Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center

**Under five (0-59 months) Morbidity Surveillance Form**

***Fill this questionnaire by asking only the Mother or Care taker of the sick child***

Do not write in this column

| | | |
|---|---|---|
| CM 01 | Data collector's name | |
| CM 02 | Date of Interview DD/MM/YYYY | |
| CM 03 | Location ID | |
| CM 04 | Round | |
| CM 05 | Observation ID | Don't fill |
| CM 06 | Name and Individual ID of the sick child | |
| CM 07 | Has the child had **DIARRHEA** in the last 2 weeks? 1. Yes 2. No(skip to **qn. 11**) 3.Don't know **(skip to qn.11)** | |
| CM 08 | Did the child get treatment for the diarrhea? 1. Yes 2. No **(skip to qn. 11)** 3. Don't know **(skip to qn. 11)** | |

CM 09 — What was done (given to child) to treat the diarrhea (at home or at health facility)?

| | | Yes | No |
|---|---|---|---|
| 1 | Injection | 1 | 2 |
| 2 | Tablet or syrup | 1 | 2 |
| 3 | Herbal medicine/ home remedies | 1 | 2 |
| 4 | Homemade fluid | 1 | 2 |
| 5 | ORS | 1 | 2 |
| 6 | I.V. fluid | 1 | 2 |
| 7 | Other (specify) | 1 | 2 |

| | | |
|---|---|---|
| CM 10 | Was the child taken to a health facility for this problem? 1. Yes 2. No 3.Don't know | |
| CM 11 | Has the child had an illness with a **COUGH** at any time in the last two weeks? 1. Yes 2. No (skip to **qn. 15**) 3.Don't know(skip to **qn. 15**) | |
| CM 12 | When the child had an illness with a cough; did he/she breathes faster than usual with short fast breaths? 1. Yes 2. No 3. Don't know | |
| CM 13 | Was the child taken to a health facility for the problem? 1. Yes 2. No 3.Don't know | |
| CM 14 | Did the child get treatment for the cough/fast breathing? 1. Yes 2. No 3.Don't know | |
| CM 15 | Has the child been ill with **FEVER** in the last two weeks? 1. Yes 2. No(skip to **qn. 18**) 3.Don't know(skip to **qn. 18**) | |
| CM 16 | Was the child taken to a health facility? 1. Yes 2. No 3.Don't know | |
| CM 17 | Did the child get treatment for the **FEVER**? 1. Yes 2. No 3.Don't know | |
| CM 18 | Was the child taken to a health facility for **FEVER?** 1. Yes 2. No 3.Don't know | |
| CM 18 | Has the child had any symptoms of malnutrition such as wasting or body swelling in the last two weeks? 1. Yes, wasting 2. Yes, swelling 3. No 4. I don't know | |

CM 19 — Did the child have any of the following symptoms during the past two weeks?

| | | Yes | No |
|---|---|---|---|
| 1 | Red eye | 1 | 2 |
| 2 | Sore throat/wound in mouth | 1 | 2 |
| 3 | Neck stiffness | 1 | 2 |
| 4 | Seizure or convulsion | 1 | 2 |
| 5 | Palpitation | 1 | 2 |
| 6 | Paralysis of legs or arms | 1 | 2 |
| 7 | Skin rash | 1 | 2 |
| 8 | Lock-jaw | 1 | 2 |
| 9 | Joint pain & swelling | 1 | 2 |
| 10 | Visual impairment | 1 | 2 |
| 11 | Running nose | 1 | 2 |
| 12 | Muscle spasm | 1 | 2 |
| 13 | Bulging fontanel | 1 | 2 |
| 14 | Easy fatigue | 1 | 2 |
| 15 | Impaired hearing | 1 | 2 |
| 16 | Whooping, barking cough | 1 | 2 |
| 99 | Other /specify | 1 | 2 |

| | | |
|---|---|---|
| CM 21 | Name of supervisor | |