



CHILD MORBIDITY FORM FOR CHILDREN UNDER FIVE

(most recent illness, injury, chronic care or hospitalization)

FW Initials	<input type="text"/>	Date of interview	<input type="text"/>
Entry question from HCU module	19, 27, 33, 39		<input type="text"/>
1	Village		<input type="text"/>
2	Dwelling		<input type="text"/>
3	Child ID number		<input type="text"/>
4	Name and surname		<input type="text"/>
5	ID of the main caregiver if s/he lives in this household	-- Otherwise	<input type="text"/>
6	Relationship of the caregiver to the child	Use census codes	<input type="text"/>
7	Are you the main caregiver?	Y = Yes; N = No	<input type="text"/>
8	Is the child's mother alive?	Y = Yes; N = No; X = Don't know	<input type="text"/>
9	In the past 6 months the child's mother health has been good, fair or poor compared to other adults of the same age?	G = Good; F = Fair; P = Poor; X = Don't know	<input type="text"/>
10	In the past 6 months the child's caregiver health has been good, fair or poor compared to other adults of the same age?	G = Good; F = Fair; P = Poor; X = Don't know	<input type="text"/>
11	Compared to other children of the same age would you say the child's health is generally good, fair or poor?	G = Good; F = Fair; P = Poor; X = Don't know	<input type="text"/>
12	What do you call the child's illness/health problem? <i>Record the best word or short phrase used by the respondent</i>		<input type="text"/>
13	What did a nurse or doctor call the child's illness/health problem? <i>Record the best word or short phrase used by the respondent</i>		<input type="text"/>
14	Check list of most important symptoms		
14.1	Did/does the child have a runny nose?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.2	Did/does the child have a cough?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.3	Did/does the child have difficulty breathing?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.4	Did/does the child wheeze?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.5	Did/does the child have fast breathing?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.6	Did/does the child have diarrhea?	Y = Yes; N = No; X = Don't know	<input type="text"/>
	a. If yes, for how long?	L = <=14 days; M = >14 days	<input type="text"/>
	b. Is/was there blood in the stools?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.7	Did/does the child have fever?	Y = Yes; N = No; X = Don't know	<input type="text"/>
	a. If yes, for how long?	L = <=7 days; M = >7 days	<input type="text"/>
14.8	Did/does the child have a rash?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.9	Did/does the child have an ear problem?	Y = Yes; N = No; X = Don't know	<input type="text"/>
	a. If yes, was/is there ear pain?	Y = Yes; N = No; X = Don't know	<input type="text"/>
	b. Was/is there ear discharge?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.10	Did/does the child have red, watery eyes?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.11	Did the child lose weight or is the child losing weight?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.12	Did/does the child have any swellings in the neck, under the arm or in the groin?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.13	Did/does the child have swelling on the sides of the face in front of the ears (parotid swelling)?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.14	Did/does the child have a white rash in the mouth and/or on the tongue?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.15	Is/was the child malnourished?	Y = Yes; N = No; X = Don't know	<input type="text"/>
14.16	Did/does the child have an injury?	Y = Yes; N = No; X = Don't know	<input type="text"/>
	a. If yes, was injury due to accident or violence?	A = Accident; V = Violence	<input type="text"/>

Comments: _____
