

MODULE OF CHILDREN UNDER 5 YEARS

Note!

- 1. All mothers/caretakers should be interviewed for these questionnaires, who have children under 5 years**
- 2. Child index number should be the same to the one s/he is having as per family household at family module**
- 3. Fill in all the questionnaires for one child then move to the data of the other child**

UNDER FIVE INFORMATION PANEL						MOUF
<i>All the children of the family of under 5 years of age should be questioned</i>						
UFID	UF6	UF9	UF10			UF11
Line No.	Mother's/ caretaker line number	Result of the interview completed.....1 not at home.....2 refused.....3 partially completed....4 incapacitated.....5 other _____6	Date of Birth of the child <i>if the mother caretaker knows the exact birth date also enter the day; othewise circle 98 for day</i>			How old was he/she at the last birthday <i>In completed years</i>
Line		Result of the interview	Day	Month	Year	Age
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						

move to the following module

MODULE OF BIRTH REGISTRATION AND EARLY LERNING (MODBR)														MODBR 1						
<i>Only for children under 5 years</i>											Only for children 3-4 years old									
BR1ID	BR1				BR2			BR3				BR4		BR5		BR6			BR7	
Line No.	Does the child have a birth certificate? May I see it ?				Has child birth been registered with the civil authorities?			Why have you not registered your child?				Do you know how to register your child's birth?		Is your child 3 year old or more?		Is your child in the nursery school or kindergarten?			Within the last seven days, about how many hours did the child attend?	
	1. Yes I saw it -> to BR5 2. Yes; I did not see it 3. No 8. Don't Know				1. Yes -> to BR5 2. No 8. DK -> BR4			1. Cost too much 2. The office is very far 3. I didn't know it should be registered 4. I didn't want to pay fine 5. Didn't know where to register it 6. Others 8. Don't Know				1. Yes 2. No		1. Yes 2. No-> BR8		1. Yes 2. No -> BR8 8. DK -> BR8				
Line	Birth certificate				Yes	No	DK					Yes	NO	Yes	NO	Yes	No	DK	nr of hours	
01	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	
02	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	
03	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	
04	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	
05	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	
06	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	---
07	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	
08	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	---
09	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	
10	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	
11	1	2	3	8	1	2	8	1	2	3	4	5	6	8	1	2	1	2	8	

move to the following module

MODULE OF CHILD DEVELOPMENT **MODCE**

Only for children under 5 years, question to be administered to each caretaker.

CEID	CE1	CE2	CE3	CE4	CE5
Line No.	How many books are there in the household Please include school books but not other books for children such as pictures books ? If: None..... 00 0-9 books.....Respective NR 10+.....10	How many children books or picture books do you have for each child ? If: None..... 00 0-9 books.....Respective NR 10+.....10	When the child is at home Which are the things he/ she plays with? A. Household objects B. Object and materials found outside the living quarter C. Home made toys (dolls, cars) D. Toys that come from a store Y. No plays mentioned (more than one answer is allowed)	Since last day of the week When you leave the house to go shopping , wash clothes or other reasons How many times you left the child in the care of another child (less than 10 yrs old)? <i>If none enter 00</i>	In the past week how many times is the child left alone? <i>If none enter 00</i>
Line	Book number	Book number		Nr of times	Nr of times
01			A B C D Y		
02			A B C D Y		7
03			A B C D Y		
04			A B C D Y		
05			A B C D Y		
06			A B C D Y		
07			A B C D Y		
08			A B C D Y		
09			A B C D Y		
10			A B C D Y		
11			A B C D Y		

MODULE OF VITAMIN A (MODVA)				MODVA					
<i>Only for children under 5 years</i>									
VAID	VA1			VA2	VA3				
Line No.	Has the child received a vitamin A capsule(supplement) like this one? 1. Yes 2. No -> next line 8. DK -> next line			How many months ago did the child take the last dose? Months ago _____ 98 Don't know	Where did the child take this last dose? 1. On routine visit to health facility 2. Sick child visit to health facility 3. National Immunisation Day campaign 6. Others (specify) _____ 8. Don't know				
Line	Yes	No	DK		Last doze				
01	1	2	8		1	2	3	6	8
02	1	2	8		1	2	3	6	8
03	1	2	8		1	2	3	6	8
04	1	2	8		1	2	3	6	8
05	1	2	8		1	2	3	6	8
06	1	2	8		1	2	3	6	8
07	1	2	8		1	2	3	6	8
08	1	2	8		1	2	3	6	8
09	1	2	8		1	2	3	6	8
10	1	2	8		1	2	3	6	8
11	1	2	8		1	2	3	6	8

move to the following module

MODULE OF BREASTFEEDING MODBF

Only for children under 5 years

BFID	BF1	BF2	BF3	BF5
Line No.	Has (name) ever been breastfed? 1. Yes 2. No -> BF3 8.DK -> BF3	Is he/she still being breastfed? 1. Yes 2. No 8. DK	Since this time yesterday, did the child receive any of the followings? A. Vitamin, mineral additions B. Natural water C. Sweetened water fruit juice, tea or infusions? D. Oral re-hydrate solutions? (ORS) E. Infant formula? F. Tinned milk, powdered fresh Milk G. Some other liquid H. Solid or semi solid food (go to BF5) K. None (more than one answers is allowed)	Since this time yesterday, how many times did the child eat solid, semi solid or soft foods other than liquids? <i>(if more than 7 times record "7")</i> 0-6 cases Respective NR 7+ 7 DK 8

Line	Y	N	DK	Y	N	DK							No of times			
01	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	
02	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	
03	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	
04	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	
05	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	
06	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	
07	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	
08	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	
09	1	2	8	1	2	8	A	B	C	D	E	F	G	H	K	

MODULE OF CARE OF ILLNESS (MODCA) MODCA1

Only for children under 5 years

CA11D	CA1	CA2			CA3	CA4	CA5	CA6			CA7
Line No.	Did the child have diarrhea in the last two weeks?	During the last episode of diarrhea, did (name) drink any of the followings?			During name's illness, did he/she drink much less, about the...	Did the child eat while being ill	Has (name) had an illness with a cough at any time in the last two weeks?	While having cough, did the child have breathing difficulties?			Were the symptoms due to a problem in the chest or a blocked nose?
		A. Fluid from ORS packet	B. recommended homemade fluid	C. pre-packaged ORS							
	1. Yes 2. No-> CA5 8. DK -> CA5	1. Yes 2. No 8. DK	1. Yes 2. No 8. DK	1. Yes 2. No 8. DK	1. Nothing 2. about the same 3. More 8. DK	1. Nothing 2. Much less 3. Somewhat less 4. About The same 5. More 8. DK	1. Yes 2. No (-> CA12) 8. DK (-> CA12)	1. Yes 2. No -> CA12 8. DK -> CA12	1. Chest problems 2. Blocked nose->CA13 3. Both 6. Others -> to CA13 8. DK		
Line	Y N DK	Y N DK	Y N DK	Y N DK			Y N DK	Y N DK	Y N DK		
01	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
02	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
03	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
04	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
05	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
06	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
07	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
08	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
09	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
10	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
11	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	
12	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 4 5 8	1 2 8	1 2 8	1 2 8	1 2 3 6 8	

IMMUNIZATION MODULE (MODIM)													MODIM2														
<i>Mothers having children under 5 years, should be interviewed</i>																											
IM2ID	IM5A			IM5B			IM5C			IM6			IM9			IM10			IM11			IM12			IM13		
Line No.													In addition to the above vaccines, did the child receive any other vaccines, including the ones on the national day of immunization?			Has the child received any vaccinations to prevent him/her from getting diseases?			Has the child ever been given a BCG vaccination against tuberculosis - that is, an injection in the arm or shoulder that caused a scar?			Has (name) ever been given any vaccination drops in the mouth to protect him/her from getting a disease that is polio?			How old was he/she when the first dose was given - just after birth (within two weeks) or later?		
	HepB1			HepB2			HepB3			Measles			1. Yes (-> IM19) 2. No (-> IM19) 8 DK (-> IM19)			1. Yes (-> IM19) 2. No (-> IM19) 8. DK (-> IM19)			1. Yes 2. No 8. DK			1. Yes 2. No -> IM15 8. DK -> IM15			1. Right after birth 2. Later		
Line	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY	DD	MM	YYYY															
01													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
02													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
03													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
04													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
05													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
06													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
07													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
08													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
09													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
10													1	2	8	1	2	8	1	2	8	1	2	8	1	2	
11													1	2	8	1	2	8	1	2	8	1	2	8	1	2	

IMMUNIZATION MODULE (IMOD)							MODIM3							
<i>Mothers having children under 5 years, should be interviewed</i>														
IM2ID	IM14	IM15			IM16	IM17			IM19					
Line No.	How many times has he/she been given these drops? Nr of times	Has the child ever been given vaccination injections (in the bottom) to protect him/her from getting tetanus, white cough or diphtheria? 1. Yes 2. No (-> IM17) 8. DK (-> IM17)			How many times?	Has the child ever been given Measles vaccination injections or MMR- that is a shot in the arm at the age of 9 months or older to prevent him/her from getting measles 1. Yes 2. No 8. Don't Know			Write down whether in the relevant campaigns, the child has taken the vaccines					
									Campaign A	Campaign B	Campaign C			
									1. Yes 2. No 8. DK	1. Yes 2. No 8. DK	1. Yes 2. No 8. DK			
Line					Nr of times									
01		1	2	8		1	2	8	1	2	8	1	2	8
02		1	2	8		1	2	8	1	2	8	1	2	8
03		1	2	8		1	2	8	1	2	8	1	2	8
04		1	2	8		1	2	8	1	2	8	1	2	8
05		1	2	8		1	2	8	1	2	8	1	2	8
06		1	2	8		1	2	8	1	2	8	1	2	8
07		1	2	8		1	2	8	1	2	8	1	2	8
08		1	2	8		1	2	8	1	2	8	1	2	8
09		1	2	8		1	2	8	1	2	8	1	2	8
10		1	2	8		1	2	8	1	2	8	1	2	8
11		1	2	8		1	2	8	1	2	8	1	2	8

MODULE OF ANTROPOMETRY (MODAN)					MODAN
<i>Only for children under 5 years (After the questionnaires are over for all the children, the person should measure and weigh all the children. Check the child line number on the household listening before recording measurments.)</i>					
ANID	AN1	AN2A	AN2B	AN3	AN4
Line No.	Child's wight in Kg. i.e. 2 or 2,5	Child's length or height 1.Lying down (under 2 yrs) 2. Standing up (2 yrs or more)	Tallness cm _ _ _ _	Measures's identification code	Results of the measures 1. Measured 2. Not at home 3. Refused 6 Others
Line					
01		1 2			1 2 3 6
02		1 2			1 2 3 6
03		1 2			1 2 3 6
04		1 2			1 2 3 6
05		1 2			1 2 3 6
06		1 2			1 2 3 6
07		1 2			1 2 3 6