APPENDIX 1

FORM I

HOUSEHOLD INFORMATION FORM

<table>
<thead>
<tr>
<th>Household No</th>
<th>Name of head</th>
<th>Camp</th>
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<tbody>
<tr>
<td>Address</td>
<td>Name of Area</td>
<td>Zone</td>
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<td>Block</td>
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<td>House No</td>
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</table>

Selected Children

<table>
<thead>
<tr>
<th>Child No.</th>
<th>Child Name</th>
<th>Age</th>
<th>Sex (1. M 2. F)</th>
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</table>

Type of family 1 Nuclear 2 Joint

State of migration

name of district

name of town

name of village

Year of migration

Did you settle here or elsewhere in Delhi originally

Year of settlement in this colony

Reasons for migration

Jhuggi 1. own 2. rented

If owned, how much did you pay for it

If rented, how much rent are you paying for it.

Caste

Membership of any associations, organizations, beneficiary of any agency

(anganwadi, balwadi, bank loan)

Father

Mother

Children

Persons currently living in the household (Begin with head of household and then downwards by age, include selected children underline parents and sibs of selected child)
<table>
<thead>
<tr>
<th>Name</th>
<th>Age in yrs</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Literacy (1.M 2.F)</th>
<th>Income (per year) (1.M/2.UM)</th>
<th>Income (yrs of school) (cash)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>19</td>
<td>20</td>
<td>21</td>
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</tbody>
</table>
Child mortality experience for women (ask mothers of selected children)
How many live births have you had
Have any of your children died? If yes
age at death  sex  date month and year of death cause

Source of water supply hand pump tap others specify_______
How far is it located (time taken to reach there)
How many times a day do you fetch water
How much water do you fill at one time
What is the average waiting time(mins)
Defaecation place
   males: sulabh shau. govt latrine Open field Others
   females
   children
Mother works outside home
Hours spent away from home per week.
Other sources of income (parents of selected child)
Land  How much ______ Where___________
Animals  cows buffaloes pigs goats chicken
Number
Do you own a radio sewing machine fan cycle scooter
   television  VCR hand pump cooler
Do you watch television: father  mother  oldest child
Time of day when watched morn.  aft.  even.

How frequently watched (preceeding month): 1 daily 2 occ. 3 reg.
Years of schooling (list children and ask. If does not attend
school or schooling inappropriate for age list reasons)
name  age  yrs of school.
**Immunization status of selected children.**

<table>
<thead>
<tr>
<th>Date of filling</th>
<th>Child No</th>
<th>Age (in mo)</th>
<th>Age (in mo)</th>
<th>Age (in mo)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BCG</td>
<td>DPT/OPV</td>
<td>Measles</td>
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<td></td>
<td></td>
<td>I</td>
<td>I</td>
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<td>II</td>
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<td>III</td>
<td>III</td>
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<td>IV</td>
<td>IV</td>
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<td></td>
<td></td>
<td>Booster I</td>
<td>Booster I</td>
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<tr>
<td></td>
<td></td>
<td>Booster II</td>
<td>Booster II</td>
<td></td>
</tr>
</tbody>
</table>

If not immunized, why not

Are you using some method of family planning?
If yes, which one
If not, why

**Observation**

**Description of dwelling**

Size of Jhuggi 1. one room 2. two rooms 3. > two rooms

Number of jhuggis 1. one 2. two 3. > two

Area in sq feet (approx.)

Type 1. kuccha 2. pucca 3. kuccha pucca


Describe interior of hut (utensils, clothes, furniture)

Describe surroundings (aangan, drains, animals)

Distance of dwelling from ASHA dispensary

Distance of dwelling from the nearest govt. dispensary

Distance of dwelling from a private doctor

Distance of dwelling from the nearest govt. hospital

Distance of dwelling from the nearest private hospital.
**DAILY ACTIVITIES OF THE MOTHER (OF SELECTED CHILDREN )**

Begin from when she arises till the end of the day

**Feeding Practices**

How many times do you cook in a day  
What do you cook  
Time of day  Food usually cooked  Amount

How many times do you eat in a day  
From where do you buy your supplies for daily cooking. 
Who goes to buy these supplies 
What foodstuffs does your husband buy 
Which foodstuffs do you buy 
Who decides what is to be bought 
How many days supplies do you buy at a time? Why. 
Proportion of total income spent on food (write split up of total income as she describes) 
Do you generally have some reserve money with you or do you ask for the required amount from your husband /elder in the home 
Which fuel do you use for cooking 
What is its cost 
Is it available easily

---

**MEAL PREPARATION OBSERVATION FORM**

(FILL FOR ANY MEAL PREPARATION OBSERVED BY CHANCE; SOLID OR LIQUID)

**HOUSEHOLD NO**

**DATE OF FILLING**

(Name of food , ingredients and their amount, method of cooking, appearance)
CHILD FEEDING OBSERVATION FORM
(FILL FOR ANY CHILD OBSERVED BEING FED SOLIDS OR LIQUIDS)

CHILD NO    HOUSEHOLD NO    DATE OF FILLING    TIME
(Name of food, consistency, amount offered, amount left over, whether specially prepared for child, what is done with amount left over)

RANDOM SPOT CHECKS TO ASSESS FOOD AVAILABILITY IN THE HOUSEHOLD
(FILL FOR 1 HOUSEHOLD PER WEEK IN SERIAL ORDER, ON FIRST VISIT OF WEEK)

Household No    Date of check

Name of raw food    Amount    Mode of acquisition    Price
stored    usual    alternative    (per kg)

Ascertain mother's decision making power in the home by asking her questions related to decision making during illness, purchasing and choice of foods and articles of clothing bought, entertainment, children's education etc.

Ascertain the quality of mother's relationship with her husband

Questions on illness
Whenever your family needs to see a doctor where do you go to seek treatment (list all sources and find out for which illnesses treatment is sought from each separately for males, females and children)
### FORM II

**DAILY HOME VISIT SHEET**

**CODE**  
1 = NO  
2 = YES

<table>
<thead>
<tr>
<th>Date</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>15</td>
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<tr>
<td>Day</td>
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<td></td>
</tr>
<tr>
<td>Child Well</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Informant not available</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No of stools in previous 24 hours</td>
<td></td>
<td></td>
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<tr>
<td>Formed</td>
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<tr>
<td>Loose</td>
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<tr>
<td>Watery</td>
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<tr>
<td>Total Loose + Watery</td>
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</table>

**Diarrhoeal Illness If 1 fill FORM III**

**Ask for Cough. If yes**

**Take RR If >30**

**Repeat RR**

**Lower chest indrawing**

**Fever**

**Measles**

**Other illnesses**

**Weight**

**Height**

**Breast Feeding status**

3 exc BF, 4 partially, 5 occasional, 6 non BF
<table>
<thead>
<tr>
<th>Household No</th>
<th>Name of Head</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child No.</td>
<td>Name</td>
<td>Month</td>
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</tbody>
</table>

**FORM III**

**DIARRHOEA EPISODE FORM**

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
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<td>2</td>
<td>NO</td>
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<tr>
<td>88</td>
<td>NOT APPLICABLE</td>
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</tbody>
</table>

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**Date**

---

**Day of diarrhoea**

1 2 3 4 15

---

**Total no of stools in 24 h**

---

**Formed**

---

**Loose**

---

**Watery**

---

**Total loose + watery**

---

**Diarrhoeal illness**

---

**Visible blood in stools**

---

**Mucous in stools**

---

**Fever**

2 No 3 Mild 4 High

---

**Measured temperature at visit (deg C)**

---

**Vomiting**

---

**Dehydration on date of visit**

2 No 3 Some 4 Severe

---

**Weight**

---

**Height/length**

---
# DAILY FLUID INTAKE FORM

## EPISODE NO

(To be filled for each day of the episode)

<table>
<thead>
<tr>
<th>Time</th>
<th>Amount prep</th>
<th>Amount offered</th>
<th>Amount consume</th>
<th>Mode of feeding</th>
<th>Boiled</th>
<th>Anything added</th>
<th>Source of ORS</th>
<th>Comments</th>
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<tbody>
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<td>1. before salt</td>
<td>2. after salt</td>
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### OTHER FLUIDS

<table>
<thead>
<tr>
<th>Name of fluid</th>
<th>Number of times given/24 hours</th>
<th>Amount offered</th>
<th>Amount consumed</th>
<th>Actual intake</th>
<th>Ingredients with amounts cooking</th>
<th>Consistency</th>
<th>Why given</th>
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</thead>
</table>
DAILY FEEDING SCHEDULE (list whatever child has consumed in previous 24 hours including ghutti etc.)

Fill whenever visits are made during diarrhoea and convalescence.

<table>
<thead>
<tr>
<th>CHILD NO</th>
<th>DATE OF FILLING</th>
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Ask for previous 24 hours

<table>
<thead>
<tr>
<th>Child No</th>
<th>Name</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Name of food/fluid</th>
<th>Components</th>
<th>Amount offered</th>
<th>Amount consumed</th>
<th>Actual intake</th>
<th>Mode of feeding</th>
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FORM III C

INTERVIEW WITH MOTHERS

ORT
Was the child given ORS SSS increased HAF

QUESTIONS TO BE ASKED TO ORT USERS
Why did you use ORS/SSS/HAF
Who told you about it
Did it help your child
If yes, how
If no, why
Did your child like it

Fluids routinely consumed by child that were increased in quantity

QUESTIONS TO BE ASKED TO ORT NON USER
Why didn't you use ORS/SSS/HAF
If she knew about it reasons for non use

ASK USERS AND NON USERS

Fluids routinely consumed by child that were decreased in quantity with reasons

Fluids routinely consumed by child that were withheld during illness with reasons

New fluids not consumed by child but given during illness with reasons

Any fluid that was routinely consumed but method of preparation was modified because of illness with reasons.

FEEDING

Foods routinely consumed by child but increased in quantity

<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th>Method of prep.</th>
<th>Amount</th>
<th>Source</th>
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Foods routinely consumed by child but decreased in quantity

<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th>Source of information</th>
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</table>
Foods routinely consumed by child and withheld during illness

Name  Reason for withholding  Source of information

New foods not consumed by child but given during illness

Name  Reason  Method of prep.  Amount  also no of times  Source of info.

Any food that was routinely consumed but method of preparation was modified because of illness.

Name  Describe modification

Appetite as perceived by the mother (1=same 2 less than pre illness 3 more)
Type of diarrhoea perceived by the mother
Cause of diarrhoea perceived by the mother
Did you give any treatment to the child for his diarrhoea
If home remedies used fill FORM III D for each
If treatment sought outside home fill FORM III E for each source.
If no treatment was sought outside home fill FORM III F.
Did father take leave from work to look after child or to seek treatment?
If yes, how many days?
Did mother take leave from work to look after child or to seek treatment?
If yes, how many days?
FORM III D

TO BE FILLED WHENEVER CHILD IS GIVEN A HOME REMEDY

Day of diarrhoea

Name of preparation

Method of preparation

Number of days given

How many times given in 24 hours

Amount given each time

Why given
FORM III E

TO BE FILLED WHENEVER CHILD SEEKS REFERRAL OUTSIDE HOME FOR DIARRHOEA
(SEPARATE FORM TO BE FILLED FOR EACH SOURCE)

Date referral sought
Time referral sought
Source of treatment with name
Where is it located
Why was the child taken there?
Who took the decision?
Has child /member of family ever been there before
Who went with him?
Mode of travel
Describe sequence of events at facility
Did the visit to this source help the child. If yes in what way. Was the mother satisfied. If yes why, If no why not.

Cost of treatment
Travel
Consultation fees
Drugs
Loss of wages(father and mother)
Extra food purchased
Others
Total expenditure incurred
Drugs prescribed

<table>
<thead>
<tr>
<th>Type</th>
<th>Dose</th>
<th>Days</th>
</tr>
</thead>
</table>

Revisits made
If yes ,how many with reasons.Add cost of these to above
FORM III F

EPISODE NO

TO BE FILLED WHENEVER REFERRAL IS NOT SOUGHT OUTSIDE HOME FOR DIARRHOEA

(Why didn't you take your child for treatment; describe what the mother says)
APPENDIX 2

VERBAL AUTOPSY FORM (AGE AT DEATH ≤1 MONTH)

I  Birth injury
- Was labour prolonged (>24 hrs)
- Were there bruises on the face
- Was scalp deformed (caput)
- Was the child blue at birth
- Did the child cry immediately
- Was the delivery breech
- Was child unconscious or did he have convulsions at birth or within 24 hours of birth
- Was the child limp
- Did the child suck in the first three days

II  Neonatal Tetanus
- Did mother have 2 doses of TT
- Was baby crying and sucking well for first 3 days and stopped sucking from 4th day or later
- Was child unable to open mouth to feed
- Was the body of the child stiff and convulsions started on the fourth day or later
- Where was the delivery conducted?
- What was used to cut the cord?

III  Neonatal sepsis (includes septicaemia, pneumonia meningitis)
- Did baby cry and suck well at birth
- Was he drowsy, lethargic and unconscious
- Did he stop sucking?
- Could mouth be opened
- Did he have rapid breathing (>6 hours)
- Did he have indrawing of upper and lower portions of the chest
- Did he have noisy breathing
- Did he make a grunting sound at the end of each breath
- Did he have fever
- Was he too cold
- Did he have vomiting
- Was his abdomen distended
- Did he have convulsions
- Was his umbilicus infected
- Did mother have fever within 1 week of delivery

IV  Prematurity or Low Birth Weight
- Was child born at full term
- Was he too small
- Did he cry immediately after birth
- Did he suck after birth

Others
Treatment with location and type
Prescription slips
Medicine bottles
Place of death
Type of health worker consulted (if any)
Supplemental Information
* Birth certificate
* Death certificate
* Growth card

Cause of death according to family.
Cause of death according to physician.
Immediate cause :
Underlying cause :
Associated cause :
(could be several)
Basis for diagnosis
Interview only
Death certificate
VERBAL AUTOPSY FORM (AGE AT DEATH >1 MONTH)

Name of child H. number H.H.No
Age at death Sex
Interviewer Respondent

History of diseases and conditions leading to death
(ie how did your child die)

Diarrhoea:
Did the child have >3 loose motions/24hrs shortly before death?
If yes, for how many days.
Maximum stool frequency
Liquid stools
Watery stools
Mucus in stools
Blood in stools
Abdominal pain
Change in stooling behaviour
Vomiting
Fever
Thirst
Child restless
Child listless
Sunken eyes
Depressed fontanelle
Reduced urine output
Deep breathing
Drowsiness

--Malnutrition:
Was child very thin
Were muscles wasted
Were legs and feet swollen
Was abdomen too big
Were eyes sunken
Was skin dry
Did he eat well
Did he have recurrent diarrhoea or pneumonia
If thin was he very thin prior to death
Others (local term for malnutrition)

ALRI:
Was there difficulty in breathing
Was there noise during breathing (describe what mother says)
Was there cough. If yes type
Was there depression of lower chest during breathing (LCI)
Was the child's breathing fast
Was the child's breathing painful
Was abdomen moving rapidly

Rash:
Did the child have rash
If yes did he have fever
  cough
  coryza
  red eyes
Location and chronology of rash
Post rash condition
Did the child have measles in the last 3 months
If yes when
Fever:
Did he have fever
If yes, type
  day or night
  accompanied by chills
  headache
  cough
  fits
Cough: Did the child have cough if yes:
For how many days did he have cough
Was there noise between cough
Was there vomiting with cough
Convulsions:
Did he have abnormal movements of any limb
Did he become stiff
Was he conscious

Treatment with location and type
Prescription slips
Medicine bottles
Place of death
Type of health worker consulted (if any)
Supplemental Information
* Birth certificate
* Death certificate
* Growth card

Cause of death according to family.
Cause of death according to physician.
Immediate cause:
Underlying cause:
Associated cause:
(could be several)
Basis for diagnosis
Interview only
Death certificate
APPENDIX 3

SURVEY

Date of filling  Address  Block
House No  HNo
Type of family  Nuclear  Joint
List family members (include < 5 )
SN  Name  Age  Sex  Lit  attend. sch.  occu

Income father (per month)  Working mths
Does mother earn additional money by working
outside home  in the home  no
If yes  Occu  Income mother  Working mths  Income
other members
Name  Income  Work. Months
Jhuggi  own  rented
Land  yes  no  How much  Where
Animals  yes  no  If yes  Name  Number
Does family own the following. Write Y or N
Radio  TV  Fan  Cycle  Scooter  Hand pump
How many times watched TV in the last 1 month (99 for those who do not watch)
Time watched  morning  afternoon  evening  99
State Migration
District to which family belongs
Year migration (to city)
Year settlement in this camp
Reasons for migration
Caste
Source water supply Hand pump Tap Others
Defaecation place
Father
Mother
Older children Males Female
Young children Males Female
When does a mother wash hands. Ask with what for each.
when wash with what

How many live births have you had
How many abortions did you have
Did any children die after birth Yes No
If yes
Age at death Sex Cause death If diarrhoea Month & year
blood duration of death

What are the common illnesses in under fives in this population
Which illnesses require treatment
What are the sources of treatment in this area
Which sources do you use for your children
Name of source Why this source

How do you decide when to use a particular source
Do you visit the dispensary  Yes  No
If yes why
For which illnesses
If no why not
Do you ever visit a govt hospital  Yes  No
If yes why
For which illnesses
If no why not
What are the 5 serious illnesses in children
For which illnesses do you seek treatment in children most often
When did you last visit a doctor for your children. For which illness.

Any child (< 5 years) presently ill.
Name ________  Yes  No  Name of illness ________
Name ________  Yes  No  Name of illness ________
Name ________  Yes  No  Name of illness ________

Any child (< 5 years) ill in the last two weeks
Name ________  Yes  No  Name of illness ________
Name ________  Yes  No  Name of illness ________
Name ________  Yes  No  Name of illness ________

When did your children (<5 years) last have diarrhoea
Name ________  Date of onset ________  Duration ______
Name ________  Date of onset ________  Duration ______
Name ________  Date of onset ________  Duration ______

Being a mother you must have been through the experience of your
children suffering from diarrhoea. Could you tell me something about the disease. Why does diarrhoea occur in young children ie what are the causes. Are there different types of diarrhoea. If yes what are the types and what are their causes. Are there special names for any type. What is the treatment for each (ask for each type).

<table>
<thead>
<tr>
<th>Type</th>
<th>Cause</th>
<th>What should be done</th>
</tr>
</thead>
</table>

Are there any adverse consequences of diarrhoea  Yes  No
If yes what if no why
When a child has diarrhoea what should be done.(describe till recovery).
home remedies
Other treatment
Is there any type of diarrhoea more serious than others. If yes which and why
Are there any diarrhoeas that are difficult to treat or cannot be treated. If yes which
For how many days does diarrhoea usually last.
If diarrhoea lasts for several days after how many days should a mother start worrying.
What is the reason for children having such long episodes.
What should be done when a child has diarrhoea for so many days
Sometimes children pass blood in stools. What is the reason.
Some children get diarrhoea very frequently. What is the reason.
What should be done for such a child
Are there any ways in which diarrhoea can be prevented. Yes  No
if yes how
If no why
Have you heard about ORS Yes No If no go to ++++
if yes
From whom heard the first time
When heard for the first time
When should it be used
Where are packets available
What is the method of preparation
How much water How much salts
How much should be given to a child
On what day of diarrhoea should it be started
For how many days should it be given
Does it help. Yes No
If yes how
If no why not
Do children like it
In which types of diarrhoeas should it be used
All Some None
Why
Have you ever used it Yes No
If no why
If yes when
Will you use it again or if not used will she ever use it
If no why
If yes when
Have you heard about SSS  No  If no go to ****
If yes From whom heard the first time
When heard for the first time
When should it be used
What is the method of preparation.  Does not know
How much water_____
How much sugar_____
How much salt_____
How much should be given to a child
On what day of diarrhoea should it be started
For how many days should it be given
Does it help.  Yes  No
If yes how
If no why not
Do children like it
In which types of diarrhoeas should it be used
All  Some  None
Why
Have you ever used it  Yes  No
If no why
If yes when
Will you use it again or use it sometime  Yes  No
If no why
If yes when
**** Which fluids should be given to a child during diarrhoea
Are there any fluids should be given in large quantities
<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th>Source of information</th>
</tr>
</thead>
</table>

Are there any new fluids that should be given during diarrhoea.

<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th>Source of information</th>
</tr>
</thead>
</table>

Are there any fluids that should be decreased during diarrhoea.

<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th>Source of information</th>
</tr>
</thead>
</table>

Are there any fluids that should be withheld during diarrhoea.

<table>
<thead>
<tr>
<th>Name</th>
<th>Reason</th>
<th>Source of information</th>
</tr>
</thead>
</table>

How much water should be given to a child during diarrhoea.

<table>
<thead>
<tr>
<th>Less</th>
<th>More</th>
<th>Same</th>
</tr>
</thead>
</table>

What is a child's thirst like during diarrhoea. Does he feel

<table>
<thead>
<tr>
<th>more thirsty</th>
<th>less thirsty</th>
<th>the same</th>
</tr>
</thead>
</table>

Overall How much fluids should a mother give during the illness.

<table>
<thead>
<tr>
<th>More</th>
<th>Less</th>
<th>Same</th>
</tr>
</thead>
</table>

Should breast feeding be continued during diarrhoea.  Yes  No

<table>
<thead>
<tr>
<th>Why</th>
</tr>
</thead>
</table>

Should the child be given top milk during illness.

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
<th>dilute it</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Why</th>
</tr>
</thead>
</table>
Are there any foods that should be withheld during diarrhea?
Name  | Reason  | Source of information

Are there any foods that are beneficial during diarrhea?
Name  | Reason  | Source of information

Are there any changes that should be done in the child's feeding during diarrhea?
Change  | Reason  | Source of information

What are the best foods for a child with diarrhea?
What happens to a child's appetite during diarrhea. Does he feel less hungry, more hungry, appetite remains the same?
Why
How much should he be fed during the illness?
the same, less, more
Why
Till what age did you BF your oldest child (<5 years). Why this age?
Name  | Age till BF  | Reason

How many hours after birth did you start BF. Why?
What did you give to your child in the 1st 3 days? (ask specifically for ghutti and water)
What did you give to the child in the first 3 months? (ask specifically for ghutti and water)
At what age was water started?
Why was water given

Did you have enough breast milk secretion while you were breast feeding your child.

Yes  No

How did you know

Did you have any problems while breast feeding your child

Yes  No

If yes what

What was the 1st food you gave to your child

Why was this food given

At what age was this given

Why at this particular age

What is done for childhood diarrhoea in your village (in the home ie home remedies and outside home; ask specifically for differences)
APPENDIX 4

INTERVIEWS WITH HEALTH CARE PROVIDERS

Date
Name of Doctor
From which region of India
Why settled here
Degree
Additional Training
How long practicing in this area
Type of medicine given Allopathic, Ayur, Homeo, Others
How many patients seen per day
Common illnesses in children
Serious illnesses in children
Do you often see patients with diarrhoea (<5)
Number seen during winter
Number seen during summer
Number seen during monsoon
What do you think is the cause of diarrhoea
Are there different types of diarrhoea in this population
If yes, what are the different types, the causes and treatment of each type
Is there a type of diarrhoea more serious than others, which and why
How often does a child come back because diarrhoea has not stopped
What advice do you give to such a child
I saw a child having a long episode; why does this occur. How should these children be treated.
Can diarrhoea be prevented in the children in this setting. If yes, how
If no why
Why do some children pass blood with stools during diarrhoea
What advice should be given to these cases
When a child has diarrhoea when should the child be brought to a
doctor.
Are there any home remedies for diarrhoea (which and why)? Do you
advise any to patients?
Are there any foods that are harmful during diarrhoea? What do you
advise mothers?
Are there any foods that are useful during diarrhoea? What do you
advise mothers?
Are there any fluids that are harmful during diarrhoea? What do you
advise mothers?
Are there any fluids that are useful during diarrhoea? What do you
advise mothers?
Should BF be continued during illness
Should the mother continue top milk during illness
Do you advise ORS packets during diarrhoea
If yes do you advise it for some episodes or all episodes
For how many days
When advised to your patients do they use it
In those who used it did they find it helped
Do you advise mothers to use SSS at home
Views on community (type of people, does he visit homes), Views on his
practice
<table>
<thead>
<tr>
<th>Charges per visit</th>
<th>Description of clinic</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>416</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX 5 List of home remedies used

<table>
<thead>
<tr>
<th>Household number</th>
<th>Home remedy used</th>
<th>Number of episodes in which used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>&quot;Sevda&quot; leaf. Kept in ash from the chulha. When it became brown it was crushed and juice was taken out. Three to four drops were given once a day to stop the diarrhoea.</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Moong dal khichri with additional salt so that child felt very thirsty and drank a lot of water so 'pani ki kami nahin hoti'. No oil was added to the khichri.</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>'Chidwa' soaked in water. Given with mashed banana and sugar. Lassi, Sharbat, Santara also given in addition, during one episode. All cooled the body.</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>'Heeng' heated and a small piece given to the child in 1 tsf milk. Good for digestion.</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Honey; a small amount, 'zara sa chataya' given to the child thrice a day because stools 'sookh jate hain'.</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Rice kheer and banana as these were cold foods. Sago kheer and banana as these were cold foods. Two pods of garlic added to few tsf of mustard oil and cooked. Child was massaged with the oil once a day because it heated the body.</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Half a spoonful of ground 'ajwain' to which juice of 1/2 lemon was added. Mixed in 100ml of water and given to the child once a day because it improved digestion.</td>
<td>1</td>
</tr>
</tbody>
</table>
8. 'Masala' a mixture of ground 'heeng' 'ajwain' and 'methi dana'. A small amount mixed in 1 tsf of breast milk given to the child 2-3 times a day. Child was also massaged with the same mixture. Prevented and cured diarrhoea and pneumonia.

A few drops of mustard oil put into the child's mouth twice a day during massage. Prevented and cured diarrhoea and pneumonia.
Small piece of 'heeng' mixed in 1 tsf of breast milk twice a day. Cured diarrhoea.

9. Curd because it cooled the stomach.

10. One spoon of 'isabgol' mixed in one barfi twice a day. Given with barfi so that the child consumed the whole amount because she liked barfi. Stopped diarrhoea.

11. Two and a half 'tulsi' leaves, two cloves without their heads and a small piece of ginger boiled in black tea. Sugar was added and 1 tsf given to the child twice a day. With the 'garmi' the rash of measles (diarrhoea was associated with measles in this case) would come out and diarrhoea cease.

12. One burnt clove mixed with 1 tsf of breast milk and given to the child twice a day. 'Thand utar jati hai' and diarrhoea due to cold ceased.

13. Lassi to which sugar and ice were added. Cooled the body.

Onion and garlic crushed and 1 tsf of juice was given daily. Paste of onion and chana leaf applied on the body. Child massaged with raw goat's milk. All these cooled the body.
<table>
<thead>
<tr>
<th>Household Home remedy used</th>
<th>Number of episodes in which used</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Child taken to the masjid. After reading the namaz the 'baba' blew smoke over the child's face; 'phoonkte hain'. Child became better. Banana because it stopped diarrhoea.</td>
<td>1</td>
</tr>
<tr>
<td>15. 'Doodi uthai' Child's lower back massaged with mustard oil and bone was lifted back into place.</td>
<td>3</td>
</tr>
<tr>
<td>16. Ginger tea 7-8 tsf. English whisky &quot;angrezi sharab&quot; 2 drops in 1tsf breast milk. A small piece of heeng with salt or a tsf of water or a tsf of breast milk. All heated the body. Heeng improved digestion. Only &quot;angrezi&quot; sharab 1</td>
<td>1</td>
</tr>
<tr>
<td>Only heeng with pinch of salt twice a day. Also applied over abdomen.</td>
<td>1</td>
</tr>
<tr>
<td>17. Khichri and curd. Good for diarrhoea Corn dalia with curd. Good for diarrhoea.</td>
<td>1</td>
</tr>
<tr>
<td>18. 'Mint' leaves soaked in water and ground. Juice was mixed with sugar and given to the child to drink. Paste applied over his body. Ground 'sonth' or dried mango given with sugar. All cooled the body. Child's stool taken and kept under 'aakhande' tree. A mantra was chanted several times 'hari hari tatti ley jao, sahi wali vapas ley aao' and child recovered in 2-3 days. Cardamom and tulsi leaves were boiled in water. 1/2 tsf given to the child once or twice a day. Cooled the body.</td>
<td>1</td>
</tr>
<tr>
<td>19. Banana. Stools became thick or 'gade'.</td>
<td>2</td>
</tr>
<tr>
<td>Household number</td>
<td>Home remedy used</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>20.</td>
<td>Three to four bananas fed to the child as they cured diarrhoea.</td>
</tr>
<tr>
<td>21.</td>
<td>Few drops of 'amrit dhara' put in a 'batasha' or sugar biscuit (as it was sweet and amritdhara was bitter). Fed because they cured diarrhoea.</td>
</tr>
<tr>
<td>22.</td>
<td>Kept a nut at home 'jaiphal'. Soaked in water and rubbed on hard surface to get a paste, 1/2 tsf of the paste given to the child once a day. Heated the body. Doodhi lifted back into place after massage with mustard oil.</td>
</tr>
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<td></td>
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</tbody>
</table>
### APPENDIX 6:

**Drugs prescribed during diarrhoeal episodes.**

<table>
<thead>
<tr>
<th>Name of drug</th>
<th>Number of episodes where used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaolin pectin</td>
<td>39</td>
</tr>
<tr>
<td>Trimethoprim Sulphamethoxazole</td>
<td>9</td>
</tr>
<tr>
<td>Dependal</td>
<td>7</td>
</tr>
<tr>
<td>Amoxycillin/ Novamox</td>
<td>4</td>
</tr>
<tr>
<td>Furazolidone</td>
<td>4</td>
</tr>
<tr>
<td>Furoxone</td>
<td>3</td>
</tr>
<tr>
<td>Flagyl/Metrogyl</td>
<td>2</td>
</tr>
<tr>
<td>Piplar</td>
<td>2</td>
</tr>
<tr>
<td>Repactin</td>
<td>2</td>
</tr>
<tr>
<td>Pectokab</td>
<td>2</td>
</tr>
<tr>
<td>Loperamide</td>
<td>2</td>
</tr>
<tr>
<td>Wintomylon</td>
<td>2</td>
</tr>
<tr>
<td>Vitazyme drops</td>
<td>2</td>
</tr>
<tr>
<td>Streptomagma</td>
<td>1</td>
</tr>
<tr>
<td>Lomaphen</td>
<td>1</td>
</tr>
<tr>
<td>Visyneral</td>
<td>1</td>
</tr>
<tr>
<td>Streptomycin</td>
<td>1</td>
</tr>
<tr>
<td>Cephalexin</td>
<td>1</td>
</tr>
<tr>
<td>Perinorm</td>
<td>1</td>
</tr>
<tr>
<td>Klassak</td>
<td>1</td>
</tr>
<tr>
<td>Sestil</td>
<td>1</td>
</tr>
<tr>
<td>Quinidochlor</td>
<td>1</td>
</tr>
<tr>
<td>Lumigyl</td>
<td>1</td>
</tr>
<tr>
<td>Chloramphenicol</td>
<td>1</td>
</tr>
<tr>
<td>Alfa alfa tonic</td>
<td>1</td>
</tr>
<tr>
<td>Cypron</td>
<td>1</td>
</tr>
<tr>
<td>Calcium phosphoricum</td>
<td>1</td>
</tr>
</tbody>
</table>