

Online Supplementary Document

Hirve et al. Concordance between GPS-based smartphone app for continuous location tracking and mother's recall of care-seeking for child illness in India

J Glob Health 2018;8:020802



Investigating Validity of Maternal Recall of Care-seeking Location

Collaborators: Vadu Health and Demographic Surveillance System, Vadu Rural Health Program, KEM Hospital Research Centre Pune and University of Edinburgh, United Kingdom



Form 1: Baseline questionnaire

(to be administered at enrollment for all mothers)

Starting time of the interview: <input type="text"/> : <input type="text"/>		Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Interviewer Name:		Mother's Name:	
HDSS Id : <input type="text"/> / <input type="text"/> / <input type="text"/>			
		Village	Wadi Household Number
Study ID Number: <input type="text"/>	Study Group ID: <input type="text"/> (See codes below)	Phone ID Number: <input type="text"/> (Enter 998 if N/A)	
(1) GPS Device ID <input type="text"/>	(2) Number of satellites in range <input type="text"/>		
(3) Accuracy <input type="text"/>	(4) Elevation <input type="text"/>		
(5) Latitude	North	Degree and decimal	
	N	<input type="text"/> . <input type="text"/>	
(6) Longitude	East	Degree and decimal	
	E	<input type="text"/> . <input type="text"/>	
(7) Way Point	01 In front of household	02 Place near household:	

Codes for Study Group ID:

Phone Group	1
Longitudinal comparison group (visit at each follow-up)	2
Cross-sectional comparison group 1 (visit once at follow-up 1)	3
Cross-sectional comparison group 2 (visit once at follow-up 2)	4
Cross-sectional comparison group 3 (visit once at follow-up 3)	5
Cross-sectional comparison group 4 (visit once at follow-up 4)	6
Cross-sectional comparison group 5 (visit once at follow-up 5)	7
Cross-sectional comparison group 6 (visit once at follow-up 6)	8

No.	Questions and Filters	Coding Categories	SKIP
(8)	How old were you at your last birthday?	Age in completed years --	
(9)	Have you ever attended school?	Yes 1 No 2	→11
(10)	What was the highest standard or degree / diploma you completed? RECORD THE RESPONSE AS THE NUMBER OF YEARS OF EDUCATION COMPLETED	Completed years of education --	



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(11)	Are you currently employed?	Yes No	1 2	→13
(12)	Have you been employed for at least a total period of 3 months in the previous 12 months?	Yes No	1 2	→14
(13)	What is your principal occupation, that is, what kind of work do you mainly do? RECORD ONLY ONE OPTION. IF A RESPONDENT REPORTS MULTIPLE OCCUPATIONS, RECORD THE OCCUPATION WHERE SHE SPENDS RELATIVELY MORE WORKING TIME.	Cultivators Agricultural laborer Worker in household industry Other worker Student Household duties Dependent Pensioner Rentier Beggar Other _____ (Specify) No answer/do not want to answer	01 02 03 04 05 06 07 08 09 10 11 99	
(14)	Do you own this house or any other house either alone or jointly with someone else?	Alone only Jointly only Both alone and jointly Does not own	1 2 3 4	
(15)	Do you own any land either alone or jointly with someone else?	Alone only Jointly only Both alone and jointly Does not own	1 2 3 4	
(16)	What is your current marital status?	Currently married Married, gauna not performed Widowed Divorced Separated Deserted Never married	1 2 3 4 5 6 7	→25 →25 →25 →25 →25 →25
(17)	How old was your husband at his last birthday?	Age in completed years	--	
(18)	Has your husband ever attended school?	Yes No	1 2	→20
(19)	What was the highest standard or degree / diploma he completed? RECORD THE RESPONSE AS THE NUMBER OF YEARS OF EDUCATION COMPLETED	Completed years of education	--	
(20)	Is your husband currently employed?	Yes No	1 2	
(21)	Has your husband been employed for at least a total period of 3 months in the previous 12 months?	Yes No	1 2	→23



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(22)	What is his principal occupation, that is, what kind of work does he mainly do? RECORD ONLY ONE OPTION. IF A RESPONDENT REPORTS MULTIPLE OCCUPATIONS, RECORD THE OCCUPATION WHERE HER HUSBAND SPENDS RELATIVELY MORE WORKING TIME.	Cultivators Agricultural laborer Worker in household industry Other worker Student Household duties Dependent Pensioner Rentier Beggar Other _____ (Specify) No answer/do not want to answer	01 02 03 04 05 06 07 08 09 10 11 99	
(23)	Does your husband own this or any other house either alone or jointly with someone else?	Alone only Jointly only Both alone and jointly Does not own	1 2 3 4	
(24)	Does your husband own any land either alone or jointly with someone else?	Alone only Jointly only Both alone and jointly Does not own	1 2 3 4	
(25)	What is the religion of the head of household?	Hindu Muslim Christian Sikh Buddhist/Neo-Buddhist Jain Jewish Parsi/Zoroastrian No religion Other _____ (Specify)	01 02 03 04 05 06 07 08 09 96	
(26)	What is the caste or tribe of the head of household?	Caste _____ (Specify) Tribe _____ (Specify) No caste/tribe Don't know	991 992 993 998	→28
(27)	Is this a scheduled caste, a scheduled tribe, other backward class, or none of them?	Scheduled caste (SC) Scheduled tribe (ST) Other backward class (OBC) None of them Don't know	1 2 3 4 8	
(28)	How many people usually live in your household?	Current household size	--	
(29)	How many of these are children under the age of five?	Current number of children under-five	--	



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(30)	Does anyone else other than your husband and your own children live in this household?	No (Nuclear) Yes (Joint)	1 2	→32
(31)	SAY: I will now read to you the latest list of household members. READ THE LIST OF HOUSEHOLD MEMBERS FOR THIS MOTHER FROM YOUR LAPTOP ASK: Is this list correct or incorrect? NOTE: IF YOU ARE UNABLE TO ACCESS YOUR LAPTOP, SKIP THIS QUESTION AND COMPLETE IT LATER	Correct Incorrect	1 2	
(32)	Does any servant or maid usually live in this household?	Yes No	1 2	

#	(33) Please give me the names of all of your children, starting with the oldest.	(34) Is [NAME] child male or female?	(35) How old is the [NAME]? RECORD AGE IN COMPLETED YEARS.	(36) What is [NAME]'s date of birth? ENTER '98' FOR DAY IF THE INFORMATION IS NOT AVAILABLE	(37) Does [NAME] currently live in this household?
1		M / F	—	DD / MM / YYYY __ / __ / ____	Y / N
2		M / F	—	DD / MM / YYYY __ / __ / ____	Y / N
3		M / F	—	DD / MM / YYYY __ / __ / ____	Y / N
4		M / F	—	DD / MM / YYYY __ / __ / ____	Y / N
5		M / F	—	DD / MM / YYYY __ / __ / ____	Y / N

Pregnancy Status				
No.	Questions and Filters	Coding Categories		SKIP
(38)	Are you pregnant now?	Yes No Unsure / don't know	1 2 8	→40 →40
(39)	How many months pregnant are you?	Completed months	—	



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No.	Questions and Filters	Coding Categories	SKIP
(40)	What is the main source of drinking water for members of your household? RECORD ONE RESPONSE.	Piped water Piped into dwelling 11 Piped to yard/plot 12 Public tap/standpipe 13 Tube well or borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater 51 Tanker truck 61 Cart with small tank 71 Surface water (River/dam/ lake/pond/stream/canal/ irrigation channel) 81 Bottled water 91 Community RO plant 92 Other _____ 96 (Specify)	
(41)	What kind of a toilet facility do members of your household usually use? RECORD ONE RESPONSE.	Flush or pour toilet Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit latrine 13 Flush to somewhere else 14 Flush, don't know where 15 Pit latrine Ventilated improved pit (VIP)/biogas latrine 21 Pit latrine with slab 22 Pit latrine without slab/open pit 23 Twin pit/composting toilet 31 Dry toilet 41 No facility/uses open space or field 51 Other _____ 96 (Specify)	→43
(42)	Do you share this toilet with other households?	Yes 1 No 2	
(43)	Does your household have:	Y N	
	a) Electricity?	Electricity 1 2	
	b) A mattress?	Mattress 1 2	
	c) A pressure cooker?	Pressure cooker 1 2	
	d) A chair?	Chair 1 2	
	e) A cot or bed?	Cot/bed 1 2	
	f) A table?	Table 1 2	
	g) An electric fan?	Electric fan 1 2	



	h) A radio or transistor?	Radio/transistor	1 2	
	i) A black and white television?	B & W television	1 2	
	j) A colour television	Colour television	1 2	
	k) A sewing machine?	Sewing machine	1 2	
	l) A mobile telephone?	Mobile telephone	1 2	
	m) A land line telephone?	Land line telephone	1 2	
	n) Internet?	Internet	1 2	
	o) A computer?	Computer	1 2	
	p) A refrigerator?	Refrigerator	1 2	
	q) An air conditioner/cooler?	Air conditioner/cooler	1 2	
	r) A washing machine?	Washing machine	1 2	
	s) A watch or clock?	Watch/clock	1 2	
	t) A bicycle?	Bicycle	1 2	
	u) A motorcycle or scooter?	Motorcycle/scooter	1 2	
	v) An animal-drawn cart?	Animal-drawn cart	1 2	
	w) A car?	Car	1 2	
	x) A water pump?	Water pump	1 2	
	y) A thresher?	Thresher	1 2	
	z) A tractor?	Tractor	1 2	
(44)	What type of fuel does your household mainly use for cooking?	Electricity	01	
		LPG/natural gas	02	
		Biogas	03	
		Kerosene	04	
	RECORD ONE RESPONSE.	Coal/lignite	05	
		Charcoal	06	
		Wood	07	
		Straw/shrubs/grass	08	
		Agricultural crop waste	09	
		Dung cakes	10	
		No food cooked in household	95	
		Other _____	96	
		(Specify)		
(45)	MAIN MATERIAL OF THE FLOOR	Natural floor		
		Mud/clay/earth	11	
		Sand	12	
		Dung	13	
	RECORD OBSERVATION.	Rudimentary floors		
	RECORD ONE RESPONSE.	Raw wood plans	21	
		Palm/bamboo	22	
		Brick	23	
		Stone	24	
		Finished floor		
		Parquet or polished wood	31	
		Vinyl or asphalt	32	
		Ceramic tiles	33	
		Cement	34	
		Carpet	35	
		Polished stone/marble/granite		
		Other _____	36	
		(Specify)	96	



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(46)	<p>MAIN MATERIAL OF THE ROOF</p> <p>RECORD OBSERVATION. RECORD ONE RESPONSE.</p>	<p>Natural roofing</p> <p>No roof 11</p> <p>Thatch/palm leaf/reed/grass 12</p> <p>Mud 13</p> <p>Sod/mud and grass mixture 14</p> <p>Plastic/polythene sheeting 15</p> <p>Rudimentary roofing</p> <p>Rustic mat 21</p> <p>Palm/bamboo 22</p> <p>Raw wood planks/timber 23</p> <p>Unburnt brick 24</p> <p>Loosely packed stone 25</p> <p>Finished roofing</p> <p>Metal/GI 31</p> <p>Wood 32</p> <p>Calamine/cement fiber 33</p> <p>Asbestos sheets 34</p> <p>RCC/RBC/cement/concrete 35</p> <p>Roofing shingles 36</p> <p>Tiles 37</p> <p>Slate 38</p> <p>Burnt brick 39</p> <p>Other _____ 96</p> <p style="text-align: center;">(Specify)</p>	
(47)	<p>MAIN MATERIAL OF THE EXTERIOR WALLS</p> <p>RECORD OBSERVATION. RECORD ONE RESPONSE ONLY.</p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane/palm/trunks/bamboo 12</p> <p>Mud 13</p> <p>Grass/reeds/thatch 14</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud 22</p> <p>Plywood 23</p> <p>Cardboard 24</p> <p>Unburnt brick 25</p> <p>Raw wood/reused wood 26</p> <p>Finished walls</p> <p>Cement/concrete 31</p> <p>Stone with lime/cement 32</p> <p>Burnt bricks 33</p> <p>Cement blocks 34</p> <p>Wood planks/shingles 35</p> <p>GI/metal/asbestos sheets 36</p> <p>Other _____ 96</p> <p style="text-align: center;">(Specify)</p>	
(48)	<p>How many rooms in this household are used for sleeping?</p>	<p>Rooms —</p>	
(49)	<p>Does any member of this household own this household or any other house?</p>	<p>Yes 1</p> <p>No 2</p>	



(50)	Does any member of this household own any agricultural land?	Yes No	1 2	→52																					
(51)	How much agricultural land do members of this household own? <hr/> (IF NOT IN ACRES, SPECIFY SIZE AND UNIT)	Acres	-----																						
(52)	Does this household own any of the following animals: a) Cows, bulls, or buffaloes? b) Camels? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or ducks?		<table border="0"> <tr> <td></td><td>Y</td><td>N</td></tr> <tr> <td>Cows/bulls/buffaloes</td><td>1</td><td>2</td></tr> <tr> <td>Camels</td><td>1</td><td>2</td></tr> <tr> <td>Horses/donkeys/mules</td><td>1</td><td>2</td></tr> <tr> <td>Goats</td><td>1</td><td>2</td></tr> <tr> <td>Sheep</td><td>1</td><td>2</td></tr> <tr> <td>Chickens/ducks</td><td>1</td><td>2</td></tr> </table>		Y	N	Cows/bulls/buffaloes	1	2	Camels	1	2	Horses/donkeys/mules	1	2	Goats	1	2	Sheep	1	2	Chickens/ducks	1	2	
	Y	N																							
Cows/bulls/buffaloes	1	2																							
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Horses/donkeys/mules	1	2																							
Goats	1	2																							
Sheep	1	2																							
Chickens/ducks	1	2																							
(53)	Does any usual member of this household have a bank account or a post office account?	Yes No Don't know	1 2 8																						
(54)	Is any usual member of this household covered by a health scheme or health insurance?	Yes No Don't know	1 2 8	→57 →57																					
(55)	What type of health scheme or health insurance? Any other type? RECORD ALL MENTIONED	Employee state insurance scheme (ESIS) Central government health scheme (CGHS) State health insurance scheme Rashtriya Swasthya Bima Yojana (RSBY) Communitie health insurance programme Other health insurance through employer Medical reimbursement from employer Other privately purchased health insurance Other _____ (Specify)	A B C D E F G H X																						
(56)	With what organization or company is your health scheme or health insurance? IF THE RESPONDENT DOES NOT KNOW OR IS UNSURE, RECORD "DON'T KNOW/UNSURE".	<hr/> (Name(s) of insurance organization or company)																							



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(57)	When a child in your household gets sick, where do you generally take him/her for treatment?	(Name of provider)	
		(Name of facility/place)	
		(Name of village)	
(58)	What is the usual mode of transportation you use when you visit this provider?	<div style="display: flex; justify-content: space-between;"> Government ambulance 11 </div> <div style="display: flex; justify-content: space-between;"> Other ambulance 12 </div> <div style="display: flex; justify-content: space-between;"> Own jeep/car 21 </div> <div style="display: flex; justify-content: space-between;"> Hired jeep/car (Taxi) 22 </div> <div style="display: flex; justify-content: space-between;"> Own motorcycle/scooter 31 </div> <div style="display: flex; justify-content: space-between;"> Hired motorcycle/scooter 32 </div> <div style="display: flex; justify-content: space-between;"> Bus/train 41 </div> <div style="display: flex; justify-content: space-between;"> Tempo/auto/tractor 51 </div> <div style="display: flex; justify-content: space-between;"> Cart 61 </div> <div style="display: flex; justify-content: space-between;"> On foot 71 </div> <div style="display: flex; justify-content: space-between;"> Bicycle 81 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Other _____ 96 </div> <div style="text-align: center; margin-top: 5px;">(Specify)</div>	
(59)	When a child in your household has a serious illness, where do you generally take him/her for treatment?	(Name of provider)	
		(Name of facility/place)	
		(Name of village)	
(60)	What is the usual mode of transportation you use when you visit this provider?	<div style="display: flex; justify-content: space-between;"> Government ambulance 11 </div> <div style="display: flex; justify-content: space-between;"> Other ambulance 12 </div> <div style="display: flex; justify-content: space-between;"> Own jeep/car 21 </div> <div style="display: flex; justify-content: space-between;"> Hired jeep/car (Taxi) 22 </div> <div style="display: flex; justify-content: space-between;"> Own motorcycle/scooter 31 </div> <div style="display: flex; justify-content: space-between;"> Hired motorcycle/scooter 32 </div> <div style="display: flex; justify-content: space-between;"> Bus/train 41 </div> <div style="display: flex; justify-content: space-between;"> Tempo/auto/tractor 51 </div> <div style="display: flex; justify-content: space-between;"> Cart 61 </div> <div style="display: flex; justify-content: space-between;"> On foot 71 </div> <div style="display: flex; justify-content: space-between;"> Bicycle 81 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Other _____ 96 </div> <div style="text-align: center; margin-top: 5px;">(Specify)</div>	



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(61)	<p>Aside from the places that you have just mentioned, where else might you seek treatment or advice? Anywhere else?</p> <p>RECORD ALL FACILITIES AND PLACES MENTIONED. IF RESPONDENT MENTIONS NO OTHER PLACES, RECORD "NONE".</p>	<div>(Provider)</div> <div>(Facility/place)</div> <div>(Village)</div>	<div>(Provider)</div> <div>(Facility/place)</div> <div>(Village)</div>	<div>(Provider)</div> <div>(Facility/place)</div> <div>(Village)</div>	
(62)	<p>With whom would you usually discuss when deciding whether or not to seek care for your sick child? Anyone else?</p> <p>RECORD ALL MEMBERS REPORTED USING THEIR RELATIONSHIP TO RESPONDENT (FOR EXAMPLE: HUSBAND, FRIEND, SISTER, NEIGHBOR ETC.)</p>	<div>(Person(s) with whom respondent discusses care seeking listed in relationship to respondent)</div>			
(63)	<p>Check 43m: Does household own a mobile phone?</p> <p style="text-align: right;">YES NO</p>				→68
(64)	How many mobile phones does this household own?	<p>Number of phones</p> <p style="text-align: right;">--</p>			
(65)	<p>Which members of your household primarily use these phones?</p> <p>RECORD ALL MEMBERS REPORTED USING THEIR RELATIONSHIP TO RESPONDENT (FOR EXAMPLE: SELF, HUSBAND, MOTHER-IN-LAW, ETC.)</p>	<div>(Phones users listed in relationship to respondent)</div>			
(66)	<p>Are any of these phones smartphones?</p> <p>Probe: Are you able to use or install applications on any of your phones, like WhatsApp or Facebook?</p>	<p>Yes</p> <p>No</p>	<p>1</p> <p>2</p>		



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(67)	For what purposes do you typically use your phone? Anything else? RECORD ALL RESPONSES	Calling Texting Browsing internet Playing games Music Movies Photos Other _____ <div style="text-align: right;">(Specify)</div>	1 2 3 4 5 6 7 8	
(68)	Check: Is the mother in the phone group (study group ID = 1) or a comparison group (study group ID = 2-8)?			<div style="text-align: right; padding-right: 10px;"> Phone group Comparison Group </div> <div style="text-align: center;"> →69 →END </div>

For questions 69-78, read the statement to the respondent and then read each response. Indicate the response by blackening the circle for the appropriate column.

#	Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
(69)	I worry about charging the phone every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(70)	I worry about keeping the phone on during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(71)	I worry about carrying the phone with me when I seek treatment or advice for my sick child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(72)	I worry that someone may try to steal the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(73)	I worry that the phone will not be easy to carry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(74)	I worry that I will lose the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(75)	I worry that I or someone in my household will damage the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(76)	I worry about my safety when I carry the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(77)	I worry that another family member will take the phone for himself or herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(78)	Overall, I feel the phone will be easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(79)	Do you plan to use the study phone as your primary phone?	Yes No Don't know/unsure	1 2 3
Ending time of the interview: □□:□□			



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From 2: Follow-up Questionnaire for Care Seeking

Fill in one form per child

Starting time of the interview: <input type="text"/> : <input type="text"/> : <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Visit Number: <input type="text"/>
Interviewer Name: <input type="text"/>	Mother's Name: <input type="text"/>	
Household Number (Record the HH No. Where the mother belongs): <input type="text"/> / <input type="text"/> / <input type="text"/> <div style="text-align: right;">Village Wadi Household Number</div>		
Study ID Number: <input type="text"/>	Study Group ID: <input type="text"/> (See codes below)	Phone ID Number: <input type="text"/> (Enter 998 if N/A)
Child ID Number: <input type="text"/>		

Codes for Study Group ID:

Phone Group	1
Longitudinal comparison group (visit at each follow-up)	2
Cross-sectional comparison group 1 (visit once at follow-up 1)	3
Cross-sectional comparison group 2 (visit once at follow-up 2)	4
Cross-sectional comparison group 3 (visit once at follow-up 3)	5
Cross-sectional comparison group 4 (visit once at follow-up 4)	6
Cross-sectional comparison group 5 (visit once at follow-up 5)	7
Cross-sectional comparison group 6 (visit once at follow-up 6)	8

Care seeking for childhood illness

No.	Questions and Filters	Coding Categories	SKIP
(1)	Has (NAME) had diarrhoea in the last 2 weeks?	YES NO DON'T KNOW	1 2 →14 8 →14
(2)	Was there any blood in the stools?	YES NO DON'T KNOW	1 2 8
(3)	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the diarrhoea. Was (he/she) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (he/she) given much less than usual to drink or somewhat less?	MUCH LESS SOMEWHAT LESS ABOUT THE SAME MORE NOTHING TO DRINK DON'T KNOW	1 2 3 4 5 8
(4)	When (NAME) had diarrhoea, 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?	MUCH LESS SOMEWHAT LESS ABOUT THE SAME MORE STOPPED FOOD NEVER GAVE FOOD DON'T KNOW	1 2 3 4 5 6 8
(5)	Did you seek advice or treatment for the diarrhoea from any source?	YES NO	1 2 →10
(6)	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED	PUBLIC HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL VAIDYA/HAKIM/HOMEOPATH (AYUSH) GOVT. DISPENSARY	A B C



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	<p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <hr/> <p>(NAME OF FACILITY/PLACE(S))</p>	<p>UHC/UHP/UFWC D</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC E</p> <p>PHC/ADDITIONAL PHC F</p> <p>SUB-CENTRE/ANM G</p> <p>GOVT. MOBILE CLINIC H</p> <p>CAMP I</p> <p>ANGANWADI/ICDS CENTRE J</p> <p>ASHA K</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY L</p> <p>NGO OR TRUST HOSPITAL/CLINIC M</p> <p>PRIVATE HEALTH SECTOR</p> <p>PVT. HOSPITAL N</p> <p>PVT. DOCTOR/CLINIC O</p> <p>PVT. PARAMEDIC P</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) Q</p> <p>PHARMACY/DRUGSTORE R</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY S</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL HEALER U</p> <p>FRIEND/RELATIVE V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
(7)	CHECK 6:	<p>TWO OR MORE CODES SELECTED →8</p> <p>ONLY ONE CODE SELECTED →9</p>	
(8)	Where did you first seek advice or treatment?	FIRST PLACE _____	
	USE LETTER CODE FROM 6		
(9)	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS --	
(10)	Was (he/she) given any of the following to drink at any time since (he/she) started having the diarrhoea:	<p>Y N DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>GRUEL 1 2 8</p>	
	a) A fluid made from a special packet called (LOCAL NAME FOR ORS PACKET)?		
	b) Gruel made from rice (OR OTHER LOCAL GRAIN)?		
(11)	Was (he/she) given zinc at any time since (he/she) started having diarrhoea?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
(12)	Was anything (else) given to treat the diarrhoea?	<p>YES 1</p> <p>NO 2 →14</p> <p>DON'T KNOW 8 →14</p>	



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(13)	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR ANTIBIOTIC ANTIBIOTIC ANTIMOTILITY OTHER (NON ANTIBIOTIC, ANTIMOTILITY, OR ZINC) UNKNOWN PILL OR SYRUP INJECTION ANTIBIOTIC NON-ANTIBIOTIC UNKNOWN INJECTION INTRAVENOUS (IV) HOME REMEDY/HERBAL MEDICINE OTHER _____ (SPECIFY)	A B C D E F G H I X	
(14)	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES NO DON'T KNOW	1 2 8	→16 →16
(15)	At any time during illness, did (NAME) have blood taken from (his/her) finger or heel for testing?	YES NO DON'T KNOW	1 2 8	
(16)	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES NO DON'T KNOW	1 2 8	→19 →19
(17)	When (NAME) had an illness with a cough, did (he/she) breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES NO DON'T KNOW	1 2 8	→20 →20
(18)	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY NOSE ONLY BOTH OTHER _____ (SPECIFY) DON'T KNOW	1 2 3 6 8	→20 →20 →20 →20 →20
(19)	CHECK 14: HAD FEVER	YES NO OR DON'T KNOW	→20 →33	
(20)	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, or more than usual to drink? IF LESS, PROBE: Was (he/she) given much less than usual to drink or somewhat less?	MUCH LESS SOMEWHAT LESS ABOUT THE SAME MORE NOTHING TO DRINK DON'T KNOW	1 2 3 4 5 8	
(21)	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?	MUCH LESS SOMEWHAT LESS ABOUT THE SAME MORE STOPPED FOOD NEVER GAVE FOOD DON'T KNOW	1 2 3 4 5 6 8	



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(22)	Did you seek advice or treatment for the illness from any source?	YES NO	1 2	→27
(23)	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S). <hr/> (NAME OF FACILITY/PLACE(S))	PUBLIC HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL VAIDYA/HAKIM/HOMEOPATH (AYUSH) GOVT. DISPENSARY UHC/UHP/UFWC CHC/RURAL HOSPITAL/ BLOCK PHC PHC/ADDITIONAL PHC SUB-CENTRE/ANM GOVT. MOBILE CLINIC CAMP ANGANWADI/ICDS CENTRE ASHA OTHER PUBLIC SECTOR HEALTH FACILITY NGO OR TRUST HOSPITAL/CLINIC PRIVATE HEALTH SECTOR PVT. HOSPITAL PVT. DOCTOR/CLINIC PVT. PARAMEDIC VAIDYA/HAKIM/HOMEOPATH (AYUSH) PHARMACY/DRUGSTORE OTHER PRIVATE SECTOR HEALTH FACILITY OTHER SOURCE SHOP TRADITIONAL HEALER FRIEND/RELATIVE OTHER _____ (SPECIFY)	A B C D E F G H I J K L M N O P Q R S T U V X	
(24)	CHECK 23:	TWO OR MORE CODES SELECTED ONLY ONE CODE SELECTED		→25 →26
(25)	Where did you first seek advice or treatment? USE LETTER CODE FROM 23.	FIRST PLACE	—	
(26)	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	--	
(27)	At any time during the illness, did (NAME) take any drugs for the illness?	YES NO DON'T KNOW	1 2 8	→31 →31
(28)	What drugs did (NAME) take? Any other drugs?	ANTIMALARIAL DRUGS CHLOROQUINE PRIMAQUINE	A B	



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	RECORD ALL TREATMENTS GIVEN	SP/FANSIDAR QUININE ARTEMISININ COMBINATION THERAPY OTHER ANTIMALARIAL UNKNOWN ANTIMALARIAL ANTIBIOTIC DRUG OTHER DRUGS ASPIRIN ACETAMINOPHIN IBUPROFEN OTHER _____ (SPECIFY) UNKNOWN DRUG	C D E F G H I J K X Z	
(29)	CHECK 28: ANY CODE 'A-G' RECORDED		YES NO	→30 →31
(30)	How long after the fever started, did (NAME) first take (DRUG(S) FROM 28 A-G)?	SAME DAY NEXT DAY TWO DAYS AFTER FEVER THREE OR MORE DAYS AFTER FEVER DON'T KNOW	1 2 3 4 8	
(31)	Are you pregnant now?	Yes No Unsure / don't know	1 2 8	→33 →33
(32)	How many months pregnant are you?	Completed months	--	
	RECORD NUMBER OF COMPLETED MONTHS.			
(33)	CHECK 1, 14, AND 16: ANY CODE '1' ('YES') RECORDED		YES NO	→34 →END



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Presence and timing of symptoms

Symptoms	(A) In the previous two weeks, was [NAME] ill with [SYMPTOM]? IF NO, SKIP TO NEXT SYMPTOM.	(B) How long ago did [SYMPTOM] begin? RECORD RESPONSE IN DAYS.	(C) Is [NAME] currently ill with [SYMPTOM]? IF "YES" SKIP TO NEXT SYMPTOM.	(D) If "No:" ask: How many days ago did [SYMPTOM] end? RECORD AS DAYS. RECORD, "1" FOR YESTERDAY, "2" FOR THE DAY BEFORE, ETC.	(E) (ONLY ASK IF RESPONDENT REPORTED CONVULSIONS IN PREVIOUS TWO WEEKS) How many times did convulsions occur as part of this illness?
(34) Diarrhea	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(35) Blood in stools	Yes 1 No 2 Don't know 8 Skipped 9	Days -- --	Yes 1 No 2	Days --	
(36) Fever	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(37) Cough	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(38) Fast breathing	Yes 1 No 2 Don't know 8 Skipped 9	Days -- --	Yes 1 No 2	Days --	
(39) Unable to eat	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(40) Vomited everything	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(41) Convulsions	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	Occurrences --
(42) Unusually sleepy or unconscious	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(43) Lower chest indrawing	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(44) Nasal discharge ("runny nose")	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(45) Other problem (specify): _____	Yes 1 No 2 Don't know 8	Days -- --	Yes 1 No 2	Days --	
(46)	How serious was this illness?			Very serious Somewhat serious Not serious	



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Treatment within and outside the household

(47)	In the previous two weeks, did you avail of any treatment either at home or outside for the illness?	<div>Yes 1</div> <div>No 2</div> <div>→What was the first thing you did? (Fill Row 1)</div> <div>→End questionnaire</div>
------	--	---

(48) Seq ID	(49) Within/ outside of family	Type of action		(52) How many days ago did this take place?	(53) Did [NAME] stay overnight at [FACILITY] for treatment?	(54) How many nights did [NAME] stay at [FACILITY] for treatment?	ASK THESE TWO QUESTIONS TO PHONE GROUP ONLY			(57) Did you do anything after this for the illness either within or outside the family?
		(50) What did you do? RECORD CODE FROM NEXT PAGE. IF CODE A01-A06, ASK 52 AND 57 ONLY.(SKIP 51, 53-56)	(51) What is the name of the facility that you visited?				(55) Did you carry the study phone when you visited [PROVIDER]?	(56) If "No" ask: "Why did you not carry your phone?" RECORD ALL THAT APPLY USING CODES FROM NEXT PAGE.		
		CODE	IF "OTHER", SPECIFY:							
1	IN / OUT	---		--	Y / N	--	Y / N	A B C D E F: _____	Y / N	
2	IN / OUT	---		--	Y / N	--	Y / N	A B C D E F: _____	Y / N	
3	IN / OUT	---		--	Y / N	--	Y / N	A B C D E F: _____	Y / N	
4	IN / OUT	---		--	Y / N	--	Y / N	A B C D E F: _____	Y / N	
5	IN / OUT	---		--	Y / N	--	Y / N	A B C D E F: _____	Y / N	
6	IN / OUT	---		--	Y / N	--	Y / N	A B C D E F: _____	Y / N	
7	IN / OUT	---		--	Y / N	--	Y / N	A B C D E F: _____	Y / N	



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Codes for Question (50): Type of treatment sought within/outside the home			Codes for Question (56): Reasons mother did not bring the phone		
Treatment within the home		Treatment outside the home			
Apply heat	A01	<i>Public health sector</i>		Forgot	A
Herbs/herbal tea	A02	Govt./municipal hospital	B01	Phone with husband	B
Change of diet	A03	Vaidya/hakim/homeopath (AYUSH)	B02	Phone with other person (not husband)	C
Oral rehydration solution or therapy (ORS/ORT)	A04	Govt. dispensary	B03	Phone not working	D
Used leftover pills/medicines	A05	UHC/UHP/UFWC	B04	No battery charge	E
		CHC/Rural hospital/Block PHC	B05	Other (specify)	F
Other treatment within the home (specify)	A06	PHC/Additional PHC	B06		
		Sub-centre/ANM	B07		
		Govt. mobile clinic	B08		
		Camp	B09		
		Anganwadi/ICDS centre	B10		
		ASHA	B11		
		Other public health sector facility	B12		
		NGO or trust hospital/clinic	B13		
		<i>Private health sector</i>			
		Pvt.. hospital	B14		
		Pvt. doctor/clinic	B15		
		Pvt. paramedic	B16		
		Vaidya/hakim/homeopath (AYUSH)	B17		
		Pharmacy/drugstore	B18		
		Other private health sector facility	B19		
		<i>Other source</i>			
		Shop	B20		
		Traditional healer	B21		
		Other treatment outside the home (specify)	B22		



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(58)	CHECK 49: DID THE RESPONDENT SEEK ANY CARE FROM OUTSIDE THE HOME?	Yes 1 No 2	→ CONTINUE TO 59 → SKIP TO 73
------	--	---------------	----------------------------------

Say: “I would now like to ask you some information about the costs for treatment that you sought outside the home.”

(59) Enter Seq ID of Q48.	(60) Total Amount (Rs.)	(61) Consultation Fee Amount	Medicines				Diagnostics		Transport			Other Costs	
			(62) Medicines Amount (Rs.)	(63) Number of different medicines purchased	(64) Name of medicine purchased	(65) # Days Supply	(66) Diagnostics Amount (Rs.)	(67) Type of test (e.g. X-Ray)	(68) Trans. Amount (Rs.)	(69) Main Mode of Transport	(70) Total Time (Minutes; round-trip)	(71) Other Costs Amount (Rs.)	(72) What do these include?
—				□□	a.			a.					a.
					b.			b.					b.
					c.			c.					c.
					d.			d.					d.
					e.			e.					e.
—				□□	a.			a.					a.
					b.			b.					b.
					c.			c.					c.
					d.			d.					d.
					e.			e.					e.
—				□□	a.			a.					a.
					b.			b.					b.
					c.			c.					c.
					d.			d.					d.
					e.			e.					e.
Codes for Question (68) 11 Government ambulance 23 Shared Taxi / Autorickshaw 41 Bus/train 71 On foot 12 Other ambulance 31 Own motorcycle/scooter 51 Tempo/auto/tractor 81 Bicycle 21 Own jeep/car 32 Hired motorcycle/scooter 61 Cart 96 Other (specify) 22 Hired jeep/car													



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	Mother / primary caregiver	Accompanying person (if any)
(73) Total # of days lost due to caring for child's illness		
(74) Monthly earnings (record 0 if does not ear a wage)		

(75)	How were expenditures related to this illness managed? For how much? RECORD ALL THAT APPLY	Current income of any household member	A	Rs. _____
		Savings (e.g. bank account)	B	Rs. _____
		Payment or reimbursement from health insurance plan	C	Rs. _____
		Sold assets (e.g. furniture, animals, jewelry)	D	Rs. _____
		Borrowed from family members or friends from outside this household	E	Rs. _____
		Borrowed from someone other than a family member or friend	F	Rs. _____
		Pawning/hawking/mortgage/guarantee	G	Rs. _____
		Other _____ (Specify)	X	Rs. _____
Ending time of the interview: □□				



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Form 3: Follow up Care-seeking Questions for Mothers in the Phone Group

Starting time of the interview: <input type="text"/> : <input type="text"/>				Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		Interviewer Name: <input type="text"/>				Mother's Name: <input type="text"/>			
HDSS Id: <input type="text"/> / <input type="text"/> / <input type="text"/>				Study Id Number: <input type="text"/>		Phone Id: <input type="text"/>		Which follow-up visit is this? <input type="checkbox"/>				Pregnancy status (Copy from form 2, Q. 32) <input type="checkbox"/>	

Sr. No.	Date	Provider			(1) Visit?	(2) Seek treatment or advice?	(3) Avail of treatment or advice?	(4) U5 and/or mother?	(5) For whom? (Circle all that apply)		(6) What was the purpose of [NAME]'s/[YOUR] visit to this provider? (Record all that apply using codes on next page.)				(7) Time at provider (minutes)	(8) Link ID	
		ID	Name	Village							U5 Child	M	Child 1	Child 2		Child 3	Mother
					Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	1 2 3 4								
					Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	1 2 3 4								
					Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	1 2 3 4								
					Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	1 2 3 4								
					Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	1 2 3 4								
					Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	Y 1 N 2 DK 3	1 2 3 4								

(Include additional rows as necessary)



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<p>Guide</p> <p>(1) <u>Visit</u>: Did you visit the provider on this date? (Continue to Question 2 if “Yes”. Otherwise, skip to the next row.)</p> <p>(2) <u>Seek medical care</u>: Did you seek treatment or advice from this provider? (Continue to Question 3 if “Yes”. Otherwise, skip to the next row.)</p> <p>(3) <u>Avail of medical care</u>: Were you able to avail of treatment or advice at the provider?</p> <p>(4) <u>U5 and/or mother</u>: Were any of those services related to your or your child’s illness or related to your current/most recent pregnancy? (Only ask the second half if the mother is currently pregnant. Continue to Question 4 if “Yes” to either. Otherwise, skip to the next row.)</p> <p>(5) <u>For whom</u>: For whom did you seek treatment or advice? (Continue to “Purpose” for each circled individual)</p> <p>(6) <u>Purpose</u>: What was the purpose of [NAME]’s visit to this provider? (Record all that apply using codes below.)</p> <p>(7) <u>Time at provider</u>: Approximately how many minutes did you spend during this visit to [PROVIDER]?</p> <p>(8) <u>Link ID</u>: Did you previously visit a provider for this same purpose? (If no, skip to next row. If yes, enter the serial number that corresponds to the provider that the respondent previously visited. If the respondent reports previous care seeking from a provider that is not listed on the form, enter “96” as the link serial number and write a note with information on the provider. The note should include whatever information the mother provides. For example, she may report the date and provider name.)</p>	<p>Purposes for children:</p> <p>A1: Treatment for diarrhea</p> <p>A2: Treatment for fever/cough</p> <p>A3: Treatment for other condition</p> <p>A4: Other service for child</p>	<p>Purposes for mother:</p> <p>B1: Antenatal care visit</p> <p>B2: Delivery</p> <p>B3: Checking mother’s health post-delivery</p> <p>B4: Checking baby’s health post-delivery</p> <p>B8: Other specify</p>
<p>Ending time of the interview: <input type="text"/>: <input type="text"/>: <input type="text"/></p>		



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Form 4. Healthcare Facility / Provider Questionnaire

Time of the observation: <input type="text"/> : <input type="text"/> : <input type="text"/>			
Interviewer Name: <input type="text"/>		Signature: <input type="text"/>	
Date: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Facility / Provider Name: <input type="text"/>		Provider ID: <input type="text"/>	
Village: <input type="text"/>		Address: <input type="text"/>	
(1)	GPS Device ID <input type="text"/>	(2)	Number of satellites in range <input type="text"/>
(3)	Accuracy <input type="text"/>	(4)	Elevation <input type="text"/>
(5)	Latitude	North Degree and decimal	
		<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(6)	Longitude	East Degree and decimal	
		<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(7)	Way Point	01 In front of provider	02 Place near provider: <input type="text"/>
(8)	What is the type of health provider?	<p>Public health sector</p> <p>Govt./municipal hospital A</p> <p>Vaidya/hakim/homeopath (AYUSH) B</p> <p>Govt. dispensary C</p> <p>UHC/UHP/UFWC D</p> <p>CHC/Rural hospital/Block PHC E</p> <p>PHC/Additional PHC F</p> <p>Sub-centre/ANM G</p> <p>Govt. mobile clinic H</p> <p>Camp I</p> <p>Anganwadi/ICDS centre J</p> <p>ASHA K</p> <p>Other public health sector facility L</p> <p>NGO or trust hospital/clinic M</p> <p>Private health sector</p> <p>Pvt.. hospital N</p> <p>Pvt. doctor/clinic O</p> <p>Pvt. paramedic P</p> <p>Vaidya/hakim/homeopath (AYUSH) Q</p> <p>Pharmacy/drugstore R</p> <p>Other private health sector facility S</p> <p>Other source</p> <p>Shop T</p> <p>Traditional healer U</p> <p>Other _____ X</p> <p>(SPECIFY)</p>	



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For each provider at this facility, collect the age, sex, highest completed training, and duration at this health facility.

#	(9) What is the provider age?	(10) What is the provider sex?	(11) What is the highest level completed by him/her in medical training?		(12) How long has s/he worked in this health facility? RECORD RESPONSE IN COMPLETE YEARS
			Code	If "X," specify:	
1	<input type="text"/> <input type="text"/>	M / F	<input type="text"/>		<input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/>	M / F	<input type="text"/>		<input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/>	M / F	<input type="text"/>		<input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/>	M / F	<input type="text"/>		<input type="text"/> <input type="text"/>
5	<input type="text"/> <input type="text"/>	M / F	<input type="text"/>		<input type="text"/> <input type="text"/>

Codes for Question 12:

BAMSA	BHMSE	D-Pharm.....I
BNYSB	MBBSF	OtherX
BUMSC	MD.....G	
BSMSD	B-Pharm.....H	

(13)	In what year did this facility start?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(14)	Does this facility provide patient treatment on an outpatient basis, an inpatient basis, both or neither?	Outpatient 1 Inpatient 2 Both 3 Neither 4
(15)	Does this facility dispense drugs, prescribe drugs, both dispense and prescribe drugs, or neither?	Dispense 1 Prescribe 2 Both 3 Neither 4
(16)	Does this facility perform diagnostic tests within at this location or do you refer to another facility for diagnostics?	At this location 1 Refer 2 Do not provide diagnostics 3
(17)	Does this facility usually offer services in allopathic medicine, Ayurveda, Unani, homeopathy, any other type of medicine, or some combination of these?	Allopathic A Ayurveda B Unani C Homeopathy D Other _____ X (SPECIFY)
(18)	Does the provider currently offer any of the following services:	Y N
	a) Family planning, including spacing methods	1 2
	b) Immunization	1 2



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	c) Antenatal care d) Delivery care e) Cesarean section f) Postnatal care g) Disease prevention h) Medical treatment for adults or children over 5 years of age i) Medical treatment for children under 5 years of age j) Growth monitoring k) Routine health check-ups l) Distributing medicines x) Other services _____ (Specify)	Antenatal care Delivery care C-Section Postnatal care Disease prevention Medical treatment for adults Medical treatment for children Growth monitoring Check-ups Distributing medicines Other services	1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2
(19)	Do you usually have:		Y	N
	a) Any antibiotic?	Any antibiotic	1	2
	b) Oral rehydration salts (ORS)?	Oral rehydration salts	1	2
	c) Zinc sulfate?	Zinc sulfate	1	2
	d) Any antimalarial drug?	Any antimalarial drug	1	2
(20)	Do you usually offer:		Y	N
	a) X-Ray exam?	X-Ray	1	2
	b) Peripheral blood smear for malaria parasite?	Peripheral blood smear for malaria parasite	1	2
(21)	Do you charge for any services offered at the facility?	Yes No		1 2
(22)	Do you accept payment in installments for any of these services?	Yes No		1 2
(23)	Do you provide a cashless facility?	Yes No Don't know	1 2 3	 →25 →25
(24)	For which insurance companies do you offer a cashless facility? RECORD EACH RESPONSE ON A SEPARATE LINE	a. b. c. d. e. f. g. h. i.		



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For Question 25-32: Ask “When does this facility usually offers services on _____?” Replace the blank with the word next to the question. For example, “When does the staff of this health facility usually see patients on Monday?”

Record a response by making an “✓” in the appropriate column(s). Record all responses given. If the facility does not usually offer services on a specific day, put a “✓” in the column for “Not available.”

		Morning	Afternoon	Evening	Night	Other	If Other, specify:	Not available
(26)	Monday							
(27)	Tuesday							
(28)	Wednesday							
(29)	Thursday							
(30)	Friday							
(31)	Saturday							
(32)	Sunday							
(33)	Holidays							
(34)	Does the provider stay in the same premises / same village as the facility where s/he provides care?	Yes No						1 2
(35)	How much time does a provider typically take to attend to an emergency?	<30 minutes 30 minutes to an hour 1-3 hours More than 3 hours						1 2 3 4
Ending time of the interview: □□:□□								



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Form 5: HOUSEHOLD VISIT FORM

Instructions: Administer this form to mothers in the phone group on Day-3 after study enrollment, once between Day-11 and Day-14 after study enrollment, and at each monthly follow-up visit

Part 1: IDENTIFYING INFORMATION

Starting time of the interview: <input type="text"/> : <input type="text"/>		Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Interviewer Name:		Mother's Name:	
HDSS Id: <input type="text"/>	Study ID Number: <input type="text"/>	Phone ID Number: <input type="text"/>	
Which follow-up visit is this? (Circle ONE letter?)			
Day 3.....A	Month 3.....E	Other _____...X	
Day 11-14.....B	Month 4.....F	(Specify)	
Month 1.....C	Month 5.....G		
Month 2.....D	Month 6.....H		

PART 2: QUESTIONNAIRE FOR MOTHER

For questions 1-4, read the responses to the respondent and mark the appropriate column.

		Never	<input type="text"/>	Sometimes	Often	Always
1	Since the last visit, how often did you use the phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Since the last visit, how often did you charge your phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Since the last visit, how often did someone other than you carry the phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Since the last visit, how often did you have problems with the phone not working?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF 'NEVER', SKIP TO QUESTION 7.						
5	What were the problems?					
<hr/>						
<hr/>						
<hr/>						
6	Since the last visit, how often were you were able to solve any problems with the phone?	Never Occasionally Frequently Always				1 2 3 4



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7	<p>Since the last visit, what was the most common purpose for using the phone?</p> <p>RECORD <u>ONE</u> RESPONSE</p>	<p>CALLS SMS INTERNET CAMERA GAMES MUSIC MOVIES OTHER _____</p> <p>(SPECIFY)</p>	<p>A B C D E F G X</p>
8	<p>Since the last visit, how else did you use the phone?</p> <p>RECORD <u>ALL</u> RESPONSES</p>	<p>CALLS SMS INTERNET CAMERA GAMES MUSIC MOVIES OTHER _____</p> <p>(SPECIFY)</p>	<p>A B C D E F G X</p>
9	<p>Do you have any questions or comments about the phone?</p>	<p>Yes 1 No 2</p>	<p>→11</p>
10	<p>What are your questions or comments?</p> <hr/> <hr/> <hr/> <hr/> <hr/>		



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PART 3: INTERVIEWER CHECKLIST

Begin this section by saying: "Now I would like to check a few things on the phone. May I see it?"

11	Is the phone available when you visit?	Yes No	1 2	→13
12	Who currently has the phone? (Record who has the phone using his/her relationship to the respondent. For example, friend, sister, husband, etc.)	END QUESTIONNAIRE.		
13	Is the phone turned on? If not: remind the mother that the phone should remain turned on.	Yes No	1 2	
14	Is the CareTrack application installed? If not: remind the mother that the application should not be uninstalled.	Yes No	1 2	→16
15	How many points are currently saved in the CareTrack application?	□□□□□		
16	Is Mobile Data turned on? If not: remind the mother that mobile data should remain on.	Yes No	1 2	
17	Is the data plan using the study SIM? If not: remind the mother that the study SIM should be used for mobile data.	Yes No	1 2	
18	Is the WiFi turned on? If not: remind the mother that WiFi should always remain on.	Yes No	1 2	
19	Are location services turned on? If not: remind the mother not that location services should remain on.	Yes No	1 2	
20	Is the location mode set to "High accuracy"? If not: remind the mother that the location mode should remain set to "High accuracy".	Yes No	1 2	→22
21	What is the setting for the location mode?	Battery saving Device only	1 2	
22	Is "STAMINA mode" turned off? If not: remind the mother that STAMINA mode should remain off.	Yes No	1 2	
23	What is the current percent battery charge?	□□□%		
24	Please write down any notes from your visit with the mother.			
Ending time of the interview: □□:□□				