

UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: _____ / _____ / <u>1</u> <u>4</u> <u>0</u>	UF8. Record the time:	HOURS : MINUTES _____ : _____

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

If age 15-17, verify that adult consent for interview is obtained (HH33) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.

UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇒UF10B 2 ⇒UF10A
UF10A. Hello, my name is (your name). We are from the National Statistics and Information Authority of Afghanistan. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (child's name from UF3)'s health and well-being. This interview will take about 25 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about (child's name from UF3)'s health and well-being in more detail. This interview will take about 25 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1 NO / NOT ASKED 2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

UF17. Result of interview for children under 5 Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (specify) 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) 96
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UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (name) 's Birth Certificate with the National Statistics and Information Authority, National Child Immunisation Record, and any immunisation record from a private health provider? We will need to refer to those documents.		
UB1. On what day, month and year was (name) born? <i>Probe:</i> What is (his/her) birthday? <i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i> <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY __ __ DK DAY 98 MONTH..... __ __ YEAR <u>1</u> __ __	
UB1A. Source of information on date of birth.	MEMORY RECALL 1 BIRTH CERTIFICATE ISSUED BY NSIA 2 BIRTH CERTIFICATE BY HOSPITALS OR OTHER INSTITUTIONS 3 VACCINATION CARD 4 GUESS FROM CALENDAR OF EVENTS 5 OTHER (specify) 6	
UB2. How old is (name) ? <i>Probe:</i> How old was (name) at (his/her) last birthday? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) __	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	1 ⇒ End
UB4. Check the respondent's line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, UF4=HH47 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 ⇒ UB6
UB5. Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?	YES, ED10=0 1 NO, ED10≠0 OR BLANK 2	1 ⇒ UB8B 2 ⇒ End
UB6. Has (name) ever attended any early childhood education programme, such as a private or government facility, including kindergarten?	YES 1 NO 2	2 ⇒ End

UB7. At any time since March 1401, did (he/she) attend <i>(programmes mentioned in UB6)?</i>	YES..... 1 NO 2	1 \Rightarrow UB8A 2 \Rightarrow End
UB8A. Does (he/she) currently attend <i>(programmes mentioned in UB6)?</i> UB8B. You have mentioned that (<i>name</i>) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	YES..... 1 NO 2	

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 SEEN2 NO3 DK8	1⇒End 2⇒End
BR2. Has <i>(name)</i> 's birth been registered with the National Statistics and Information Authority (NSIA)?	YES.....1 NO2 DK8	1⇒End
BR3. Do you know how to register <i>(name)</i> 's birth?	YES.....1 NO2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for <i>(name)</i> ?	NONE 00 NUMBER OF CHILDREN'S BOOKS <u>0</u> ____ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that <i>(name)</i> plays with when (he/she) is at home. Does (he/she) play with:	<div style="text-align: right;">Y N DK</div> [A] Homemade toys, such as dolls, cars, or other toys made at home? <div> HOMEMADE TOYS..... 1 2 8 </div>	
[B] Toys from a shop or manufactured toys? <div> TOYS FROM A SHOP..... 1 2 8 </div>		
[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? <div> HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8 </div>		
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. On how many days in the past week was <i>(name)</i> :	[A] Left alone for more than an hour? <div> NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR ____ </div>	
[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? <i>If 'None' record '0'. If 'Don't know' record '8'.</i>	[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? <div> NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR ____ </div>	
EC4. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨ End

<p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <i>(name)</i>:</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with <i>(name)</i>?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with <i>(name)</i>?</p> <p>[B] Told stories to <i>(name)</i>?</p> <p>[C] Sang songs to or with <i>(name)</i>, including lullabies?</p> <p>[D] Took <i>(name)</i> outside the home?</p> <p>[E] Played with <i>(name)</i>?</p> <p>[F] Named, counted, or drew things for or with <i>(name)</i>?</p>	<table border="1"> <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</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	A	B	X	Y	
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<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 2 1</p> <p>AGE 3 OR 4 2</p>	<p>1 ⇒ End</p>																																			
<p>EC21. I would like to ask you about certain things <i>(name)</i> is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.</p> <p>Can <i>(name)</i> walk on an uneven surface, for example a bumpy or steep road, without falling?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC22. Can <i>(name)</i> jump up with both feet leaving the ground?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC23. Can <i>(name)</i> dress <i>(him/herself)</i>, that is, put on Shalwar and Kameez without help?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC24. Can <i>(name)</i> fasten and unfasten buttons without help?</p>	<p>YES 1</p> <p>NO 2</p>																																				

	DK..... 8	
EC25. Can <i>(name)</i> say 10 or more words like “mama” or “ball”?	YES..... 1 NO..... 2 DK..... 8	
EC26. Can <i>(name)</i> speak using sentences of 3 or more words that go together, for example “I want water” or “The house is big”?	YES..... 1 NO..... 2 DK..... 8	2⇒EC28 8⇒EC28
EC27. Can <i>(name)</i> speak using sentences of 5 or more words that go together, for example “The house is very big”?	YES..... 1 NO..... 2 DK..... 8	
EC28. Can <i>(name)</i> correctly use any of the words “I,” “you,” “she,” or “he,” For example “I want water,” or “He eats rice”?	YES..... 1 NO..... 2 DK..... 8	
EC29. If you show <i>(name)</i> an object <i>(he/she)</i> knows well, such as a cup or animal, can <i>(he/she)</i> consistently name it? <i>Probe:</i> By consistently I mean that <i>(he/she)</i> uses the same word to refer to the same object, even if the word used is not fully correct.	YES..... 1 NO..... 2 DK..... 8	
EC30. Can <i>(name)</i> recognise at least 5 letters of the alphabet?	YES..... 1 NO..... 2 DK..... 8	
EC31. Can <i>(name)</i> write <i>(his/her)</i> own name?	YES..... 1 NO..... 2 DK..... 8	
EC32. Does <i>(name)</i> recognise all numbers from 1 to 5?	YES..... 1 NO..... 2 DK..... 8	
EC33. If you ask <i>(name)</i> to give you 3 objects, such as 3 stones or 3 pens does <i>(he/she)</i> give you the correct amount?	YES..... 1 NO..... 2 DK..... 8	
EC34. Can <i>(name)</i> count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES..... 1 NO..... 2 DK..... 8	
EC35. Can <i>(name)</i> do an activity, such as colouring or playing with learning toys, without repeatedly asking for help or giving up too quickly?	YES..... 1 NO..... 2 DK..... 8	

EC36. Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example “Where is Grandmother”?	YES..... 1 NO..... 2 DK..... 8	
EC37. Does (<i>name</i>) offer to help someone who seems to need help?	YES..... 1 NO..... 2 DK..... 8	
EC38. Does (<i>name</i>) get along well with other children?	YES..... 1 NO..... 2 DK..... 8	
EC39. The next two questions have five different options for answers. I am going to read these to you after each question. How often does (<i>name</i>) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR..... 4 NEVER 5 DK..... 8	
EC40. Compared with children of the same age, how much does (<i>name</i>) kick, bite, or hit other children or adults? Would you say: not at all, less, the same, more, or a lot more?	NOT AT ALL 1 LESS 2 THE SAME..... 3 MORE 4 A LOT MORE 5 DK..... 8	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0 1 AGE 1, 2, 3 OR 4 2	1 ⇒ End
UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <i>(name)</i> <u>in the past month</u> .	<div>YES NO</div> <div> [A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house. TOOK AWAY PRIVILEGES 1 2 </div> <div> [B] Explained why <i>(name)</i>'s behavior was wrong. EXPLAINED WRONG BEHAVIOR 1 2 </div> <div> [C] Shook (him/her). SHOOK HIM/HER 1 2 </div> <div> [D] Shouted, yelled at or screamed at (him/her). SHOUTED, YELLED, SCREAMED 1 2 </div> <div> [E] Gave (him/her) something else to do. GAVE SOMETHING ELSE TO DO 1 2 </div> <div> [F] Spanked, hit or slapped (him/her) on the bottom with bare hand. SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2 </div> <div> [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2 </div> <div> [H] Called (him/her) dumb, lazy or another name like that. CALLED DUMB, LAZY OR ANOTHER NAME 1 2 </div> <div> [I] Hit or slapped (him/her) on the face, head or ears. HIT / SLAPPED ON FACE, HEAD OR EARS 1 2 </div> <div> [J] Hit or slapped (him/her) on the hand, arm, or leg. HIT / SLAPPED ON HAND, ARM OR LEG 1 2 </div> <div> [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could. BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2 </div>	
UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the <i>QUESTIONNAIRE FOR CHILDREN AGE 5-17</i> ?	YES 1 NO 2	2 ⇒ UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES 1 NO 2	1 ⇒ End
UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES 1 NO 2 DK / NO OPINION 8	

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End
UCF2. I would like to ask you some questions about difficulties (name) may have. Does (name) wear glasses?	YES 1 NO 2	
UCF3. Does (name) use a hearing aid?	YES 1 NO 2	
UCF4. Does (name) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2 2	1 ⇒ UCF7A 2 ⇒ UCF7B
UCF7A. When wearing (his/her) glasses, does (name) have difficulty seeing? UCF7B. Does (name) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 ⇒ UCF9A 2 ⇒ UCF9B
UCF9A. When using (his/her) hearing aid(s), does (name) have difficulty hearing sounds like peoples' voices or azan or bird chirping? UCF9B. Does (name) have difficulty hearing sounds like peoples' voices or azan or bird chirping?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 ⇒ UCF11 2 ⇒ UCF13
UCF11. Without (his/her) equipment or assistance, does (name) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (name) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14

UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4	
UCF15. Does (<i>name</i>) have difficulty understanding you?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4	
UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4	
UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4	


BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2⇒End
BD2. Has (<i>name</i>) ever been breastfed?	YES.....1 NO2 DK8	2⇒BD3A 8⇒BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES.....1 NO2 DK8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 22	2⇒End
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES.....1 NO2 DK8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.....1 NO2 DK8	
BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES.....1 NO2 DK8	

<p>BD7. Now I would like to ask you about all other liquids that (name) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (name) drink (name of item) yesterday during the day or the night:</p>					
		YES	NO	DK	
[A] Plain water?	PLAIN WATER	1	2	8	
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8	
[C] Yakhne?	YAKHNE	1	2	8	
[D] Infant formula, such as Biomeal or Lactogen?	INFANT FORMULA	1	2 ∇	8 ∇	
[D1] How many times did (name) drink infant formula? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA DK.....8		BD7[E] BD7[E]		
[E] Milk from animals, such as fresh, tinned, packed or powdered milk?	MILK	1	2 ∇	8 ∇	
[E1] How many times did (name) drink milk? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK MILK DK.....8		BD7[X] BD7[X]		
[X] Any other liquids?	OTHER LIQUIDS	1	2 ∇	8 ∇	
[X1] Record all other liquids mentioned.	(Specify) _____		BD8	BD8	

<p>BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <ul style="list-style-type: none"> Think about when (name) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else?</i> <i>Record answers using the food groups below.</i> What did (name) do after that? Did (he/she) eat anything at that time? <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i> 		
<p>For each food group not mentioned after completing the above ask: Just to make sure, did (name) eat (food group items) yesterday during the day or the night</p>		<p>YES NO DK</p>
<p>[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i></p>	<p>YOGURT</p>	<p>1 2 [☆] 8 [☆] <i>BD8[B] BD8[B]</i></p>
<p>[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES ATE YOGURT DK.....8</p>	
<p>[B] Any baby food, such as BP5, Nestle Cerelac?</p>	<p>FORTIFIED BABY FOOD</p>	<p>1 2 8</p>
<p>[C] Bread, paratha, naan, rice, noodles, porridge, or other foods made from grains?</p>	<p>FOODS MADE FROM GRAINS</p>	<p>1 2 8</p>
<p>[D] Pumpkin, carrots, sweet red pepper, squash, or sweet potatoes that are yellow or orange inside?</p>	<p>PUMPKIN, CARROTS, SQUASH, ETC.</p>	<p>1 2 8</p>
<p>[E] White potatoes, white yams, or any other foods made from roots?</p>	<p>FOODS MADE FROM ROOTS</p>	<p>1 2 8</p>
<p>[F] Any dark green, leafy vegetables, such as Bean greens, broccoli, carrot greens, chilli greens, lettuce, purslane, spinach, turnip greens, or pumpkin greens?</p>	<p>DARK GREEN, LEAFY VEGETABLES</p>	<p>1 2 8</p>
<p>[G] Ripe mangoes or ripe papayas, apricots, loquat, melon, peaches, persimmon?</p>	<p>RIPE MANGO, RIPE PAPAYA</p>	<p>1 2 8</p>
<p>[H] Any other fruits or vegetables, such as apples, bananas, or cauliflower?</p>	<p>OTHER FRUITS OR VEGETABLES</p>	<p>1 2 8</p>
<p>[I] Liver, kidney, heart or other organ meats?</p>	<p>ORGAN MEATS</p>	<p>1 2 8</p>
<p>[J] Any other meat, such as beef, lamb, goat, mountain goat, deer, chicken, duck or sausages made from these meats?</p>	<p>OTHER MEATS</p>	<p>1 2 8</p>
<p>[K] Eggs?</p>	<p>EGGS</p>	<p>1 2 8</p>
<p>[L] Fish or shellfish, either fresh or dried?</p>	<p>FRESH OR DRIED FISH</p>	<p>1 2 8</p>
<p>[M] Beans, peas, lentils, roasted chana or nuts, including any foods made from these?</p>	<p>FOODS MADE FROM BEANS, PEAS, NUTS, ETC.</p>	<p>1 2 8</p>
<p>[N] Cheese or other food made from animal milk?</p>	<p>CHEESE OR OTHER FOOD MADE FROM MILK</p>	<p>1 2 8</p>
<p>[X] Other solid, semi-solid, or soft food?</p>	<p>OTHER SOLID, SEMI- SOLID, OR SOFT FOOD</p>	<p>1 2 [☆] 8 [☆] <i>BD9 BD9</i></p>

<p>[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.</p>	<p>(Specify) _____</p>	
<p>BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES__</p> <p>DK8</p>	

IMMUNISATION										IM
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2..... 1 AGE 3 OR 4 2							2 ⇒ End	
IM2. Do you have a Vaccination card or National Child Immunisation Record, immunisation records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CARD(S)..... 1 YES, HAS ONLY OTHER DOCUMENT..... 2 YES, HAS CARD(S) AND OTHER DOCUMENT..... 3 NO, HAS NO CARDS AND NO OTHER DOCUMENT..... 4							1 ⇒ IM5 3 ⇒ IM5	
IM3. Did you ever have a Vaccination card or National Child Immunisation Record or immunisation records from a private health provider for (<i>name</i>)?		YES 1 NO 2								
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2							2 ⇒ IM11	
IM5. May I see the card(s) (and/or) other document?		YES, ONLY CARD(S) SEEN..... 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD(S) AND OTHER DOCUMENT SEEN 3 NO CARDS AND NO OTHER DOCUMENT SEEN 4							4 ⇒ IM11	
IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNISATION								
		DAY		MONTH		YEAR				
HepB (at birth)	HepB0					1				
Polio (OPV) (at birth)	OPV0					1				
BCG	BCG					1				
Polio (OPV) 1	OPV1					1				
Pentavalent (DTPHibHepB) 1	Penta1					1				
Pneumococcal (Conjugate) 1	PCV1					1				
Rotavirus 1	Rota1					1				
Polio (OPV) 2	OPV2					1				
Pentavalent (DTPHibHepB) 2	Penta2					1				
Pneumococcal (Conjugate) 2	PCV2					1				
Rotavirus 2	Rota2					1				
Polio (OPV) 3	OPV3					1				
Pentavalent (DTPHibHepB) 3	Penta3					1				
Pneumococcal (Conjugate) 3	PCV3					1				
Polio (IPV) 1	IPV1					1				
Polio (OPV) 4	OPV4					1				
Polio (IPV) 2	IPV2					1				
Measles 1	MCV1					1				
Measles 2	MCV2					1				

IM6A. May I take a photo of the vaccination records? Again, all the information we obtain will remain strictly confidential and anonymous.	YES 1 NO 2	2⇒IM7																				
IM6B. Take photo(s) of vaccination record(s). Make sure to include child's name. <i>Check the quality of photos and retake if necessary. It is important that records can also be recorded from the photos.</i>																						
IM7. Check IM6: Are all vaccines (BCG to MCV2) recorded?	YES 1 NO 2	1⇒End																				
IM8. Did (<i>name</i>) participate in any of the following national immunisation days: [A] 1398 (September – February), National Immunization Days, OPV [B] 1399 (March – February), National Immunization Days, OPV [C] 1400 (March – February), National Immunization Days, OPV [D] 1401 (July – November), National Immunization Days, OPV	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>1398 (SEPT – FEB), NIDS, OPV</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>1399 (MARCH – FEB) NIDS, OPV</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>1400 (MARCH – FEB), NIDS, OPV</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>1401 (JULY – NOV) NIDS, OPV</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	1398 (SEPT – FEB), NIDS, OPV	1	2	8	1399 (MARCH – FEB) NIDS, OPV	1	2	8	1400 (MARCH – FEB), NIDS, OPV	1	2	8	1401 (JULY – NOV) NIDS, OPV	1	2	8	
	Y	N	DK																			
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1400 (MARCH – FEB), NIDS, OPV	1	2	8																			
1401 (JULY – NOV) NIDS, OPV	1	2	8																			
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the national immunisation days just mentioned?	YES 1 NO 2 DK 8	2⇒End 8⇒End																				
IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i> <i>When <u>finished</u>, go to next module.</i>		⇒End																				
IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a national immunisation day?	YES 1 NO 2 DK 8																					
IM12. Did (<i>name</i>) participate in any of the following national immunisation days: [A] 1398 (September – February), National Immunization Days, OPV [B] 1399 (March – February), National Immunization Days, OPV [C] 1400 (March – February), National Immunization Days, OPV [D] 1401 (July-November), National Immunization Days, OPV	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>1398 (SEPT – FEB), NIDS, OPV</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>1399 (MARCH – FEB) NIDS, OPV</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>1400 (MARCH – FEB), NIDS, OPV</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>1401 (JULY – NOV) NIDS, OPV</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	1398 (SEPT – FEB), NIDS, OPV	1	2	8	1399 (MARCH – FEB) NIDS, OPV	1	2	8	1400 (MARCH – FEB), NIDS, OPV	1	2	8	1401 (JULY – NOV) NIDS, OPV	1	2	8	
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IM13. Check IM11 and IM12[A-D]:	ALL NO OR DK 1 AT LEAST ONE YES 2	1 ⇒ End
IM14. 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 NO 2 DK 8	
IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?	YES, WITHIN 24 HOURS 1 YES, BUT NOT WITHIN 24 HOURS 2 NO 3 DK 8	
IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i>	YES 1 NO 2 DK 8	2 ⇒ IM16C 8 ⇒ IM16C
IM16A. How many times (<i>name</i>) received the polio drops?	NUMBER OF TIMES DK 8	
IM16B. Were the first polio drops received in the first two weeks after birth?	YES 1 NO 2 DK 8	
IM16C. Has (<i>name</i>) ever received an injection to protect against polio? <i>Probe by indicating that sometimes polio injection is given at the same time as the polio drops.</i>	YES 1 NO 2 DK 8	2 ⇒ IM20 8 ⇒ IM20
IM16D. How many times have (<i>name</i>) received an injection to protect against polio?	NUMBER OF TIMES DK 8	
IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i>	YES 1 NO 2 DK 8	2 ⇒ IM22 8 ⇒ IM22
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES DK 8	
IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus? <i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 ⇒ IM24 8 ⇒ IM24

IM23. How many times was the Pneumococcal vaccine received?	NUMBER OF TIMES ____ DK 8	
IM24. Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea? <i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 ⇨ IM26 8 ⇨ IM26
IM25. How many times was the rotavirus vaccine received?	NUMBER OF TIMES ____ DK 8	
IM26. Has (<i>name</i>) ever received a Measles vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles?	YES 1 NO 2 DK 8	2 ⇨ CA1 8 ⇨ CA1
IM26A. How many times was the Measles vaccine received?	NUMBER OF TIMES ____ DK 8	

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES..... 1 NO 2 DK 8	2 ⇒ CA14 8 ⇒ CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK..... 1 NO OR DK, BD3=2 OR 8 2	1 ⇒ CA3A 2 ⇒ CA3B
CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less? CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME..... 3 MORE..... 4 NOTHING TO DRINK 5 DK 8	
CA4. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat? <i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME..... 3 MORE..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 7 DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES..... 1 NO 2 DK 8	2 ⇒ CA7 8 ⇒ CA7

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITALA</p> <p>GOVERNMENT HEALTH CENTREB</p> <p>GOVERNMENT HEALTH POSTC</p> <p>MOBILE HEALTH TEAM.....E</p> <p>FAMILY HEALTH HOUSE.....F</p> <p>PUBLIC CLINICG</p> <p>OTHER PUBLIC MEDICAL (specify) _____H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACYK</p> <p>PRIVATE MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify) _____O</p> <p>DK PUBLIC OR PRIVATEW</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIENDP</p> <p>SHOP / MARKET / STREET.....Q</p> <p>TRADITIONAL PRACTITIONER / LOCAL HEALER.....R</p> <p>OTHER (specify) _____X</p> <p>DK / DON'T REMEMBER.....Z</p>	
<p>CA7. During the time (name) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called Nimkol or Crystal?</p> <p>[B] A pre-packaged ORS fluid?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Mahlole Namaki?</p> <p>[E] Salamati (combination of Zinc and ORS)</p>	<p>Y N DK</p> <p>FLUID FROM ORS PACKET 1 2 8</p> <p>PRE-PACKAGED ORS FLUID 1 2 8</p> <p>ZINC TABLETS OR SYRUP 1 2 8</p> <p>MAHLOLE NAMAKI 1 2 8</p> <p>SALAMATI..... 1 2 8</p>	
<p>CA8. Check CA7[A], CA7[B], CA7[D] and CA7[E]: Was child given any ORS?</p>	<p>YES, 'YES' IN CA7[A] OR CA7[B] OR CA7[D] OR CA7[E] 1</p> <p>NO, 'NO' OR 'DK' IN ALL CA7[A], CA7[B], CA7[D], AND CA7[E]..... 2</p>	<p>2 ⇒ CA10</p>

<p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B] and/or CA7[D] and/or CA7[E])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITALA</p> <p>GOVERNMENT HEALTH CENTREB</p> <p>GOVERNMENT HEALTH POSTC</p> <p>MOBILE HEALTH TEAM.....E</p> <p>FAMILY HEALTH HOUSE.....F</p> <p>PUBLIC CLINICG</p> <p>OTHER PUBLIC MEDICAL (specify)H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACYK</p> <p>PRIVATE MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify)O</p> <p>DK PUBLIC OR PRIVATEW</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIENDP</p> <p>SHOP / MARKET / STREET.....Q</p> <p>TRADITIONAL PRACTITIONER / LOCAL HEALER.....R</p> <p>OTHER (specify)X</p> <p>DK / DON'T REMEMBER.....Z</p>	
<p>CA10. Check CA7[C] and CA7[E]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 OR CA7[E]=1 1</p> <p>NO, CA7[C] ≠1 AND CA7[E] ≠1 2</p>	<p>2⇒CA12</p>

<p>CA11. Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITALA</p> <p>GOVERNMENT HEALTH CENTREB</p> <p>GOVERNMENT HEALTH POSTC</p> <p>MOBILE HEALTH TEAM.....E</p> <p>FAMILY HEALTH HOUSEF</p> <p>PUBLIC CLINICG</p> <p>OTHER PUBLIC MEDICAL (specify)_____H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACYK</p> <p>PRIVATE MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify)_____O</p> <p>DK PUBLIC OR PRIVATEW</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIENDP</p> <p>SHOP / MARKET / STREET.....Q</p> <p>TRADITIONAL PRACTITIONER / LOCAL HEALER.....R</p> <p>OTHER (specify)_____X</p> <p>DK / DON'T REMEMBER.....Z</p>	
<p>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒CA14</p> <p>8 ⇒CA14</p>
<p>CA13. What else was given to treat the diarrhoea?</p> <p><i>Probe:</i></p> <p>Anything else?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name of brand)</p> <p>_____</p> <p>(Name of brand)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTICA</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA).....B</p> <p>OTHER PILL OR SYRUPG</p> <p>UNKNOWN PILL OR SYRUP.....H</p> <p>INJECTION</p> <p>ANTIBIOTICL</p> <p>NON-ANTIBIOTIC.....M</p> <p>UNKNOWN INJECTIONN</p> <p>INTRAVENOUS (IV)O</p> <p>HOME REMEDY / HERBAL MEDICINEQ</p> <p>OTHER (specify)_____X</p>	
<p>CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒CA16</p> <p>8 ⇒CA16</p>

CA15. At any time during the illness, did (<i>name</i>) have blood taken from (his/her) finger or heel for testing?	YES..... 1 NO 2 DK 8	
CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES..... 1 NO 2 DK 8	
CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?	YES..... 1 NO 2 DK 8	2 ⇒ CA19 8 ⇒ CA19
CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY..... 1 BLOCKED OR RUNNY NOSE ONLY 2 BOTH 3 OTHER (<i>specify</i>) 6 DK 8	1 ⇒ CA20 2 ⇒ CA20 3 ⇒ CA20 6 ⇒ CA20 8 ⇒ CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2	2 ⇒ CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES..... 1 NO 2 DK 8	2 ⇒ CA22 8 ⇒ CA22
CA21. From where did you seek advice or treatment? <i>Probe: Anywhere else?</i> <i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i> <i>Probe to identify each type of provider.</i> <i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> <hr/> <i>(Name of place)</i>	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITALA GOVERNMENT HEALTH CENTREB GOVERNMENT HEALTH POSTC MOBILE HEALTH TEAM.....E FAMILY HEALTH HOUSE.....F PUBLIC CLINICG OTHER PUBLIC MEDICAL (<i>specify</i>)H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINICI PRIVATE PHYSICIANJ PRIVATE PHARMACYK PRIVATE MOBILE CLINICM OTHER PRIVATE MEDICAL (<i>specify</i>)O DK PUBLIC OR PRIVATEW OTHER SOURCE RELATIVE / FRIENDP SHOP / MARKET / STREET.....Q TRADITIONAL PRACTITIONER / LOCAL HEALER.....R OTHER (<i>specify</i>)X DK / DON'T REMEMBER.....Z	

CA22. At any time during the illness, was (name) given any medicine for the illness?	YES..... 1 NO 2 DK 8	2 ⇒CA30 8 ⇒CA30
CA23. What medicine was (name) given? <i>Probe:</i> Any other medicine? <i>Record all medicines given.</i> <i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i> _____ (Name of brand) _____ (Name of brand)	ANTIBIOTICS AMOXICILLIN.....L COTRIMOXAZOLE.....M OTHER ANTIBIOTIC PILL/SYRUPN OTHER ANTIBIOTIC INJECTION/IVO OTHER MEDICATIONS PARACETAMOL/PANADOL/ ACETAMINOPHENR ASPIRINS IBUPROFENT ONLY BRAND NAME RECORDEDW OTHER (specify)X DK / DON'T REMEMBER.....Z	
CA24. Check CA23: Antibiotics mentioned?	YES, ANTIBIOTICS MENTIONED, CA23=L-O..... 1 NO, ANTIBIOTICS NOT MENTIONED..... 2	2 ⇒CA30
CA25. Where did you get the (name of medicine from CA23, codes L to O) ? <i>Probe to identify the type of source.</i> <i>If 'Already had at home', probe to learn if the source is known.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> _____ (Name of place)	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITALA GOVERNMENT HEALTH CENTREB GOVERNMENT HEALTH POST.....C MOBILE HEALTH TEAM.....E FAMILY HEALTH HOUSE.....F PUBLIC CLINICG OTHER PUBLIC MEDICAL (specify)H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINICI PRIVATE PHYSICIANJ PRIVATE PHARMACYK PRIVATE MOBILE CLINICM OTHER PRIVATE MEDICAL (specify)O DK PUBLIC OR PRIVATEW OTHER SOURCE RELATIVE / FRIENDP SHOP / MARKET / STREET.....Q TRADITIONAL PRACTITIONER / LOCAL HEALER.....R OTHER (specify)X DK / DON'T REMEMBERZ	

CA30. Check UB2: Child's age?	AGE 0, 1 OR 2 1 AGE 3 OR 4 2	2 ⇒End
CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?	CHILD USED TOILET / LATRINE..... 01 PUT / RINSED INTO TOILET OR LATRINE..... 02 PUT / RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE (SOLID WASTE) 04 BURIED 05 LEFT IN THE OPEN 06 OTHER (<i>specify</i>) 96 DK 98	

UF11. Record the time.	HOURS AND MINUTES__ : __	
UF12. Language of the Questionnaire.	ENGLISH..... 1 DARI 2 PASHTO 3	
UF13. Language of the Interview.	ENGLISH..... 1 DARI 2 PASHTO 3 OTHER LANGUAGE (specify) 6	
UF14. Native language of the Respondent.	DARI..... 02 PASHTO 03 UZBAKI..... 04 TURKMANI 05 NOORISTANI 06 BALOCHI 07 PASHAIE 08 OTHER LANGUAGE (specify) 96	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3	

UF16. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the ANTHROPOMETRY MODULE INFORMATION PANEL on that Form.

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of another child age 0-4 living in this household?

- ☐ Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.
- ☐ No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?
 - ☐ Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.
 - ☐ No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

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SUPERVISOR'S OBSERVATIONS

[illegible]

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS)..... _____	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG)..... _____ . _____ CHILD NOT PRESENT AFTER REVISITS 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED 99.5 OTHER (specify) _____ 99.6	99.3 ⇨ AN13 99.4 ⇨ AN10 99.5 ⇨ AN10 99.6 ⇨ AN10
AN9. Was the child undressed to the minimum?	YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨ AN11A 2 ⇨ AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED 999.5 OTHER (specify) _____ 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP 2	
AN13. Day / Month / Year of measurement: _____ / _____ / <u>1 4 0</u> _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES 1 NO 2	1 ⇨ Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

[illegible]

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

[illegible]

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

[illegible]