

## **APPENDICES**

1

2

3

4

5

6

7

8

9

10

11

12

## APPENDIX 1

## QUESTIONNAIRES

Identification number 

Date...../...../.....

**(I). Socio demographic information**

Please tick your choice for the answers or fill in the blanks where to be required according to the questions.

1. Name.....
2. Age .....years
3. Address  a. Phnom Penh.  b. Provinces.....
4. Marital status of caretakers  a. Single  
 b. Married  
 c. Separated/divorced
5. Educational level  
 a. No education  b. Primary school  
 c. Secondary school  d. High school  
 d. University or higher
6. Occupation  a. House wife/No education  b. Government staff  
 c. Private sector  d. Farmer  
 e. Laborer  f. Seller

7. What is your family income (in Riel)
- a. Less than 150.000
  - b. 150,000- 300.000
  - c. more than 300.000
8. How many members are there in your household ?  
.....persons.
9. Number of children under 5 years in your household ?  
.....persons.
10. Relationship of the caretaker to the sick child with ARI.
- a. Mother
  - b. Father
  - c. Grand mother
  - d. Grand father
  - e. Others (specify).....

## (II). Environmental information

11. Is there any smoker in your family ?
- a. Yes
  - b. No
- If "Yes" then answer to the question number 12 and if "No" then skip to the question number 15.
12. Who smoke ?
- a. Father
  - b. Mother
  - c. Other members (specify).....
13. How many cigarette do they smoke per day ?.....

14. Where do they smoke ?

a. Inside the house

b. Outside the house

c. Both

15. Usually how many persons sleep in the same room where the child  
( patient ) sleeps ?

.....persons.

16. Do you cook in house ?

a. Yes

b. No

If “Yes” then answer to the question number 17 and if “No” then  
skip to the question number 18.

17. What kind of fuel do you use for cooking purpose ?

a. Gas

b. Coal or firewood

c. Electricity

d. Kerosene

### **(III). Information about caretaker’s knowledge on ARI**

Please tick your choice according to the following questions.

18. Have you ever heard about ARI ?

a. Yes

b. No

19. How did you know about ARI ?

a. health personnel

b. relatives

c. Newspaper / Magazine

d. Radio/ Television

e. Others (specify).....

- | 20. Signs and symptoms of ARI episode:                      | Yes                      | No                       | Not sure                 |
|---|--------------------------|--------------------------|--------------------------|
| a. Cough  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fever  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Runny nose   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Fast breathing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Difficult to breath                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sore throat  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Convulsion   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Chest indrawing  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |                          |
| 21. Causes of ARI as following:                             | Yes                      | No                       | Not sure                 |
| a. Bacteria   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Virus  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cold weather   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Contaminated food  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |                          |
| 22. ARI can be transmitted by:                              |                          |                          |                          |
| a. Coughing and sneezing                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Air  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Droplet  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Close contact with ARI patient                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Through utensils   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |                          |
| 23. Complete vaccination can prevent<br>the child from ARI. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |                          |
| 24. Cigarette smoke can cause ARI.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

25. Crowded sleeping place can be the cause of ARI.
26. ARI can be prevented.
27. Breast feeding can prevent ARI.
28. More fluid and additional food should be given to the sick child with ARI. Yes No Not sure
29. Well ventilated area can prevent the child from ARI.
30. ARI can cause death to the child.

#### (IV) Information about caretaker's care practice on ARI

31. Who take care of child in the family ?
- a. Father  b. Mother
- c. Grand mother  d. Grand father
- e. Others (specify).....
32. What would you do if a child were attacked by ARI ?
- a. Go to hospital or private clinic  b. Go to monk
- c. Go to the traditional healer  d. Go to pharmacies
- e. Self treatment  f. Do nothing

g. Others (specify).....

33. Did you provide antipyretic to your child under five years of age whenever they got high fever?

a. Yes

b. No

34. Did you provide more fluid to your child under five years of age whenever they got ARI?

a. Yes

b. No

35. Did you make tepid sponge to your child under five years of age whenever they got high fever?

a. Yes

b. No

36. Have you ever given antibiotic to your child under five years of age whenever they got ARI without prescription from the doctor?

a. Yes

b. No

37. Did you still continue to breast feeding during your child under five years of age had ARI episode ?

a. Yes

b. No

38. Did you allow your child under five years of age to be close contact with the people in your household with fever, cough, or nasal discharge ?

a. Yes

b. No

39. Did you clean nostrils for your child under five years of age when they got common cold ?

a. Yes

b. No

**(V) Children information**

40. What is the present age of your sick child (in month)?

.....

41. Sex of the sick child

a. Male

b. Female

42. Birth weight of the sick child

a. Less than 2.5kg

b. From 2.5kg or more

43. Have the sick child got all the doses for complete vaccination ?

a. Yes

b. No

44. How long did the child get breast feeding during 0 – 24 months of age (in month) ?

.....

45. Within 3 month's period is there any previous similar disease like this ?

a. Yes

b. No

46. Present clinical diagnosis of the sick child

a. Mild

b. Moderate

c. Severe



APPENDIX 2



ក្រសួងសុខាភិបាល

លេខ 142/2002 ស.ប.វ. ប្រ.ជ.ឆ

ព្រះរាជាណាចក្រកម្ពុជា  
ជាតិ សាសនា ព្រះមហាក្សត្រ

រាជធានីភ្នំពេញ, ថ្ងៃទី ០៨ ខែ ០៩ ឆ្នាំ២០០២

អង្គនាយកបច្ចេកទេសសុខាភិបាល  
ជំនាញ

លោកនាយកមន្ទីរពេទ្យកុមារជាតិ

**កម្មវត្ថុ:** ការអនុញ្ញាតិអោយលោក វេជ្ជ.ឃាយ ឡាឌីនជាមន្ត្រីបំរើការនៅនាយកដ្ឋានប្រយុទ្ធនឹងជំងឺឆ្លង  
ចុះទៅធ្វើការប្រមូលទិន្នន័យលើប្រជាបទល្មើកំពុងឈានដើម និងការអនុវត្តថែទាំសុខភាពរបស់  
មាតាចំពោះជំងឺរលាកផ្លូវដង្ហើមស្រួចនៅលើកុមារអាយុក្រោម៥ឆ្នាំ (Knowledge and Care  
practice of the mothers on Acute Respiratory Infection among children  
under 5 years of age )នៅមន្ទីរពេទ្យកុមារជាតិ ។

**យោង:** លិខិតលេខ ០៣ ប្រ.ជ.ឆ ចុះថ្ងៃទី០៦ ខែកុម្ភៈ ឆ្នាំ២០០២ របស់នាយកដ្ឋានប្រយុទ្ធនឹងជំងឺឆ្លង ។

សេចក្តីដូចមានក្នុងកម្មវត្ថុនិងយោងខាងលើខ្ញុំសូមជំរាបលោកនាយកថាលោកវេជ្ជ.ឃាយ ឡាឌីន  
ជាមន្ត្រីបំរើការនៅនាយកដ្ឋានប្រយុទ្ធនឹងជំងឺឆ្លងកំពុងសិក្សាផ្នែកអនុបណ្ឌិតផ្នែកសុខភាព សាធារណៈ(Master  
of Public Health) នៅសកលវិទ្យាល័យជូឡាឡុងកនៃប្រទេសថៃ ហើយត្រូវការ ជាចាំបាច់ ទូរទិន្នន័យដែល  
ទាក់ទងទៅនឹងប្រជាបទល្មើខាងលើ ។

អាស្រ័យហេតុនេះសូមលោកនាយកមេត្តាជ្រាបនិងជួយសំរួលដល់លោកវេជ្ជ.ឃាយ ឡាឌីនក្នុងការ  
ប្រមូលទិន្នន័យ ចាប់ពីថ្ងៃទី០៤ ខែកុម្ភៈ ឆ្នាំ ២០០២ ដល់ថ្ងៃទី១៤ ខែកុម្ភៈ ឆ្នាំ២០០២ នៅមន្ទីរពេទ្យកុមារជាតិ  
តាមការត្រូវ ។

សូមលោកនាយកទទួលនូវការរាប់អានដ៏ស្មោះស្ម័គ្រ

- ជំនាញ:
- អង្គនាយកដ្ឋានរដ្ឋបាលសុខាភិបាល
- អង្គការសាធារណៈ
- សាធិការ
- ឯកសារ

  
សាស្ត្រាចារ្យ.អេច ឃួត

# **CURRICULUM VITAE**

**NAME** : Hay Lain

**NATIONALITY** : Cambodian

**DATE OF BIRTH** : September 18<sup>th</sup>, 1972

**PLACE OF BIRTH** : Phnom Penh, Cambodia

## **EDUCATION**

1989 – 1995 : Medical Doctor, University of Medicine and Pharmacy, Ho Chi Minh city, Vietnam.

2001 – 2002 : Master of Public Health, College of Public Health, Chulalongkorn University, Bangkok, Thailand.

## **LANGUAGES**

Cambodian (Khmer) : Mother tongue.

English : Good speaking, reading, writing and listening.

Thai : Adequate speaking, reading, writing and listening.

Vietnamese : Good speaking, reading, writing and listening.

## **WORKING EXPERIENCE**

1996 – 1999 : Medical Doctor, Kandal province, Cambodia.

2000 – present : Staff of Communicable Disease Control department, Ministry of Health, Cambodia.

**PERMANENT ADDRESS** : #23Eo, St 141, Sangkat Oreussey 2, Khan 7 Makara,  
Phnom Penh, Cambodia.  
Tel : (855)16829292, (855)23211080.  
E mail : haylain@yahoo.com