

Online Supplementary Document

Ayede et al. A prospective validation study in South-West Nigeria on caregiver report of childhood pneumonia and antibiotic treatment using Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) questions

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Appendix S1: DHS5 and MICS5 questionnaires used

DHS QUESTIONNAIRE

- 533 *Has (NAME) been ill with a fever at any time in the last 2 weeks?*
- | | |
|-------------------|----------|
| <i>Yes</i> | <i>1</i> |
| <i>No</i> | <i>2</i> |
| <i>Don't Know</i> | <i>8</i> |
- 534 *Has (NAME) had an illness with a cough at any time in the last 2 weeks?*
- | | |
|-------------------|----------|
| <i>Yes</i> | <i>1</i> |
| <i>No</i> | <i>2</i> |
| <i>Don't Know</i> | <i>8</i> |
- 535 *When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?*
- | | |
|-------------------|----------|
| <i>Yes</i> | <i>1</i> |
| <i>No</i> | <i>2</i> |
| <i>Don't Know</i> | <i>8</i> |
- 536 *Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?*
- | | |
|------------------------------|----------|
| <i>Chest Only</i> | <i>1</i> |
| <i>Nose Only</i> | <i>2</i> |
| <i>Both</i> | <i>3</i> |
| <i>Other _____ (Specify)</i> | <i>4</i> |
| <i>Don't Know</i> | <i>8</i> |
- 537 *Check 533: Had Fever?*
- 538 *Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, more than usual to drink?
If less, probe: Was he/she given much less than usual to drink or somewhat less?*

<i>Much Less</i>	1
<i>Somewhat Less</i>	2
<i>About the Same</i>	3
<i>More</i>	4
<i>Nothing to Drink</i>	5
<i>Don't Know</i>	8

539 *When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?*

If less, probe: Was he/she given much less than usual to eat or somewhat less?

<i>Much Less</i>	1
<i>Somewhat Less</i>	2
<i>About the Same</i>	3
<i>More</i>	4
<i>Stopped Food</i>	5
<i>Never Gave Food</i>	6
<i>Don't Know</i>	8

540 *Did you seek advice or treatment for the illness from any source?*

<i>Yes</i>	1
<i>No</i>	2

541 *Where did you seek advice or treatment? Anywhere else?*

Probe to identify each type of source and circle the appropriate code(s).

If unable to determine if a hospital, health center or clinic is public or private medical, write the name of the place.

_____ (Name of place)

Public Sector

<i>Govt Hospital</i>	A
<i>Govt Health Center</i>	B
<i>Govt Health Post</i>	C
<i>Mobile Clinic</i>	D
<i>Fieldworker</i>	E
<i>Other Public</i>	F

_____ (specify)

Private Medical Sector

<i>PVT Hospital/Clinic</i>	G
<i>Pharmacy</i>	H
<i>PVT Doctor</i>	I
<i>Mobile Clinic</i>	J
<i>Fieldworker</i>	K
<i>Other Private Med.</i>	L

_____ (specify)

Other Source

Shop	M
Traditional Practitioner	N
Other	X
_____ (specify)	

543 Where did you first seek treatment? Use letter code from 541.

544 How many days after the illness began did you first seek advice or treatment for (NAME)? If the same day, record '00'.

545 Is (NAME) still sick with (fever/cough)?

Fever Only	1
Cough Only	2
Both Fever and Cough	3
No, Neither	4
Don't Know	8

546 At any time during the illness, did (NAME) take any drugs for the illness?

Yes	1
No	2

547 What drugs did (NAME) take? Any other drugs? Record all mentioned.

Antimalarial Drugs	
SP/Fansidar	A
Chloroquine	B
Amodiaquine	C
Quinine	D
Artemeter / Lumefantrin	E
Atesunate / Amodiaquine	F
Other Antimalarial	G
_____ (specify)	

Antibiotic Drugs	
Pill/Syrup	H
Injection	I

Specify Name of Antibiotic _____

Other Drugs	
Aspirin	J
Acetaminophen	K
Ibuprofen	L
Other _____ (specify)	X
Don't Know	Z

Followed by specific questions about each drug mentioned...

MICS QUESTIONNAIRE

<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1 No..... 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1 No..... 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest..... 1 Blocked or runny nose 2 Both..... 3 Other (<i>specify</i>)..... 4 DK..... 8</p>	<p>2⇒CA14 6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No..... 2 DK..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p>		
<p>CA12. WAS (NAME) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1 No..... 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (NAME) GIVEN? PROBE: ANY OTHER MEDICINE? CIRCLE ALL MEDICINES GIVEN. WRITE BRAND NAME(S) OF ALL MEDICINES MENTIONED. (NAMES OF MEDICINES)</p>	<p>Antibiotic Pill / Syrup..... A Injection..... B Anti-malarials M Paracetamol / Panadol / AcetaminophenP Aspirin..... Q Ibuprofen..... R Other (<i>specify</i>) X DK..... Z</p>	