MRC/UVRI ROUND 16 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*):

…….

_____

Codes: 1= Yes 2= No 8= Don't know 9= Missing

Abaana bonna ***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/sisiter, 5=grandparent, 6=other guardian)

EDUCATION

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?

Oba nedda genda ku namba 5 ***If no go to question 5***

3. Omwana ono akyasoma?(1=Yes, 2= No) |__| CSCH
   Is this child currently at school?

4. Oba ye, ali mu kibiina ki? |__|__| LED
   If yes what level is (S)he at? (18=Pre- Primary, P1 - P7 = 1 - 7, S1 – S4 =10 – 14,
   19= Other, Specify…….)

BLOOD TRANSFUSION AND INJECTIONS

Abaana bonna ***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)

Oba nedda genda ku namba 9 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. Wa ebiseera weyafunira 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 mubbanga ery'emyezi ekumi nebiri egiyise? |__|__| NUMINJ
   How many injections has s/he received over the last 12 months? (88=don't know, 99=no injections)
   Probe for injectionist, at home, immunization,

Oba takubibwanga ku mpiso genda ku namba 12 ***If zero go to question 12***

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

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

EARLY LIFE, BREAST FEEDING & IMMUNISATION

Abaana abali wansi w'emyaka 3 ***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? (1=If started within one day, 88=not known, 99=did not breast feed, else enter number of days after birth when started)

Bw'aba teyayonsa genda ku namba 20 ***If 99 go to question 20***

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

Oba yee 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 *Other*, nnyonyola *specify*……)

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

Oba ye genda ku namba 18 ***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 kulya kirala kyonna? |__|__| BRF
For how many months was the child <u>breastfed only</u> before (S)he was given any other liquids or solid foods?
Jjuza emyezi gy'awadde ***Put age in months*** (66= Teyaweza mwezi gumu *Less than 1 month*,
88= Simanyi *Don't know*, 99=Akyayonka mabeere gokka *Still breastfeeding exclusively*)

19. Waliwo ekyokunywa oba ekyokulya ekirala kyonna kye wawa omwana ono mu myezi esatu okuva lwe yazalibwa? |__| OBRF
Is there anything other than breastmilk this child was given in the first 3 months of his/her life?
(1= Yes, 2=No, 8=Don't know)

Oba ye, wamuwa kya kunywa ki oba kyakulya ki? |__| OTLIQ2
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 *Other*, Nnyonyola *specify*……)

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

CIRCUMCISION

Abaana abalenzi abatasuka myaka 12: ***Boys aged 12 years and below***

23. Omwana bamutayirira? |__| CIRCUM
Is the child circumcised? (1=yes, 2=no, 3=child absent)

Oba nedda genda ku namba 26 ***If no go to question 26***

24. Yalina emyaka emeka bwe bamutayirira? |__|__| 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)

MEASUREMENTS

All children

26. Take the following measurements:
a. Height in centimetres (999.9=refused, 888.8=child absent) |__|__|__|.|__| HT

b. Weight in Kilograms (999.9=refused, 888.8=child absent) |__|__|__|.|__| WT

MEDICAL HISTORY

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

28. Omwana alina obulwadde obumaze ebbanga ery'omwezi gumu oba okusingawo? |__| CHRILL
Does the child have illness that has lasted more than a month? (1=Yes, 2=No)
Bulwadde ki?…….. |__|__| CHRILL1
If Yes,specify & code (1= convulsions, 2= Skin rash, 3= Asthma, 4= Cough, 5= Fever
6= Other, specify……)

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

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

Specify drug 1:……..... |__|__| DRUG1
Specify drug 2:.....……. |__|__| DRUG2

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

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

----------LABORATORY----------

CODE: 1=Specimen obtained 2= Specimen to be obtained later 7=Refused 9=Failed

BLOOD: (microtainer) |__| MICRO

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

TECHNICIAN CODE: ……. **|__|__|**

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