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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
GPO Box 128, Dhaka, Bangladesh

MEMORANDUM

June 1, 1987

To : Ethical Review Committee
Through : Dr. MGM Rowland *[Signature]*
From : Dr. Diana R. Silimperi *[Signature]*
Director, UVP
Subject : Urban Volunteer Program Collaboration with Bangladesh Family Planning and Social Marketing Project Validation Study.

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To Whom It May Concern:

I appreciate the opportunity to share with you information regarding a collaborative project between the Urban Volunteer Program, (UVP), ICDDR,B and the Bangladesh Family Planning and Social Marketing (FP&SM) Program. As you may be aware, the UVP is a unique service and research program within the Community Medicine Division of ICDDR,B. One of its goals is to reduce the morbidity and mortality of diarrhoeal diseases in its target population of children under 6 years of age living in Dhaka urban slums. In order to direct more appropriate interventions, health education, and preventive services, it is necessary for the program to better define the major reasons for mortality in this target population. We suspect that many of these children never reach the attention of medical practitioners or facilities; hence, etiologic studies based on hospital patients probably do not give a realistic assessment of "osti" childrens' health status. In addition, field studies involving laboratory diagnostic or clinical diagnostic techniques are extremely difficult to perform in this setting. A valid verbal autopsy instrument which could be utilized by our trained interviewers and field research staff would, therefore, be a major contribution to the Urban Volunteer Program's endeavours to more accurately define disease morbidity and mortality in children under 72 months of age.

The Bangladesh FP&SM Project is performing a large baseline study aimed at diarrhoeal disease knowledge and practices, especially regarding ORT. The UVP has a unique opportunity to assist this project in its attempt to validate a specially designed verbal autopsy instrument. Although this is a necessary

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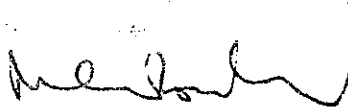
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step for the large Bangladesh FP&SM Project, as previously noted, this tool could be a powerful adjunct to the information already being collected by the UVP. The verbal autopsy tool does not contain significantly different or sensitive information than has already been approved for collection in our UVP population. However, the format of this information in a questionnaire that can be correlated with medical diagnoses is the exciting new element.

During discussion of this work with the Division of Community Medicine Associate Director, he voiced his strong support, but also noted that this type of collaboration was rather unusual. In order to avoid confusion, he suggested that this project be shared with the ERC. Accordingly, a brief overview of the proposed collaboration is attached for your interest.

The collaboration will largely utilize in-kind staff time of the UVP and the Community Medicine Division. A small amount of additional expenses in the areas of transportation, stationary, and printing costs are anticipated. These costs will be assumed by the Bangladesh FP&SM Project.

Should the ERC request additional information, I will be available the afternoon that the ERC meets and will be more-than-glad to answer questions or provide supplemental information.

Thank you for your assistance and attention to this work.

Sincerely,



Dr. Diana R. Silimperi

cc: Dr. MGM Rowland

to play the same Bangladesh FP&SM Project, as previously noted, this tool could be a cost-free adjunct to the information already being collected by the UVP. The verbal autopsy tool does not contain significantly different or sensitive information, like we already plan to develop for collection in our UVP population. However, the format of this information in a questionnaire that can be correlated with medical diagnoses is the feasibility of development.

During discussions of this work with the Director of Community Medicine, Associate Director, he voiced some concerns, but also noted that this type of collaboration is rather unusual. In order to avoid controversy, he suggested that the project be shared with the ERC. Accordingly, a report in view of the proposed collaboration is attached for your interest.

The collaboration will largely utilize it will start time of the UVP and the Community Medicine Division. A small amount of additional expenses in the areas of transportation, study body and printing costs are anticipated. These costs will be covered by the Bangladesh FP&SM Project.

Should the ER request additional information, I will be available in the afternoon that the ERC meets and will be more than glad to answer questions or provide supplemental information.

Thank you for your assistance and attention to this work.

Sincerely,



Dr. Diana R. Silimperi

cc: Dr. MGM Rowland

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VALIDATION STUDY FOR THE CAUSES-OF-CHILD-DEATHS MODULE
FOR THE SMP/ORT BASELINE SURVEY: COLLABORATION WITH THE
URBAN VOLUNTEERS PROJECT OF ICDDR,B

ABSTRACT SUMMARY

Purposes of the Study

The proposed study has three specific purposes: (1) to validate a questionnaire on leading causes of child deaths which can be administered by lay interviewers; (2) to help identify possible improvements of the questionnaire, based on an exploratory data analysis, and (3) fieldtest an instrument which could then be adapted by the Urban Volunteers Project (UVP) for future use in its ongoing research and data collection on child morbidity and mortality among the UVP target population.

Methods and Procedures

The study will be conducted by identifying deaths in children under five which occurred in hospital during the twelve months before the survey and by comparing medical diagnoses for such deaths with findings from a retrospective interview with the child's mother. Admission into the study will be based on (1) a screening of hospital records to ascertain whether information on mother's residence is available and whether the child's mother could be contacted by an Urban Volunteer; (2) determination by a physician that a medical diagnosis of acceptable quality is available with respect to the child's death; and (3) stratification criteria, such as age and sex of children who died, time since death, and diagnosis of interest.

For cases admitted into the study, illnesses and conditions present before death will be categorized in terms of primary, secondary, and associated causes of deaths. Mothers of the children who died will then be visited by an UVP Interviewer who will administer the causes-of-death questionnaire. The validity of the causes-of-child deaths questionnaire used in this study will then

be examined in terms of its ability to correctly identify causes of deaths as recorded in the abstract from the hospital records.

In parallel to the hospital-based validation study, it will also be attempted to validate the instrument with child deaths which were initially identified in the community. In this approach, Urban Volunteers will be enlisted and UVP records will be used to identify families which have experienced the death of a child under five during the last twelve months before the survey. For these cases, UVP interviewers will administer the cause-of-deaths questionnaire and will also determine sources of health during the terminal illness. Available outpatient and inpatient records will then be reviewed by a physician, using the same abstract forms as described above.

Procedural Safeguards

The study poses no physical, psychological, social, legal or other risks to its respondents or to the research personnel.

To protect the anonymity of respondents and confidentiality of patient records, case abstracts and questionnaires used in the study will have separate facesheets. Facesheets will be linked to case abstracts and questionnaires only by a 5-digit identification number and will be kept physically separate and under lock at all times.

Based on the experience with prior UVP studies, a verbal informed consent procedure is proposed. A verbal consent procedure is preferred over signed consent in view of the expected high proportion of illiterate respondents, who would be unable or fearful of setting their signature to a document. Adherence to the verbal consent procedures will be made verifiable by having interviewers sign the consent forms and by keeping the signed verbal consent forms attached to questionnaires. Interviews will be con-

ducted at the residences of respondents. Every effort will be made to conduct interviews in private.

The questionnaire will take about 35 minutes to administer and poses therefore no significant inconvenience to the respondents. Because of its methodological nature, the study will only generate indirect benefits, i.e. by contributing to improvements in the design of intervention strategy through improved data on cause-specific child mortality in the community. These benefits will, however, not accrue to respondents, but to the UVP target population and to society at large.

The study requires access to hospital records to identify cases and to abstract information on medical diagnoses and on clinical, laboratory, and autopsy findings on which the diagnoses were based.

Use of organs, tissues, body fluids and/or products of conception will not be required.

VALIDATION STUDY FOR THE CAUSES OF CHILD DEATHS MODULE
FOR THE SMP/ORT BASELINE SURVEY: COLLABORATION WITH THE
URBAN VOLUNTEERS PROJECT OF ICDDR,B

I. INTRODUCTION

Background of the SMP/ORT Baseline Survey

1.1 The Family Planning Social Marketing Project of Bangladesh (SMP) is a Bangladeshi private-sector organization which operates under policy directives of the Ministry of Health and Family Planning. The organizational objective of SMP is to promote family planning and to deliver contraceptive supplies through commercial marketing methods and sales channels. In 1986, SMP incorporated an ORS/ORT component into its activities in order to improve case management of diarrheal episodes in under-fives through improved access to oral rehydration salts and through education of parents. SMP's ORS/ORT component is funded under AID's Child Survival Action Program (CSAP) and therefore falls under special evaluation guidelines. For large-scale projects, CSAP guidelines require measurement of project impact at the community level. SMP has therefore commissioned the conduct of a baseline survey during 1987 and plans to commission follow-up surveys at two-year intervals. The contract for the conduct of the baseline survey was awarded by SMP to Mitra and Associates, a Bangladeshi research organization with specialised expertise in national-level interview surveys. A Child Survival Fellow of the Institute for International Programs (IIP) of The Johns Hopkins University School of Hygiene and Public Health is collaborating in the conduct of the survey and will participate in data analysis and report preparation. (see attached CV for Petra Osinski)

Objectives of the SMP/ORT Baseline Survey

1.2 Data generated by the SMP/ORT baseline survey will serve three main purposes: (1) provide baseline data on parents' knowledge/competence of ORT, ever-use of ORT, and treatment patterns

for recent diarrheal episodes in under-fives, as required by CSAP guidelines; (2) enable SMP to set and monitor quantitative goals for its ORS/ORT component; and (3) guide SMP's communications strategy on ORT and other aspects of diarrheal case management. The baseline survey will also measure levels of underfives mortality during the 12 months before the survey and will seek to estimate the proportion of under-fives deaths which were preceded by watery diarrhea, dysentery, neonatal tetanus, measles, and acute lower respiratory tract infection.

Rationale for Collaboration with the Urban Volunteers Project

1.3 In the SMP/ORT baseline survey, diseases present before deaths in children under five will be ascertained by the so-called 'verbal autopsy' method for a recall period of up to twelve months before the survey. Depending on the completeness of reporting of under-fives deaths achieved by the survey, 380 to 500 deaths will be investigated in each of the two main strata in the sample design, i.e the urban and rural areas of Bangladesh. Since only lay interviewers will be used and since clinical or laboratory findings related to diseases present before the child deaths will be unobtainable in the course of the survey, the SMP/ORT baseline survey will use case definitions which are derived from symptomatology, with emphasis on signs and symptoms which are likely to be noticed and reported by mothers. Case definitions and a questionnaire module on causes of child deaths have been developed collaboratively by Ronald H. Gray, other faculty of the Johns Hopkins School of Hygiene and Public Health, external reviewers approached by AID/Washington, and the IIP Child Survival Fellow seconded to SMP¹. (see Annex 1 for the English and Bengali versions of the

¹ The concept, structure, and key items of the proposed instrument were developed by Dr. Ronald H. Gray, Professor, Department of Population Dynamics, The Johns Hopkins University School of Hygiene and Public Health (JHUSHPH) and Co-ordinator IIP's Working Group for Impact Evaluations. Other key JHUSHPH faculty contributing to the review of the instrument were Dr. Robert E. Black, Professor and Chairman, -- cont.d on p. 3

instrument.) The validity of this instrument has, however, not yet been examined. It is therefore proposed to validate the instrument prior to the initiation of the SMP/ORT baseline survey, to ascertain how well symptoms and case definitions established by the proposed survey instrument agree with medical diagnoses of acceptable quality. The Urban Volunteers Project (UVP) of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) has an existing staff of field research officers and interviewers which would permit the conduct of a small-scale validation study by 'tracking' mothers of children under five who died after having been admitted to hospital. Collaboration with the Urban Volunteers Project on a validation study of the instrument is therefore being proposed.

II. SPECIFIC AIMS OF THE VALIDATION STUDY

2.1 The immediate objective of the proposed validation study is methodological: to validate a tool by which leading causes of child deaths can be ascertained retrospectively by use of a structured questionnaire which can be administered by lay interviewers. The main issue to be addressed is the validity of the proposed instrument in identifying leading causes of child deaths which are of interest for the SMP/ORT baseline survey (see para 1.02 above). A further methodological question which will be examined in the

Department of International Health, Dr. Carl Taylor, Professor Emeritus, Department of International Health, Dr. Bradford Sack, Professor and Head, Division for Geographic Medicine, Dr. Neal Halsey, Associate Professor, Division for Infectious Disease Control, Dr. Mark Steinhoff, Assistant Professor, Division for Infectious Disease Control, Dr. Gordon Smith, Assistant Professor, Department of Health Policy and Management and Ms. Farida Shah, Lecturer, Department of Population Dynamics. Valuable comments were also received from the external reviewers approached by the Office of Health of the Agency for International Development, Washington, D.C., particularly from Ms. Susan Zimicki, University of Pennsylvania. At ICDDR,B several staff members in the Community Services Research Working Group kindly agreed to review and comment on the instrument.

validation study is the influence of the time since the child's death on mothers' ability to recall and report specific symptoms.

2.2 A second specific aim of the proposed validation study is to help identify possible improvements of the causes-of-child-deaths module of the SMP/ORT baseline survey, based on an exploratory data analysis, and thereby to complement pretests of the questionnaire which are to be conducted by Mitra and Associates.

2.3 A third specific aim is to fieldtest an instrument which could then be adapted by the Urban Volunteers Project for future use in its ongoing research and data collection on child morbidity and mortality among the UVP target population.

III. METHODS

Data Collection

3.1 For the validation of the causes-of-child-deaths questionnaire module, investigation of about 100 under-fives deaths is proposed. The study will be conducted by identifying under-fives deaths which occurred in selected Dhaka-based hospitals and by 'tracking' these deaths to the community. Hospital administrators of the ICDDR,B Hospital, Shishu Hospital, and the Infectious Diseases Hospital have been approached by the Principal Investigators to request access to hospital records for the study.

3.2 Admission into the study will be based on a review of hospital records for under-fives who died in one of these hospitals during the last twelve months before the study. Initial screening will ascertain whether information on mother's residence is available and whether the child's mother could be contacted by an Urban

Volunteer.² A physician will then review the hospital charts of children considered 'trackable' and will abstract from the charts the medical diagnosis, laboratory tests and clinical findings on which the medical diagnosis was based. In those cases where an autopsy was performed, autopsy findings will also be recorded. Final admission into the study will be based on the existence of a medical diagnosis of acceptable quality. In addition, age and sex of children who died, time since death, and diagnosis of interest may be applied as stratification criteria. Diagnoses of interest will include 'control' diseases or conditions, e.g meningitis or sepsis, or the absence of a diagnosed cause of death.

3.3 For cases admitted into the study, Urban Volunteers will establish contact with mothers of the children who died and seek family permission for administering to mothers the causes-of-death questionnaire. Established UVP/ICDDR,B procedures for obtaining informed consent will be followed. A sample Informed Consent Form is attached as Annex 21. UVP interviewers will be especially trained for administering the questionnaire. (Some changes in format which reflect differences in data collection between the SMP/ORT baseline survey and the proposed validation study remain to be made.) In many instances, interviews will be conducted in UVP service areas so that the study will benefit from the already established credibility of UVP and the existing rapport between UVP staff and the UVP target population.

3.4 To protect the privacy of the respondents, identifying information for the household, the respondent, and the child who died will be recorded on a separate facesheet for each questionnaire, which will be linked to the questionnaire only by an identification number. For under-fives who belonged to an UVP research cohort, UVP identification numbers will also be recorded. Face-

² Based on a prior study conducted by UVP, it is expected that about 90 percent of child deaths occurring in the participating hospitals will be 'trackable'. (reference # 4)

sheets will be kept under lock and physically separate from the questionnaires.

3.5 In parallel to the hospital-based validation study, it will also be attempted to validate the instrument with child deaths which were initially identified in the community. In this approach, Urban Volunteers will be enlisted and UVP records will be used to identify families which have experienced the death of a child under five during the last twelve months before the survey. It is estimated that in selected established UVP research communities about 38 deaths in children under five occur over a twelve-month period (reference # 5). In these families, UPV interviewers will administer the same questionnaire and will also determine whether the case was referred to a hospital and whether there was a contact with a hospital during the terminal illness. For those cases where the source of health care can be determined, available outpatient and inpatient records will be reviewed by a physician, using the same abstract forms as described above. For cases originating in the community, admission into the study will, however, only be based on the feasibility of tracking the case to a participating hospital and the existence of an acceptable medical diagnosis, with no attempt at stratification. In spite of its expected small numerical yield, this complementary approach is considered important to help estimate biases in case mix and patient characteristics which must be expected with the hospital-based approach, due to selective admission of children to hospital and expected difficulties in tracking cases from the poorest socio-economic groups. Identification of deaths among the UVP target population will also assist UVP in assessing the efficacy of its outreach and referral strategies.

Data Analysis

3.6 Abstracted medical records will be reviewed by the principal investigators. Cases will then be categorized in terms of primary, secondary, and associated causes of death. The completed question-

naires from the interviews with mothers will be screened by UVP field research staff for completeness and reliability and will then be reviewed for internal validity by the principal investigators. Questionnaires which are seriously deficient in terms of internal validity will be eliminated from further analysis. For subsequent steps, micro computer-based data management is proposed. For data entry, a specialised data entry package, SOSDATA™, which is available to the IIP Child Survival Fellow, could be used. SOSDATA™ results in an ASCII data file which can then be analysed by any standard computer package. To generate case classifications from the questionnaire, the case definitions which are proposed for use in the study will be used as classification algorithms. Frequency distributions and cross-classifications of individual symptoms will also be prepared with the aim of (1) modifying the questionnaire, e.g. by eliminating redundant items; and (2) revising case definitions in light of the presentation of diseases reported in the study.

3.7 At the first level of analysis, which is the aim of this proposal, the validity of the 'verbal autopsy' method, as used in this study, will be examined in terms of its ability to correctly identify primary, secondary, and associated causes of deaths as recorded in the abstract from the hospital records.

IV. POTENTIAL SIGNIFICANCE OF RESULTS

4.1 For the SMF/CRT baseline survey, an independent validation of its cause-of-child-deaths module will strengthen the validity of the cause-specific under-fives mortality data that will be generated by the full scale, national level survey.

4.2 For the Urban Volunteers Project, the proposed validation study is of immediate relevance for collecting more accurate information on morbidity and cause-specific mortality among under-

fives in the slum communities served by UVP (see references 6-8). At present, it is suspected that only a small percentage of the UVP target population utilizes medical facilities. Given the unavailability of medical diagnoses for most under-fives deaths among UVP's target population and the difficulty, if not impossibility, of obtaining medical diagnostic field samples, a validated instrument which would be suitable for routine use by UVP lay interviewers would facilitate and improve data collection on morbidity and mortality. Such information is crucial to UVP to refine its preventive and intervention strategies. The study will also provide some indication of the extent of referrals for medical treatment during terminal illnesses leading to deaths and thereby help to evaluate the effectiveness of UVP's outreach and referral efforts.

V. FACILITIES AND COLLABORATION

5.1 The research and analysis tasks for the study will be carried out by the Director of the Urban Volunteers Project and by the IIP Child Survival Fellow, who will be the Principal Investigators for the study. In addition, a Bangali physician member of ICDDR,B's Community Services Research Working Group will participate in the study as a Co-investigator. (C.V.s for the two Principal Investigators and the Co-investigator are attached as Annex 3.) The hospital-based investigation will be carried out at three Dhaka-based hospitals (ICDDR,B Hospital, Sbishu Hospital, and the Infectious Diseases Hospital). Access to hospital records for the purpose of the study has been requested from the concerned hospital administrators.

5.2 In addition to the UVP Director, UVP Senior Field Research Officers, Research Officers, Interviewers, and Research Volunteers will participate in the study. Locating respondents and administration of the questionnaire will require about one half day per

case.³ If 100 cases are admitted into the study, about 50 interviewer-days will be spent on data collection.

5.3 Data entry for the first 100 cases will be done by the IIP Fellow. SMP, which provides administrative support for the Fellow, will also assist the Co-investigator with transport to the participating hospitals.

VI. BUDGET

6.1 The main input required to conduct the study will be the time of existing UVP personnel and the IIP Fellow, who are already in paid, fulltime positions. Other additional inputs in kind will be provided to the study as follows: administrative and secretarial support (UVP); PC and software for data entry (IIP); transport to participating hospitals for the Co-investigator (SMP).

6.2 In addition to inputs in kind, there will be incremental monetary costs incurred by UVP which can be reimbursed from an existing sub project of IIP's Working Group for Impact Evaluations. Such costs will arise for the reproduction of forms, stationary, and for transport for Field Research Officers and Interviewers. Additional provisions for data entry and/or PC-based data processing may also be needed. ICDDR,B will also be reimbursed by IIP for the participation by the Co-investigator (33 percent of effort for three person-months). A budget for incremental costs which will be provided by IIP

³ Additional cases to be admitted into the study will require about 35 interviewer-days.

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Schedule IV: Symptoms and Conditions Associated with Deaths in
Children under Five during the Last Twelve Months (Rev. 3.5.87)

FORM ID 1410

901 ID OF CHILD WHO DIED : _: _: _: _: _: _: _: _: _: _: _:

902 DOB (E) : _: _: _: _: _: _:
903 DOD (E) : _: _: _: _: _: _:

AGE AT DEATH. DD : _: _: _:
MM : _: _: _:
YY : _: _: _:

(REFERENCE TO CHILD WHO DIED;
EXPLAIN PURPOSE OF INQUIRY)
CHILD'S NAME: _: _: _: _: _: _:

904 Did (NAME) receive care from a health care provider for the illness of which he/she died? YES...1
NO....2 >> 906
D.K...9 >> 906

905 From whom did (NAME) receive care? (CIRCLE ALL THAT APPLY)

- MBBS DOCTOR AT A HEALTH FACILITY (HOSPITAL, UHC, OR RD).....1
- MBBS DOCTOR IN PRIVATE PRACTICE.....1
- RURAL MEDICAL PRACTITIONER, VILLAGE DOCTOR, PALLI CHIKITSHAK, 'QUACK'.....1
- TRAINED PARAMEDIC.....1
- 'DOCTOR'--CATEGORY UNKNOWN.....1
- HOMEOPATHIC DOCTOR.....1
- UNANI HEALER (HEKIM).....1
- AYURVEDIC HEALER (KABIRAJ).....1
- PRACTICINOER OF TOTKA.....1
- SPIRITUAL HEALER.....1
- OTHER.....1

906 Where was (NAME) when he/she died?
HOSPITAL: _____ / _____ ...1
 Name Location
UPAZILA HEALTH CENTER: _____ ...2
 Location
ON THE WAY TO A HEALTH FACILITY.....3
ON THE WAY FROM A HEALTH FACILITY.....4
HOME.....5
OTHER (SPECIFY): _____ ...7

907 Is a death certificate (for the death of NAME) available in the household? YES...1 NO....2 >> 909 D.K...9 >> 909

908 COPY: CAUSES OF DEATH LISTED ON THE CERTIFICATE ICD _____

909 Please give me a brief account of the course of the illness or illnesses from which (NAME) died and the circumstances of his/her death. WRITE DOWN: _____

910 What do you (THE MOTHER) think was the illness or were the illnesses from which (NAME) died? _____

911 WAS THIS A DEATH BY ACCIDENT OR OTHER EXTERNAL PHYSICAL CAUSE SUCH AS INJURY, BURNS, DROWNING, OR SNAKEBITE? YES..1 >> END NO...2

Now I would like to ask you to describe to me some specific [signs and symptoms] which you may have noticed during the illness which lead to (NAME)'s death.

912 What were (NAME)'s stools like?

INCREASE IN FREQUENCY..1
LOOSE OR LIQUID..1
BLOOD IN STOOLS..1

913 What was (NAME)'s breathing like?

DIFFICULTY BREATHING..1
NOISE WITH BREATHING..1
RAPID BREATHING.....1

914 Please describe any change in (NAME)'s skin compared to normal.

ANY RASH..1
BLUE COLOR..1
DRY, COLD SKIN..1

Now I would like to ask you [more specifically] about the presence of some signs and symptoms before (NAME)'s death.

925 NEONATAL TETANUS: MODULE APPLICABLE? YES...1
NO....2 >> 937

926 How many days old was the child when he/she died? DAYS OLD AT DEATH :_:_:
AGE AT DEATH 31 DAYS OR MORE?
:_ YES > SKIP TO 937
:_ NO

927 Did the baby suckle and cry normally before the illness started? YES...1
NO....2 >> 931

928 How did you first notice that your child was ill? STOPPED SUCKLING...1 >> 930
OTHER.....7
D.K.....9

929 Did the baby stop suckling and crying during the illness? YES...1
NO....2 >> 931
D.K...9

930 How many days after birth did the baby stop suckling and crying? DAYS :_:_:

931 Did the baby have lockjaw? YES...1
NO....2
D.K...9

932 Was the baby's body stiff (like wood)? YES...1
NO....2
D.K...9

933 Was the baby's body bent like a bow? YES...1
NO....2
D.K...9

934 Did the baby's convulsions/spasms get worse with stimulation, such as light, noise, motion or touch? YES...1
NO....2
D.K...9

935 Did you see any sign of infection of the umbilical cord such as swelling or red color of the skin around the cord or pus coming from the cord? RED COLOUR..1
SWELLING...1
PUS.....1

936 Was the cord smelling bad? YES...1
NO....2
D.K...9

37	DIARRHEAL DISEASE: MODULE APPLICABLE?	YES...1	
		NO....2	>> 954
38	In the week before (NAME)'s death, what was the most number of times (NAME) went to stool in one day?	NO. OF STOOLS	1 1 1
39	What was the consistency of (NAME)'s stools? Would you say they were normal, loose like ..., or liquid like ...?	NORMAL...1	
		LOOSE...2	
		LIQUID...3	
		OTHER...7	
		D.K.....9	
40	Was there mucus in the stools?	YES...1	
		NO....2	>> 942
		D.K...9	>> 942
41	Was the mucus streaked with blood?	YES...1	
		NO....2	
		D.K...9	
42	Did the child have abdominal pain?	YES...1	
		NO....2	
		D.K...9	
43	Did the child strain at stool or cry or cringe with pain at defecation?	YES...1	
		NO....2	
		D.K...9	

DIARRHEAL DISEASE MODULE CONT.D

During the twenty-four hours before death, . . .

- | | | | |
|-----|---|--|------------------|
| 944 | ... was (NAME) weak, limp or drowsy? | YES...1
NO....2
D.K...9 | |
| 945 | ... did (NAME) have intense thirst? | YES...1
NO....2
D.K...9 | |
| 946 | ... did (NAME) have a dry mouth and tongue? | YES...1
NO....2
D.K...9 | |
| 947 | ... did (NAME) have sunken eyes? | YES...1
NO....2
D.K...9 | |
| 948 | DID (NAME) STILL HAVE A FONTANELLE WHEN HE/SHE DIED? | YES...1
NO....2
D.K...9 | >> 950
>> 950 |
| 949 | ... did (NAME) have a sunken fontanelle? | YES...1
NO....2
D.K...9 | |
| 950 | ... did (NAME) pass urine as normal or did he/she have less urine than normal or none at all? | NORMAL..1
LESS....2
NONE....3
D.K.....9 | >> 952 |
| 951 | ... did (NAME) have dark urine | YES...1
NO....2
D.K...9 | |
| 952 | ... DID (NAME) breathe hard, deep breaths? | YES...1
NO....2
D.K...9 | |
| 953 | Do you think that (NAME) had 'loss of body fluids'? | YES...1
NO....2
D.K...9 | |

... see the skin of (NAME)'s extremities dry and cold?

954	MEASLES: MODULE APPLICABLE?*	YES...1 NO....2	>> 966
955	Did the rash last three days or more?	YES...1 NO....2 D.K...9	
956	Did (NAME) have fever for a few days before and after the rash appeared?	YES...1 NO....2 D.K...9	
957	Did the rash fade?	YES...1 NO....2 D.K...9	>> 959
958	Did (NAME)'s skin flake or peel after the rash faded?	YES...1 NO....2 D.K...9	
959	Was there water inside (NAME)'s rash?	YES...1 NO....2 D.K...9	
	During this illness, did (NAME) have:		
960	-- dry [unproductive] cough?	YES...1 NO....2 D.K...9	
961	-- a runny nose?	YES...1 NO....2 D.K...9	
962	-- red or runny eyes?	YES...1 NO....2 D.K...9	
963	Do you think (NAME) had measles during the three months before he/she died?	YES...1 NO....2 D.K...9	
964	Do you think (NAME) had chickenpox during the three months before he/she died?	YES...1 NO....2 D.K...9	
965	Did other children in the household or bari/compound or village/block have measles just around the time before (NAME) had fever and broke out with a rash?	YES...1 NO....2 D.K...9	

966 RESPIRATORY DISEASE: MODULE APPLICABLE? YES...1
NO....2 >> 978

Now I would like to ask about (NAME)'s breathing during the last two days before he/she died:

967 During the last two days before (NAME) died, was breathing so difficult that he/she could not eat or drink? YES...1
NO....2
D.K...9

968 Was (NAME) taking short, rapid breaths during the last two days before he/she died? YES...1
NO....2
D.K...9

969 In the last two days before (NAME) died, was there a noise with his/her breathing? YES...1
NO....2
D.K...9

970 Did his/her nostrils move and spread out with each breath from the effort of breathing? YES...1
NO....2
D.K...9

971 During the last two days before he/she died, was (NAME)'s skin pulled between the ribs when he/she breathed in? YES...1
NO....2
D.K...9

Now I would like to ask about any cough from which (NAME) may have suffered before he/she died.

972 Did (NAME)'s cough go on for two weeks or even longer? YES...1
NO....2
D.K...9

973 Did (NAME) suffer from fits/spasms of prolonged coughing? YES...1
NO....2
D.K...9

974 Was (NAME)'s cough so bad that he could not eat or drink? YES...1
NO....2
D.K...9

975 Did (NAME) sometimes/often vomit after (an episode/fit of) coughing? YES...1
NO....2
D.K...9

976 Did (NAME) draw in his/her breath and give a 'whoop' like this (IMITATE) after coughing? YES...1
NO....2
D.K...9

977 Do you think that (NAME) had whooping cough? YES...1
NO....2
D.K...9

FOR ALL CHILDREN WHO DIED

978 In your opinion, was (NAME) thin; THIN.....1
 normal, or fat when the illness NORMAL...2
 started from which he/she died? FAT.....3
 D.K.....9

979 Did (NAME) lose weight, gain LOST WEIGHT..1
 weight, or stay the same GAINED.....2 >> END
 after the start of the illness SAME.....3 >> END
 of which he/she died? D.K.....9 >> END

980 Did this loss in weight happen QUICKLY..1
 quickly or slowly? SLOWLY...2
 D.K.....9

RECORD OF INTERVIEWER VISITS AND EDITS

VISITS	1	2	3	FINAL
DATE/TIME				
INTERVIEWER				
RESULT CODE				

NEXT SCHEDULED VISIT

DATE/TIME	NO. OF VISITS

RESULT CODES

INTERVIEW COMPLETED..1
 PARTIALLY COMPLETED..2 >> RESCHEDULE
 INTERVIEW POSTPONED..3 >> RESCHEDULE
 ER NOT AT HOME.....4 >> RESCHEDULE
 REFUSAL.....5
 OTHER7
 (SPECIFY)

EDITS	FIELD	OFFICE	DATA ENTRY	COMP.EDIT
DATE/TIME				
STAFF				

Schedule IV: Symptoms and conditions Associated with Deaths in Children Under Five during the Last Twelve Months (Revised 3.5.87)

FORM 10 [40]

901

ସ୍ତ୍ରୀ ବୟସ 10

902

ବନ୍ଧୁ ଜାରି

903

ସ୍ତ୍ରୀ ଜାରି

ସ୍ତ୍ରୀ ସମସ୍ତ ବୟସ ମିଳି

ନାମ

ସଠିକ୍

ମୃତ୍ୟୁ ସମୟରେ କେଉଁ ରୋଗ ଥିଲା
 (ଉଦାହରଣ: ବନ୍ଧୁଜ୍ୱର, ... (ନାମ) ...
 ଯୁକ୍ତ କରନ୍ତୁ)
 ଅନ୍ୟତମ ମାତ୍ର

904 କୋଉ ଚିକିତ୍ସାକର୍ମି (ନାମ) ସହ (ନାମ) ଡାକ୍ତରୀ ସମ୍ପର୍କରେ ଡାକ୍ତରୀ ଚିକିତ୍ସା କରାଯାଇଥିଲା?

ଡାକ୍ତରୀ ... 1
 ନାମ ... 27/906
 ଡାକ୍ତରୀ ... 97/906

905 ଏକ (ନାମ) ଚିକିତ୍ସା କରାଯାଇଥିଲା?
 (ପ୍ରାଥମିକ) ଡାକ୍ତର (କେନ୍ଦ୍ର ଡାକ୍ତରୀ କରନ୍ତୁ)

ଡାକ୍ତର (କେନ୍ଦ୍ର MBBS ଡାକ୍ତର ...
 (ହାତ୍ତାପାତାଳ, ଡାକ୍ତରୀ ...
 ଡାକ୍ତର (କେନ୍ଦ୍ର ମା RD) ... 1
 ପ୍ରାଥମିକ MBBS ଡାକ୍ତର ... 1
 ଡାକ୍ତର ଚିକିତ୍ସକ, ଡାକ୍ତରୀ
 ଡାକ୍ତର, ମାତୃ ଚିକିତ୍ସକ
 ସ୍ତ୍ରୀ ଡାକ୍ତର ... 1

प्रतिक्रम प्राप्त पुराणेडिकेल	1
डाक्टर कोटवण्य अवारा	1
होमिड पुराण चिकित्सक	1
इंटरमी चिकित्सक (होमिड)	1
आध्यात्म चिकित्सक (कविदाद)	1
टोपिका चिकित्सक	1
इंटरमी चिकित्सक	1
धर्मज्ञ	1

906 (नम्र) एकाग्रता साधना
- विभाजित २

शिक्षणालय: (नम्र) (चिकित्सा)	1
डेप्युटी आध्यात्मिक (चिकित्सा)	2
शिक्षणालय प्राध्यापक पत्र	3
शिक्षणालय (एके साधी ७)	4
(कर्मचारी पत्र)	4
साधी ७	5
धर्मज्ञ (निर्दिष्ट करून)	7

907 चादीचे (जे शुद्ध मिश्रण) पदार्थ
नाष्टिकित्वाचे कारण कि?

श्री 1
ना 277909
व्यक्तिगत 97909

908 नाष्टिकित्वाचे निमित्त शुद्ध कथं संशुद्ध
निमित्त निमित्तक कथं:

100

909 एत एत अशुद्धा प्रवर एत
अशुद्धा अशुद्धा अशुद्धा
अशुद्धा अशुद्धा अशुद्धा
अशुद्धा अशुद्धा अशुद्धा
निमित्त निमित्तक कथं:

910 आपत्ता अह कि कि अशुद्धा
कारण (नाश) अशुद्धा अशुद्धा?

9// एतद् ब्रह्म किं कोऽनं ब्रह्मैतद्
 कारणं शब्दं, ताकि अन्तः कोऽनं
 प्राचीनिक कारणं प्रथमं, आद्यं,
 लोका^{संख्या} पान्ति^{संख्या} द्वये वा
 आप्तं कारणं आत्मा ज्ञेयं किं?

श्री 1 >> (अथ
 वा 2

अस्य ब्रह्मकारणं (राज) आत्मा
 ज्ञेयं तत्र किंचिद् किंचिद् निर्दिष्टं तत्र
 वा ज्ञेयं शब्दं आत्मा तत्र
 कारणं प्राक्तनं, अत्र आत्मा
 ज्ञेयं अत्रात्मा आत्मा किंचिद्
 द्विक्रमात् कर्तुं शक्यं।

912- (नाकेर) पापुप्राणा किं ब्रह्म
 हितं ?

पापुप्राणा कारणं प्रथमं
 तत्र ज्ञेयं 1
 तत्र वा ज्ञेयं 1
 पापुप्राणा ब्रह्म हितं 1

913 (नामक) व्यास-प्रमाण किम् ?

व्यास कृते 1
व्यास (उद्धरण)
व्यास कथित 1
यत्र यत्र व्यास 1
त्रिभुज

914. (नामक) कर्त्तव्यता का संज्ञा
श्रावणिकेयुः पूननाथ को
परिवर्द्धन श्रेयः आकर्षण दया
करुण दत्त ।

उक्त पद्योक्त (श्रेयः) । इत्युक्तं कर्त्तव्यं । इत्युक्तं कर्त्तव्यं ।
श्रावणिकेयुः पूननाथ को । इत्युक्तं कर्त्तव्यं । इत्युक्तं कर्त्तव्यं ।
परिवर्द्धन श्रेयः आकर्षण दया । इत्युक्तं कर्त्तव्यं । इत्युक्तं कर्त्तव्यं ।

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925. निम्नलिखित तथ्यों का अर्थ बताएं
प्रथम कि?

हां 1
ना 2 >> 937

926. भारत सरकार द्वारा प्रथम कि
वर्ष कब मनाया गया?

हां 1
ना 2 >> 937

प्रथम बार वर्ष 72 दिन का
वर्ष कब मनाया गया?

हाँ >> 937 अथवा
 ना

927. प्रथम बार भारत सरकार द्वारा
प्रशासनिक क्षेत्र में प्रथम बार
प्रथम बार कब मनाया गया?

हां 1
ना 2 >> 931

928. किसे प्रथम बार भारत
सरकार द्वारा प्रथम बार
प्रथम बार मनाया गया?

प्रथम बार प्रथम बार 1 >> 930
प्रथम बार 2
प्रथम बार 9

929. प्रथम बार प्रथम बार कि
प्रथम बार प्रथम बार 1
प्रथम बार प्रथम बार 2 >> 931
प्रथम बार प्रथम बार 9

हां 1
ना 2 >> 931
प्रथम बार 9

930 क्या प्रयोग कक्षागत घर किच्छरि
 याकर धूरि-छाया घर; कात्रा क्या
 करु करे निच्छरि ?

दिन

931 किच्छरि कि धौल लेण/नाएर
 भाएरि आरुके पाएरि छि ?
 (GERMAN)

हां 1
 ना 2
 जानिना 9

932 किच्छरि करीर कि (काएर
 भाएर) काऊ शरु पाएरि छि ?

हां 1
 ना 2
 जानिना 9

933 किच्छरि करीर कि रीरुकर
 कए रीरुकर किच्छरि ?

हां 1
 ना 2
 जानिना 9

934 - आना अशाल, इरुणाल
 सुगल, नाएर निल ना इरुले किच्छरि
 भिरुकि रीरु पाएरि ?

हां 1
 ना 2
 जानिना 9

935 ଆଧୁନିକ କି (ନାମ) ନାହିଁ -
 କୋର ଓ ଏହା ଲେଖାଯାଇଛି
 ଯେଉଁ ନାମ ଠାକୁରାଣୀଙ୍କୁ
 ଦିଆଯାଇଛି ନା ନାମ ଏହା ଦିଆଯାଇଛି
 ଯଦି ଏହା ଏକ ପୁର -
 ଏହା ହେଉ - ?

ନାମ ଏ	1
କୂଳ ଦିଆଯାଇଛି	1
ପୁର	1

936 ନାମ ୧୭ ଦୁର୍ଗନ୍ଧ ଏହା ହେଉ କି?

ନାମ	1
କା	2
କାମିଆ	9

937 ଜ୍ୟୋତିଷ୍ୟ ମହାଶୟ ଚିକିତ୍ସା କ୍ଷତିକ୍ଷେପ: କ୍ଷତିକ୍ଷେପ କି ସ୍ୱାସ୍ଥ୍ୟ?

କ୍ର. 1
ନା. 277954

938. ଜ୍ୟୋତିଷ୍ୟ ମହାଶୟ ୧ ଦିନ ଧାର୍ଯ୍ୟ (ନାମ)
ନିକାମିନି ମହାଶୟ କେତେକ ସାଧୁଆତ
କରାହୁଛି ?

କ୍ର.

939 (ନାମ) ସାଧୁଆତା ଚକ୍ରମ ହିଲ ?
ଆମନି କି ସଲ୍ୟକ (ଧ, (ନାମ)
ସାଧୁଆତା ସାଧୁଆତ ହିଲ ବା
..... କେତେକ, ନାମି
କେତେ ସାଧୁଆତା ହିଲ ?

ସାଧୁଆତା 1
ନାମ 2
ସାଧୁଆତା 3
ନାମ 4
ସାଧୁଆତା 9

940 ସାଧୁଆତା ସାଧୁଆତା ହିଲ କି ?

କ୍ର. 1
ନା. 277942
ସାଧୁଆତା 977942

941 ଜ୍ୟୋତିଷ୍ୟ ମହାଶୟ କି ସ୍ୱକ୍ଷେପ ?

କ୍ର. 1
ନା. 2
ସାଧୁଆତା 9

942 ସାଧୁଆତା କେତେକ ମହାଶୟ କିଲ୍ୟାଣି-
କିଲ୍ୟାଣି ସାଧୁଆତା ହିଲ କି ?

କ୍ର. 1
ନା. 2
ସାଧୁଆତା 9

943. ସାଧୁଆତା କେତେକ ମହାଶୟ କିଲ୍ୟାଣି କି
କେତେକ ହିଲ ବା କେତେକ କେତେକ
ଆମନି ସାଧୁଆତା କେତେକ ମହାଶୟ
କେତେକ କେତେକ କେତେକ ?

କ୍ର. 1
ନା. 2
ସାଧୁଆତା 9

संख्या २४५२ (अप्रै २४ १९५५) मसुदा
५(१) किंवा ५(२) किंवा :

१४४ मूल २(अ) - निदेशित, सुद्धि
सुद्धि (अ) चलाऊन काय जा वा सिद्धांत ?

५	१
५	२
५	९

१४५ पात्रित, सुद्धि सिद्धांत - प्रश्न ?

५	१
५	२
५	९

१४६ मूल ३ विना सुद्धि - प्रश्न ?

५	१
५	२
५	९

१४७ (अ) विना सुद्धि निदेशित ?

५	१
---	---

948 भाषा भाषायाः प्रश्न (ना(प्र०)
भाषायाः लक्ष्मि किं किं ?

श्री 1
ना 2 >> 950
वाक्त्रि 9 >> 950

949 (ना(प्र०) भाषायाः लक्ष्मि किं
किं किं किं किं ?

श्री 1
ना 2
वाक्त्रि 9

950 (ना(प्र०) किं भाषायाः लक्ष्मि किं
प्रश्न किं किं ना - भाषायाः लक्ष्मि
किं किं किं किं किं किं किं किं
ना किं किं किं किं किं किं किं किं

भाषायाः 1
किं 2
प्रश्न किं किं किं 3 >> 952
वाक्त्रि 9

951 प्रश्न किं किं किं किं ?

श्री 1
ना 2
वाक्त्रि 9

952 (ना(प्र०) किं किं किं किं
किं किं किं किं ?

श्री 1
ना 2
वाक्त्रि 9

952a किं किं किं किं किं किं
किं किं किं किं ?

श्री 1
ना 2
वाक्त्रि 9

953 (ना(प्र०) किं किं किं किं
किं किं किं किं किं किं किं किं
किं किं किं किं ?

श्री 1
ना 2
वाक्त्रि 9

954 नूतनता का शब्द: एवं सचिद्वैत कि प्राप्ति?

आ 1
ना 2 >> 966
वाक्या 9

955 एवं ~~सचिद्वैत~~ ^{उत्पत्ति} कि चिन्तन का अर्थ
(वही) दिन दिन ?

आ 1
ना 2
वाक्या 9

956 ~~सचिद्वैत~~ ^{उत्पत्ति} द्वारा प्राप्त उपाय का अर्थ
दिन कि सचिद्वैत दिन दिन कि ?

आ 1
ना 2
वाक्या 9

957 एवं ~~सचिद्वैत~~ ^{उत्पत्ति} कि सचिद्वैत कि सचिद्वैत ?

आ 1
ना 2 >> 959
वाक्या 9

958 ~~सचिद्वैत~~ ^{उत्पत्ति} प्राप्त पर ~~सचिद्वैत~~
वाक्या कि कि 2 (य) प्राप्ति ?

आ 1
ना 2
वाक्या 9

959 ~~सचिद्वैत~~ ^{उत्पत्ति} कि कि कि प्राप्ति ?

आ 1
ना 2
वाक्या 9

960 एवं सचिद्वैत नमः (नाम) कि
... कर्म का कि प्राप्ति ?

आ 1
ना 2
वाक्या 9

961 ... कि कि प्राप्ति ?

आ 1
ना 2
वाक्या 9

962 (विद्युत् मयम-द्विज वा चोद्य
 दिग्ग- वागि वाग-जो ?

श्री 1
 वा 2
 वागिवा 9

963 आवानि कि सन कवन (म, वाग
 वाग-जो-दिन सन वाग-जो-मय
 दिग्ग- (वाग-जो) सन/मून-जो-दिग्ग-जो ?

श्री 1
 वा 2
 वागिवा 9

964 आवानि कि सन कवन (म, वाग
 वाग-जो-दिन सन वाग-जो-मय
 दिग्ग- (वाग-जो) सन/मून-जो-दिग्ग-जो ?

श्री 1
 वा 2
 वागिवा 9

965 (वाग-जो) सन वाग-जो-दिग्ग-जो
 वाग-जो-दिन वाग-जो-मय
 दिग्ग- कि सन/मून-जो-दिग्ग-जो ?

श्री 1
 वा 2
 वागिवा 9

966 आत्म-प्रकाश वरिष्ठ भागः
पदे स्थित कि प्रमाण?

आत्म-प्रकाश वरिष्ठ भागः दूरे दिशि
स्थित (नाम) आत्म-
प्रकाश प्रकाश किं विज्ञान
करते है।

श्री 1
ना 2 >> 978

967 आत्म-प्रकाश वरिष्ठ भागः दूरे दिशि
स्थित (नाम) कि आत्म-प्रकाश
पदे स्थित कि प्रमाण (प्र, प्र-प्रकाश
प्रकाश पदे कि प्रमाण प्रकाश
प्रकाश ना ?

श्री 1
ना 2
राजिना 9

968 आत्म-प्रकाश वरिष्ठ भागः दूरे दिशि प्रकाश
स्थित (नाम) कि प्रमाण प्रकाश
प्रकाश पदे कि प्रमाण प्रकाश
प्रकाश ना ?

श्री 1
ना 2
राजिना 9

969 आत्म-प्रकाश वरिष्ठ भागः दूरे दिशि
प्रकाश (नाम) प्रकाश प्रकाश (नाम
प्रकाश प्रकाश कि ?

श्री 1
ना 2
राजिना 9

970 आत्म-प्रकाश वरिष्ठ भागः (नाम) प्रकाश
प्रकाश प्रकाश प्रकाश प्रकाश
कि ?

श्री 1
ना 2
राजिना 9

971 राज्य भाषाओं का प्रयोग करते हैं
 किस राज्य में प्रयोग (नाम) करें
 बताएं कि जिला 2 (2) हैं या?

1
 2
 9

राज्य भाषाओं का प्रयोग (नाम)
 बताएं (नाम) दें, प्रयोग करें
 (नाम) बताएं कि किसे
 विवेक का उपयोग करें।

972 (नाम) बताएं कि कौन सा
 राज्य (नाम) है कि?

1
 2
 9

973 अलग-अलग क्षेत्रों का नाम बताएं
 (नाम) कि किसे 2 (2) हैं?

1
 2
 9

974 (नामक) कालि कि प्रच प्रकी-
 यात्रापद्विभ (अ, एम यथ-दायुष
 या क्कोन सिद्धु पात्र यो०० पाठ
 ना?

श्री- 1
 ना- 2
 रात्रि- 9

975 क्कोन क्कोन प्रप्रय (नाम) काकात्
 य-कात् य-कात् य-कात् कि?

श्री- 1
 ना- 2
 रात्रि- 9

976 (नाम) कि काकात् य-कात् य-कात्
 य-कात्? (युक्त-य-कात् य-कात्
 य-कात् य-कात् य-कात्)

श्री- 1
 ना- 2
 रात्रि- 9

977 आनादि कि नाम काकात् एम,
 (नाम) युक्त/युक्ति काकि द्विभ?

श्री- 1
 ना- 2
 रात्रि- 9

अप्र प्रच यकात् य-कात्

978 आनादि प्रच एम आनादि य-कात्
 (नाम) आनादि य-कात् एम आनादि
 आनादि य-कात् य-कात् य-कात्
 कि आनादि- पाठना, आनादि य-कात्
 आनादि द्विभ?

आनादि- पाठना 1
 आनादि 2
 आनादि 3
 रात्रि 9

979 (ମ) ଅନୁରାଗ (ନାଟ) କାହାଣୀ ଅନୁ
 (ମ) ଅନୁରାଗ (ନାଟ) କାହାଣୀ ଅନୁ
 (ନାଟ) କାହାଣୀ ଅନୁ, (ମ) ଅନୁ
 ଅନୁରାଗ (ନାଟ) କାହାଣୀ ଅନୁ?

କାହାଣୀ ଅନୁ 1
 (ମ) ଅନୁରାଗ (ନାଟ) କାହାଣୀ ଅନୁ 2
 (ନାଟ) କାହାଣୀ ଅନୁ 3
 ଅନୁରାଗ 9

980 (ମ) ଅନୁରାଗ (ନାଟ) କାହାଣୀ ଅନୁ
 (ମ) ଅନୁରାଗ (ନାଟ) କାହାଣୀ ଅନୁ
 (ନାଟ) କାହାଣୀ ଅନୁ, (ମ) ଅନୁ
 ଅନୁରାଗ (ନାଟ) କାହାଣୀ ଅନୁ?

କାହାଣୀ ଅନୁ 1
 (ମ) ଅନୁରାଗ (ନାଟ) କାହାଣୀ ଅନୁ 2
 (ନାଟ) କାହାଣୀ ଅନୁ 9

RECORD OF INTERVIEWER VISITS AND EDITS

VISITS	1	2	3	FINAL
DATE/TIME	-----	-----	-----	-----
INTERVIEWER				
RESULT CODE				

NEXT SCHEDULED VISIT

DATE/TIME	NO. OF VISITS

RESULT CODES

- INTERVIEW COMPLETED..1
 - PARTIALLY COMPLETED..2 >> RESCHEDULE
 - INTERVIEW POSTPONED..3 >> RESCHEDULE
 - INTERVIEWER NOT AT HOME.....4 >> RESCHEDULE
 - REFUSAL.....5
 - OTHER -----.7
- (SPECIFY)

EDITS

	FIELD	OFFICE	DATA ENTRY	COMP.EDIT
DATE/TIME				
STAFF				

INFORMED CONSENT FORM (VERBAL)¹

CASE ID _____

CHILD'S NAME: _____ MOTHER'S NAME: _____

THE FOLLOWING STATEMENT HAS BEEN READ TO THE MOTHER OF THE CHILD WHO DIED PRIOR TO INTERVIEW TO REQUEST HER CONSENT TO PARTICIPATE IN THE STUDY:

"Health authorities in Bangladesh are making a major effort to protect [young] children against diseases and to provide treatment for those children who fall ill. To help with this effort we are conducting a survey to learn from mothers who have lost a [young] child about the health problems which their children experienced before they died.

We would therefore like to ask you some questions about the circumstances of (NAME)'s death. The interview will take approximately 35 minutes and the results of the interview will be kept completely private and confidential. You are free to refuse the interview or to not answer any question asked during the interview or to terminate the interview at any time, but the information which you can give us will be of value to us in trying to devise ways of keeping [young] children alive and healthy. We therefore hope that you will agree to participate in the survey."

NAME OF THE INTERVIEWER: _____ DATE _____ TIME _____

DID THE MOTHER UNDERSTAND?
 YES NO >> ELABORATE: _____

DID THE MOTHER AGREE TO PARTICIPATE IN THE SURVEY?
 YES NO

¹ THIS FORM IS TO BE ATTACHED TO THE QUESTIONNAIRE /ACESHEET AND KEPT SEPARATE FROM THE QUESTIONNAIRE. THIS WILL (1) PERMIT VERIFICATION OF THE INFORMED CONSENT PROCEDURES AND (2) SAFEGUARD THE CONFIDENTIALITY OF RESPONSES.

DIANA R. SILIMPERI
UVP Director
ICDDR,B
and
John Hopkins University
School of Public Health & Hygiene
Dept. of International Medicine

PERSONAL

Birthdate: September 14, 1951

EDUCATION

Medical: Duke University School of Medicine, Durham,
N.C.
M.D., 1979

Honors: Alpha Omega Alpha Society; Medical Perspectives Award (grant to create community health program); Upjohn Community Achievement Award; Mary Duke Biddle Scholarship; Duke University School of Medicine Scholarship; Medical School Faculty Wives Scholarship.

Post-Graduate: Luce Scholar, Taipei, Taiwan, 1974-75
Project: Established data collection system and health education program concerning genetic anomalies, sex determination and family planning.

College: Duke University, B.S., Magna Cum Laude, 1974
Major: Zoology/Psychology.
Honors: Phi Beta Kappa; Dean's list (all semesters); Honor Society; Sarah P Duke Scholar; Women's Memorial Scholar; Sandal-Panhellenic Scholar.

Preparatory: Liberty High School, Bethlehem, Pennsylvania,
1969 - Valdictorian

Rotary Scholar, Vasteras, Sweden, 1970

RESIDENCY

Pediatrics, Department of Pediatrics, University of Washington School of Medicine/Children's Orthopedic Hospital and Medical Center, Seattle, Washington, 1979-82.

Specialized Training:

Tropical Medicine, Tropical Medicine Clinic, USPHS Hospital (1980);
International Medicine, Ban Vinai Refugee Camp, Loei, Thailand and
Chonburi Camp, Phanat Nikhom, Thailand (1980-81);
Cross-Culture Pediatrics, University of Washington/School of
International Studies (1980-82);
Parasitology, University of Washington (1981-82).

Professional Activities:

Coordinator, Seattle Community Health Seminar Series;
~~Coordinator, International Medicine Seminar Series;~~
Coordinator, Hmong Women Health Advocate Training Program;
Coordinator, Refugee Clinic (Harborview Hospital);
Coordinator, Resident Ethno Pediatric Teaching Program (University of
Washington);
Co-Director, Adolescent Weight Management Program (COHMC Medical
Clinic);
Counselor, King Country Juvenile Court - Sex Education Program for
Adolescent Males;
Medic Evaluator, Harborview Medics Program;
Steering Committee, Center for International health, University of
Washington;
Chairperson, Cross-cultural Development Assessment Project (Harborview
Hospital).

EMPLOYMENT

1984-1987

Medical Director
Yukon Kuskokwim Health Corporation
Bethel, Alaska

Primary Duties: The Yukon Kuskokwim Health Corporation is a non-profit, Public Law 638 contractor. It provides medical services to 54 indigenous Eskimo and Athabaskan Indian villages located in the 100,000 square mile delta formed by the Yukon and Kuskokwim rivers. The Corporation provides primary care through the Health Aide Program, staffed by 150 health aides and support staff as well as 15 specialized medical, maternal child health and mental health programs. The Medical Director is responsible for overseeing the medical services of the Corporation as well as for directing, coordinating, and administering the Health Aide Program. She also functions as the Public Health Officer for the region and oversees primary health and epidemiologic research activities and training.

Awards: Executive Director's Award for Excellence USPHS - YK Delta Regional Hospital Citation for Outstanding Service

1985

Consultant
Diarrhoeal Disease Program
Government of India Rural Integrated Health Project
John Hopkins University
School of Public Health
Baltimore, Maryland

1982-84

Epidemiology Investigations Service Officer
Arotio-Investigations Laboratory
Centers for Disease Control
Anchorage, Alaska

Primary Duties: Field Coordinator, Haemophilus Influenza Type B Immunogenetics Susceptibility Project; Diverse epidemiologic projects including vaccine protocols and trials, and outbreak investigations; Attending Staff Member, Pediatrics, Alaska Native Medical Center, Anchorage, Alaska; Instructor, EIS Epidemiology Course, Centers for Disease Control, Atlanta, Georgia.

Commendation: USPHS Citation for Outstanding Service.

1983

Consultant
Diarrhoeal Disease Control Programme
World Health Organization
Geneva, Switzerland

1983

Facilitator
Training Course for Managers of National Programmes for Control of Diarrhoeal Diseases
World Health Organization
Nazereth, Ethiopia

1982-83

Consultant (Acid Rain)
Institute of Foreign Policy Analysis
Boston, Massachusetts

PUBLICATIONS

Invasive Haemophilus Influenzae Type B Disease in Alaska-Background Epidemiology for a Vaccine Efficacy Trial. The Journal of Infectious Diseases, Vol. 153, No. 1, January 1986.

Recurrent Invasive Haemophilus Influenzae Type B Disease in Alaskan Natives. Pediatric Infectious Diseases, April, 1987.

Uridine Monophosphate Kinase 3: A Genetic Marker for Susceptibility to Haemophilus Influenzae Type B Disease. The Lancet, August 24, 1985.

Microbiologic Investigations of the Barrow Eskimo Specimens. Arctic Anthropology, Vol. 21, No. 1:117, 1984.

Early Detection of Primary Hepatocellular Carcinoma by Screening for Alpha-fetoprotein in High-Risk Families: A Case Report. The Lancet, November, 1983.

Echocardiographic Documentation of Vegetative Lesions in Infective Endocarditis: Clinical Implications. Circulation, 61:374, 1980. (Also presented at AHA, Nov. 1978).

Recognition of Depression by Family Medicine Residents: The Impact of Screening, J of Family Practice, Summer, 1978.

Genetic Factors in Haemophilus Influenzae Type B Disease Susceptibility and Antibody Acquisition in Alaskan Eskimos. Submitted for publication.

Influence of Age and Household Structure on Haemophilus Influenzae Type B Disease Risk and Antibody Acquisition in Alaskan Eskimos. Submitted for publication.

PRESENTATIONS

The Movement from Colonialism to Community Based Care in Rural Alaska. The American Public Health Association Conference, Nov. 1985.

Supervision of Community Health Aides: Quality Assurance in a Rural Alaska Native Health Corporation Program. National Council for International Health Annual Conference, June, 1985.

Integration of Cross Cultural Illness Beliefs in the Provision of Western Medical Care. National Council for International Health Annual Conference, June, 1983.

A Statewide Surveillance System for Invasive Haemophilus Influenzae Type B Disease. EIS Conference, Centers for Disease Control, April, 1983..

PRESENTATIONS (continued)

Microbiologic Investigations of the Barrow Eskimo Specimens. Alaska Archaeologic and Anthropologic Symposium, March, 1983 and Circumpolar Health Conference, Spring, 1984.

Refugee Health: Medical, Psychosocial and Cultural Needs of the S.E. Asian Refugee Child. Association for the Care of Children's Health, June, 1982.

AIDS in Alaska. Public Television Broadcast, July, 1983.

BOARD

CERTIFICATION

National Boards: Parts I, II, III

BOARD ELIGIBLE

Pediatrics (Passed written exam; eligible for oral exam)

LICENSURE

Washington and Alaska, USA

LANGUAGE SKILLS

Mandarin Chinese (fluent)
Spanish (fluent)
Swedish (fluent)
Yupik Eskimo (primary level)
French (primary level)
Hmong (medical vocabulary)
Khmer (medical vocabulary)
Bengali (primary level)

References available upon request

PETRA OSINSKI

PROFESSIONAL INTERESTS

Impact evaluation of child survival interventions. Design and conduct of health interview surveys. Organization and management of primary health care and family planning programs, including design of management information systems.

EDUCATION

- March 1987--
Present
Child Survival Fellow of the Institute for International Programs (IIP) of The Johns Hopkins University, School of Hygiene and Public Health. Technical support to the design and conduct of a national-level baseline survey for the evaluation of the ORT component of the Social Marketing Project in Bangladesh.
- February 1986
Doctoral candidate in the Department of International Health of The Johns Hopkins University, School of Hygiene and Public Health, Baltimore, Maryland. Research interest in integrated delivery of primary health care and family planning.
- May 1984
Master of Public Health, The Johns Hopkins University, School of Hygiene and Public Health, Baltimore, Maryland. Concentration in International Health.
- Sept. 1969--
June 1970
Special student in the Department of Sociology, Horace Rackham School of Graduate Studies, The University of Michigan at Ann Arbor, Michigan. Coursework in survey research methods, statistical methods for the social sciences, and population dynamics.
- July 1969
Graduate degree in sociology (Diplom-Soziologe) awarded by the Department of Social Sciences, Freie Universitaet, West Berlin.
- April 1964--
July 1969
Coursework in sociology at the Freie Universitaet, West Berlin and at the University of Hamburg. Sociological theory, social science research methods; specialization in sociology of organizations.

EXPERIENCE

Positions Held

- April 1979--
March 1981
Population Specialist, Population, Health and Nutrition Department, The World Bank, Washington. Collaboration on population, health and nutrition projects in India, Bangladesh, Senegal and Rwanda. Technical responsibilities for management information and evaluation components and for women's income generating activities.
- April 1977--
March 1979
Resident Coordinator in Jakarta, Indonesia for the United Nations Fund for Population Activities (UNFPA). In charge of development and monitoring of UNFPA's second largest country programme in Asia.

- April 1974-
March 1977 Project Officer at UNFPA, New York. Desk officer for development, appraisal, and implementation monitoring of UNFPA-assisted projects in Pakistan, Bangladesh, Nepal, Afghanistan, Viet Nam, and Laos.
- March 1972-
March 1974 Associate Planning Officer at UNFPA, New York. Participated in collection and analysis of country and project information for the annual preparation of UNFPA's Work Plan.
- October 1970-
February 1972 Assistant Operations Officer at UNFPA, New York. Assisted in the initial development of UNFPA's procedures for program planning, project appraisal and monitoring.

Consultant Assignments

- February 1987 Consultant to the Kreditanstalt fuer Wiederaufbau, Frankfurt (KfW). Participation in the First Annual Review of the Third World Bank-assisted Population and Family Health Project.
- December 1986 Secondment from the Institute for International Programs (IIP) to the Office of Health of the Agency for International Development (AID), Washington, D.C. Review of the health content of the Demographic and Health Surveys against data requirements for the impact evaluation of interventions supported under AID's Child Survival Action Program.
- Oct./Nov. 1986
January 1987 Development of a proposal and questionnaire development for a national-level baseline survey for the evaluation of the ORT component of the Social Marketing Project in Bangladesh.
- July/Sept. 1986 Assignment for the Institute for International Programs, The Johns Hopkins University, School of Hygiene and Public Health. Development of an evaluation strategy for the oral rehydration component of the Social Marketing Project in Bangladesh under AID Child Survival Action Program guidelines.
- February 1986 Consultant to the Kreditanstalt fuer Wiederaufbau (KfW). Participation in pre-implementation mission for the Third World Bank-assisted Population and Family Health Project in Bangladesh to review procurement, logistics, and distribution monitoring for essential drugs and oral pill supplies.
- Nov./Dec. 1985 Consultant to the Kreditanstalt fuer Wiederaufbau (KfW). Preparation of a proposal for reporting and monitoring procedures in support of joint Government-World Bank-cofinanciers reviews of the Third World Bank-assisted Population and Family Health Project in Bangladesh.
- Feb./March 1985 Consultant to the German Agency for Technical Cooperation, Eschborn (GTZ) for pre-project activities and planning of a baseline survey for delivery of family planning/reproductive health services within a pilot primary health care project in Tanzania.

- October 1984 Consultant to the Kreditanstalt fuer Wiederaufbau (KfW). Participation in the appraisal mission for a Third World Bank-assisted Population and Family Health Project in Bangladesh to advise on foreseen German financial participation.
- Sept./Oct. 1983 Consultant to the Kreditanstalt fuer Wiederaufbau (KfW). Participation in a World Bank review mission for the Second Population and Family Health Project in Bangladesh to advise on the implementation status of two women's programs and other German-financed project components.
- May 1982-
June 1983 Consultant to the German Agency for Technical Cooperation (GTZ). Coordination of an orientation and in-service training workshop on family planning for GTZ field staff. Evaluation of a GTZ-assisted regional training program in family planning at the University of the West Indies, Jamaica. Development of family planning components in GTZ-assisted rural development projects in West Sumatra and East Kalimantan, Indonesia.
- Aug./Sept. 1981 Consultant to Projects Advisory Staff, The World Bank, Washington. Preparation of a case study on women's income generating projects and population planning in Bangladesh for use in in-service training of World Bank staff.
- April/May 1981 Consultant to Population, Health and Nutrition Department, The World Bank, Washington. Preparation of a health sector background paper in connection with the appraisal of a World Bank-assisted health project in Senegal.

Additional Experience

- July/Aug. 1970 Summer intern with the United Nations Development Programme, New York (UNDP) under sponsorship by the Office of the German Observer to the United Nations.

ACADEMIC HONORS

Degree of Diplom-Soziologe awarded with top honors.
German Academic Exchange Service (DAAD) fellowship awarded for studies at the University of Michigan.

LANGUAGES

English
French
German (native)

PERSONAL DATA

Born August 31, 1944 in Ebermannstadt/Oberfranken
West German citizen
Excellent health
Single with no dependents

REFERENCES

available on request

ADDRESSES

Permanent

Neumuenstersche Str. 10
2000 Hamburg 20
West Germany

From the US - By Pouch

Dhaka, Bangladesh (ID)
Department of State
Washington, D.C. 20523

March 1987

CURRICULA VITAE

PRINCIPAL INVESTIGATOR

1. Surname/Family Name: BAQUI
 First name/other names: ABDULLAH - HEL

2. Date of birth: March 31, 1953
 Place of Birth: Gopalganj, Bangladesh
 Nationality : Bangladeshi

3. Degrees

<u>Degree</u>	<u>Year</u>	<u>Institution</u>	<u>Disciplines</u>
S.S.C.	1968	S.M. Model High School, Gopalganj	Science
H.S.C.	1970	Dhaka College, Dhaka	Science
M.B.B.S.	1976	Dhaka Medical College	Medicine, Surgery, Gynae
M.P.H.	1985	Johns Hopkins University, USA	International Health
Registered for DR.P.H.	1985	Johns Hopkins University, USA	International Health

4. Academic Distinctions:

	<u>Degree</u>	<u>Year</u>
Physics, Chemistry, Biology, Mathematics, Elective Mathematics	S.S.C.	1968

5. Present post (Title, Institution, Dates)

Title: Senior Medical Officer
 Institution: International Centre for Diarrhoeal Disease Research,
 Bangladesh.
 Date: September 1, 1981 till date.

CURRICULA VITAE

6. Previous posts (Title, Institution Dates)

Title: a. Medical Officer

b. Asst. Surgeon on Supy duty

c. In-Service trainee

Institution:

a. ICDDR, B

b. Dhaka Medical College Hospital

c. Dhaka Medical College Hospital

Dates:

a. June 19, 1978 to August 31, 1981

b. April-June, 1978

c. April 1977 - March 1978

7. Other University & Institutional Posts

Served as a Teaching Assistant in the M.P.H. Program at the Johns Hopkins University School of Hygiene and Public Health in the Summer (July-August) of 1985 and 1986

8. Current Research Interests including details of Projects of which Applicant is Principal Investigator.

Particularly interested in epidemiologic and health services research, with an aim to develop simple but effective methods of health care.

The proposed community-based study of rural under-five children is designed to describe and quantify the problem of persistent diarrhoea and to identify some of the important risks factors of persistent diarrhoea in this population. The study will enhance our understanding of the epidemiology of persistent diarrhoea and with help design possible intervention strategies against this syndrome including curative and preventive measures.

9. Publications & Communications

- i) Baqui AH, Yunus M, and Zaman K. "Community-Operated Treatment Centers Prevented Many Cholera Deaths". J Diar Dis Res 1984 Jun; 2 (2): 92-98.
- ii) Zaman K, Yunus M, Baqui AH, Hossain KMB, and Khan MU. "Cotrimoxazole resistant shigella dysenteriae type 1 out break in a family in rural

- Bangladesh". Lancet 1983; ii 796-797.
- iii) Synder JD, Black RE, Baqui AH, and Sarder AM. "Prevalence of residual paralysis from paralytic poliomyelitis in a rural population of Bangladesh". Am J Trop Hyg 1981 Mar 30 (2): 426-430.
 - iv) Zaman K, Islam MR, Baqui AH, and Yunus M. "Nutritional status and electrolyte anomalies in children with diarrhea in rural Bangladesh". Nut Rep Intn 1984 Oct. 30 (4): 865-71.
 - v) Yunus M, Zimicki S, Baqui AH, Hossain KMB, Blaser MJ. "Salmonella food poisoning in Bangladesh". ICDDR,B Scientific Report No. 51, August, 1981.
 - vi) Zaman K, Islam MR, Baqui AH, Yunus M. "Hypokalaemia in children with diarrhea in rural Bangladesh". Indian J Med Res 1985; 81:169-74.
 - vii) Zaman K, Baqui AH, Yunus M. "Hypokalaemia and urinary anomalies in children with diarrhea in rural Bangladesh". J Pakistan Med Assoc. 36(1) 20-21, 1986

PAPER PRESENTED:

1. Yunus M, Zimicki S, Baqui AH, Blaster MJ, and Hossain KMB. "Acute gastroenteritis due to Salmonella food poisoning". First Asian Conference on Diarrheal Diseases, Dhaka, 16-20 Feb. 1981
2. Black RE, Brown KH, Becker S, Baqui AH, Clemens ML, Levine MM. "The effect of oral rehydration therapy of diarrhea on the growth of children. 109th Annual Meeting of American Public Health Association, Los Angeles, 1-5 Nov. 1981.
3. Zaman K, Islam MR, Baqui AH, Haq I, Yunus M. "Clinical presentation of Hypokalaemia in children attending a rural diarrhea treatment center in Bangladesh". Second Asian Conference on Diarrheal Diseases, Calcutta, 21-24 Feb. 1983.