



ACUTE LOWER RESPIRATORY SAMPLING QUESTIONNAIRE

A BACKGROUND INFORMATION

1. Date of interview Day: Month: Year: 2001

2. Interviewer #:

3. Community:

4. Household #:

5. Time:

6. How many people normally sleep in the home?

7. How many people normally eat in the home?

8. a. What is the name of your youngest child?

b. How old is the youngest child? PLEASE COMPLETE TABLE BELOW.

9. a. What is the name of your next youngest child?

b. How old is the next youngest child?

REPEAT QUESTION 9 UNTIL THE CHILD IS 5 YEARS OR OVER.

	YOUNGEST	NEXT	NEXT	NEXT	NEXT
AGE					
CHILD #	1	2	3	4	5

Household #: _____

Interviewer #: _____

Child #: _____

B PERCEPTION OF CHILD HEALTH

INTERVIEWER PLEASE START WITH THE YOUNGEST CHILD THEN FILL OUT A NEW FORM (FROM HERE ON) FOR EACH SUBSEQUENT CHILD.

11. How would you describe your child's health in relation to children of a similar age?

Poor	Fair	Good
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IF SAME, SKIP TO Q. 13

12. What about your child's health leads you to say that?

Household #: _____

Interviewer #: _____

Child #: _____

C. ALRI SYMPTOMS

I AM NOW GOING TO ASK YOU WHETHER YOUR CHILD HAS EXPERIENCED ANY ILL HEALTH SYMPTOMS IN THE LAST COUPLE OF WEEKS.

13. a-j Has this child had _____ in the last two weeks/ 14 days?

13 k. What other health problems, if any, has this child had in the last two weeks?

14. a-k Has this child had _____ in the last six months?

15. a-k IF YES AT 11, ASK About how many time in the last six months has this child had?

16. a-c IF YES AT 11, ASK About how many days did the longest episode of _____ last?

SYMPTOM	Q. 13 IN THE LAST 2 WEEKS:		Q. 14 Q. 15 Q. 16 IN THE LAST 6 MONTHS:			
	Yes	No	Yes	No	Number of episodes	Duration (in days) of longest episode
a. Cough						
b. Wheezing/whistling						
c. stuffed/runny nose						
d. Difficulty in breathing						
e. Rapid breathing						
f. Chest indrawing						
g. Fever						
h. Vomiting						
i. Poor appetite						

Household #: _____

Interviewer #: _____

Child #: _____

j. Convulsions						
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D. 6-MONTH DIAGNOSES

17. In the past 6 months, has this child been by a doctor or health worker for cold, flu, breathing or other respiratory illness? (IF NO, SKIP TO Q. 21)

Yes	No	Don't Know	<input type="checkbox"/>
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18. How many times?

<input type="text"/>	<input type="text"/>
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19. Can you remember back to the worst episode. What did they say was wrong with the child?

20. What did YOU think was wrong with this child?

IF ONE OF THE FOLLOWING DIAGNOSES IS LISTED IN Q. 19 ABOVE, DO NOT ASK THAT QUESTION.

21. In the past 6 months, has the child been diagnosed by a doctor/health worker as having bronchitis?

Yes	No	Don't Know	<input type="checkbox"/>
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22. In the past 6 months, has the child been diagnosed by a doctor/health worker as having pneumonia?

Yes	No	Don't Know	<input type="checkbox"/>
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Household #: _____

Interviewer #: _____

Child #: _____

23. In the past 6 months, has the child been diagnosed by a doctor/health worker as having asthma?

Yes	No	Don't Know
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I'D REALLY LIKE TO SEE THE RECORDS/MEDICINE IF YOU WOULDN'T MIND SHOWING IT TO ME. BUT BEFORE YOU GET IT, LET ME ASK YOU IF YOUR CHILD HAS AN IMMUNISATION CARD. IF SO, COULD YOU BRING THAT TOO!

IF NO EVIDENCE OF RESPIRATORY ILLNESS IN PAST 6 MONTHS, SKIP TO Q26.

24. IF EVIDENCE OF RESPIRATORY ILLNESS, NOTE WHAT TYPE.

Health card	
Medicine	
Prescription	

Other, specify _____

25. NOTE WHAT IT SAYS. IF PRESCRIPTION OR MEDICINE, NOTE NAME AND ANY INSTRUCTIONS

Household #: _____

Interviewer #: _____

Child #: _____

E. CONFOUNDING VARIABLES

26. IF CHILD HAS IMMUNISATION CARD, PLEASE CHECK IT AND COMPLETE THE BOX BELOW. (IF NO CARD, PLEASE SKIP TO QUESTION 27).

Antigen	Tick	
Polio 0		
Polio 1		
DTP 1		
Hib 1		
Hep B 1		
Polio 2		
DTP 2		
Hib 2		
Hep B 2		
Polio 3		
DTP 3		
Hib 3		
Hep B 3		
Polio 4		
DTP 4		
Measles		
Polio 5		
DT 1		

IF MEASLES NOT LISTED ON CARD, GO TO Q. 30. IF MEASLES LISTED, GO TO Q. 31.

27. Has this child ever received any immunisations? IF NO, SKIP TO Q.31

Yes	No	Don't Know	
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28. Can you remember which immunisations this child has received? CHECK BOXES BELOW FOR EACH ONE REMEMBERED.

Household #: _____

Interviewer #: _____

Child #: _____

What has this child been immunised against?	29. Check if yes
Polio	
DPT	
Measles	
Other, specify	

30. IF MEASLES WAS NOT LISTED ON THE IMMUNISATION CARD OR MENTIONED IN ABOVE QUESTION, ASK

Do you remember whether this child has received a measles immunization or not?

Yes	No	Don't Know
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31. Does this child have any known allergies? IF NO, SKIP TO Q. 33

Yes	No	Don't Know
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32. To what?

33. How many people share a room with this child?

34. How many people share a bed with this child?

35. How much of a problem is damp/mould in your home?

A lot	Somewhat	Not really
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36. How much of a problem is dust in your home?

A lot	Somewhat	Not really
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37. Does anyone regularly smoke cigarettes or a pipe in the home? IF NO, SKIP TO SECTION F

Yes	No	Don't Know
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Household #: _____

Interviewer #: _____

Child #: _____

38. On average, how many cigarettes or pipes are smoked in the home per day?

39. How many people that live here smoke more than 20 cigarettes per day?

F. GENERAL

40. Is most of the cooking done indoors?

Yes	No	Don't Know
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41. Is most of the heating done indoors?

Yes	No	Don't Know
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42. Which fuels are mostly used for cooking?

Wood	Paraffin	Gas	Coal
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43. Which fuels are mostly used for heating?

Wood	Paraffin	Gas	Coal
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Full residential address:

Closest landmark:

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