

MRC/UVRI ROUND 13 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):.....
.....**EDUCATION****Codes:** 1= Yes 2= No 8= Don't know 9= Missing**ALL children**

1. Olina luganda ki kumwana ono?

 CRELT

What is the relationship of the respondent to the child?

1=mother, 2=father, 3=step mother/father, 4=brother/sister, 5=other guardian)

Abaana ab'emyaka 5 OKUTUUKA 12*For children aged 5 -12*

2. Omwana ono yali asomyeko? (1=Yes, 2=No)

 STUD

Has this child ever been to School?

If no go to question 16

3. Omwana ono akyasoma?(1=Yes, 2= No)

 CSCH

Is this child at school currently?

4. Oba ye ali mu kibina ki?

 LED

If yes what level is S/he at ?

18=Pre- Primary,

P1 - P7 = 1 - 7

S1 - S4 =10 - 14

19= Other (Specify.....)

EARLY LIFE, BREAST FEEDING & IMMUNISATION**Ask for children aged 3 YEARS OR LESS**

5. Omwana ono ba/wamuzaalira wa?

 PDEL

Where was this child delivered?

1=clinic/hospital

2=home with TBA

3=home with relative

4=unassisted

5=delivered on the way, assisted

8=not known/not sure)

6. Omwana ba/wamuzaala otya? (buuza oba yazaala bulungi)

 TDEL

How was your baby delivered?

1=vaginal

2=assisted vaginal

3=surgical

8=not known/not sure

7. 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

If 99 go to question 13

8. Waliwo eky'okunywa ekirala kyonna kye wawa omwana mu lunaku lumu olwasoka
nga yakazaalibwa? (1=Yes, 2=No, 8= Don't know) ☐ OTLIQ
Are there any other liquids the child was given in the first day following birth

Oba ye wamuwa kya kunywa ki? ☐ OTLIQ1

If yes what was given?

1= Amazzi g'obutiko Mushroom soup

2= Amazzi omuli sukaali /Gulukosi Water with sugar/Glucose

3= Amata agente Cow's milk

4= Ebirala (Nyonyola.....)

9. Omwana ono akyayonka? (1=Yes, 2=No, 8=Don't know) ☐ CBFD
Is s/he still breastfeeding?

If yes go to question 11

10. Yakoma okuyonka nga wa bukulu ki? (8.88=don't know) ☐ ABFD
At what age in years and months did this child stop breast feeding? Yr Mth

11. Omwana yayonkera emyezi emeka nga tonnatandika kumuwa kya kunywa oba kya
kulya kirala kyonna? For how many months was the child breastfed only before S/he was given any other
liquids or solid foods ☐ BRF

Jjuza emyezi gy'awadde

99=Akyayonka mabeere gokka Still breastfeeding

88= Simanyi Don't know

66= Teyaweza mwezi gumu Less than 1 month

12. Waliwo ekyokunywa oba ekyokulya ekirala kyonna kye wawa omwana ono mu myezi esatu okuva lwe yazalibwa?
(1= Yes, 2=No, 8=Don't know) ☐ OBRF

Is there anything other than breastmilk this child was given in the first 3 months of his/her life?

Oba ye, wamuwa kya kunywa ki oba kyakulya ki?

If yes, what was given?

1=Amazzi g'obutiko Mushroom soup

2= Amazzi omuli sukali/Gulukosi Water with sugar/Glucose

3=Amata agente Cow's milk

4=Ebirala (Nyonyola.....)

☐ OTLIQ2

13. 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)

14. Immunisation Card seen?

1=Yes 2=No

☐ CARD

If yes, check that answer to Que 13 & 14 agree; if they do not, correct answers to Que 13

15. BCG scar seen (check right shoulder) (1=yes, 2=No) ☐ BCGS

-----EXAMINATION-----

16. **Take the following measurements for those aged 5 YEARS AND BELOW:**
Fuuna ebipimo by'abo ab'emyaka etaano n'okukka wansi.

- a. Height (999.9=refused, 888.8= child absent)
 b. Weight (999.9=refused, 888.8 =child absent)

_____. HT
 _____ WT

Part C: is for MALES AGED 12 YEARS AND BELOW:

Akatundu C kabo abasajja ebemyaka ekkumi n'ebiri n'okukka wansi:

- c. Circumcised (1=yes, 2=no, 3=child absent)

____ CIRCUM

ALL children

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

____ MCOMP

Bulwadde ki?
 If Yes specify and code accordingly

____ COMPL1

.....

____ COMPL2

-----TREATMENT-----

Treatment given? (1 = Yes 2 = No)

____ RX

Specify drug 1:.....

____ DRUG1

Specify drug 2:.....

____ DRUG2

Referred? (1 = Yes 2 = No)

____ REF

Examiner:
 Fill in your code No.

____ MEX

Date of exam: ____ ____ ____
 Day Month Year

____ DEXAM

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 _____

Filter paper Specimen taken (only for children aged LESS THAN 3 YEARS)

____ FILTP

TECHNICIAN CODE: ____