>OTHER SOURCE</p> <p>P. Relative or friend 1 2</p> <p>Q. Shop 1 2</p> <p>R. Traditional practitioner 1 2</p> <p>X. Other (specify) 1.....2</p>	
<input type="checkbox"/>	<p>CheckDI12.</p> <p>Visited an HSA?</p>	<p>Yes 1</p> <p>No 2</p>	<p>→DI18</p>
<input type="checkbox"/>	<p>At what visit did you see the HSA?</p>	<p>At first visit 1</p> <p>At second visit..... 2</p> <p>More than 2 visits..... 3</p>	
<input type="checkbox"/>	<p>Where did you first seek advice or treatment?</p> <p>Use codes from DI12</p>	<p>First place </p>	
<input type="checkbox"/>	<p>Was anything (else) given to treat the diarrhea?</p> <p>Do not include ORS</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p>	<p>→DI20</p> <p>→DI20</p>

<p>□ What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>Record all mentioned.</p> <p>Ask to see drug(s) if type of drug is not known. If type of drug is still not determined, show typical drugs to respondent</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Pill or syrup</td> <td></td> <td></td> </tr> <tr> <td>A. Antibiotic.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Antimotility.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Zinc</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Other (<i>specify</i>)</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Unknown pill or syrup.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Injection</td> <td></td> <td></td> </tr> <tr> <td>F. Antibiotic.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. Non-antibiotic.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Other (<i>specify</i>)</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. Unknown injection</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. Intravenous (IV).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. Home/Herbal</td> <td>1</td> <td>2</td> </tr> <tr> <td>X. Other (specify)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Pill or syrup			A. Antibiotic.....	1	2	B. Antimotility.....	1	2	C. Zinc	1	2	D. Other (<i>specify</i>)	1	2	E. Unknown pill or syrup.....	1	2	Injection			F. Antibiotic.....	1	2	G. Non-antibiotic.....	1	2	H. Other (<i>specify</i>)	1	2	I. Unknown injection	1	2	J. Intravenous (IV).....	1	2	K. Home/Herbal	1	2	X. Other (specify)	1	2	
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<p>□ If this the last eligible child in the HH,.</p>	<p>Does another eligible child reside in the HH for whom this respondent is mother/caretaker? Check HH listing, column HL8.</p> <p><input type="checkbox"/> Yes ⇒ go to next column for the next child</p> <p><input type="checkbox"/> No ⇒ Is there another mother/caretaker of another child under-five?</p> <p>YES: complete another mother/caretaker questionnaire</p> <p>NO: thank the mother/caretaker and end the interview</p>																																														

Fever module (2 TO 59 MONTHS)			
#	Question	Options	Skip
CO35.	Has (NAME) been ill with a fever at any time in the last 2 weeks?	Yes1 No2 Don't know8	2 ⇒ TO1 8 ⇒ TO1
CO36.	Did you seek advice or treatment for the illness?	Yes1 No2 Don't know8	2 ⇒ FE5 8 ⇒ FE5
CO37.	From where did you seek care? Anywhere else? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> (Name of place) _____	<div style="text-align: right;">YES NO</div> PUBLIC SECTOR A. Govt. hospital1 2 B. Govt. health center1 2 C. Public health post.....1 2 D. APE/ Posto de socorro.....1 2 E. Mobile clinic.....1 2 F. Other public (specify) _____ ...1 2 PRIVATE SECTOR G. Private hospital/clinic1 2 H. Private physician1 2 I. Private nurse.....1 2 J. Private pharmacy1 2 K. Other private medical (specify) ...1 2 OTHER SOURCE L. Relative or friend1 2 M. Shop1 2 N. Traditional practitioner1 2 X. Other (specify).....1 2	
CO38.	Where did you first seek advice or treatment? <i>Use codes (letter) from FE3</i>	First place <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	

Fever module (2 TO 59 MONTHS)

#	Question	Options	Skip
CO39.	<p>At any time during the illness, did (NAME) have blood taken from his/her finger or foot for testing?</p> <p><i>If you need to clarify, specify left middle or ring finger, or the heel.</i></p>	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	<p>2⇒FE9</p> <p>8⇒FE9</p>
CO40.	<p>Who took (NAME's) blood for testing?</p> <p>Anyone else?</p> <p><i>Circle all providers mentioned, but do not prompt with any suggestions.</i></p>	<p>APE..... A</p> <p>Medical assistant/clinical officer B</p> <p>Nurse C</p> <p>Doctor D</p> <p>Other (specify)..... X</p> <p>Don't know8</p>	
CO41.	Did the provider tell you the results of the test?	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	<p>2⇒FE9</p> <p>8⇒FE9</p>
CO42.	If yes, what was the result?	<p>Positive/child has malaria1</p> <p>Negative/child does not have malaria2</p> <p>Other (specify).....3</p> <p>Mother does not know8</p>	
CO43.	Did (NAME) take any drugs for the illness?	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	<p>2 ⇒TO1</p> <p>8⇒TO1</p>

Fever module

(2 TO 59 MONTHS)

#	Question	Options	Skip
CO44.	<p>What drugs did (NAME) take? Any other Medicine? Where did you collect these drugs? (source)</p> <p>Any other drugs?</p> <p><i>Record all mentioned, then for each medicine mentioned ask,</i></p> <p>Where did you get these drugs? (source)</p> <p><i>Ask to see drug(s) if type of drug is not known. If type of drug is still not determined, show typical drugs to respondent.</i></p> <p>Codes for source</p> <p>PUBLIC SECTOR</p> <p>Govt. hospitalA</p> <p>Govt. health centerB</p> <p>APEC</p> <p>Mobile clinicD</p> <p>Other public (specify) E</p> <p>PRIVATE SECTOR</p> <p>Private hospital/clinicF</p> <p>Private physicianG</p> <p>Private pharmacyH</p> <p>Other private medical (specify) I</p> <p>OTHER SOURCE</p> <p>Relative or friendJ</p> <p>ShopK</p> <p>Traditional practitionerL</p> <p>Other (specify) X</p> <p><i>if location is not known, record 'z'</i></p>	<p>Yes No Source</p> <p>ANTIMALARIALS</p> <p>A. Coartem or LA 1 2 ____</p> <p>B. SP/ Fansidar 1 2 ____</p> <p>C. Chloroquine 1 2 ____</p> <p>D. Amodiaquine 1 2 ____</p> <p>E. Quinine</p> <p>F. Other anti-malarial 1 2 ____ (specify) _____</p> <p>ANTIBIOTIC</p> <p>G. Cotrimoxazole 1 2 ____</p> <p>H. Amoxicillin 1 2 ____</p> <p>I. Other antibiotic 1 2 ____ (specify) _____</p> <p>OTHER</p> <p>J. Aspirin 1 2 ____</p> <p>K. Acetaminophen/Paracetamol/ Panadol 1 2 ____</p> <p>L. Ibuprofen 1 2 ____</p> <p>M. Other 1 2 ____ (specify) _____</p> <p>Don't know 8</p>	

Fever module (2 TO 59 MONTHS)

#	Question	Options	Skip
CO45.	For the interviewer: Check FE10. Did the child receive Coartem or LA	Yes.....1 No2	1⇒FE12 2⇒TO1
CO46.	How many days after the fever began did (NAME) first take Coartem or LA?	Same day.....0 Next day.....1 Two days after fever began2 Three days after fever began.....3 Four or more days after fever began4 Don't know8	
CO47.	For how many days did (NAME) take Coartem or LA? <i>If 7 days or more, record '7'</i>	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; vertical-align: middle;"></div> Days Don't know8	
CO48.	For the interviewer: Check FE10. Did (NAME) receive Coartem or LA from an APE (C)?	Yes 1 No2	2 ⇒TO1
CO49.	Did the APE explain how to give the medicine to (NAME)?	Yes1 No2 Don't know8	
CO50.	Did (NAME) take the first dose of Coartem or LA in the presence of the APE?	Yes1 No2 Don't know8	
CO51.	Did the APE tell you when to come back for follow-up for (NAME)?	Yes 1 No 2 Don't know 8	
CO52.	Did you visit the APE for follow-up for (NAME) or did the APE visit you? <i>If yes, probe the mother to determine if she went within 3 days, after 3 days</i>	Yes, within 3 days.....1 Yes, after 3 days.....2 No.....3	1⇒TO1 2⇒TO1
CO53.	What was the main reason you did not return to the APE for follow-up? <i>Circle one response only.</i>	Too busy 01 Did not think it was necessary 02 Too far 03 APE was not available..... 04 Did not have money..... 05	

Fever module (2 TO 59 MONTHS)			
#	Question	Options	Skip
		Did not have husband's permission ... 06 Didn't like the services of APE 07 Other (specify).....08 Don't know 98	

Cough module (2 TO 59 MONTHS)

#	Question	Options	Skip
TO1.	Has (NAME) been ill with a cough at any time in the last 2 weeks?	Yes 1 No..... 2 Don't know 8	2 ⇨ DI-1 8 ⇨ DI-1
TO2.	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short fast breaths or have difficulty breathing?	Yes 1 No..... 2 Don't know 8	2 ⇨ DI-1 8 ⇨ DI-1
TO3.	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Problem in the chest 01 Blocked nose 02 Both..... 03 Other (<i>specify</i>) 04 Don't know 98	
TO4.	Did you seek advice or treatment for the illness?	Yes 1 No..... 2 Don't know 8	2 ⇨ DI-1 8 ⇨ DI-1
TO5.	From where did you seek care? Anywhere else? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> (Name of place) _____	<div style="text-align: right; margin-bottom: 10px;">YES NO</div> PUBLIC SECTOR A. Govt. hospital..... 1 2 B. Govt. health center 1 2 C. Public health post..... 1 2 D. APE/ Posto de socorro 1 2 E. Mobile clinic 1 2 F. Other public (<i>specify</i>) 1 2 PRIVATE SECTOR G. Private hospital/clinic..... 1 2 H. Private physician 1 2 I. Private nurse.....1 2 J. Private pharmacy 1 2 K. Other private medical (<i>specify</i>)... 1 2 OTHER SOURCE	

Cough module (2 TO 59 MONTHS)

#	Question	Options	Skip
		L. Relative or friend..... 1 2 M. Shop 1 2 O. Traditional practitioner 1 2 X. Other (specify) 1 2	
TO6.	Where did you first seek advice or treatment? <i>Use codes (letter) from TO5</i>	First place <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
TO7.	Did any health worker check (NAME's) breathing using a watch or timer to count his/her breaths?	Yes 1 No..... 2 Don't know 8	2⇒TO9 8⇒TO9
TO8.	Who checked (NAME's) breathing? Anyone else? <i>Circle all providers mentioned, but do not prompt with any suggestions.</i>	APE A Medical assistant/clinical officer..... B Nurse C Doctor..... D Other (specify)..... X Don't know 8	
TO9.	Did (NAME) take any drugs for the illness?	Yes 1 No..... 2 Don't know 8	2⇒DI-1 8⇒DI-1

Cough module (2 TO 59 MONTHS)

#	Question	Options	Skip
TO10.	<p>What drugs did (NAME) take? Any other Medicine? Where did you collect these drugs? (source)</p> <p>Any other drugs?</p> <p><i>Record all mentioned, then for each medicine mentioned ask,</i></p> <p>Where did you get these drugs? (source)</p> <p><i>Ask to see drug(s) if type of drug is not known. If type of drug is still not determined, show typical drugs to respondent.</i></p> <p>Codes for source</p> <p>PUBLIC SECTOR</p> <p>Govt. hospital..... A</p> <p>Govt. health center B</p> <p>APE..... C</p> <p>Mobile clinic D</p> <p>Other public (specify) _____ E</p> <p>PRIVATE SECTOR</p> <p>Private hospital/clinic F</p> <p>Private physician..... G</p> <p>Private pharmacy H</p> <p>Other private medical (specify) _____ I</p> <p>OTHER SOURCE</p> <p>Relative or friend..... J</p> <p>Shop K</p> <p>Traditional practitioner L</p> <p>Other (specify)_____ X</p> <p><i>if location is not known, record 'z'</i></p>	<div style="text-align: right; margin-bottom: 10px;">Yes No Source</div> <p>ANTIMALARIALS</p> <p>A. Coartem or LA 1 2 ____</p> <p>B. SP/ Fansidar 1 2 ____</p> <p>C. Chloroquine 1 2 ____</p> <p>D. Amodiaquine 1 2 ____</p> <p>E. Quinine</p> <p>F. Other anti-malarial 1 2 ____</p> <p style="margin-left: 20px;">(specify)_____</p> <p>ANTIBIOTIC</p> <p>G. Cotrimoxazole 1 2 ____</p> <p>H. Amoxicillin 1 2 ____</p> <p>I. Other antibiotic 1 2 ____</p> <p style="margin-left: 20px;">(specify)_____</p> <p>OTHER</p> <p>J. Aspirin 1 2 ____</p> <p>K. Acetaminophen/Paracetamol/</p> <p>Panadol 1 2 ____</p> <p>L. Ibuprofen 1 2 ____</p> <p>M. Other 1 2 ____</p> <p style="margin-left: 20px;">(specify)_____</p> <p>Don't know8</p>	

Cough module (2 TO 59 MONTHS)

#	Question	Options	Skip
TO11.	For the interviewer: Check TO10. <i>Did the child receive Cotrimoxazole (G) or Amoxicillin (H)?</i>	Yes 1 No..... 2	2 ⇒ DI1
TO12.	How many days after the cough and/or difficult/fast breathing began did (NAME) first take cotrimoxazole/ amoxicillin?	Same day 0 Next day 1 2 days after cough/difficult breathing began 2 3 days after cough/difficult breathing began 3 4 or more days after cough/difficult breathing began 4 Don't know 8	
TO13.	For how many days did (NAME) take cotrimoxazole/amoxicillin? <i>If 7 days or more, record '7'</i>	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; vertical-align: middle;"></div> Days Don't know..... 8	
TO14.	For the interviewer: Check TO10. Did (NAME) receive Cotrimoxazole or Amoxicillin from the APE (C) ?	Yes.....1 No.....	2 ⇒ DI-1
TO15.	Did the APE explain how to give the Cotrimoxazole/Amoxicillin to (NAME)?	Yes 1 No..... 2 Don't know 8	
TO16.	Did (NAME) take the first dose of Cotrimoxazole/Amoxicillin in the presence of the APE?	Yes 1 No..... 2 Don't know..... 8	
TO17.	Did the APE tell you when to come back for follow-up for (NAME)?	Yes 1 No..... 2 Don't know 8	
TO18.	Did you visit the APE for follow-up for (NAME) or did the APE visit you? <i>If yes, probe the mother to determine if she went within 3 days, after 3 days</i> <i>How many days it took to refer back</i>	Yes, within 3 days.....1 Yes, after 3 days.....2 No.....3	1 ⇒ DI-1 2 ⇒ DI-1

Cough module (2 TO 59 MONTHS)

#	Question	Options	Skip
TO19.	<p>What was the main reason you did not return to the APE for follow-up?</p> <p><i>Circle one response only.</i></p>	<p>Too busy 01</p> <p>Did not think it was necessary 02</p> <p>Too far 03</p> <p>APE was not available 04</p> <p>Did not have money 05</p> <p>Did not have husband's permission 06</p> <p>Didn't like the services of APE 07</p> <p>Other (specify) 08</p> <p>Don't know 98</p>	

Diarrhea module (2 TO 59 MONTHS)			
#	Question	Options	Skip
DI21.	<p>Has (NAME) had diarrhea in the last 2 weeks?</p> <p><i>Diarrhea is defined as three or more loose or watery stools per day, or blood in stool. If child is exclusively breastfeeding, diarrhea is determined as perceived by mother or caretaker.</i></p>	<p>Yes.....1</p> <p>No2</p> <p>Don't know8</p>	<p>2⇒DI-22</p> <p>8⇒DI-22</p>
DI22.	Was there any blood in the stools?	<p>Yes1</p> <p>No2</p> <p>Don't know.....8</p>	
DI23.	Does (NAME) still have diarrhea?	<p>Yes1</p> <p>No2</p>	
DI24.	<p>Was he/she given any of the following to drink while he/she had the diarrhea:</p> <p><i>Read each item aloud and record response before proceeding. Show ORS sachets</i></p>	<p style="text-align: center;">Yes No</p> <p>a. A liquid made from a packet called <i>Soro Oral</i> or ORS (oral rehydration solution)1 2</p> <p>Government recommended homemade fluid:</p> <p>b. Homemade ORS (Water,salt & sugar) 1 2</p> <p>c. Fresh juice1 2</p> <p>d. Tea.....1 2</p> <p>e. Coconut water1 2</p> <p>Other homemade liquids:</p> <p>f. Maheu (fermented porridge).....1 2</p> <p>g. Other1 2</p>	
DI25.	<p>For the interviewer: Check DI-4. Was ORS given (A)?</p>	<p>Yes.....1</p> <p>No2</p>	2 →DI-13
DI26.	How many days after the diarrhea began did (NAME) first take ORS?	<p>Same day0</p> <p>Next day1</p> <p>Two days after diarrhea began2</p> <p>Three days after diarrhea began3</p> <p>Four or more days after diarrhea began.....4</p> <p>Don't know8</p>	
DI27.	<p>Where did you get the ORS?</p> <p><i>Record all responses</i></p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p>	<p style="text-align: center;">YES NO</p> <p>PUBLIC SECTOR</p> <p>A. Govt. hospital1 2</p> <p>B. Govt. health center1 2</p> <p>C. Public health post.....1 2</p> <p>D. APE/ Posto de socorro.....1 2</p> <p>E. APE1 2</p>	

Diarrhea module (2 TO 59 MONTHS)			
#	Question	Options	Skip
	<p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>(Name of place) _____</p>	<p>F. Mobile clinic1 2</p> <p>G. Other public (specify)1 2</p> <p>PRIVATE SECTOR</p> <p>H. Private hospital/clinic1 2</p> <p>I. Private physician1 2</p> <p>J. Private nurse.....1 2</p> <p>K. Private pharmacy1 2</p> <p>L. Other private medical (specify)1 2</p> <p>OTHER SOURCE</p> <p>M. Relative or friend1 2</p> <p>N. Shop1 2</p> <p>O. Traditional practitioner1 2</p> <p>X. Other (specify).....1 2</p>	
DI28.	For the Interviewer: Check DI-7: ORS provided by APE (C)?	<p>Yes1</p> <p>No2</p>	2⇒DI-13
DI29.	Did (NAME) take the first dose of ORS in presence of the APE?	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	
DI30.	Did the APE tell you when to come back for follow-up for (NAME)?	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	
DI31.	<p>Did you visit the APE for follow-up for (NAME) or did the APE visit you?</p> <p><i>If yes, probe the mother to determine if she went within 3 days, after 3 days</i></p>	<p>Yes, within 3 days.....1</p> <p>Yes, after 3 days.....2</p> <p>No.....3</p>	<p>1⇒DI-13</p> <p>2⇒DI-13</p>

Diarrhea module (2 TO 59 MONTHS)			
#	Question	Options	Skip
DI32.	<p>What was the main reason you did not return to the APE for follow-up?</p> <p><i>Circle one response only.</i></p>	<p>Too busy01</p> <p>Did not think it was necessary02</p> <p>Too far03</p> <p>APE was not available04</p> <p>Did not have money.....05</p> <p>Did not have husband's permission06</p> <p>Didn't like the services of APE 07</p> <p>Other (specify).....08</p> <p>Don't know98</p>	
DI33.	<p>For the interviewer: Check DI-4. Were homemade liquids (recommended or non-recommended B, C, D, E, F) given?</p>	<p>Yes1</p> <p>No2</p>	2→DI-15
DI34.	<p>What homemade liquids was (NAME) given?</p> <p><i>Open question. record all responses</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
DI35.	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breast milk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>If less, probe: Was he/she given much less than usual to drink or somewhat less?</p>	<p>Much less.....1</p> <p>Somewhat less2</p> <p>About the same3</p> <p>More.....4</p> <p>Nothing to drink5</p> <p>Don't know8</p>	
DI36.	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>If less, probe: Was he/she given much less than usual to eat or somewhat less?</p>	<p>Much less.....1</p> <p>Somewhat less2</p> <p>About the same3</p> <p>More.....4</p> <p>Stopped food5</p> <p>Never gave food6</p> <p>Don't know8</p>	
DI37.	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>Yes.....1</p> <p>No2</p> <p>Don't know8</p>	<p>2→DI-22</p> <p>8→DI-22</p>

Diarrhea module (2 TO 59 MONTHS)			
#	Question	Options	Skip
DI38.	<p>From where did you seek care?</p> <p>Anywhere else?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>(Name of place)</p> <p>_____</p>	<p style="text-align: right;">YES NO</p> <p>PUBLIC SECTOR</p> <p>A. Govt. hospital1 2</p> <p>B. Govt. health center1 2</p> <p>C. Public health post.....1 2</p> <p>D. APE/ Posto de socorro.....1 2</p> <p>E. Mobile clinic.....1 2</p> <p>F. Other public (specify) _____ ...1 2</p> <p>PRIVATE SECTOR</p> <p>G. Private hospital/clinic1 2</p> <p>H. Private physician1 2</p> <p>I. Private nurse.....1 2</p> <p>J. Private pharmacy1 2</p> <p>K. Other private medical (specify) ...1 2</p> <p>OTHER SOURCE</p> <p>L. Relative or friend1 2</p> <p>M. Shop1 2</p> <p>N. Traditional practitioner1 2</p> <p>X. Other (specify).....1 2</p>	
DI39.	<p>Where did you first seek advice or treatment?</p> <p><i>Use letter codes from DI-18</i></p>	<p>First place <input type="text"/></p>	
DI40.	<p>Was anything (else) given to treat the diarrhea?</p> <p><i>Do not include ORS</i></p>	<p>Yes.....1</p> <p>No2</p> <p>Don't know8</p>	<p>2→DI-22</p> <p>8→DI-22</p>

Diarrhea module (2 TO 59 MONTHS)																																																
#	Question	Options	Skip																																													
DI41.	<p>What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>Record all mentioned.</p> <p><i>Ask to see drug(s) if type of drug is not known. If type of drug is still not determined, show typical drugs to respondent</i></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td colspan="3">Pill or syrup</td> </tr> <tr> <td>A. Antibiotic.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Antimotility.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Zinc</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Other (<i>specify</i>)</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Unknown pill or syrup.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">Injection</td> </tr> <tr> <td>F. Antibiotic.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. Non-antibiotic.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Other (<i>specify</i>)</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. Unknown injection</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. Intravenous (IV)</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. Home/Herbal</td> <td>1</td> <td>2</td> </tr> <tr> <td>X. Other (<i>specify</i>).....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Pill or syrup			A. Antibiotic.....	1	2	B. Antimotility.....	1	2	C. Zinc	1	2	D. Other (<i>specify</i>)	1	2	E. Unknown pill or syrup.....	1	2	Injection			F. Antibiotic.....	1	2	G. Non-antibiotic.....	1	2	H. Other (<i>specify</i>)	1	2	I. Unknown injection	1	2	J. Intravenous (IV)	1	2	K. Home/Herbal	1	2	X. Other (<i>specify</i>).....	1	2	
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X. Other (<i>specify</i>).....	1	2																																														
DI42.	<p>For the Interviewer:</p> <p><i>Check HH listing, column HL8</i></p> <p><i>Confirmed if this respondent has another eligible child.</i></p>	<p><input type="checkbox"/> Yes (1) ⇒ fill out appropriate modules for the next child</p> <p><input type="checkbox"/> No (2) ⇒ thank the mother/caretaker and end the interview</p>																																														

Full questionnaires are available: email tguenther@savethechildren.org for the full Malawi and Mozambique questionnaires