

MRC/UVRI ROUND 17 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=grandparent, 6=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 5

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.....)

ASK ALL CHILDREN

5. Omwana yali aweereddwa ku musaayi?

___ BTRANS

Has this child ever had a blood transfusion?

(1=Yes, 2=No, 3=don't know)

If no, go to question 9.

6. Oba yee, emirundi gyali emmeka gyeyafuna omusaayi?

___ NTRANS

If yes, please state number of times child was transfused? (88=don't know)

7. Ebiseera we yafunira omusaayi

___ TRANS1

Dates of transfusion(s)

___ TRANS2

8. Wa amalwaliro gyeyafunira omusaayi.....

___ HOSP1

Specify hospital(s) (use coding list 3)

___ HOSP2

9. Omwana yakubibwako empiso meka mubanga ely'emyezi

___ NUMINJ

ekumi nebiri egiyise?

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 12

10. Empiso ezo yazifunira wa? (Use coding list 3) |_|_| SINJ1
Where did s/he receive these injections from? |_|_| SINJ2
11. 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 **LESS THAN 3 YEARS**

12. 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
13. 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
14. 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 20

15. Waliwo eky'okunywa ekirala kyonna kye wawa omwana mu lunaku lumu olwasoka |_|OTLIQ
nga yakazaalibwa? (1=Yes, 2=No, 8= Don't know)
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.....)
16. Omwana ono akyayonka? (1=Yes, 2=No, 8=Don't know) |_| CBFD
Is s/he still breastfeeding?

If yes go to question 18

17. 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
18. 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

19. Waliwo ekyokunywa oba ekyokulya ekirala kyonna kye wawa omwana ono mu myezi esatu okuva lwe yazalibwa? |_|OBRF
(1= Yes, 2=No, 8=Don't know)
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? |_| OTLIQ2
1=Amazzi g'obutiko Mushroom soup 2= Amazzi omuli sukali/Gulukosi Water with sugar/Glucose
3=Amata agente Cow's milk 4=Ebirala (Nyonyola.....)

20. 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 ☐ PVT1 ☐ OPV1 ☐ PVT2
☐ OPV2 ☐ PVT3 ☐ OPV3 ☐ MEASLES

21. Immunisation Card seen?
 1=Yes 2=No ☐ CARD

If yes, check that answer to Que 20& 21 agree; if they do not, correct answers to Que 20

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

MALES AGED 12 YEARS AND BELOW:

23. Is the child circumcised? (1=yes, 2=no, 3=child absent) ☐ CIRCUM

If yes

24. Yalina emyaka emeka bwe banutayirira? ☐ ACIRCUM

How old was he when he was circumcised? (At birth or infancy = 1 year)

25. Ani yamutayirira? ☐ WCIRCUM

Who performed the circumcision? (1= Health worker, 2 = Village circumciser, 3 = Other, 4=Don't know)

ALL CHILDREN

27. 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

-----TREATMENT-----

Treatment given? (1 = Yes 2 = No)

☐ RX

Specify drug 1:.....

☐ ☐ DRUG1

Specify drug 2:.....

☐ ☐ DRUG

Referred? (1 = Yes 2 = No)

☐ REF

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 2= Specimen to be obtained later 7=Refused 9=Failed

BLOOD: (microtainer)

☐ MICRO

LABNO ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

TECHNICIAN CODE: ☐ ☐