

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).</p> <p>A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: <div style="text-align: right;">_____</div>	UF2. Household number: <div style="text-align: right;">_____</div>	
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right;">_____</div>	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: <div style="text-align: right;">_____</div>	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: <div style="text-align: right;">____ / ____ / _____</div>	
UF8A: Is this Child selected for the Nutrition Survey sub-sample? Y 1 N 2		

Repeat greeting if not already read to this respondent:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM CENTRAL STATISTICS ORGANISATION (CSO). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT *(name)*'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT **(45)** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT **(child's name from UF3)**'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **(45)** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given* ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given* ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed..... 1 Not at home 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (<i>specify</i>) _____ 9
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UF10. Field edited by (Name and number):	UF11. Data entry clerk (Name and number):
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Name _____	Name _____
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UF12. <i>Record the time.</i>	Hour and minutes..... : _____	
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AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day _____</p> <p>DK day98</p> <p>Month..... _____</p> <p>Year _____</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years)..... _____</p>	

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	1 ⇒ Next Module 2 ⇒ Next Module
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No 2 DK 8	1 ⇒ Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	2 ⇒ Next Module
BR4. WHY IS <i>(name)</i> 'S BIRTH NOT REGISTERED?	Must travel too far 1 Did not know it should be registered 2 Did not want to get in trouble 3 with authorities Does not know where to register 4 Hospital didn't register the baby 5 Other (specify) _____ 6 DK 8	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None 00</p> <p>Number of children’s books 0 ___</p> <p>Ten or more books 10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys.....	1	2	8	Toys from a shop	1	2	8	Household objects or outside objects	1	2	8	
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<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD) FOR MORE THAN AN HOUR?</p> <p>If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’</p>	<p>Number of days left alone for more than an hour ___</p> <p>Number of days left with other child for more than an hour..... ___</p>																	
<p>EC4. <i>Check AG2: Age of child</i></p> <p><input type="checkbox"/> <i>Child age 3 or 4 ⇒ Continue with EC5</i></p> <p><input type="checkbox"/> <i>Child age 0, 1 or 2 ⇒ Go to Next Module</i></p>																		

<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒EC7 8⇒EC7</p>																																			
<p>EC5A. WHAT TYPE OF EARLY CHILDHOOD EDUCATION PROGRAMME DOES <i>(name)</i> ATTEND?</p>	<p>Community..... 1 Government..... 2 Private..... 3 DK..... 8</p>																																				
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	<p>Number of hours..... _ _</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABYS?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No2 DK.....8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No2 DK.....8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BF4. DID (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (<i>name</i>) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (<i>name</i>) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BF9. DID (<i>name</i>) DRINK SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BF10. DID (<i>name</i>) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BF11. DID (<i>name</i>) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	

BF12. DID (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BF13. DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF15. DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BF16. DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes.....1 No2 DK.....8	
BF19. YESTERDAY, DURING THE DAY OR NIGHT, WAS (<i>name</i>) GIVEN A PACIFIER?	Yes.....1 No2 DK.....8	

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc C</p> <p>Other (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest 1</p> <p>Blocked or runny nose 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 6</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Village health worker D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>	

CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes.....1 No2 DK.....8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Antibiotic Pill / Syrup..... A Injection B Anti-malarialsM Paracetamol / Panadol / Acetaminophen ... P Aspirin Q Ibuprofen..... R Other (<i>specify</i>) _____ X DK Z	
CA14. Check AG2: Child aged under 3? <input type="checkbox"/> Yes. ⇒ Continue with CA15 <input type="checkbox"/> No. ⇒ Go to Next Module		
CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine01 Put / Rinsed into toilet or latrine.....02 Put / Rinsed into drain or ditch03 Thrown into garbage (solid waste)04 Buried05 Left in the open.....06 Other (<i>specify</i>) _____ 96 DK98	

IMMUNIZATION **IM**

If an immunization card is available, copy the dates in IM3-IM8 for each type of immunization recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available.

IM1. DO YOU HAVE A CARD WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?	Yes, seen.....1 Yes, not seen.....2 No card3	1⇒IM3 2⇒IM6
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IM2. DID YOU EVER HAVE A VACCINATION CARD FOR <i>(name)</i> ?	Yes.....1 No2	1⇒IM6 2⇒IM6
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IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization								
	Day	Month	Year						

BCG	BCG								
POLIO AT BIRTH	OPV0								
POLIO 1	OPV1								
POLIO 2	OPV2								
POLIO 3	OPV3								
DPT1	DPT1								
DPT2	DPT2								
DPT3	DPT3								
HEPB1	H1								
HEPB2	H2								
HEPB3	H3								
MEASLES	MEASLES								
VITAMIN A (MOST RECENT)	VITA								

IM4. Check IM3. Are all vaccines (BCG to Yellow Fever) recorded? <input type="checkbox"/> Yes ⇒ Continue with IM18 <input type="checkbox"/> No ⇒ Continue with IM5
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IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID <i>(name)</i> RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine)	
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DAYS?	mentioned. Then skip to IM18.)	
Record 'Yes' only if respondent mentions vaccines shown in the table above.	No2 DK.....8	2⇒IM18 8⇒IM18
IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes.....1 No2 DK.....8	2⇒IM18 8⇒IM18
IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes.....1 No2 DK.....8	
IM8. HAS (<i>name</i>) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....1 No2 DK.....8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?	First two weeks.....1 Later.....2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times	
IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? <i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	Yes.....1 No2 DK.....8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times	
IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes.....1 No2 DK.....8	2⇒IM16 8⇒IM16
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours.....1 Later.....2	
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTIONS – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes.....1 No2 DK.....8	

<p>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p> <p><i>Show 100,000 IU capsule (blue) or dispenser.</i></p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>IM19</p> <p>Please tell me if (<i>name</i>) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days:</p> <p>[A] <i>Polio NIDs 2008</i></p> <p>[B] <i>Polio NIDs 2009</i></p> <p>[c] <i>Tetanus NIDs 2008</i></p> <p>[d] <i>Tetanus NIDs 2009</i></p> <p>[E] <i>Vit A 2008</i></p> <p>[F] <i>Vit a 2009</i></p>	<p style="text-align: right;">Y N DK</p> <p>A <i>POLIO NIDs 2008</i> 1 2 8</p> <p>B <i>POLIO NIDs 2009</i> 1 2 8</p> <p>C <i>TETANUS NIDs 2008</i> 1 2 8</p> <p>D <i>TETANUS NIDs 2009</i>..... 1 2 8</p> <p>E <i>VIT A 2008</i>..... 1 2 8</p> <p>F <i>VIT A 2009</i> 1 2 8</p>	

<p>UF13. <i>Record the time.</i></p>	<p>Hour and minutes : ..</p>	
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UF14. *Does another eligible child reside in the household for whom this respondent is mother/caretaker?*

Yes. ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child.

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
an1. Measurer's name and number:	Name _____	
an2. Result of height / length and weight measurement	Either or both measured1	
	Child not present.....2	2⇒AN6
	Child or caretaker refused3	3⇒AN6
	Other (<i>specify</i>) _____ 6	6⇒AN6
an3. Child's weight	Kilograms (kg)..... _ _ . _ Weight not measured 99.9	
an4. Child's length or height Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down..... 1 _ _ _ . _ Height (cm) Standing up..... 2 _ _ _ . _ Length / Height not measured 9999.9	
AN5. OEDEMA Observe and record	Checked Oedema present1 Oedema not present2 Unsure3 Not checked (<i>specify reason</i>).....7	
<p>AN5A Check age of child in AG1: Is the Child under 6 months? <input type="checkbox"/> Yes. ⇒ go to AN6 <input type="checkbox"/> No. ⇒ Continue with AN5B</p>		
AN5B MUAC Observe and record	Checked MUAC (mm)..... _ _ _ 1 Not checked (<i>specify reason</i>).....7	

<p>AN6. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ Is this child part of the Sub-sample for Nutrition survey?</p> <p><input type="checkbox"/> Yes. ⇒ Collect blood sample for Hemoglobin test for this child.</p>
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No. ⇨ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

UNDER-FIVE CHILD SELECTED FOR BLOOD TEST**SCU**

This questionnaire is to be administered to children under five who are selected for blood test

SCU1. Cluster number: _____	SCU2. Household number: _____
SCU3. Child's line number: _____	SCU4. Interviewer name and number: Name _____
SCU5. May I take blood from the child?	No1 Yes2
SCU6: Have you taken sufficient blood?	No1 Yes2
SCU7: Results of the haemoglobin level	_____ . _____ (g/dl)