

Vignettes Module

Burden of Diseases and Health Seeking Behavior

World Bank-ISERDD

Case I: A 58 year old man comes to you. The man complies with all tests and medications that you recommend and will return to you if you require.

Patient : Doctor, I have been suffering from a high fever, severe cough and expectoration.

Case II: A mother brings in an 8 month old male child to you. The mother complies with all tests and medications that you recommend and will return to you if you require.

Patient: My child has been suffering from diarrhea for the last two days, and I do not know what to do.

Case III: A 45-year old man comes to you. The man complies with all tests and medications that you recommend and will return to you if you require.

Patient: Doctor, I have been suffering from a runny nose (*naak se pani aa raha hai*), malaise (*susti*), and some irritation in the throat (*gale mein khich khich*).

Case IV: A 40 year old man comes to you. The man complies with all tests and medications that you recommend and will return to you if you require.

Patient: Doctor, I have been suffering from a fever (*bukhar*), cough (*khasi*), weakness (*kamzori*), and weight loss (*wajan ghate jaa raha hai*) for the last month.

Case V: A 17 year old, unmarried female is brought in by her mother. Both the mother and daughter will comply with all tests and medications that you recommend, and will return to you if you require.

Patient 1 (Mother): Doctor, my daughter starts crying for no reason at all (*bina baat ke ro parti hain*). When I spoke to my neighbors, they suggested that maybe she has got low blood pressure, and they said that I should take her to you.

Patient 2 (Daughter): I feel that I am weak (*kamzori si mahsoos hota hain*) and not able to do my daily chores.

Case VI: A 22- year old female has come to you. As she walks in, you notice that her pregnancy is fairly advanced. The woman complies with all tests and medications that you recommend and will return to you if you require.

Patient: Doctor, I have been having a splitting headache- it feels like my head is going to burst (*sar phate jaa raha hai*)

Reserve Case : A 25 year old female comes to you. The woman complies with all tests and medications that you recommend, and will return to you if you require.

Patient: Doctor, I have been suffering from weakness, dizziness, a bounding pulse, palpitations and shortness of breath on exertion. Also I noticed the other day that there were worms in the stool.

Case I

Question Number	Type of Questions	Provider Response Asked 1 Did not Ask 2	Patient Record
H	History		
H1	How long has the cough been present		5 days
H2	What is your normal diet		Rice, roti, lentils and vegetables
H3	How high was the fever		103 F
H4	Do you get angry very easily		No
H5	Were there any chills associated with fever		Yes
H6	How many people are there in your house		5: wife and three children
H7	Was there any sweating associated with the fever		Yes
H8	Where do you work?		I have a shop
H9	What time do you go to work in the morning		I try to open the shop by 9 a.m.
H10	Is there any pain in the chest?		Yes, in the Left lower lobe
H11	Is there any shortness of breath		Yes, slightly
H12	Do you feel weak and unable to work		A little week, and I don't feel like working
H13	Is there any expectorant in your cough		Yes
H14	What is the color of the expectorant		Green
H15	Did you eat food at home or outside yesterday		At home, Rice and dal
H16	Was there any blood in the expectoration		No
H17	Was there any wheezing		No
E	Relevant Examination		
E1	Pulse Rate		Moderately elevated; 86/minute
E2	Weight		68 kilograms
E3	Respiratory Rate		Slightly increased; 22/minute
E4	Blood Pressure		Normal
E5	Fever		103 F
E6	Chest inspection for retraction or decreased movement		Decreased on left lower part
E7	Chest Percussion		Dullness on left lower part
E8	Auscultation for breath sounds		Bronchial breathing, coarse crepitations over the left lower part
E9	Blood for TLC/DLC		Elevated total cell count. Neutrophils and Lymphocytes increased
E9	Sputum for microscopy		Pneumococci

Question Number	Treatment Questions		
T1	What medicines would you give him	Medicines 1. 2. 3.	Dosage 1. 2. 3.
T2	Recommendations for any dietary changes?		
T3	Recommendations for any changes in work routine?		
PT1	<i>Would you give him any antibiotics</i>	Antibiotics 1. 2. 3.	Dosage 1. 2. 3.
PT2	<i>Would you give him steroids? If so what?</i>		

Case II

Question Number	Type of Questions	Provider Response		Patient Record
		Asked:	X O	
H	History Questions			
H1.1	Is there a fever			No fever
H2.	What are the feeding habits for the child			Breast feeding + khicdi
H3.2	When did the child last pee			3 hours ago
H4.	What did the mother eat last night			Dal and roti
H5.3	Is there vomiting			There is no vomiting
H6.	Urine color			Slightly yellow
H7	What is the stool like			Watery and yellow
H8.4	How frequent are the stools			There are 4-6 stools/day
H9.5	Is there blood and mucus in the stools			No blood or mucous
H10	Is the child taking any medicines			No
H11	Have you given the child anything so far			Water, but no sugar or salt
H12	Why have you come to me			Reputation + worried about child
E	Relevant Examinations			
E1.	Length of child			65 cms
E2.	Weight of Child			7 Kilograms
E3.1	Respiration Rate			25 per minute
E4.	Auscultation of chest and heart			Normal
E5.2	Pulse Rate			105 beats per minute
E6.3	Temperature			98.8 F
E7.4	Mucous membranes for moistness			Mildly dry
E8.5	Are there any tears			Yes, he cried 2 hours ago
E9.6	Skin color and turgor			Color and turgor is normal, there is no cyanosis
E10.7	Palpation of the Abdomen			Normal; Child does not cry when abdomen is palpated
E11.8	Depression of the skull fontainale			Not sunken
E12.9	Blood for serum electrolytes			Normal
E13.10	Blood for Total and Differential Leukocyte Count (TLC/DLC)			Normal
E14	Blood for Hb.			8.6 g/dl
E15	Stool Test for Worms			No Evidence of Worm Infestation

Question Number	Treatment Questions	Provider Response	
T	Treatment Questions		
T1	Medications Prescribed	Name of Medicine 1. 2. 3. 4.	Dosage 1. 2. 3. 4.
T2	Recommendation to feed child as much and not cut back (<u>Record Yes or No</u>)		
T3	Recommendation to give as much breast milk as necessary and not cut back (<u>Record Yes or No</u>)		
T4	Oral Re-hydration solution (ORS or <i>jeevan ghol</i>) by Electral (or other commercial formula) in water (<u>Record Yes or No</u>)		
T5	If T3 above was done, were instructions given? (<u>Record Instructions, if given</u>)		
T6	Oral Rehydration solution (ORS or <i>jeevan ghol</i>) by salt, sugar and lemon in water (<u>Record Yes or No</u>)		
T7	If T5 above was done, were instructions given on how to make the drink?		
T8	Recommendations on when to return or how to recognize a worsening situation (<u>Record Yes or No</u>)		
T9	Dietary recommendations for either the mother or the child	Mother Child	
T10	Other recommendations, including hygiene		
PT1	<i>Doctor, are any of the medicines you mentioned above antibiotics? If not, would you give antibiotics as well?</i> (<u>Record Yes or No</u>)		
PT2	<i>Dr., are any of these medicines anti-diarrhoeals? If not, would you give any anti-diarrhoeals as well?</i> (<u>Record Yes or No</u>)		
PT3	<i>If this patient was very poor, what tests would you recommend?</i> (<u>To be asked only if tests were recommended</u>)	1. 2. 3.	
PT4	<i>If this patient was very poor, what medications would you recommend?</i>	Medication 1. 2. 3.	Dosage

Case III

Question Number	Type of Question	Provider Response Asked Did not ask	X O	Patient Record
H	History			
H1.1	How long has the illness been present?			1 day
H2	Do you dress properly when you go to work			Yes
H3.2	Is there a fever?			No
H4	Do you have difficulty in swallowing or eating food			No
H5.3	Were there any chills associated with fever?			No
H6	What did you eat yesterday?			Rice and vegetables
H7.4	Was there any sweating associated with the fever?			No
H9.5	Is there a cough?			Only when my throat itches
H8	Do you often get this kind of cough			No
H10	What do you sell in your shop			Packaged goods (no flour)
H11.6	Is there any pain in the chest?			No
H12.7	Is there any shortness of breath/difficulty in breathing?			No
H13.8	What is the color of the expectorant and nasal discharge			Clear
H14.9	Was there any blood in the nasal discharge or in the expectoration?			No blood
H15	Was there any wheezing?			No wheezing
H16.10	Do you have a headache?			Mild headache
E	Relevant Examination			
E1	Height			5'8"
E2	Weight			70 Kilos
E3.1	Pulse Rate			74 beats per minute
E4.2	Respiratory Rate			20/minute
E5.3	Blood Pressure			120/80
E6.4	Temperature			98.8 F
E7.5	Nose and Nasal Passages			Normal
E8	Lymph nodes			Not swollen
E9.6	Throat Inspection			Mild inflammation
E10	Throat Swab			No Streptococci found
E11	Blood for Hb			14.2 g/dl
E12	Strep Screen			No Streptococci found

Question Number	Treatment Questions		
T1	What treatment would you give him <u>(In this case, the treatment may not be only medicines. If for example, the doctor says "I would advise him to gargle", write 'advice to gargle' under medicines)</u>	Treatment 1. 2. 3. 4.	Dosage/Frequency 1. 2. 3. 4.
T2	Other treatment recommendations, for example, regarding diet or hygiene		
PT1	<i>Doctor, are any of these medicines antibiotics? If not, would you give him antibiotics as well?</i>	Antibiotics 1. 2. 3.	Dosage 1. 2. 3.
PT2	<i>If this patient was poor, what treatment would you give him</i> <u>(Note that the treatment could include medications as well, in which case these should be noted)</u>	Treatment 1. 2. 3.	Dosage 1. 2. 3.
PT3	<i>Doctor, are any of the medicines you gave steroids? If not, would you give him steroids as well?</i> <u>(Record Yes or No)</u>		
PT3	<i>What recommendations would you give him in terms of when to return or to recognize a worsening situation?</i>		

Case IV

Question Number	Type of Question	Provider Response	Patient Record
		Asked 1 Did not ask 2	
H	History		
H1.1	Are there any night sweats present?		Yes
H2.2	Is there any pain in the chest		No
H3.3	Is there any blood in the sputum		Yes
H4	Do you drink		I used to, but not for the last two years
H5.4	Has this happened before		Yes, for the last month, but not before that
H6.5	Has this type of cough happened to any others in your family/dwelling		Yes, father in village
H7.6	What is your profession		Manual labor
H8.7	Have you indulged in any high-risk sexual behavior?		Does not visit sex workers/prostitutes
H9	Do you feel tired?		Yes, slightly
H10	What is your normal diet		Rice, vegetables and sometimes meat
H11	Pattern of fever		Low grade fever, higher at night
H12	Do you smoke		Yes, one packet of bidi everyday
E	Relevant Examination		
E1	Height		5'8
E2	Weight		62 kilos
E3.1	Pulse Rate		Moderately elevated; 80/minute
E4.2	Respiratory Rate		20/minute
E5.3	Blood Pressure		120/80
E6.4	Temperature		100.5 F
E7.5	Chest Inspection for Retraction or decreased movement		Normal
E8.6	Chest Percussion		Normal
E9.7	Auscultation for breath sounds		Normal
E10.8	Blood for TLC/DLC		Normal
E11	Blood for fasting ESR (Erythrocytic Sedimentation Rate)		>20mm
E12	Mantoux Tuberculin Skin Test (TST)		Positive reaction of greater than 10mm
E13.9	Sputum for AFB (Acid-Fast Bacilli)		Positive
E14.10	Chest X-Ray		Abnormal; Opacity in Rt. Apex
E15.11	Blood for HIV test		Negative

Question Number	Treatment Questions		
T1	What medicines would you give to this patient	Medicines 1. 2. 3. 4.	Dosage 1. 2. 3. 4.
T2	Recommendations for changes in diet		
T3	Other recommendations	Containment 1. 2. 3.	Other 1. 2. 3.
PT1	<i>How expensive are these medicines</i> <u>(Record the price per day for the treatment for Tuberculosis)</u>		
PT2	<i>How long will you give the treatment for</i> <u>(Record the range (6-9mths) if necessary)</u>		
PT3	<i>Will you have the sputum test and Chest X-ray repeated?</i> <u>(This question should be asked only if the tests were recommended. Record Yes or No)</u>		
PT4	<i>If PT3 is 'yes', how often?</i>		
PT5	<i>Will you give the patient the medicines or ask him to come to your clinic daily?</i>		
PT6	<i>It seems like this treatment is quite expensive. What would you do if the patient were poor?</i> <u>(The first line should be used only if tuberculosis was diagnosed)</u>		
PT7	<i>We have been told that sometimes these cases could also be tuberculosis. If this patient had tuberculosis, what treatment would you give?</i> <u>(To be asked only if the diagnosis was not tuberculosis: If the doctor says he would refer, note 'Would refer to X')</u>	Medicines 1. 2. 3. 4. 7	Dosage 1. 2. 3. 4.

Case V

Question Number	Type of Question	Provider Response Asked	Patient Record
		<input checked="" type="checkbox"/> X <input type="checkbox"/> O Did not ask	
H	History Questions		
H1.1	How is your mood/Do you feel depressed		Very sad/Yes, very depressed
H2.2	Do you ever feel like crying		Yes, for no reason
H3.3	Why do you feel this way or cry		No reason at all
H4	Are you in school or working?		No
H5.4	Do you have trouble sleeping		Yes
H6.5	What time do you fall asleep at night		Late; I have difficulty falling asleep
H7.6	What time do you wake up in the morning		Early, I have difficulty sleeping
H8	What is your normal diet like?		Roti and dal with vegetables
H9.7	Do you have any fears: if so what?		Nothing specific
H10	Does your mother give you too much work to do		Not particularly
H11.8	How much of your daily work do you actually manage to do?		I can't even do my routine daily chores
H12.9	Do you ever have thoughts of suicide		No
H13.10	Have you ever been pregnant or had an abortion		No
H14.11	Have you had any death in the family or change in life circumstance		Yes, we moved from our village to Delhi 6 months ago
H15.12	Do you take drugs/alcohol or any medication		No
H16	Do you feel weak?		Not particularly
H17	Do you feel you should get married soon?		Not particularly
E	Relevant Examination		
E1.1	Pulse Rate		70 beats per minute
E2	Height		5' 5"
E3	Weight		55 kilograms
E4.2	Respiratory Rate		20/minute
E5.3	Blood Pressure		110/70
E6	Blood for Hb		13 g/dl
E7.4	Menstrual History		Normal
E8	Stool examination for worms		No worm infestation
E9.5	Thyroid Examination		Normal

Question Number	Treatment Questions		
T1	<p>How would you treat this patient (Treatment may or may not include medication. <u>Record each treatment recommendation in the appropriate columns</u>)</p>	<p>Medicines</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>Dosage</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
PT1	<p><i>If this patient has suicidal thoughts, how would you treat this patient?</i> (Treatment may or may not include medication. <u>Record each treatment recommendation in the appropriate columns</u>)</p>	<p>Medicines</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>Dosage</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>

Case VI

Question Number	Type of Question	Provider Response Asked Did not ask	X O	Patient Record
H	History Questions			
H1	Last menstrual period			7 months back
H2	Any nausea or vomiting; if so how much			Mild nausea and vomiting in the first trimester; Now she is getting a lot of nausea and vomits at least once a day
H3	Any swelling in the feet			A lot of swelling
H4	Weight gain during pregnancy			Pre-Pregnancy weight: 52 Kilos Current Weight: 72 Kilos
H5	Can you feel your babies movements			Yes
H6	Do you have any bleeding or discharge			No
H7	Have you had any antenatal check up during the pregnancy			No
H8	How many children do you have			1
H9	Where were they born; was it a normal birth			In the hospital; Yes
H10	Have you had any other pregnancies other than these			Yes, there was one that ended in a still birth at 8 th month
H11	Did you get any immunizations during your previous, or current pregnancy			No
H12	Have you had an ultrasound done			No
H13	Do you have hypertension either now or during your previous pregnancy			Yes, during the still birth pregnancy
H14	Do you have diabetes now or during your previous pregnancy			No
H15	Do you have anemia either now or during your previous pregnancy			No
H16	Do you have any heart disease either now or during your previous pregnancy			No
H17	Do you have any inherited disease in either yourself, your partner or your previous child			No
H18	Do you smoke or drink			No
H19	Do you get short of breath; at rest or during exercise			Yes, breathless on mild exercise; inability to perform household chores
H20	What is the severity and frequency of the headaches			Severe and incapacitating; 2-3 times a day

Case VI continued

Question Number	Type of Question	Provider Asked Asked X Did not ask O	Patient Record
E	Relevant Examinations		
E1	Pulse Rate		78 beats per minute
E2	Respiratory Rate		20 per minute
E3	Blood Pressure		160/114
E4	Auscultation of chest and heart		Normal
E5	Edema in feet		Pitting edema present in both ankles
E6	Examination of eyes and mouth for anemia		Normal
E7	Urine for proteins		1.6 gm albumin/liter (two specimens 6 hours apart)
E8	Urine for glucose		Not present
E9	Blood glucose		Not present
E10	Blood for Hb		11.2 g/dl
E11	Palpation of fetus		Normal
E12	Fetal heart rate		Normal

Question Number	Treatment Questions	Record Provider answers here	
T1	If you were to manage this patient, what would you do?	Treatment, including medications 1. 2. 3. 4.	Dosage 1. 2. 3. 4.
PT1	<i>If this patient also had high blood pressure, edema, and proteinuria, what treatment would you recommend?</i> <u>(This question should be asked only if all these tests/questions have not already been covered)</u>	Treatment, including medication 1. 2. 3. 4.	Dosage 1. 2. 3. 4.
PT2	<i>If this patient were poor, what treatment would you recommend?</i> <u>(Treatment may or may not include medication. Record each treatment recommendation in the appropriate columns)</u>	Treatment, including medication 1. 2. 3. 4.	Dosage 1. 2. 3. 4.

Reserve Case

Question Number	Type of Question	Provider Response		Patient Record
		Asked	X Did not ask O	
H	History			
H1	How long has it been happening			2 months
H2	Do you have any children			1 child who is 2 years old
H3	Have you been having any bleeding			Normal
H4	When was your last period			15 days back
H5	Are you having normal, regular periods			Normal and regular periods
H6	Where do you go to the toilet			To the fields
H7	Do you wear shoes when you go to the toilet			No
H8	Is your diet adequate			Adequate diet
H9	Has your diet changed for any reason			No change
E	Relevant Examinations			
E1	Pulse rate			Moderately elevated; high volume; 86.minute
E2	Respiratory Rate			Normal
E3	Blood Pressure			Normal
E4	Auscultation of chest and heart			Normal
E5	Color of membranes in eye and mouth			Pale
E6	Edema in feet			No
E7	Blood for Hb., TLC/DLC			Hb. Is decreased. There is severe anemia
E8	Stool Examination			Evidence for mixed parasitic infestation

Question Number	Treatment Questions			
	T1	How would you treat this patient	Med1	Med2
PT1	<i>Will you suggest any changes in diet; if so, what?</i>			
PT2	<i>Will you give any additional tablets like vitamins or folic acids? If so what?</i>	Med1	Med2	Med3
PT3	<i>Will you give any medicine for the worms?</i>			
PT4	<i>If yes to above, what medicines?</i>	Med1	Med2	Med3

Final Page

Q1: We have described to you a certain type of patient. This type of patient always follows what you, the doctor, tell him/her to do, and always returns to you if you ask him/her to do so. Out of every 100 patients that come to you, how many would you say fall in this category?

% Patients falling in Category 1

Q2. We have described several cases to you. How often would you say that you see such each of these cases in your clinic? (Please tick one of the following five options)

	Case I (child with diarrhea)	Case II (man with cold & cough)	Case III (man with cough, low grade fever and weight loss for one month)	Case IV (girl with weakness, lethargy and low BP)	Case V (woman with severe headache who is also pregnant)
Almost Every day					
Almost Every week					
Once a month					
Once a year					
Have never seen a case like this					