

For parents of the child aged 25-60 months

B4 Child's underlying disease and disability

Instructions for interviewer

Interview the primary caregiver on child's underlying disease and disability which has been found since the child was born.

Record both the current disease and disability and those that have been healed.

1) Have you ever been informed by the doctor, nurse, or professional whether the child has any underlying disease?

1- yes    3- no (skip to 2)

CHD1

*Ask about details of the child's disease since the child was born until now and record in Table 1.*

A. Identify name and code of the disease.

1- Diabetes	19- Alzheimer's disease	37- Enlarged Prostate / Prostatitis	55- Thalassemia	71 - Autistic
3-Thyroid / Goiter	21- Seizures / epilepsy	39- Gallstones in the gallbladder	57- Down's syndrom	73- Attention Deficit Disorder
5- High blood presure	23- Cataract / glaucoma	41- Urinary stones	59- Periodontal (gum inflammation)	77- G6DP Deficiency
7- Heart disease	25- Hearing loss	43- Gout / rheumatoid	61- Paralysis	79-Anemia
9 Hypercholesterolemia / high cholest	27- Asthma / emphysema	45- Chronic neck pain / osteoarthritis.	63- Palsy	81- Disability (physical and mental)
11- Stroke Clots	29- Tuberculosis	47- Chronic back pain / chronic neck pain	65- Respiratory disease	83-Herniated Nucleus Pulposus
13- Cancer	31- Allergy	49- AIDS	67- Severe gastrointestinal disease	85- Migraine
15- Alcoholism	33- Liver cirrhosis	51- Polio	69- Ear Infection	87- Hepatitis B Virus
17- Depression / psychosis / neurosis	35- Kidney failure / damage	53- Leprosy		99- Others

B. What was the last medical treatment? (can be more than 1 answer)

A- Respirator/ pacemaker	C- Antibiotics (take continuously until the dose is fin E- Steroids	G- Others, specify in CHD1BA
B- Bronchodilators	D- Drug (unknown type)	F- No treatment, just observe symptoms

C. Since the child was born, has the child been taken to an emergency room or hospitalized at least 1 night as a result of the disease in question A ?

1- yes    3- no (skip to D)

CA. How many days was the child hospitalized as the longest period because of the disease in question A ?

D. Does the child still have this disease?

1-yes    3- no

Table 1

b4\_table1

#	CHD1A	CHD1AA	CHD1B	CHD1BA	CHD1C	CHD1CA	CHD1D
	Disease	Disease code	Treatment	Others (CHC1B=G)	Emergency room/hospitalization	Number of days	Disease
1							
2							
3							
4							
5							

2) Since the child was born, has the child had a myringotomy?  1- yes    3- no (skip to 4)  CHD2

3) What was the cause of the myringotomy?  1- fluid in the ears    3- ears infection    5- both 1 and 3    7- others CHD3A  CHD3  
CHD3A

4) Since the child was born, has a doctor informed you whether the child has any disability?  1- yes    3- no (skip to 5)  CHD4

A. Identify the disability and code

<b>Code</b> 1- Problems with movement due to brain disorder	5- Problems with activity development	9- Problems with communication development
3- Problems with learning development	7- Problems with limb movement development	11- Others

B. Has the child ever received the following treatment to alleviate the disability? (In case of no, record "NA")

A- Speech or language therapy	G- Hearing service (excluding a temporary loss of hearing due to fever or meniere)
B- Occupational therapy	H- Home visit
C- Physical therapy	I- Parental support or training
D- Help group (among families with the same problem)	J- Special education with other children of the same disability
E- Psychological therapy	K- Private tutoring or schooling for children with learning problems
F- Vision service	L- Others, specify CHD4BA

C. Since the child was born, has the child ever been diagnosed or treated by a doctor or a specialist?  1- yes    3- no

D. Does the child still have this problem?  1- yes    3- no

Table 2

b4\_table2

#	CHD4A	CHD4AA	CHD4B	CHD4BA	CHD4C	CHD4D
	Disability symptoms	Code	Treatment	Others (CHC4B=L)	Doctor/Specialist	Problem?
1						
2						
3						
4						
5						

5) Since the child was born, has the child had hearing disability?  1- yes 3- no (skip to 7)  CHD5

6) Is child's hearing loss in the right ear, left ear, or both?  1- left 3- right 5- both  CHD6

7) Since the child was born, has the child had vision disability? (excluding myopia/presbyopia)  1- yes 3- no  CHD7

8) Does the child have any impairment or health problem that requires special equipment, such as a brace, a wheelchair, a hearing aid or corrective shoes? (excluding ordinary eyeglasses.)  1- yes 3- no  CHD8

9) Does the child wear glasses?  1- yes 3- no  CHD9

10) Is child receiving special education services?  1- yes 3-no (skip to 11)  CHD10

A. Name of place.....  chd10a1\_des  CHD10A1 sub-district.....  chd10a2\_des  CHD10A2  
 District.....  chd10a3\_des  CHD10A3 Province.....  chd10a4\_des  CHD10A4

11) Interviewer note:  CHD11