

Section C. Health History

I. MALARIA

1. Has anyone in the household had <u>malaria</u> since [Round 2] (including illnesses discussed in section A)? 1 Yes 2 No →NEXT DISEASE	
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Please list the household ID numbers (and episode numbers) of all sick individuals. One row per episode.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as malaria? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year						1	2

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|--|---|--|---|
| Malaria medicine codes
1 Antipyretics (aspro, calpol, brufen, panadol)
2 Chloroquine (malaroquine, etc) | 3 Sulfa combinations (fansidar, metakelfin)
4 Halofantrine (hanfan)
5 Amodiaquine (camoquine) | 6 Cotrimoxazole (bactrim, septrin)
7 Artemisinin (artenam, artomothor)
8 Herbal/traditional remedies | 9 Other, specify
10 Quinine
99 Don't Know |
|--|---|--|---|

II. TUBERCULOSIS

1. Has anyone in the household had <u>tuberculosis</u> since [Round 2] (including illnesses discussed in sections A or B)? 1 Yes 2 No →NEXT DISEASE	
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Please list the household ID numbers (and episode numbers) of all sick individuals. *If YES, ask if respondent has a card with information about the illness.*

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS: 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years		6. Where was this illness diagnosed as tuberculosis? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year						1	2

- Tuberculosis medicine codes**
1 Streptosin 2 Pyrazinamide 3 Ethambutol 4 Isoniazid 5 Rifampicin

Section C. Health History [CONTINUED]

III. TYPHOID

1. Has anyone in the household had typhoid since [Round 2] (including illnesses discussed in sections A or B)?
 1 Yes
 2 No →NEXT DISEASE

Typhoid medicine codes			
1 Ampicillin	2 Amoxicillin		
3 Seprin	4 Chloramphenicol		

Please list the household ID numbers (and episode numbers) of all sick individuals.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS:		6. Where was this illness diagnosed as typhoid? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year	1 Minutes	2 Hours			3 Days	4 Weeks	5 Months

IV. MENINGITIS

1. Has anyone in the household had meningitis since [Round 2] (including illnesses discussed in sections A or B)?
 1 Yes
 2 No →Section D

Meningitis medicine codes			
1 Expen	2 Ampicillin		
3 Chloramphenicol	4 Cefotaxine		

Please list the household ID numbers (and episode numbers) of all sick individuals.

2. ID Code	3. Episode number for [NAME]	4. Date started		5. Length of Episode TIME UNITS:		6. Where was this illness diagnosed as meningitis? [see practitioner codes, self=98]	7. Were any medicines used by [NAME]? 1 Yes 2 No →Next episode	8. Which medicines? [* list up to 3 medicine codes]		
		a. Month	b. Year	1 Minutes	2 Hours			3 Days	4 Weeks	5 Months

Practitioner Codes

- 1 National Referral Hosp. (Kenyatta, Moi)
- 2 Government District/Provincial Hosp.
- 3 Mosoriot Rural Health Center
- 4 Government Health Center (exc. Mosoriot)
- 5 Government dispensary

- 6 Mission hospital/clinic
- 7 Other private hospital/clinic
- 8 Chemist/pharmacy
- 9 Private doctor (like priv. clinic)
- 10 Mobile clinic
- 11 Community health worker

- 12 Retail shop
- 13 Herbalist/traditional healer
- 14 Relative/friend
- 15 Other (specify)

