

[illegible]

Field	Question	Answer
	HH:MM	
MRR_AGE <i>(required)</i>	How is the age of the child recorded?	<div>3 Recorded in years</div> <div>2 Recorded in months</div> <div>1 Recorded in days</div>
group_eligible_date > fieldlist_mrr_age		
MRR_AGE_TEXT <i>(required)</i>	Age of the child (in days): <i>Question relevant when: selected( \${MRR_AGE} , '1')</i>	
MRR_AGE_TEXT2 <i>(required)</i>	Age of the child (in months): <i>Question relevant when: selected( \${MRR_AGE} , '2')</i>	
MRR_AGE_TEXT3 <i>(required)</i>	Age of the child (in years): <i>Question relevant when: selected( \${MRR_AGE} , '3')</i>	
note_age_ineligible	This file is ineligible. You indicated that the child is outside the age range of 0-59 months old. Please go back to correct the age OR exit the survey and review only records of children age 0-59 months. <i>Question relevant when: \${calc_age_ineligible} = 1</i>	
group_eligible_date > group_eligible_age <i>Group relevant when: \${calc_age_ineligible} != 1</i>		
MRR_DIAR_REF <i>(required)</i>	Was the child referred from another health facility?	<div>1 Yes</div> <div>0 No</div> <div>-1 Not recorded</div>
MRR_DIAR_REF_DATE_SPEC <i>(required)</i>	Date the child was referred from another health facility: DD/MM/YYYY <i>Question relevant when: selected( \${MRR_DIAR_REF} , '1')</i>	
MRR_DIAR_REF_TIME_SPEC <i>(required)</i>	Time the child was referred from another health facility: HH:MM <i>Question relevant when: selected( \${MRR_DIAR_REF} , '1')</i>	
MRR_DIAR_REF_NAME <i>(required)</i>	Where was the child referred from? <i>Question relevant when: selected( \${MRR_DIAR_REF} , '1')</i>	<div>05 August Pine Ridge Health Center</div> <div>20 Caledonia Health Center</div> <div>17 Corozal Community Hospital</div> <div>18 Corozal Health Center (Urban)</div> <div>42 Georgeville Health Center</div> <div>06 Guinea Grass Health Center</div> <div>21 Libertad Health Center</div> <div>01 Northern Regional Hospital</div> <div>02 Orange Walk Health Center (Urban)</div> <div>23 Progreso Health Center</div> <div>46 San Antonio Health Center</div> <div>04 San Felipe Health Center</div> <div>39 San Ignacio Community Hospital</div> <div>40 San Ignacio Health Center (Urban)</div> <div>19 San Narciso Health Center</div> <div>45 San Pedro Health Center</div> <div>22 Sarteneja Health Center</div> <div>33 Valley of Peace Health Center</div> <div>31 Western Regional Hospital</div> <div>03 Zenobia Meggs Health Center</div> <div>32 Belmopan Health Center (Urban)</div> <div>41 Dr. Kevin &amp; Kenneth Gurree Polyclinic II (Mopan Clinic)</div>

Field	Question	Answer	
		60	National Hospital Belize City (KMH)
		995	Other, specify
		-1	Not recorded
MRR_DIAR_REF_TYPE <i>(required)</i>	Type of health facility the child was referred from: <i>Question relevant when: selected( \${MRR_DIAR_REF} , '1')</i>	1	Health Clinic / Health Post / Mobile Unit/ Polyclinic
		2	Community Hospital
		3	Regional hospital
		995	Other (specify):
		-1	Not recorded
DIARRHEA <i>(required)</i>	Does the child have diarrhea?	1	Yes
		0	No
		-1	Not recorded
note_diarrhea_ineligible	This file is ineligible. You indicated that the child does not have diarrhea. Please go back to correct this response OR exit the survey and review only records of children age 0-59 months with diarrhea. <i>Question relevant when: not(selected( \${DIARRHEA} , '1'))</i>		
group_eligible_date > group_eligible_age > Eligible Record <i>Group relevant when: selected( \${DIARRHEA} , '1')</i>			
DEHYDRATION <i>(required)</i>	Was the child dehydrated?	1	Yes
		0	No
		-1	Not recorded
NEO_DIAR_GENDER <i>(required)</i>	Gender of the child:	1	Boy
		2	Girl
		-1	Not recorded
group_eligible_date > group_eligible_age > Eligible Record > fieldlist_neo_diar_symp_1			
label_neo_diar_symp_1	Review the entire medical record to complete the next section. Please note whether the following symptoms were recorded or not:	1	Yes, recorded
		-1	Not recorded
NEO_DIAR_SYMP_REG_GEN <i>(required)</i>	General condition	1	Yes, recorded
		-1	Not recorded
NEO_DIAR_SYMP_REG_EYE <i>(required)</i>	Eyes	1	Yes, recorded
		-1	Not recorded
NEO_DIAR_SYMP_REG_THIR <i>(required)</i>	Thirst	1	Yes, recorded
		-1	Not recorded
NEO_DIAR_SYMP_REG_SKIN <i>(required)</i>	Skin fold / skin turgor	1	Yes, recorded
		-1	Not recorded
NEO_DIAR_SYMP_REG_OTH1 <i>(required)</i>	Other (specify) condition:	1	Yes, recorded
		-1	Not recorded
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diar_gen <i>Group relevant when: selected( \${NEO_DIAR_SYMP_REG_GEN} , '1')</i>			
NEO_DIAR_SYMP_GEN	Please note the documentation of the following symptoms in the medical record: <b>General conditions</b>		
NEO_DIAR_SYMP_RES_GEN <i>(required)</i>	General condition:	1	Alert
		2	Restless or irritable, inconsolable crying
		3	Lethargic, unconscious, hypotonic
NEO_DIAR_SYMP_DATE_GEN <i>(required)</i>	Date recorded (general condition): DD/MM/YYYY		
NEO_DIAR_SYMP_TIME_GEN <i>(required)</i>	Time recorded (general condition): HH:MM		
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diar_eye <i>Group relevant when: selected( \${NEO_DIAR_SYMP_REG_EYE} , '1')</i>			
NEO_DIAR_SYMP_EYE	Please note the documentation of the following symptoms in the medical record: <b>Eyes</b>		
NEO_DIAR_SYMP_RES_EYE <i>(required)</i>	Eyes condition:	1	Crying with tears
		2	Crying without tears (sunken eyes)
NEO_DIAR_SYMP_DATE_EYE <i>(required)</i>	Date recorded (eyes): DD/MM/YYYY		
NEO_DIAR_SYMP_TIME_EYE <i>(required)</i>	Time recorded (eyes): HH:MM		
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diar_thir <i>Group relevant when: selected( \${NEO_DIAR_SYMP_REG_THIR} , '1')</i>			
NEO_DIAR_SYMP_THIR	Please note the documentation of the following symptoms in the medical record: <b>Thirst</b>		

Field	Question	Answer	
NEO_DIAR_SYMP_RES_THIR <i>(required)</i>	Thirst condition:	1	Normal
		2	The baby drank water eagerly
		3	Cannot drink water
NEO_DIAR_SYMP_DATE_THIR <i>(required)</i>	Date recorded (thirst): DD/MM/YYYY		
NEO_DIAR_SYMP_TIME_THIR <i>(required)</i>	Time recorded (thirst): HH:MM		
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diar_skin Group relevant when: selected( \${NEO_DIAR_SYMP_REG_SKIN} , '1')			
NEO_DIAR_SYMP_SKIN	Please note the documentation of the following symptoms in the medical record: <b>Skin fold / skin turgor</b>		
NEO_DIAR_SYMP_RES_SKIN <i>(required)</i>	Skin fold / skin turgor condition:	1	Normal
		2	The pressure mark slowly disappears
NEO_DIAR_SYMP_DATE_SKIN <i>(required)</i>	Date recorded (skin fold / skin turgor): DD/MM/YYYY		
NEO_DIAR_SYMP_TIME_SKIN <i>(required)</i>	Time recorded (skin fold / skin turgor): HH:MM		
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diar_oth1 Group relevant when: selected( \${NEO_DIAR_SYMP_REG_OTH1} , '1')			
NEO_DIAR_SYMP_RES_OTH1 <i>(required)</i>	'[NEO_DIAR_SYMP_OTH1_NAME]' condition:		
NEO_DIAR_SYMP_DATE_OTH1 <i>(required)</i>	Date recorded ('[NEO_DIAR_SYMP_OTH1_NAME]'): DD/MM/YYYY		
NEO_DIAR_SYMP_TIME_OTH1 <i>(required)</i>	Time recorded ('[NEO_DIAR_SYMP_OTH1_NAME]'): HH:MM		
group_eligible_date > group_eligible_age > Eligible Record > fieldlist_neo_diar_symp_2			
label_neo_diar_symp_2	Please record whether the following symptoms were present: <i>If the symptom is not recorded, please select "Not recorded".</i>	1	Yes
		0	No
		-1	Not recorded
NEO_DIAR_SYMP_REG_BEBER <i>(required)</i>	Not able to drink or breastfeed	1	Yes
		0	No
		-1	Not recorded
NEO_DIAR_SYMP_REG_CONVULS <i>(required)</i>	Seizures	1	Yes
		0	No
		-1	Not recorded
NEO_DIAR_SYMP_REG_LETHARG <i>(required)</i>	Lethargic or unconscious	1	Yes
		0	No
		-1	Not recorded
NEO_DIAR_SYMP_REG_VOMIT <i>(required)</i>	Vomit	1	Yes
		0	No
		-1	Not recorded
NEO_DIAR_SYMP_REG_OTH2 <i>(required)</i>	Other (specify):	1	Yes
		0	No
		-1	Not recorded
group_eligible_date > group_eligible_age > Eligible Record > fieldlist_neo_diar_check			
label_neo_diar_check	Please record whether the following checks were done, their values, as well as the date and time of the first review.	1	Yes
		0	No
NEO_DIAR_CHECK_REG_PULS <i>(required)</i>	Pulse	1	Yes
		0	No
NEO_DIAR_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	1	Yes
		0	No
NEO_DIAR_CHECK_REG_CAP <i>(required)</i>	Capillary Filling	1	Yes
		0	No
NEO_DIAR_CHECK_REG_OTH1 <i>(required)</i>	Other (specify):	1	Yes
		0	No
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diar_check_puls Group relevant when: selected( \${NEO_DIAR_CHECK_REG_PULS} , '1')			
NEO_DIAR_CHECK_REG_PULS_ALL	Please record the values, as well as the date and time of the first review for <b>pulse</b> :		
NEO_DIAR_CHECK_NUM_PULS <i>(required)</i>	Pulse value:		
NEO_DIAR_CHECK_DATE_PULS <i>(required)</i>	Date recorded (pulse): DD/MM/YYYY		
NEO_DIAR_CHECK_TIME_PULS <i>(required)</i>	Time recorded (pulse): HH:MM		

Field	Question	Answer	
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diarr_check_hr Group relevant when: selected( \${NEO_DIARR_CHECK_REG_HR} , '1')			
NEO_DIARR_CHECK_REG_HR_ALL	Please record the values, as well as the date and time of the first review for <b>heart rate</b> :		
NEO_DIARR_CHECK_NUM_HR (required)	Heart rate (hr) value:		
NEO_DIARR_CHECK_DATE_HR (required)	Date recorded (heart rate (hr)): DD/MM/YYYY		
NEO_DIARR_CHECK_TIME_HR (required)	Time recorded (heart rate (hr)): HH:MM		
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diarr_check_cap Group relevant when: selected( \${NEO_DIARR_CHECK_REG_CAP} , '1')			
NEO_DIARR_CHECK_REG_CAP_ALL	Please record the values, as well as the date and time of the first review for <b>capillary filling</b> :		
NEO_DIARR_CHECK_NUM_CAP (required)	Capillary filling value:		
NEO_DIARR_CHECK_DATE_CAP (required)	Date recorded (capillary filling): DD/MM/YYYY		
NEO_DIARR_CHECK_TIME_CAP (required)	Time recorded (capillary filling): HH:MM		
group_eligible_date > group_eligible_age > Eligible Record > group_neo_diarr_check_oth1 Group relevant when: selected( \${NEO_DIARR_CHECK_REG_OTH1} , '1')			
NEO_DIARR_CHECK_REG_OTH1_ALL	Please record the values, as well as the date and time of the first review for the <b>'[NEO_DIARR_CHECK_OTH1_NAME]'</b> check:		
NEO_DIARR_CHECK_NUM_OTH1 (required)	'[NEO_DIARR_CHECK_OTH1_NAME]' value:		
NEO_DIARR_CHECK_DATE_OTH1 (required)	Date recorded ('[NEO_DIARR_CHECK_OTH1_NAME]'): DD/MM/YYYY		
NEO_DIARR_CHECK_TIME_OTH1 (required)	Time recorded ('[NEO_DIARR_CHECK_OTH1_NAME]'): HH:MM		
NEO_DIARR_DIAG (required)	Record the diagnosis:	<div>1</div>	Acute diarrhea without dehydration
		<div>2</div>	Acute diarrhea with dehydration
		<div>3</div>	Acute diarrhea with severe dehydration
		<div>995</div>	Other (specify):
		<div>-1</div>	Not recorded
group_eligible_date > group_eligible_age > Eligible Record > fieldlist_treatment			
label_treatment	What treatment was prescribed?  (PLEASE NOTE ALL OPTIONS APPROPRIATELY ACCORDING TO THE RECORD) Select all that apply.	<div>1</div>	Yes
		<div>0</div>	No
NEO_DIARR_MAN_ORIS (required)	ORS provided	<div>1</div>	Yes
		<div>0</div>	No
NEO_DIARR_MAN_INT (required)	IV rehydration therapy	<div>1</div>	Yes
		<div>0</div>	No
NEO_DIARR_MAN_ZINC (required)	Zinc	<div>1</div>	Yes
		<div>0</div>	No
NEO_DIARR_MAN_REF (required)	Referred	<div>1</div>	Yes
		<div>0</div>	No
NEO_DIARR_MAN_OTH (required)	Other (specify):	<div>1</div>	Yes
		<div>0</div>	No
group_eligible_date > group_eligible_age > Eligible Record > fieldlist_treatment_home			
label_treatment_home	Record if something was prescribed to consume at home:	<div>1</div>	Yes
		<div>0</div>	No
NEO_DIARR_HOME_PRES_ORIS (required)	Oral rehydration salts	<div>1</div>	Yes
		<div>0</div>	No
NEO_DIARR_HOME_PRES_ZINC (required)	Zinc	<div>1</div>	Yes
		<div>0</div>	No
NEO_DIARR_HOME_PRES_OTH1 (required)	Other (specify):	<div>1</div>	Yes
		<div>0</div>	No
MRR_DIARR_REFTO (required)	Was the child referred to another health facility for further treatment?	<div>1</div>	Yes
		<div>0</div>	No
		<div>-1</div>	Not recorded
MRR_DIARR_REFTO_DATE_SPEC (required)	Date the child was referred to another health facility: DD/MM/YYYY  Question relevant when: selected( \${MRR_DIARR_REFTO} , '1')		

Field	Question	Answer		
MRR_DIAR_REFTO_TIME_SPEC <i>(required)</i>	Time the child was referred to another health facility: <i>HH:MM</i> <i>Question relevant when: selected( \${MRR_DIAR_REFTO} , '1')</i>			
MRR_DIAR_REFTO_NAME <i>(required)</i>	Where was the child referred to? <i>Question relevant when: selected( \${MRR_DIAR_REFTO} , '1')</i>	05	August Pine Ridge Health Center	
		20	Caledonia Health Center	
		17	Corozal Community Hospital	
		18	Corozal Health Center (Urban)	
		42	Georgeville Health Center	
		06	Guinea Grass Health Center	
		21	Libertad Health Center	
		01	Northern Regional Hospital	
		02	Orange Walk Health Center (Urban)	
		23	Progreso Health Center	
		46	San Antonio Health Center	
		04	San Felipe Health Center	
		39	San Ignacio Community Hospital	
		40	San Ignacio Health Center (Urban)	
		19	San Narciso Health Center	
		45	San Pedro Health Center	
		22	Sarteneja Health Center	
		33	Valley of Peace Health Center	
		31	Western Regional Hospital	
		03	Zenobia Meggs Health Center	
		32	Belmopan Health Center (Urban)	
		41	Dr. Kevin & Kenneth Gurree Polyclinic II (Mopan Clinic)	
		60	National Hospital Belize City (KMHM)	
		995	Other, specify	
		-1	Not recorded	
MRR_DIAR_REFTO_TYPE <i>(required)</i>	Type of health facility the child was referred to <i>Question relevant when: selected( \${MRR_DIAR_REFTO} , '1')</i>	1	Health Clinic / Health Post / Mobile Unit/ Polyclinic	
		2	Community Hospital	
		3	Regional hospital	
		995	Other (specify):	
		-1	Not recorded	
MRR_DIAR_DIS_DATE_SPEC <i>(required)</i>	Date of discharge: <i>DD/MM/YYYY</i>			
COMMENT_DIARRHEA	Enter relevant comments about this survey			
note_diar_end	You have reached the end of the survey.  Please click the button 'submit' to submit your responses and close the survey. You cannot modify any responses after the survey has been submitted.  If you believe that this page was reached in error, please click 'Previous' and revise your responses as necessary.  Thank you for you time today.			