APPENDIX 3: QUESTIONNAIRE

TITLE: Treatment outcomes and predictors of nutritional recovery among children with severe acute malnutrition attending the outpatient therapeutic clinic in mulago hospital

QUESTIONNAIRE (ENROLLMNET FORM)
ID NUMBER……. Enrollment date…….

CHARACTERISTICS OF CHILD
Demographic Data
Date of Birth ……. /……/…….. Age …….
Sex ☐1=Male ☐2=Female

Baseline Information
1. Admission ☐1=New ☐2=Readmission ☐3=Defaulter
2. Tribe ☐1=Baganda ☐2=Basoga ☐3= Banyankole ☐4=other
3. Birth order …….
4. No. of other siblings < 5yrs at home…….
5. Co-morbidities: HIV ☐1=Negative ☐2=Positive ☐3=Unknown
TB ☐1=Yes 2=No
6. Chronic medication ☐1=HAART ☐2= ANTI-TB ☐3=Cotrimoxazole
7. Are both parents alive ☐1=Yes ☐2=No
8 If no in (part7) who died? ☐1= Mother ☐2=Father ☐3=Both Died.
9. Who is the primary caregiver? .....
10 .Immunization status ☐1=Completed immunization ☐2=Defaulted ☐3=Up to date

CARE TAKER CHARACTERISTICS
DEMOGRAPHICS
a) Age……
b) Sex ☐1= Male ☐2=Female
c) If female, what is your parity?.....
d) Relationship to the child ☐1=Mothers ☐2=Father ☐3=Aunt ☐4=Grandmother ☐5= other specify…….
e) District of residence …….....☐1=Rural ☐2=Urban
f) Distance from home to OTC ☐1=<1KM ☐2=1-5KM ☐3=>5KM
g) Is it a problem to attend OTC two weekly ☐1=Yes ☐2=No
h) If yes in (f) above. How is it a problem?.....
i) Religion ☐1= Protestant ☐2= Catholic ☐3= Muslim ☐4= Born again ☐5=Other specify...…….
j) Occupation ☐1=Housewife ☐2=Peasant ☐3=Public servant ☐4=Businesswoman/Man ☐5=Unemployed ☐6=Student ☐7=Teacher ☐8=Others specify……
k) Level of education. ☐1= Primary ☐2=Secondary ☐3=Tertiary/university ☐4=None
l) Marital status ☐1=Married ☐2=Single ☐3= Ever married
m) Phone number (Get as many phone numbers as possible)
1) Yours a) MTN……b) Airtel……. c) Others……
3) Others…….

SOCIAL-ECONOMIC STATUS
a) Spouse support. ☐1=Yes ☐2=No Parent support ☐1=Yes ☐2=No
b) Do you own land? ☐1=Yes ☐2=No
c) If yes, what is the size of your land? ☐1= <1 acres ☐2=<1-2 acres ☐3=2-5 acres ☐4=>5 acres

d) Where is this Land Found?.....Which District?.....
e) Why don't you live on this Land?.....
f) Housing type. ☐1=Temporary (mud with grass) ☐2= Semi permanent (timber) ☐3=permanent (bricks with iron sheets)
g) Family approx salary income per month. ☐1=<100,000 ☐2=100,000-500,000 ☐3=500,000-1,000,000 ☐4=>1,000,000
h) How many rooms are in the house?.....……
i) Do you have a pit latrine/toilet? ☐1=Yes ☐2=No
j) How do you dispose of your rubbish? ☐1=Uncontrolled ☐2=Compost pit ☐3=Collected from central place ☐4=Burning
k) Where does family get water from? ☐1=Open well ☐2= Protected spring ☐3=Tap ☐4=Bore hole☐3=Piped water ☐4=other specify
l) Spouse Age …….
m) What is your occupation? ☐1=Unemployed ☐2=Bodaboda cyclist ☐3=Business woman ☐4=Taxi driver ☐5=Peasant farmer ☐6=Others, specify ……
n) Level of education? ☐1=Primary☐2=Secondary ☐3=Tertiary

CARE GIVERS FEEDING KNOWLEDGE AND PRACTICES

(1) When should other food be introduced to a child? (In the parents own opinion)
…….

(2) What complementary food should be used for a child? (In the parents own opinion)
……
……
……

(3) How often should the child be fed these complementary meals you have Named in (2) above in a day? …… (In the parents own opinion)

(4) Are there specific times of the day that a child should eat specific foods? (Or it should be any time) ☐1=Yes ☐2=No
If yes specify……

(5) Are girls and boys fed differently? (okusosola?) ☐1=Yes ☐2=No
(6) If yes in (5), what differences? …….
…….
…….
(7) Are children allowed to share food from the same plate? ☐1=Yes ☐2=No

(8) Do you believe your child is suffering from a disease related to inadequate feeding? (SAM) ☐1=Yes ☐2=No

(9) If No in part (8) above. What do you believe your child is suffering from?.....

FEEDING CHARACTERISTICS

a) Breastfeeding ☐1=Yes ☐2=No
b) If yes, and under 6 months ☐1=Exclusive ☐2=Mixed
c) If no to part (a) Have you ever breastfed before ☐1=Yes ☐2=No
d) If yes to part (c) what age did you wean off the child? .....
e) What were the reasons for giving these supplementary foods/stopping to breast feed?
☐1=Not enough breast milk ☐2=To accustom child to food ☐3=Mother pregnant

☐4= Child old enough ☐5= Child refused breast ☐6=Mother sick ☐7=Child sick
☐8=Other's specify……

Household Food

g) Mention four common staple food items consumed in the household.

a) …….. c)……
b) ……. d)……

Food Diversity Questionnaire (24 HOUR DIETARY RECALL)

Please describe the foods (meals and snacks) that your child ate or drank yesterday during the day and night, whether at home or outside the home. Start with the first food or drink of the morning. (For interviewers, write down all foods and drinks mentioned. When composite dishes are mentioned, ask for the list of ingredients. When the respondent has finished, probe for meals and snacks not mentioned.)

Breakfast	**Snack**	**Lunch**	**Snack**	**Dinner**	**Snack**

Interviewer, when the respondent recall is complete, fill in the food groups based on the information recorded above. For any food groups not mentioned, ask the respondent if a food item from this group was consumed.

Serial No	Food group	Examples	1=Yes, 2=No	Source*:
1.	Cereals	Maize, rice, wheat (chapatti), millet, porridge	☐	☐
2.	Vitamin A rich vegetables & tubers	Pumpkin, carrots, sweet potatoes (orange inside), red sweet pepper	☐	☐
3.	White roots & tubers	White potatoes, white yams, white cassava	☐	☐
4.	Dark green leafy vegetables	Dark green/leafy vegetables including wild ones, amaranth, cassava leaves, spinach	☐	☐
5.	Other vegetables	Other vegetables (e.g tomatoes, onion, eggplant) including wild vegetables	☐	☐
6.	Vitamin A rich fruits	Ripe mangoes, ripe papaya, and others	☐	☐
7.	Other fruits	Other fruits including wild fruits	☐	☐
8.	Organ meat	Liver, kidney, heart, or other organ meats or blood-based foods	☐	☐
9.	Flesh meats	Beef, pork, lamb, chicken, duck, rabbit, wild game	☐	☐
10.	Eggs	Chicken, duck, guinea fowl, others	☐	☐
11.	Fish	Fresh or dried or shellfish	☐	☐
12.	Legumes, nuts &seeds	Beans, peas, nuts, seeds or foods made from these	☐	☐

13.	Milk & milk products	Milk, cheese, yogurt or other milk products	☐	☐
14.	Oils & fruits	Oil, fats, or butter added to food or used for cooking	☐	☐
15.	Sweets	Sugar, honey, sweetened juice, or sugary foods such as cakes, cookies, chocolate	☐	☐
16.	Spices, condiments, beverages	Spices (black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages or local example	☐	☐
Did you eat anything (meal or snack) outside the home yesterday?			☐	☐
Was yesterday a typical day for you (the child) in terms of the amounts and types of foods you (the child) ate? 1=Typical, 2=Less than usual, 3=More than usual			☐	☐
Yesterday was: 1=Sun, 2=Mon, 3=Tue, 4=Wed, 5=Thu, 6=Fri, 7=Sat			☐	☐

*Key for primary source: 1=Own production, gathering, hunting, fishing; 2=Purchased; 3=Borrowed, bartered, exchanged for labor, gift from friends or relatives; 4=Food aid; 5=Other.

MEDICAL HISTORY

1. Have you previously been admitted at this OTC ☐1=Yes ☐2=No
2. If yes in part (1) when were you admitted? (In weeks) …….
3. Have you previously been admitted at ITC ☐1=Yes ☐2=No
4. If yes in (1) what type of SAM did you have in ITC? ☐1=SAM-NE ☐2=SAM-E
5. Did you receive IV antibiotics during stabilization? ☐1=Yes ☐2=No
6. How long were you in phase1(P1)?.....phase2(P2) ……phase3(P3) …….
7. Complications attained during stabilization ☐1= Pneumonia ☐2= some dehydration ☐3= Shock ☐4=Others
8. Has your child been sick in the last two weeks? ☐1=Yes ☐2=No
9. Has your child suffered any of the illnesses below in the last two weeks?

A) Diarrhea

a) ☐1=Yes (…. acute < 14 days/……. chronic>14 days/……. blood stained)
b) ☐2=No

B) Vomiting

c) ☐1=Yes (…. vomits everything/…. not everything)
d) ☐2=No

C) Ability to drink/ breast feed in the past ☐1=Yes ☐2=No

D) Fever ☐1=Yes ☐2=No E) Crying while passing urine☐1=Yes ☐2=No

PHYSICAL EXAMINATION

1. Visible Wasting. ☐1=No ☐1=Mild ☐2=Moderate ☐3=Severe
2. Presence of edema ☐1=Yes ☐2=No
3. If edematous what grade ☐1= Mild ☐2=Moderate ☐3 =severe
4. Temp……. 0C ☐1=High ☐2=Normal ☐3= Low
5. Palmar parlor ☐1=Yes ☐2=No
6. Grade of parlor ☐1=Mild ☐2=Moderate ☐3= Severe
7. Dehydration status ☐1=No ☐2=Moderate ☐3= Severe

8 .Oral thrash ☐1=Yes ☐2=No
9. Skin rash ☐1=Yes ☐2=No
10. Respiratory Rate…….. ☐1=Tachypnea☐2= No-tachypnea
11. Pulse Rate……. ☐1=Tachycardia ☐2=No-Tachycardia
12. Appetite test ☐1=Good ☐2=Poor ☐3=Refused

ATHROPOMETRY (AT ENROLLMENT)

Measurements
1. Weight: nearest (in kg) ☐☐.☐
2. Height/Length nearest (in cm) ☐☐☐.☐
3. MUAC nearest 1/10 (mm) ☐☐.☐

WHO Z scores for child.

1. Weight for Height……
2. Weight for Age…….....
3. Height for Age ……

13. Has any antibiotic or medication been prescribed at the OTC?.....