MRC/UVRI ROUND 14 MEDICAL SURVEY FOR CHILDREN

	FOR CHILDREN	AGED 12 YEAI	RS OR YOUNGE	R	
RESI	DENCE 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 FO	R SURVEY CI	LERK and STAT	ISTICIAN	
in AG	te major differences to CENSUS LIST such a E(more than 2 years +/-), in NAMES , or if it V CHILD (describe relationship with head of	is a child belong	ing to ANOTHE	R HOUSEHOLD or	·············
Code	Es: $l = Yes$ $2 = No$ $8 = Don't know$	DUCATION_ 9= Missing			
ALL	children				
1.	Olina luganda ki kumwana ono? What is the relationship of the respondent to the chi 1=mother, 2=father, 3=step mother/fa		er/sisiter, 5=oth	er guardian)	CRELT
	na ab'emyaka <u>5 OKUTUUKA 12</u>				
For chi 2.	Idren aged 5 -12 Omwana ono yali asomyeko? (1=Ye Has this child ever been to School?	es, 2=No)			STUD
If no g	o to question 16 Omwana ono akyasoma?(1=Yes, 2= No) Is this child at school currently?				_ CSCH
4.	Oba ye ali mu kibina ki? If yes what level is S/he at? $18=\text{Pre- Primary},$ $P1 - P7 = 1 - 7$				_ LED
	S1 – S4 = 10 – 14 19= Other (Specify				
	LY LIFE, BREAST FEEDING & IMM or children aged <u>LESS THAN 3 YEARS</u>			<u>ears)</u>	
5.	Omwana ono ba/wamuzaalira wa? Where was this child delivered? 1=clinic/hospital 3=home with relative	2=home with 4=unassisted	l		PDEL
	5=delivered on the way, assisted	8=not know	n/not sure)		
6.	Omwana ba/wamuzaala otya? (buuza o How was your baby delivered? 1=vaginal 2=assisted vag	•		ot known/not sure	TDEL

7.	Ba/Watandiika ddi okuyonsa omwana nga omuzadde? When did you start breast feeding your baby following birth? If started within one day code = 1, 88=not known, 99=did	d not breast feed,	_ TBFD				
	else enter number of days after birth when started						
	go to question 13						
8.	Waliwo eky'okunywa ekirala kyonna kye wawa omwana 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 by						
	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 Is s/he still breastfeeding?	v)	CBFD				
	go to question 11		. ABFD				
10.	Yakoma okuyonka nga wa bukulu ki? (8.88=don't know) At what age in years and months did this child stop breast feeding? Yr M						
	At what age in years and months did this child stop breast feeding?	11	Mth				
11.	Omwana yayonkera emyezi emeka nga tonnatandika kumuwa kya kunywa oba kya _ BRF kulya kirala kyonna?For how many months was the child breastfed only before S/he was given any other liquids or solid foods						
	Jjuza emyezi gy'awadde						
	99=Akyayonka mabeere gokka Still breastfeeding						
	88= Simanyi Don't know 66= Teyaweza mwezi gumu Less than 1 month						
12.							
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)						
	Is there anything other than breastmilk this child was given in the first 3 month. Oba ye, wamuwa kya kunywa ki oba kyakulya ki?						
	If yes, what was given?	OTLIQ2					
		li sukali/Gulukosi Water with sugar/C ola					
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	OPV1	DPT2				
	_ OPV2	MEASLES					
14.	Immunisation Card seen?						
If was	1=Yes 2=No	comment angueros to O 12	CARD				
15 yes, 6	check that answer to Que 13 & 14 agree; if they do not, of BCG scar seen (check right shoulder) (1=yes, 2=No)	zorreci answers to Que 13	BCGS				
16. M	ALES AGED 12 YEARS AND BELOW:						

|__| CIRCUM

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

\underline{ALL} children

17.	Omwana alina obulwadde bwonna mu kiseera kino? (1=Yes, 2=No) Is the child currently sick?	MCOMP	
	Bulwadde ki?	. _ COMPL1	
	ii Tes speeny and code accordingly	. _ COMPL2	
	TREATMENT		
Treat	tment given? $(1 = Yes 2 = No)$	RX	
	Specify drug 1:	_ DRUG1	
	Specify drug 2:	_ DRUG2	
Refer	red? $(1 = Yes 2 = No)$	REF	
	niner: MEX Date of exam:	DEXAM Year	
CHEC	K THAT YOU HAVE FILLED IN ALL BOXES CORRECTLY. FILL IN MEDICAL STATUS AT	TOP OF FIRST PAGE	
	LABORATORY E: 1=Specimen obtained 7=Refused 9=Failed		
BLO	OD: (microtainer)	MICRO	
	LABNO		
Filter	paper Specimen taken (only for children aged <u>LESS THAN 3 YEARS</u>)	_ FILTP	
TECI	HNICIAN CODE:		