

KURJI HOLY FAMILY HOSPITAL  
PVOH-II OPERATIONS RESEARCH  
STUDY OF THE QUALITY OF HOME AND PRIVATE PRACTITIONER  
CASE MANAGEMENT OF CHILDHOOD ILLNESSES  
DATA ENTRY FORM FOR EPI-INFO

Date of data entry or most recent revision of data record <today/yy>  
(entered automatically by EPI-INFO using current date on computer)  
Name and ID number of investigator {invname}\_\_\_\_\_ {invID}##  
(from last page of form)

RESPONDENT INFORMATION

ID NUMBER {ID} #####  
{Dist}rict # {CD Bl}ock # {Vill}age ## Household {HH} ###  
2.1 {Resp}ondent's {name} \_\_\_\_\_  
Is she the mother (1) or guardian (2) or other {relat}ionship to sick child (3) or no ans (9) #  
2.2 {Fath}er's {name} \_\_\_\_\_  
2.3 {Resp}ondent's {age} in years: ## 99 = no ans  
2.4 {Resp}ondent's {edu}cational level (coded) #  
code: 1 = illiterate 2 = literate 3 = primary 4 = middle 5 = matric and above 9 = no ans  
2.5 {House} type (coded) #  
code: 1 = mud house 2 = khapra 3 = concrete roof 9 = no ans

CHILDREN

3.1 Number of living children 0 - 59 months in the family {numU5} #  
Number of U5 children sick in last 2 weeks: {numsick} #  
If more than one has been sick, which child is this record about? #  
(use serial no from item 3.2. )  
3.2 The sick child's name {sickname} \_\_\_\_\_  
-- age in months {sickage} ## 99 = no ans  
-- male or female? {sicksex} <A> M or F  
3.5 Type of symptoms / illness: USE CODE  
CODE: Y = Yes N = No D = Don't know or no answer on form  
1. Fever? {sfever} <A>  
2. Diarrhea? {sdiar} <A>  
3. Cough/cold/trouble breathing? {sresp} <A>  
4. Other {sothr} <A>  
if yes, description {sothrd} \_\_\_\_\_  
4.1 {Days sick} ## 99 = no ans  
4.2 {Still} sick? <A>

## RECOGNITION OF ILLNESS

### 4.3 What signs made you recognize that the child was sick?

ENTER Y = YES, N = NO, OR D = DONT KNOW/REMEMBER OR NO ANS

- |  |            |     |
|--|------------|-----|
| 1. Change in appetite                        | {mappet}   | <A> |
| 2. Change in activity - play less            | {mactiv}   | <A> |
| 3. Feel tired - lie down - no play           | {mtired}   | <A> |
| 4. Fever                                     | {mfever}   | <A> |
| 5. Change in consciousness, fits/convulsions | {mconvuls} | <A> |
| 6. Persistence of symptom or sign            | {mpersist} | <A> |
| 7. Vomiting                                  | (mvomit)   | <A> |
| 8. Change in stool color                     | {mstlcol}  | <A> |
| 9. Change in stool frequency, volume         | {mstfrvol} | <A> |
| 10. Blood in stool                           | {mstblood} | <A> |
| 11. Cough                                    | {mcough}   | <A> |
| 12. Nasal discharge                          | {mnoserun} | <A> |
| 13. Earache/ear discharge                    | {mear}     | <A> |
| 14. Trouble breathing                        | {mtbreath} | <A> |
| 15. Fast breathing                           | {mfbreath} | <A> |
| 16. Other symptoms or signs                  | {mosym}    | <A> |

### 5. HOME TREATMENT

1. Liquids/fluids {hfluid} # (use code)  
 Code: 1 = increase volume 2 = same volume  
 3 = decrease vol 4 = withhold fluids 9 = no answer
2. Breastfeeding (BF)  
 -- BF before illness 1 = did 2 = Did not {bbf} # 9 = no ans  
 -- If Bfed, change in BF while sick {sbf} # (use code)  
 Code: 1 = same BF as before sick 2 = more BF 3 = less 4 = stop BF  
 8 = not BF before illness 9 = no answer
3. Diet  
 -- Usual diet before illness: {udiet} # (use code)  
 code: 1 = not yet taking food (taking only BF) 2 = already taking food 9 = no ans  
 -- If taking food, change in diet while sick {sdiet} # (use code)  
 code: 1 = diet/food NOT changed while sick 2 = diet/food changed  
 8 = not taking food before illness 9 = no answer

Diet components: use code: Y = takes, N = not take, D = don't know or no answer

- |                         | Before sick |                      | During sickness |     |
|-------------------------|-------------|----------------------|-----------------|-----|
| 1. Rice                 | {brice}     | <A>                  | {srice}         | <A> |
| 2. Bread/roti           | {broti}     | <A>                  | {sroti}         | <A> |
| 3. Pulses/dhal          | {bdhal}     | <A>                  | {sdhal}         | <A> |
| 4. Milk                 | {bmilk}     | <A>                  | {smilk}         | <A> |
| 5. Rice water           | {bricwat}   | <A>                  | {sricwat}       | <A> |
| 6. Curry                | {bcurry}    | <A>                  | {scurry}        | <A> |
| 7. Other {fother} _____ |             | (write name of food) |                 |     |
|                         | {bother}    | <A>                  | {sother}        | <A> |

Diet frequency, number of feedings per day:

- Did number of feedings/day change during illness? {chfreq} # (use code)  
code: 1 = no change 2 = fed less frequently 3 = fed more frequently  
8 = not feeding before sick 9 = no answer
- What was the actual frequency of feedings before and during illness?  
(give actual number of feedings per day, or 99 if no answer)
- before sick {bfreq} ##  
-- during illness {sfreq} ##

6.1 HOME FEVER CARE

2. Gave tepid bath (warm water) {fbathwarm} <A>  
3. Gave bath/sponged with cool water {fbathcool} <A>  
4. Removed clothing {fclothoff} <A>  
5. Gave pain tablets (aspirin, etc) {fpaintab} <A>  
6. Gave fever tablets (paracetamol, etc) {ffevtab} <A>  
7. Gave malaria medicine {fmalmed} <A>  
8. Gave antibiotic {fbiot} <A>  
9. Gave herbal/traditional medicine {fherb} <A>  
10. Gave other type of medicine {fother} <A>  
Name of other med: {fothern}\_\_\_\_\_

6.2 HOME DIARRHEA CARE

2. Gave ORS {dORS} <A>  
3. Gave sugar-salt solution {dSSS} <A>  
4. Gave antibiotic {dbiot} <A>  
5. Gave herbal/traditional medicine {dherb} <A>  
6. Gave other type of medicine {dother} <A>  
Name of other med: {dothern}\_\_\_\_\_

6.3 HOME CARE OF COUGH - COLD - TROUBLE BREATHING

2. Gave cough medicine {rcough} <A>  
3. Gave fever med (paracetamol etc) {rfever} <A>  
4. Gave pain med (aspirin, etc) {rpain} <A>  
5. Gave herbal/traditional meds {rherb} <A>  
6. Gave other local/traditional treatment {rtrad} <A>  
7. Gave other med/treatment {rother} <A>  
Name of other med/treatment {rothern}\_\_\_\_\_

7. CARE OUTSIDE THE HOME

- 1.1 Advice sought? {advice} # (use code)  
codes: 1 = yes 2 = no 9 = no answer
- 1.2 If yes, from whom? {whoadv} # (use code)  
codes: 1 = own mother 2 = neighbor 3 = community health worker 4 = other 9 = na  
-- for those answering 4, describe: {whoadv4}\_\_\_\_\_
- 2.1 Medicine gotten outside home? {outmed} # (use code)  
codes: 1 = yes 2 = no 9 = no answer

## 2.2 If yes, from whom?

Source 1	{medsourc1}	##	(use code)
Source 2	{medsourc2}	##	(use code)
Source 3	{medsourc3}	##	(use code)

codes: 1 = allopath practitioner 2 = ayurved pract 3 = homeopath pract  
 4 = other practitioner 5 = shopkeeper 6 = govt health facility  
 7 = comm health worker 8 = other type than types 1 thru 7 9 = ANM,  
 anganwadi worker 10 = source named but can't tell type 99 = no answer

## 2.3 Medicines obtained from each source of meds:

Source 1: names of meds given:	{s1mednam1}	_____
	{s1mednam2}	_____
	{s1mednam3}	_____
Source 2: names of meds given	{s2mednam1}	_____
	{s2mednam2}	_____
	{s2mednam3}	_____
Source 3: names of meds given	{s3mednam1}	_____
	{s3mednam2}	_____
	{s3mednam3}	_____

Cost of meds obtained (in rupees) from each source: 999 = no ans

Source 1:	{s1medcost}	###
Source 2:	{s2medcost}	###
Source 3:	{s3medcost}	###

## 8. HEALTH CARE PROVIDERS: DOCTORS, NURSES, COUMPOUNDERS COMMUNITY HEALTH WORKERS, TRADITIONAL HEALTH WORKERS

For first practitioner consulted:

### 8.1.1.1 Practitioner type {practype1} #

Codes: 1 = allopath 5 = jharphunk  
 2 = homeopath 6 = djha-guni  
 3 = ayurved 7 = other  
 4 = jantar-manter 8 = shopkeeper  
 9 = no answer

### 8.1.1.2 Name of practitioner {pracname1} \_\_\_\_\_

### 8.1.1.3 Address of Practitioner: Village name {pracvill1} \_\_\_\_\_ Village number {pvillno1} ###

What is relationship of practitioner's village to patient's village? {relavill1} #

Code: 1 = same village 2 = next village 3 = more than one village away

### 8.1.1.4 Payment to practitioner {pracpay1} total Rs ### 999 = no ans

### 8.2.1 Reasons for choosing practitioner 1:

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

1. previously treated children	{prevtreat1}	<A>
2. easy to reach	{easyreach1}	<A>
3. always available	{always1}	<A>
4. medicines always available	{hasmeds1}	<A>
5. not costly	{notcost1}	<A>
6. gives credit/loan	{credit1}	<A>

- |                         |             |       |
|-------------------------|-------------|-------|
| 7. someone recommended  | {layrec1}   | <A>   |
| 8. doctor/CHW recommend | {hwrec1}    | <A>   |
| 9. other reason         | {otherrea1} | _____ |

IF SECOND PRACTITIONER CONSULTED, DESCRIBE SIMILARLY BELOW:

8.1.1.2 Practitioner type {practype2} #

- |        |                   |                |
|--------|-------------------|----------------|
| Codes: | 1 = allopath      | 5 = jharphunk  |
|        | 2 = homeopath     | 6 = djha-guni  |
|        | 3 = ayurved       | 7 = other      |
|        | 4 = jantar-manter | 8 = shopkeeper |
|        |                   | 9 = no answer  |

8.1.2.2 Name of practitioner {pracname2} \_\_\_\_\_

8.1.2.3 Address of Practitioner: Village name {pracvill2} \_\_\_\_\_

Village number {pvillno2} ###

What is relationship of practitioner's village to patient's village? {relavill2} #

Code: 1 = same village 2 = next village 3 = more than one village away

8.1.2.4 Payment to practitioner {pracpay2} total Rs ###

8.2.2 Reasons for choosing practitioner 2:

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

- |                                |              |       |
|--------------------------------|--------------|-------|
| 1. previously treated children | {prevtreat2} | <A>   |
| 2. easy to reach               | {easyreach2} | <A>   |
| 3. always available            | {always2}    | <A>   |
| 4. medicines always available  | {hasmeds2}   | <A>   |
| 5. not costly                  | {notcost2}   | <A>   |
| 6. gives credit/loan           | {credit2}    | <A>   |
| 7. someone recommended         | {layrec2}    | <A>   |
| 8. doctor/CHW recommend        | {hwrec2}     | <A>   |
| 9. other reason                | {otherrea2}  | _____ |

8.3.1 Did you consult other doctors besides local Health Practitioners?

{consult} <A> (code = Y, N, D)

Give reason for seeking consultation

{whyconsult} \_\_\_\_\_

8.3.2 Signs/symptoms of child which were reasons for seeking consultation

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

- |                                   |            |     |
|-----------------------------------|------------|-----|
| 1. poor appetite                  | {cappet}   | <A> |
| 2. reduced activity, listless     | {cactiv}   | <A> |
| 3. high fever                     | {cfever}   | <A> |
| 4. convulsions, fits              | {cconvuls} | <A> |
| 5. changes in sleep pattern       | {csleep}   | <A> |
| 6. persistence of symptoms        | {cpersist} | <A> |
| 7. vomiting                       | {cvomit}   | <A> |
| 8. stool color & character change | {cstlcol}  | <A> |
| 9. blood in stool                 | {cstblood} | <A> |
| 10. coughing severely             | {ccough}   | <A> |
| 11. nose running                  | {cnoserun} | <A> |
| 12. earache, discharge            | {cear}     | <A> |
| 13. trouble breathing             | {ctbreath} | <A> |

- |                             |            |     |
|-----------------------------|------------|-----|
| 14. fast breathing          | {cfbreath} | <A> |
| 15. chest trouble           | {cchest}   | <A> |
| 16. Other symptoms or signs | {cosym}    | <A> |

## 9. Socio-Economic Status of Respondent

-- {house}number ### 999 = no answer

### 9.1 Family description: 99 = no ans

- Total family members including sick child & respondent: {totfam} ## (99 = no ans)
- Total {males} ## (99 = no ans)
- Total {females} ## (99 = no ans)
- Total children under 5 years of age {u5} # 9 = no ans
- {Religion}of the majority of family members #
- Code: 1 = Hindu 2 = Muslim 3 = Buddhist 4 = No religion 5 = Other 9 = no ans
- Occupation of the top three money earners in the family: {job1} # {job2} # {job3} #
- Codes: 1 = agriculture, farming 2 = laborer, daily wage earner 3 = animal raising
- 4 = skilled laborer/artisan 5 = shopkeeper, market seller 6 = other 9 = no ans
- Total family monthly {income}: Rs ##### (99999 = no ans)

### 9.2 Family expenditures

- monthly expenditures:
  - for food {foodcost} Rs ?? <A\_\_\_\_> no. of Rs or NA = No Answer
  - for meds/treatment {Rxcost} Rs ?? <A\_\_\_\_> no. of Rs or NA = No Answer
  - tobacco/alcohol/etc {sincost} Rs?? <A\_\_\_\_> no. of Rs or NA = No Answer
- annual expenditures
  - house construction/repair {housecost} <A\_\_\_\_> no. of Rs or NA = No Answer
  - education {educost} <A\_\_\_\_> no. of Rs or NA = No Answer
  - clothing {clothcost} <A\_\_\_\_> no. of Rs or NA = No Answer
  - conveyance {ridecost} <A\_\_\_\_> no. of Rs or NA = No Answer
  - entertainment {joycost} <A\_\_\_\_> no. of Rs or NA = No Answer

## 10. Inventory of Other Health Providers (will be analyzed separately)

## 11. QUALITY OF PRACTITIONER SERVICES PROVIDED TO CHILDREN

### 11.1 Practitioner's name {NAMEPRAC} \_\_\_\_\_

- Which of the practitioners mentioned in question 8.1 is this? # (coded)
- 1 = practitioner 1 in question 8.1 2 = practitioner 2 5 = neither 1 or 2

Did the practitioner:

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

1. {touch} the child as part of his examination? <A>
2. use a {thermo}meter to check for fever? <A>
3. {weigh} the baby <A>
4. use watch or {timer} to calculate breathing rate? <A>
5. ask about the {history} of the illness? <A>

### 11.2 In the practitioner's examination, did he/she

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

1. ask about what care you gave at home {homecare} <A>
2. ask you for the child's immunization care {immcard}<A>
3. recommend immunization of the child {immrec} <A>
4. {exam}ine the child <A>
5. take the child's {cloth}ing {off} to examine it <A>
6. look into and examine inside the child's {throat} <A>
7. use a {stetho}scope on the child's chest <A>
8. feel the child's {abd}omen <A>
9. ask about history of vomiting {hvomit} <A>
10. ask about history of diarrhea {hdiar} <A>

### 12. TREATMENT GIVEN OR PRESCRIBED

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

12.1.1 Gave injection? {ginj} <A>

12.1.2 If yes, what was it? {whatinj} # (use code)  
code: 1 = don't know 2 = antibiotic 3 = for fever 4 = other 9 = no ans

12.1.3 Gave tablets? {gtab} <A>  
(use Y, N, or D as above)

12.1.4 If yes, what were they for? {whattab} # (use code)  
code: 1 = don't know 2 = for diarrhea 3 = vitamin  
4 = for digestion 5 = for strength 6 = for breathing trouble 8 = other  
9 = no ans

12.1.5 Gave syrup? {gsyr} <A>  
(use Y, N, or D as above)

12.1.6 What was it for? {whatsyr} # (use code)  
code: 1 = don't know or no ans 2 = for diarrhea 3 = vitamin  
4 = for digestion 5 = for strength 6 = for fever 7 = for resistance to cold  
8 = cough syrup 9 = other

### 12.2 RECOMMENDATIONS BY PROVIDER

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

- |  |     | each<br>time  | times<br>per day | no of<br>days |
|--|-----|---------------|------------------|---------------|
| 1. Chloroquine/{mal}aria {med}   | <A> | {mal-e} ##    | {mal-t} #        | {mal-d} #     |
| 2. Paracetamol/{fev}er med   | <A> | {fev-e} ##    | {fev-t} #        | {fev-d} #     |
| 3. Aspirin/{pain} med  | <A> | {pain-e} ##   | {pain-t} #       | {pain-d} #    |
| 4. Tepid bath {wmwater}  | <A> |               |                  |               |
| 5. Increase fluids {morfluid}  | <A> |               |                  |               |
| 6. ORS {ORS}   | <A> | {ORS-e} _____ | {ORS-t} #        | {ORS-d} _____ |
| (instructions for ORS are likely to be 1 glass/stool, at each diarrhea time, until diarrhea stops) |     |               |                  |               |
| 7. Continue regular diet {regfood}   | <A> |               |                  |               |
| 8. Special diet {spfood}   | <A> |               |                  |               |
| 9. Increase food quality {qufood}  | <A> |               |                  |               |

- |                             |         |     |              |             |             |
|-----------------------------|---------|-----|--------------|-------------|-------------|
| 10. Antidiarrheal medicine  | {dmed}  | <A> | {dmed-e}##   | {dmed-t} #  | {dmed-d} #  |
| 11. Antibiotics             | {abiot} | <A> | {abiot-e} ## | {abiot-t} # | {abiot-d} # |
| 12. Vitamin A               | {VitA}  | <A> | {VitA-e} ##  | {VitA-t} #  | {VitA-d} #  |
| 13. Other medicine          | {Omed}  | <A> | {Omed-e} ##  | {Omed-t} #  | {Omed-d} #  |
| 14. Go to other care source | {refer} | <A> |              |             |             |
| 15. Other suggestion        | {Osugg} | <A> |              |             |             |

#### FURTHER INSTRUCTIONS BY PROVIDER OR HIS/HER ASSISTANT

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

#### 12.3 Did the practitioner or assistant tell you

1. How to administer medicine {howmed} <A>
2. What and how to give food {howfood} <A>
3. What/how to give fluids {howfluid} <A>
4. How to give breastfeeding {howbreast} <A>
5. Signs to look for as indicator {looksign} <A>  
child is getting worse and needs more help
6. How to mix ORS? {N6HOWMIXOR} <A>
7. How to prevent illness in future {howprev} <A>
8. Did the practitioner or assistant {anyques} <A>  
ask you if you had any questions?

#### SATISFACTION & DIFFICULTIES

#### 12.4 Level of {satisf}action # (code)

code: 1 = very happy/satisfied 2 = happy 3 = somewhat dissatisfied 4 = very dissatisf  
9 = no answer

#### 12.5 Possible practitioner actions to improve service & increase satisfaction

{Improv1} \_\_\_\_\_  
{Improv2} \_\_\_\_\_

#### 12.6 Patient difficulties in carrying out treatment:

USE CODE: Y =Yes, N = No, D = Don't remember or no answer marked on form

1. Did {not purch}ase prescription <A>
2. {Purch}ased only {part} of prescription <A>
3. Child would {not take} medicine <A>
4. Child would not eat or drink {noeatdr} <A>
5. Child {want}ed {food}s restricted by practitioner <A>