ID No.: [ ] / [ ][ ][ ][ ][ ][ ]/ [ ][ ][ ][ ]

Block/ Village code / Household Code

Community Survey

"To Assess the Effectiveness of Various Communication Strategies for Improving Childhood Pneumonia Case Management: A Community Based Behavioral Open Labeled Trial in Rural Lucknow, Uttar Pradesh, India"

											[ ] Child Number	
1	Name of Child											
2	Date of Birth: DD/MM/YYYY	_ _ /_ _ /_ _ _ _										
3.A	**a.** Symptom	**b.** Did this child suffer from this symptom in last twelve months?	**c.** What type/s of treatment was given to the child? **(Multiple response)** (Code: 1-No Treatment 2-Home remedies 3-Medicines from medical store 4-Medicines prescribed by doctor)	**d.** Who was the **first** healthcare provider whom you approached for treatment? (Code: 1 - Private Doctor 2-ANM 3Government Hospital 4-Others)	**e.** What was the qualification of the Doctor? (Code: 1-Not Known 2-Unqualified 3-M.B.B.S. 4-M.D. 5-Ayush)	**f.** Apart from thefirst healthcare provider, where else did you seek Medical Care? **(Multiple response)** (Code: 1-ANM 2- PHC 3-CHC 4-District Hospital 5-Private Doctor 6-Private Hospital 7-Did not visit any other place)	**g.** From where all/whom did you get medicine? **(Multiple response)** (Code: 1-From ANM 2- From PHC 3-From CHC 4-Private Doctor 5-Private Hospital 6-Any other, specify)	**h.** Did you get any instructions along with medicines? (Code: 1-Yes, 2-No)	**i.** If yes, instructions were given in which form? **(Multiple response)** (Code: 1-Oral 2- Hand written 3-Card)	**j.** Were you advised follow-up care after 72 hours?	**k.** If yes, did you go for the follow-up after 72 hours?
3.B	Running nose	Yes [ ] No [ ]	[ ][ ][ ]	[ ]	[ ]	[ ][ ][ ]	[ ][ ][ ]	[ ]	[ ][ ]	Yes [ ] No [ ]	Yes [ ] No [ ]	
3.C	Cough with fast breathing (with or without chest in drawing)	Yes [ ] No [ ]	[ ][ ][ ]	[ ]	[ ]	[ ][ ][ ]	[ ][ ][ ]	[ ]	[ ][ ]	Yes [ ] No [ ]	Yes [ ] No [ ]	
4	Was the child admitted in hospital, for treatment of pneumonia, in last 12 months?(Code: 1-Yes, 2-No)									[ ]		
5	In which type of hospital, was the child was admitted **first**? (Code: 1 – Government Hospital, 2 – Private Hospital)									[ ]		
6	Why did you prefer this hospital? **(Multiple response)** (Code: 1-Near to my house, 2-Better Doctors, 3-Better facilities, 4-Round the clock service, 5-Affordable treatment, 6-Other,specify……)									[ ][ ][ ][ ][ ][ ]		
7	Was the child referred/admitted to other hospital/s also? (Code: 1-Yes, 2-No)									[ ]		
8	What type/s of hospital/s was/were they? **(Multiple response)** (Code: 1 – Government Hospital, 2 – Private Hospital)									[ ] [ ]		
Note: If treatment records are available, please collect a copy.												
9	Name of Interviewer											
10	Signature of Interviewer											
11	Date of Interview	[ ][ ]/[ ][ ]/[ ][ ][ ][ ]										