## **Survey Questionnaire**

If the subject has already participated in this survey, please do not continue the interview.

- 1. Has the subject signed the informed consent form for this study before answering this questionnaire?
  - a. Yes
  - b. No

*If the subject answered 'No' at Q1, please do not continue the interview.* 

- 2. What is the primary caregiver's age?
  - a. \_ years old

If the primary caregiver is younger than 18 years old, please do not continue the interview.

A **primary caregiver** is an individual who attends to the medical needs and has made healthcare decisions for a child in the last six months. This person could be a parent, foster parent, grandparent, other relative, or other responsible adult.

- 3. Is the subject a primary caregiver of at least one child aged at least 6 months and less than 30 months old?
  - a. Yes
  - b. No

If the subject answered 'No' at Q3, please do not continue the interview.

5.	a. b. c. d.	our highest educational level? (Choose only one)  No school  Primary school  Secondary school  Vocational school  University
6.	What is vo	our main occupational status? (Choose only one)
٠.		Housewife
	_	Student
	C.	Employed part-time
		Employed full-time
		Unemployed
	f.	Retired
	g.	Other (specify)
7.	For how r	nany children are you the primary caregiver?
	a.	
	b.	2
	C.	3
	d.	More than 3
8.	What is the reason for your visit to this healthcare facility today?	
		Wellness visit (immunization or scheduled checkup or screening procedures
		for prevention)
	b.	Sick visit
	C-	Other (specify)

4. What is your gender? a. Female

b. Male

A **primary caregiver** is an individual who attends to the medical needs and has made healthcare decisions for a child in the last six months. This person could be a parent, foster parent, grandparent, other relative, or other responsible adult.

- 9. In the past 6 months until today, has a child at least 6 months and less than 30 months old for whom you are a primary caregiver had a time when they were ill with any of the following health problems?
  - a. Ear ache or ear pain (Y/N)
  - b. Ear discharge (Y/N)
  - c. Ear rubbing or tugging (Y/N)
  - d. Runny nose, sore throat, or cough (Y/N)

If the subject has answered YES to at least two of the options in Q9 PLUS at least one option in Q10, please continue the survey. Otherwise, the survey has finished.

If there was more than one time within the last 6 months when the child had any of the above health problems, think of the most recent episode.

If you are the primary caregiver for more than one child at least 6 months and less than 30 months old who had any of the above health problems, think of the most recent episode in any of these children.

The following questions are about the most recent episode when this child was ill with any of the above health problems within the last six months.

- 10. During this time, did this child have any of the following additional health problems?
  - a. Hearing problems (Y/N)
  - b. Fever (Y/N)
  - c. Tiredness or lack of energy (Y/N)
  - d. Decrease in appetite (Y/N)
  - e. Vomiting (Y/N)
  - f. Diarrhoea (Y/N)
  - g. Trouble sleeping (Y/N)
  - h. Irritability or excessive crying (Y/N)

If the subject has answered YES to at least two of the options in Q9 PLUS at least one option in Q10, please continue the survey. Otherwise, the survey has finished.

The following questions are about the most recent episode when this child had any of the previously described health problems within the last six months.

- 11. How long ago did the episode occur?
  - a. Less than one month ago
  - b. Between one and three months ago
  - c. Between three and six months ago
- 12. What was the age of the child when this episode occurred?
  - a. Less than 6 months
  - b. 6 to less than 12 months
  - c. 12 to less than 18 months
  - d. 18 to less than 24 months
  - e. 24 to less than 30 months
- 13. How many days was the child ill during this episode?
  - a. 1 to less than 3 days
  - b. 3 to less than 7 days
  - c. 7 to less than 14 days
  - d. 14 days or more
- 14. How sick was the child during this episode?
  - a. Mildly ill
  - b. Moderately ill
  - c. Severely ill
- 15. What did you do to care for this child during this episode? (Choose all that apply)
  - a. Nothing
  - b. Gave home remedies
  - c. Saw traditional or natural healer
  - d. Bought medicines from a pharmacy
  - e. Went to private doctor's facility
  - f. Went to public health center
  - g. Went to policlinic
  - h. Went to public hospital
  - i. Went to private hospital
  - i. Other (specify)

If the child did not go to a healthcare facility (answers e-i above), skip to Q19.

- 16. Why did you take this child to a healthcare facility? (Choose all that apply)
  - a. Suspected ear infection
  - b. Illness was too severe
  - c. Ill for too many days with no improvement
  - d. Advised by others to see a doctor
  - e. Always go to doctor regardless of the symptoms
  - f. Other (specify)
- 17. Who examined this child? (Choose all that apply)
  - a. General physician
  - b. Paediatrician
  - c. Ear, nose, and throat specialist
  - d. Other doctor
  - e. Not examined

If this child was examined by a doctor,

- 18. Did the doctor say that this child had an ear infection?
  - a. Yes
  - b. No
  - c. I don't remember

Skip to Q21.

If this child did not go to a healthcare facility during the episode when the previously described health problems were present,

10 Did vou si	uspact that this child could have an ear infection?
-	uspect that this child could have an ear infection? Yes
	No
U.	INO
20. What wei	re the factors that influenced your decision not to go to a healthcare facility?
(Choose a	ll that apply)
a.	I considered that the symptoms were not severe enough
b.	I am a doctor, nurse, or medical assistant
c.	I did not have time to go to a healthcare facility
	i. I had to work
	ii. I was sick too
d.	I generally do not trust, do not like the doctors
e.	I treated the child myself
	i. I bought medications from a pharmacy
	ii. I received medications from a relative or acquaintance
	iii. I used left over medication I had at home
	iv. I used home or traditional remedies
f.	I have experience with similar problems in this child or another one
g.	Difficult access to the healthcare facility
	i. Travelling time:  _  hours  _ _  minutes
	ii. Transport difficulties (frequency, crowded, comfort)
h.	I did not have enough money to take the child to the doctor
i.	I did not have medical insurance
j.	The conditions of the nearest healthcare facility were inadequate
	i. Insufficient medical equipment, medicines
	ii. Insufficient doctor availability
	iii. Healthcare facility not always open

iv. Too long to wait to be examined

k. Other, please specify:\_\_\_\_\_

The following questions are about the most recent episode when this child had any of the previously described health problems within the last six months.

	y other similar episodes were experienced by this child within the last 6
months?	AV.
	None
b.	
_	2
	3 or more
e.	I don't remember
	e episode previously described, have you cared for this child or other children lar health problems?
a.	Yes
b.	No
	child regularly visit the doctor for a particular health problem of any type?
	Yes
D.	No
24. Who lives	s in this child's household? How many:
a.	Children under 5 years old
b.	Children between 5 and 18 years old
C.	Adults over 18 years old
25. What is v	our relationship to this child?
•	Mother or father
	Step-mother or step-father
	Grandmother or grandfather
	Other relative
	None of the above
26 Does this	child spend time in a daycare center?
	Yes
	No
U.	NO
27. What is th	ne overall income in this child's household in US dollars per month?
	Less than 400
b.	400 to 999
c.	1000 to 1999
d.	2000 or more
e.	Unknown or prefer not to answer

28. Is this child covered by medical insurance? (Choose all that apply)

- a. Yes, publicb. Yes, private
- c. No
- d. Unknown