Annex

UNIVERSITY OF GONDAR

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PARMACY

DEPARTMENT OF CLINICAL PHARMACY

QUESTIONNAIRE FOR TREATMENT OUTCOMES OF PNEUMONIA IN PEDIATRICS

Verbal consent form

We would be grateful if you would participate in our survey *on Treatment Outcome of Community Acquired Pneumonia among Pediatric Patients Admitted to Pediatrics Wards at University of Gondar Comprehensive and Specialized Hospital, Northwest Ethiopia: A Cross sectional study*. The aim of the survey is to assess the general treatment outcome of pneumonia in pediatrics. We will ask you few questions that will only take 5-10 minutes of your time regarding this matter. Your participation is voluntary and the information you provide will be made anonymous once you hand in this questionnaire. This means that your name or other form of identification will be deleted from the questionnaire after you hand it in and will not be included in any records we will have. Thanking you for your willingness to participate in this study, we politely ask you to answer the questions that we will ask you.

Data collector's name _____ Date _____

Sign._____

SECTION A: SOCIO-DEMOGRAPHIC DATA

1	Age	_____Months/___years
2	Sex	1. Male 2. Female
3	Residence	1. Urban 2. Rural

Section B. **Questions inpatient clinical Characteristics and treatment outcomes**

1. Duration of illness from onset to admission:_____

2. Signs &symptoms during admission

2.1. Signs

a. Temperature_____
b. Respiratory Rate
c. Grunting
d. Cyanosis
e. Head nodding
f. Hypoxemia
g. Others_____

2.2. Symptoms_____
_____

3. Duration of Signs and symptoms

3.1. Signs

a. Fever_____
b. Grunting_____
c. Cyanosis_____
d. Head nodding_____
e. Hypoxemia (Oxygen saturation below 90)_____
f. Others_____
_____

3.2. Symptoms _____
_____
_____
_____

4. Severity at admission

a. Very severe pneumonia
b. Severe Pneumonia
c. pneumonia

5. Previous Admission: Yes b. No

5.1. If yes fill the following questions (a- c)

a. Number of admissions_____
b. Past Medical History:_____
_____
c. Past Medication History:_____
_____
_____
_____
_____

6. Comorbid disease(s):_____
_____

a. Diagnosed during admission
b. Diagnosed during treatment

c. Diagnosed during admission and treatment

7. Diagnosis confirmed by
   a. Signs and Symptoms only
   b. Sputum bacterial culture
   c. Blood cultures
   d. CXR (PA & lateral)
   e. Pleural fluid analysis
   f. Other labs_____
      _____
      _____
      _____

8. History of immunization:_____
9. Nutritional status
   a. Normal
   b. Moderate Malnutrition
   c. SAM (Sever Acute Malnutrition)
10. Non-drug therapy
   a. IV fluids use
   b. INO2 use
   c. History of blood transfusion_____
      _____
      _____

11. Drug therapy

Drug name	Dose &Freq	Route	Duration	Indication
				l

a. Drug therapy change

Drug Name	Dose &Freq	Route	Duration	Indication	Date of change

12. Number of drugs prescribed_____
13. Feeding status
    a. Capable to take orally
    b. Via NG tube
14. Laboratory tests done and abnormal values_____
_____
_____
_____
15. Drug susceptibility test (DST) if done:_____
_____
_____
_____
15. CXR results
    a. Infiltrates on chest radiograph
    b. Lobar opacities
    c. Consolidation
    d. Cardiomegaly
    e. Pleural effusion
    f. Empyema
    g. Other
18. Type of outcome
    a. Improved(discharged)
    b. Not improved (referred)
    c. Expired
19. Length of hospital stay_____
20. Date of starting improvement_____
21.Date of starting complications_____
22. Type/s of complication/s occurred_____
_____
_____