

**MRC/UVRI ROUND 12 MEDICAL SURVEY FOR CHILDREN**

FOR CHILDREN AGED 12 YEARS OR YOUNGER

**RESIDENCE CODE:.**

|\_|\_| VNO

|\_|\_|\_| HNO

|\_| STM

**Full names:**.....:

|\_|\_|\_|\_|\_|\_|\_| IDNO

**Date of birth:** |\_|\_| |\_|\_| |\_|\_|\_|\_| DOB  
dd mm yyyy

→ If Year of Birth unknown:

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?

Has this child ever been admitted in any hospital?(Do not include birth in hospital)

|\_| ADMIT

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

2. Oba yee, wa ensonga .....

Specify and code reason accordingly (RONE = First reason; RONE2=Second reason)

|\_|\_| RONE1

.....

|\_|\_| RONE2

3. Omwana yali aweereddwa ku musaayi?

Has this child ever had a blood transfusion?

|\_| BTRANS

**If no, go to question 7.**

4. Oba yee, emirundi gyali emmeka gyeyafuna omusaayi?

If yes, please state number of times child was transfused?

|\_|\_| NTRANS

5. Ebiseera we yafunira omusaayi

Dates of transfusion(s)

|\_|\_|

|\_|\_|

|\_|\_|\_|

TRANS1

|\_|\_|

|\_|\_|

|\_|\_|\_|

TRANS2

6. Wa amalwaliro gyeyafunira omusaayi.....

Specify hospital(s)

|\_|\_| HOSP1

.....

|\_|\_| 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?

How many injections has s/he received over the last 12 months?

|\_|\_| NUMINJ

**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?

(1=fever

2=cough

3=vaccination

☐ RINJ2

4=abscess

5=headache

6=vomiting/diarrhoea

9=other, specify.....)

**EARLY LIFE, BREAST FEEDING & IMMUNISATION*****Ask for children aged 3 years or less***

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)***

15. Card seen

(1=Yes 2=Never immunized, 3=Immunisation from history, 8=don't know)

☐ 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

**Part d is for males aged 5 years and below:**

d. circumcised (1=yes, 2=no, 3=not examined) ☐ CIRCUM

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:** ☐ ☐ ☐