

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.

1.1) Open the Roster and specify the number of disease since last interview (If there is no underlying disease in the roster, record "0".)

CHD1_1

1.2) Since last interview, how many kinds of congenital disease that have been declared from the medical staff (exclude the specification in roster) ?

CHD1_2

(In case of none, record "0")

In case of 1.1) and 1.2) record "0" skip to 2

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

B Since last interview, what was the last medical treatment? (can be more than 1 answer)

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

C Since last interview, 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 disease in question A ?

D Does child still have this disease?

1-yes 3- no

Table 1

b4_table1

no	CHD1A	CHD1AA	CHD1B	CHD1BA	CHD1C	CHD1CA	CHD1D
#	Disease	Disease code	Treatment	Others (CHC1B=G)	Emergency room/hospitalize	How many days?	Diseased?
1							
2							
3							
4							
5							

2) Since last interview, 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- other CHD3A

CHD3

CHD3A

4.1) Open the Roster, and record the number of underlying disease since last interview.

CHD4_1

(In case there is no information of the disease in the roster , record "0")

4.2) Since last interview, how many kinds of deficiency symptoms of the child have been diagnosed by doctors (excluding information in the roster)?

CHD4_2

(in case of none, record "0")

In case of record "0" in 4.1) and 4.2), skip to 5

A Identify the disability and code

Code	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 a disability? (If no, record "NA")

A- Speech or language therapy	G- Hearing service (excluding a temporary loss of hearing due to a cold or congestion.)
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 learning problems
F- Vision service	L- Others, specify CHD4BA

C Since last interview, 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

no	CHD4A	CHD4AA	CHD4B	CHD4BA	CHD4C	CHD4D
#	Disability symptoms	Code	Treatment	Others(CHC4B=L)	Doctor/Specialist	Problem?
1						
2						
3						
4						
5						

5) Since last interview, has the child had hearing disability? CHD5

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

7) Since last interview, has the child had vision disability? (excluding myopia/presbyopia) 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.) CHD8

9) Does the child wear glasses? CHD9

10) Is the child receiving special education services? CHD10

A	Name of place.....	<input type="text" value="chd10a1_des"/>	<input type="text"/>	CHD10A1	sub-district.....	<input type="text" value="chd10a2_des"/>	<input type="text"/>	CHD10A2
	District.....	<input type="text" value="chd10a3_des"/>	<input type="text"/>	CHD10A3	Province.....	<input type="text" value="chd10a4_des"/>	<input type="text"/>	CHD10A4

11) Interviewer note: CHD11