


Herbert, M. Gilles and Paul S. Haffman (2002). Treatment of intestinal parasitic infections : a review of nitazoxanide, Department of Microbiology and Immunology, Faculty of Medicine, Dathousie University, Halifax, Nova


★
Interview Schedule

General Information

1. Name of the respondent : .............................................
2. Name of the parent : .....................................................
3. Age of the respondent : ..............................................
4. Education of the father :
   a) Illiterate
   b) Primary
   c) Secondary
   d) Higher
5. Education of the mother :
   a) Illiterate
   b) Primary
   c) Secondary
   d) Higher
6. Occupation of the father :
   a) Farmer
   b) Business
   c) Labour
   d) Service
7. Occupation of the mother :
   a) Farmer
   b) Business
   c) Labour
   d) Service
8. Working hours of father : ............................................
9. Working hours of mother : ............................................
10. Religion : Hindu/Muslim/Sikh/Christian
11. Type of family
    (a) Nuclear family
    (b) Joint family
12. Family data

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Relation with respondent</th>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Total family income (per month) :
   (a) Less than Rs. 1000  (b) Rs. 1000 – Rs. 2000
   (c) Rs. 2000 to Rs. 3000  (d) Above Rs. 3000

14. Residential Address : ............................................................
                          ....................................................................

History of the respondent

1. The birth of the child takes place :
   (a) Home  (b) Hospital

2. The birth of the baby was
   (a) Normal  (b) Cesarean  (c) Forcep

3. Any congenital disease? Yes/No

4. Weight of the baby at birth : ...................................................

5. Was the child suffering from diarrhoea? Yes/No

6. If yes, then

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 – 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 – 18 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 24 months</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. During diarrhoea do you alter the quantity of child’s diet?
   (a) Increased  (b) Decreased

8. If yes, what do you alter it : ...................................................

9. Do you give water during diarrhoea  Yes/No
10. Do you withhold any food during diarrhoea? Yes/No
11. If yes, then details: ........................................
12. Do you withhold any fluid during diarrhoea? Yes/No
13. If yes, then details: ........................................
14. Did the baby had vomiting in the past? Yes/No
15. If yes, How frequently? ......................................
16. Did the baby had loose motion in the past? Yes/No
17. If yes, how frequently? ......................................

Food habits
1. How do you feed the baby?
   (a) Breast feed (b) Bottle feed (c) Spoon feed
2. If breast feeding, how frequently in day?: ........................................
3. If bottle feeding, how frequently in day?: ........................................
4. If spoon feeding, how frequently in a day?: ......................................
5. Why do you bottle feed your baby?
   (a) Ill health of the mother (b) Production of the in low mount
      (c) Working mother (d) Death of the mother
6. Do you give weaning foods? Yes/No
7. When did you first introduced weaning food in your baby’s diet?
   (a) 4 months (b) 6 months
   (c) 9 months (d) More than 9 months
8. What do you give as a weaning foods

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Weaning foods</th>
<th>Yes</th>
<th>No</th>
<th>Total number of weaning foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dhal ka Pani</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Dhal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Khichadi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Daliya</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Mashed potato</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Banana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Rice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Roti</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Milk-Roti</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Alu Ka Paratha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Sweet</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. How many times in a day you give weaning foods? : ..................................

Nutritional Status

(a) Dietary information

1. Type of baby diet

   (a) Milk   (b) Weaning food   (c) Mixed

2. How much of water baby drink in a day?

   (a) ½ litre   (b) 1 litre
   (c) 1½ litre   (d) 2 litre

3. Do you give fruit juice? Yes/No

4. If yes, how often do you give?

   (a) Daily   (b) Once a week
   (c) Alternate day   (d) After a forth night more then

5. Do you includes any other food in a baby diet? Yes/No

6. Do you give evening snacks? Yes/No

7. If yes, what do you give as a snacks?

   (a) Biscuit   (b) Bread
   (c) Samosa   (d) Namekeen   (e) Other

8. Do you give raw fruits in a day diet? Yes/No

9. Do you give salad? Yes/No

10. Do you prefer to cut the vegetable before cooking?

    (a) 45 min.   (b) 30 min.
    (c) 60 min.   (d) More than this

11. Do you wash vegetable before/after cutting? : ........................................

12. Up to what consistency do you cook food?

    (a) Normal   (b) Semi cook
    (c) Over cook
(b) Anthropometric measurements

1. What is the sign and symptom in your child during diarrhoea?
   (a) Multiple loose stools   (b) Unpleasaunaru their different smile
   (b) Thirstiness            (c) Stomach cramps

2. Which type of food took your child before diarrhoea?
   (a) Overeating             (b) Wrong food
   (c) Fermented food         (d) Incomplete CHO digestion

Causes of diarrhoea

3. In which season diarrhoea occur frequently?
   (a) Summer                  (b) Winter
   (c) Rainy                   (d) Whole year

4. Is your child drink water immediately after coming from sun light?  Yes/No

5. Do you give artificial feeding (bottle feeding) during diarrhoea?  Yes/No

6. Which foods you give during diarrhoea?
   (a) Khichadi               (b) Curd
   (c) Banana                 (d) Normal diet  (e) Hemens sugar wheat

7. Had your child taken stale food before diarrhoea?  Yes/No

8. Do you give ORS water to our child suffering from diarrhoea?  Yes/No

9. What is the time pattern of giving ORS during diarrhoea?
   (a) After 1 hour           (b) After 2 hours
   (c) After 3 hours          (d) After 4 hours or above

10. Do you continue breast fed to your child during diarrhoea?  Yes/No

11. What kind of treatment you provide to your child at home?
    (a) Medicine               (b) ORS
    (c) Home remedies          (d) Others

12. If you give medicine which medicine you generally prefer?
    (a) Metrogill              (b) Setrogil

13. Do you bring your child to the doctor treatment of diarrhoea?  Yes/No
Sanitation and Hygiene Practices

1. What is the source of your water?
   (a) Tap water    (b) Well water    (c) Hand water

2. Which utensil you would use for storage of drinking water?
   (a) Pot       (b) Bucket       (c) Cool case

3. Do you wash water utensil before storage of drinking water?  Yes/No

4. Do you cover the water utensil?  Yes/No

5. Do you boil the baby water before his/her drinking?  Yes/No

6. Do you boil/sterilize milk bottle before feeding?  Yes/No

7. Do you change bottle nipple?  Yes/No

8. If yes then at what duration?
   (a) 15 days    (b) 1 month     (c) More than one month

9. Do you wash your hands before food preparation?  Yes/No

10. After cooking do you cover the utensils?  Yes/No

11. Which type of utensil you would use for covering?
    (a) Net       (b) Paper       (c) Plate     (d) Other

12. Does sunlight enters your house?  Yes/No

13. If yes, then at what time?
    (a) Early morning    (b) Evening
    (c) Noon            (d) All time

14. Is your house fully ventilated?  Yes/No

15. Do you have toilet in your house?  Yes/No

16. If yes, then in which direction?
    (a) Near the main gate  (c) Any other place
    (b) Near the kitchen

17. How do you wash your hands after toilet?
    (a) Soap         (b) Ash
    (c) Soil         (d) Water

18. From where water get drained out?
    (a) Open Nali    (b) Close Nali

19. Do you change the clothes of your children?  Yes/No
20. If yes then what duration?
   (a) 2 times a day   (b) Daily
   (c) 2 times a day   (d) Alternate

21. Animals present in the house?
   (a) Not present   (b) Buffalo
   (c) Cow          (d) Hen    (e) Goat

Clinical Examination
1. Overall appearance
   (a) Normal   (b) Ill looking
   (c) Thin built   (d) Obese

2. Ribs
   (a) Beeded   (b) Normal

3. Stomach
   (a) Normal   (b) Pot belly

4. Nail
   (a) Normal   (b) Pale yellow
   (c) Spoon shaped

5. Eyes
   (a) Normal   (b) Pale conjunctive

6. Tongue
   (a) Normal   (b) Coated

7. Skin
   (a) Normal   (b) Loss of luster

Health Status
1. Pulse rate
   (a) Weak   (b) Rapid

2. Rate of breathing
   (a) Rapid   (b) Deep

3. Vaccine given to child
   (a) BCG   (b) Polio
   (c) Measles   (d) DPT

4. Polio drop given to child?   Yes/No
Educate the Mother about Prevention and Treatment

1. Do you know what is the main reason of diarrhoea in children?

(a) Unhygienic food and water  (b) Excessive food consumption
(c) During teeth development  (d) Don’t know
(e) Any other
Slum area of Kanpur City
Interviewer observing the clinical symptoms in respondent
Interviewer observing the clinical symptoms in respondent