A QUESTIONNAIRE ABOUT PNEUMONIA FOR PARENTS/GUARDIANS WITH CHILDREN BELOW FIVE YEARS OF AGE

1. **Parent/Guardian's background**

   a. What is your gender? □Male □ Female

   b. How old are you? □< 20 yrs □20 -<25 yrs

      □25 -<30 yrs □30 -<35 yrs □>= 35 yrs

   c. Have you ever attended school? □Yes □No

   d. If the answer is yes in **1**c above, what is the highest level of school you attended?

      □Primary □Secondary Tertiary

   e. What is your current marital status?

      □Single □Married/Cohabiting

      □Divorced/Separated □Widowed

   f. What is your family's monthly income? □< 5000 □5000 - < 10000 □10000 - <100000 □>100000

   g. What is the approximate distance between where you stay and this health centre? □< 500m □500m - <1km □ 1 km - < 5 km □> 5 km

2. **Child's background**

   a. What is the gender of the child? □Male □Female

   b. How old is the child? □0 -<6 months □6 months -<2 yrs □2 -< =5 yrs

3. **Pneumonia risk factors**

   3.1 Host related factors

a. At which age was the child born? □6-< 7 months □7-8 months □> 8 months □I don't know

b. How was the baby born? □Normal delivery □Caesarean Section □I don't know

c. Is your child still breastfeeding? □Yes □No

d. If No in **3.1**. c, for how long did the child breastfeed?

□< 6 months 6 months -< 1 year

□1-<2 years □>= 2 years

e. Is your child feeding on anything other than breast milk? □Yes □No

f. If yes in **3.1** e above, at what age did the child start feeding on anything other than breast milk? □< 4 months 4-<6 months □ > 6 months

g. If yes in **3.1** d above, Tick how often your child eats either food in the following categories:

I	Proteins	Meat, chicken, beans or eggs	□Daily □Some Days □Never
Ii	Whole food	Milk, yoghurt or bongo	□ Daily □ Some Days □ Never
Iii	Vitamins	Fruits	□ Daily □ Some Days □ Never
Iv	Vitamins	Vegetables	□ Daily □ Some Days

			□ Never
V	Carbohydrates	porridge, rice, posho, Matooke, Sweet potatoes, Grains, cereal, bread	□ Daily □ Some Days □ Never
Vi	Carbohydrates	Cookies, cakes, sweets	□ Daily □ Some Days □ Never
Vii	Fats	Fried foods	□ Daily □ Some Days □Never

3.2 Environmental factors

a. Tick the size of your house. □Single room □double room □Three rooms □More than three rooms

b. Tick the number of people in your family. □ < 4 □4 - 6 □7 - 10 □> 10

c. Tick any of the following in your neighbourhood. □ Near busy roadside □Sewage plant □Factory □Wood burning □None of the given

d. How crowded is your homestead? □ Highly crowded □Moderately crowded □Not at all crowded

e. What do you mostly use for cooking? Tick. □Firewood □Charcoal □Electricity □Gas □Kerosene

f. Does any member of your family smoke?

□Yes □ No

4. Immunization

a. Has the child been immunized against killer diseases? □Yes □No □I don't know

b. Has the child received immunization for Pneumonia (pneumococcal vaccine)?

□Yes □No □I don't know

c. If yes in **4**.b above, when was the child immunized for pneumonia for the first time? □$1\frac{1}{2}$ months □$2\frac{1}{2}$ months □$3\frac{1}{2}$ months □$> 3\frac{1}{2}$ months

d. If yes in **4**.b above, when was the child immunized for pneumonia for the second time? □Not yet

□$2\frac{1}{2}$ months $3\frac{1}{2}$ months □$> 3\frac{1}{2}$ months

e. If yes in **4**.b above, how many times has the child received immunisation for Pneumonia? □Once□Twice □Three times

5. Pneumonia Awareness

a. Are you aware that Pneumonia is one of the killer diseases for children under five years of age?

□Yes □No

b. Tick the danger signs for Pneumonia.

□Lower chest wall in-drawing □Incessant vomiting □Inability to feed □Fast and difficulty in breathing

6. Pneumonia case management

a. Does the child have cough? □Yes□No □I don't know

b. Has the child had cough in the last two weeks?

□Yes□No □I don't know

c. In the last two weeks did the child breathe faster than usual with short, rapid breaths or have difficulty in breathing?

□Yes □No□I don't know

d. If yes, in 6c above, was the fast or difficulty in breathing due to a problem in the chest or a blocked or runny nose? □Yes□ No □I don't know

e. In the last two weeks did the child have fever/chills?

□Yes□ No □I don't know

f. Has the child lost appetite in the last two weeks?

□Yes□ No □I don't know

g. Did you seek any medical advice or treatment for the illness from any source?

□Yes □No□I don't know

h. If yes **6**.g, how many days after the illness began, did you first seek treatment for the child? ……

i. From where did you seek medical advice or treatment? □ Government facility

□Private facility □ None of the mentioned

j. Tick from below what the medical personnel diagnosed.

□Infection □Cough □Cough and flu □Cough and infection □Pneumonia

□Malaria □Measles □Asthma

Any other, please specify

……

k. Was the child given any medicine to treat this illness? □Yes □No □I don't know

l. If yes in **6**.k above, what medicine was the child given? □ Antimalarial □Antibiotic □Painkiller □Antimalarial and antibiotic □Antimalarial, antibiotic and painkiller □I don't know

m. For how many days did the child take the medication? ……..

n. Did the child improve after the medication? □Yes □No

o. Why is the child back again? □New condition □ Persistent condition □Review □ Review and Persistent condition

p. Does the child have any other chronic illnesses (Asthma, TB, diabetes, cancer, heart disease, obesity, etc.)? □Yes □No □ I don't know