

For parents of the child aged 25-60 months

**B4 Child underlying disease and disability**

**Instruction for interviewer**

Interview primary caregiver on child's disease and disability since last interview.

Record both current disease and disability (fname\_ch)

(lname\_ch)

1.1) Open Roster and identify the child disease since last interview (In case of no disease in Roster, record "0")

CHD1\_1

1.2) Since last interview, have you ever been informed by a doctor, nurse or specialist number of chronic diseases the child has besides the ones in the Roster?

CHD1\_2

(In case of no, record "0" )

In case of "0" in 1.1) and 1.2), skip to no. 2

*Ask about details of each disease and record the answer in table 1.*

A. Identify disease name and code

1- Diabetes	19- Alzheimer's disease	37- Enlarged Prostate	55- Thalassemia	69- Ear Infection
3- Thyroid / Goiter	21- Seizures / epilepsy	39- Gallstones in the gallbladder	57- Down syndrom	71 - Autistic
5- High blood pressure	23- Cataract / glaucoma	41- Urinary stones	59- Periodontal (gum inflammation)	73- Attention Deficit Disorder
7- Heart disease	25- Hearing loss	43- Gout / rheumatoid	61- Paralysis	99- Others
9 Hypercholesterolemia / high cholesterol	27- Asthma / emphysema	45- Chronic neck pain / osteoarthritis.	63- Palsy	
11- Stroke Clots	29- Tuberculosis	47- Chronic back pain / chronic neck pain	65- Respiratory disease	
13- Cancer	31- Allergy	49- AIDS	67- Severe gastrointestinal disease	
15- Alcoholism	33- Liver cirrhosis	51- Polio		
17- Depression / psychosis / neurosis.	35- Kidney Failure	53- Lprosy		

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

A- Respirator/ pacemaker

C- Antibiotics

E- Steroids

G- Others, specify in CHD1BA

B- Bronchodilators

D- Drug (unknown type)

F- No treatment / just observe

C Since last interview, has the child been taken to the emergency room or hospitalized at least 1 night because 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 the child still have the disease?

1-yes	3- no
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Table 1

#	CHD1A	CHD1AA	CHD1B	CHD1BA	CHD1C	CHD1CA	CHD1D
	Disease	Disease code	Treatment	Others (CHC2B=G)	Emergency room/hospitalized	Days	Disease
2							
3							
4							
5							

2) Since last interview, has the child had a myringotomy?

1- yes	3- no (skip to 4)
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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
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CHD3

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CHD3A

4.1) Open Roster and identify the number of the child's deficiency since last interview

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CHD4\_1

q3a) (In case the child has no deficiency in 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)?

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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 symptom and code

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

B Has child ever received following treatment? (In case of no, record "NA")

A- Speech or language therapy	G- Hearing service (this does not include a temporary loss of hearing due to a cold or congestion.)
B- Activities therapy	H- Home visit
C- Physical therapy	I- Parental support or training
D- Help group (family with the same problem)	J- Special education with other children of the same disability
E- Psychology 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

#	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?

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 last interview, has child had vision disability? (excluding myopia/presbyopia)

1- yes      3- no

CHD7

8) Since last interview, has the child had 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 eyeglasses?

1- yes      3- no

CHD9

10) Is the child receiving special education services?

1- yes      3-no (skip to 11)

CHD10

chd10a1\_des

chd10a2\_des

A Name of place.....

CHD10A1

sub-district.....

CHD10A2

District.....

CHD10A3

Province.....

CHD10A4

chd10a3\_des

chd10a4\_des

11) Interviewer's note:

CHD11