LAKANA trial

Data collection form 08: Morbidity Symptoms

Version 1.0, 09 March 2021

<u>Purpose:</u> Data collected will be used to answer the following question: *Does biannual or quarterly azithromycin MDA to 1-11-month-old infants reduce the prevalence of ARI, diarrhea, or malaria symptoms among them?*

<u>Sample:</u> Secondary outcome sample formed from children who reside in the 60 villages around the four selected health centers close to the city of Kita. Questions will be asked about **4-14 mo. old children** in the household.

Section Header	Num.	Question Text	Question Responses	Required		
	[0]	Instructions: Complete this form at each visit for the selected subgroup of participants				
Visit information	[1]	Date:		Yes		
Recent medical history	[2]	Has the child had diarrhea in the last 2 weeks?	1, Yes 0, No 9, Unknown	Yes		
	[3]	Has the child been ill with a fever at any time in the last 2 weeks?	1, Yes 0, No 9, Unknown	Yes		
	[4]	Were you told by a healthcare provider that the child had malaria?	1, Yes 0, No 9, Unknown	Yes		
	[5]	Has the child had an illness with a cough at any time in the last 2 weeks?	1, Yes 0, No 9, Unknown	Yes		
	[6]	Has the child had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	1, Yes 0, No 9, Unknown	Yes		
	[7]	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	1, Chest Only 0, Nose Only 3, Both 4, Other (Specify) 9, Don't Know	Yes (if [6] = 1)		
	[8]	Specify:		Yes (if [7] = 4)		
	[9]	Has the child received any antibiotics in the past two weeks?	1, Yes 0, No 9, Unknown	Yes		

	[10]	If Yes, what was the name of the drug (if available, check from prescription or medication package)	Unknown authorized	Yes (if [9] = 1)
	[11]	If Yes, from where was the drug obtained?	1, Hospital or CSRef, 2, CSCom 3, Mobile Clinique 4, Community health worker/Relais 5, private hospital/clinic 6, Private health professional 7, private pharmacy 8, NGO clinic 9, Market 10, Shop 11, Itinerant drug seller	Yes (if [9] = 1)
Medical history since the last visit	[12]	Did you visit a health facility with the child since the last time we saw him/her?	1, Yes 0, No	Yes
	[13]	If Yes, why did you go to a health facility?	1, Diarrhea 2, Malaria 3, Fever 4, Vomiting 5, Pneumonia 6, Other 7, Unknown	Yes (if [12] = 1)
	[14]	Specify:	text	Yes (if [13] = 6)
	[15]	Was the child hospitalized since the last time we saw him/her?	1, Yes 0, No	Yes
	[16]	If Yes, what was the reason for the hospitalization?	1, Diarrhea 2, Malaria 3, Fever 4, Vomiting 5, Pneumonia 6, Other 7, Unknown	Yes (if [15] = 1)
	[17]	Specify:	text	Yes (if [16] = 6)