MRC/UVRI ROUND 11 MEDICAL SURVEY FOR CHILDREN

_____FOR CHILDREN AGED 12 YEARS OR YOUNGER _____

RESIDENCE CODE:. |__|__| VNO |__|__|__| HNO |__| STM

Full names:.....: |__|__|__|__|__|__|__|__| IDNO

Date of birth: |__|__| |__|__| |__|__|__|__| DOB → If Year of Birth unknown:
dd mm yyyy Ask or Estimate **AGE** (yrs) |__|__| AGE

Sex: (1=Male 2=Female) |__| SEX

_____INFORMATION FOR SURVEY CLERK and STATISTICIAN_____

Indicate major differences to **CENSUS LIST** such as:
in AGE(more than 2 years +/-), in **NAMES**, or if it is a child belonging to **ANOTHER HOUSEHOLD** or a **NEW CHILD***(describe relationship with head of household*):

.....

.....

_____MEDICAL HISTORY_____

Codes: 1 = Yes 2 = No 8 = don't know 9 = No information/Refusal

1. Omwana yali aweereddwa ku kitanda mu ddwaliro oba akalwaliro konna? |__| ADMIT
   Has this child ever been admitted in any hospital?(Do not include birth in hospital)

If no go to question 7 (use coding list 3)

2. Oba yee, wa ensonga ..... |__|__| RONE1
   Specify and code reason accordingly (RONE = First reason; RONE2=Second reason)

   ..... |__|__| RONE2

3. Omwana yali aweereddwa ku musaayi? |__| BTRANS
   Has this child ever had a blood transfusion?

If no, go to question 7.

4. Oba yee, emirundi gyali emmeka gyeyafuna omusaayi? |__|__| NTRANS
   If yes, please state number of times child was transfused?

5. Ebiseera we yafunira omusaayi |__|__| |__|__| |__|__|__|__| TRANS1
   Dates of transfusion(s) |__|__| |__|__| |__|__|__|__| TRANS2

6. Wa amalwaliro gyeyafunira omusaayi..... |__|__| HOSP1
   Specify hospital(s)
   ..... |__|__| HOSP2

Please refer to coding list 3 for hospital codes for Que 6 & 8

7. Omwana yakubibwako empiso meka mubbanga ely'emyezi kumi nebiri egiyise? |__|__| NUMINJ
   How many injections has s/he received over the last 12 months?
   Probe for injectionist, at home, immunization, (88=don't know, 99=no injections)

If zero go to question 10

8. Empiso ezo yazifunira wa? ***(use coding list 3)*** |__| SINJ1

Where did s/he receive these injections from? |__| SINJ2

9. Lwaki yafuna empiso ezo? |__| RINJ1
Why did s/he receive these injections? |__| RINJ2
(1=fever 2=cough 3=vaccination
4=abscess 5=headache 6=vomiting/diarrhoea
9=other, specify.....)

EARLY LIFE, BREAST FEEDING & IMMUNISATION

10. Omwana ono ba/wamuzaalira wa? |__| PDEL
Where was this child delivered from?
(1=clinic/hospital 2=home with TBA
3=home with relative 4=unassisted
5=delivered on the way, assisted 8=not known/not sure)

11. Omwana ba/wamuzaala otya? (buuza oba yazaala bulungi) |__| TDEL
How was your baby delivered?
(1=vaginal 2=assisted vaginal 3=surgical 4=not known/not sure)

12. Ba/Watandiika ddi okuyonsa omwana nga omuzadde? |__|__| TBFD
When did you start breast feeding your baby following birth?
(If started within one day code = 1, 88=not known, 99=did not breast feed,
else enter number of days after birth when started)

13. Omwana ono akyayonka? (1=Yes 2=No) |__| CBFD
Is s/he still breastfeeding?

If yes go to question 15

14. Yakoma okuyonka nga wa bukulu ki? (88.88=don't know) |__|__|.|__|__| ABFD
At what age in years and months did this child stop breast feeding?

15. Omwana ono mpiso ki ez'okugema zeyakafuna?
What immunisation has the child received up to now?
(1=received, 2=not received, 8=Don't know)

|__| BCG |__| OPV0 |__| DPT1 |__| OPV1 |__| DPT2
|__| OPV2 |__| DPT3 |__| OPV3 |__| MEASLES

National Immunisation Days |__| NIDS
(For NIDS state the number of times (1-6) the child was taken and received vaccination during NIDS, 9=never participated)

16. Card seen (1=Yes 2=Nnever immunized 3=Immunisation from history) |__| CARD
check that answer to Que 15 & 17 agree

17. BCG scar seen (check right shoulder) (1=yes, 2=No) |__| BCGS
check that answer to Que 15 (BCG) & 17 agree

----------EXAMINATION----------

18. Omwana alina obulwadde bwonna mu kiseera kino? (1=Yes, 2=No) |__| MCOMP
Is the child currently sick?

Bulwadde ki? ..... |__|__| COMPL1
If Yes specify and code accordingly

..... |__|__| COMPL2

20. Take the following measurements for those aged 5 years and below:
a. Mid-arm circumference (1=Red, 2=yellow/orange, 3=green, 9=refused) |__| MAC
b. Height (999.9=refused) |__|__|__|.|__| HT
c. Weight (999.9=refused) |__|__|.|__| WT

21. Olina lugandaki kumwana ono? |__| CRELT
What is the relationship of respondent to the child?
(1=mother, 2=father, 3=step mother/father, 4=brother/sister, 5=other guardian)

----------TREATMENT----------

Treatment given? (1 = Yes 2 = No) |__| RX

If Yes, specify reason: ..... |__|__| RXRES

Specify drug1 and dose/day:..... |__|__| DRUG1

Specify drug2 and dose/day:..... |__|__| DRUG2

Referred? (1 = Yes 2 = No) |__| REF

If yes, specify reason:..... |__| REFRES

Please give your general impression of the child e.g. well, malnourished, pale.

..... CLIN

Examiner: ..... **|__|__|** MEX **Date of exam**: |__|__| |__|__| |__|__|__|__| DEXAM
Fill in your code No. Day Month Year

CHECK THAT YOU HAVE FILLED IN ALL BOXES CORRECTLY. FILL IN MEDICAL STATUS AT TOP OF FIRST PAGE

----------LABORATORY----------
CODE: 1=Specimen obtained 7=Refused 9=Failed

BLOOD: (microtainer) |__| MICRO

LABNO |__|__|__|__|__|__|__|__|

TECHNICIAN CODE: |__|__|