

☐ CASE (Medical diagnosis)☐ CASE (Clinical Signs)☐ CONTROL

Questionnaire for hand foot mouth project

Part 1 Children's information

- 1.1 Sex ☐ Male ☐ Female
- 1.2 Ageyear.....month
- 1.3 Weight.....kg
- 1.4 Heightcm
- 1.5 Resident area ☐ Municipal ☐ Rural
- 1.6 Group activity two weeks prior ☐ Yes ☐ No
- 1.7 Place of birth ☐ Hospital ☐ Home ☐ Other....
- 1.8 History of vaccination ☐ Complete and on-time ☐ Complete but some delay ☐ Incomplete
- 1.9 History of breastfeeding
☐ No ☐ ≤ 3 months ☐ 3-6 months ☐ More than 6 months
- 1.10 Place of caring ☐ Home ☐ Day care center ☐ School
- 1.11 Underlying disease ☐ No ☐ Yes, specify.....
- 1.12 Taking drug everyday ☐ No ☐ Yes, specify.....
- 1.13 Family member.....person, and number of people aged less than 6 years.... person
- 1.14 Having HFMD previously ☐ No ☐ Yes, year.....

Part 2 Parents' information

- 2.1 marital status
☐ Single ☐ Married ☐ Divorced ☐ other.....
- 2.2 Religion
☐ Buddhist ☐ Christ ☐ Islam ☐ Other, specify.....
- 2.3 Father's occupation ☐ Unemployed ☐ Officer ☐ Agriculturist ☐ Employed ☐ Trader ☐ Other, specify.....Income...../month
- 2.4 Mother's occupation ☐ Unemployed ☐ Officer ☐ Agriculturist ☐ Employed ☐ Trader ☐ Other, specify.....Income...../month

Part 3 Care giver's information

- 3.1 Major care giver ☐ Father ☐ Mother ☐ Relatives
- 3.2 Education
☐ None ☐ Primary ☐ Secondary
☐ High school ☐ Vocational ☐ University
- 3.3 Cleaning utensil for food storage
☐ No ☐ Yes (☐ by water ☐ by solvent)
- 3.4 Major handle for all expenses regarding child caring (Possible to choose more than one choice)
☐ Father ☐ Mother ☐ Relatives

Part 4 Medical history of child

- 4.1 Initial date of illness
- 4.2 Date visit a doctor.....
☐ Not visit a doctor ☐ Public hospital ☐ Private clinic

4.3 Sign and symptoms

[illegible]