



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Multiple Indicator Cluster Survey 2023

Approved on November 1<sup>st</sup> 2022 meeting of the Steering Committee  
established by Resolution no. 526s of the Cabinet of Ministers of the  
Azerbaijan Republic dated 17/08/2022.

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: _____ / _____ / 20__	UF8. Record the time:	HOURS : MINUTES _____ : _____

<p>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 HH39) 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.</p>		
UF9. Check other 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 ( <b>your name</b> ), surname is ( <b>your surname</b> ). We are from State Statistical Committee. We are conducting a survey about the situation of children, women and households. I would like to talk to you about ( <b>child's name from UF3</b> )'s health and well-being. This interview will take about 20 minutes. In accordance with the Law of the Republic of Azerbaijan on "Official Statistics", the confidentiality of the requested information is guaranteed and it will be used only in summary form. If you wish not to answer any question or wish to stop the survey, please let me know. May I start now?	UF10B. Now I would like to talk to you about ( <b>child's name from UF3</b> )'s health and well-being in more detail. This interview will take about 20 minutes. In accordance with the Law of the Republic of Azerbaijan on "Official Statistics", the confidentiality of the requested information is guaranteed and it will be used only in summary form. If you wish not to answer any question or wish to stop the survey, 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:  <i>Response categories refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	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
<b>UB0.</b> Before I begin the interview, could you please bring <b>(name)</b> 's Child Immunisation Passport or, and any immunisation record from a private health provider? We will need to refer to those documents.		
<b>UB1.</b> On what day, month and year was <b>(name)</b> born?  <i>Probe:</i> What is (his/her) birthday?  If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.  Month and year <u>must</u> be recorded.	DATE OF BIRTH DAY ..... ____  DK DAY ..... 98  MONTH..... ____  YEAR ..... <u>2</u> <u>0</u> ____	
<b>UB2.</b> How old is <b>(name)</b> ?  <i>Probe:</i> How old was <b>(name)</b> at (his/her) last birthday?  Record age in completed years.  Record '0' if less than 1 year.  If responses to UB1 and UB2 are inconsistent, probe further and correct.	AGE (IN COMPLETED YEARS) ..... ____	
<b>UB3.</b> Check UB2: Child's age?	AGE 0, 1, OR 2..... 1 AGE 3 OR 4 ..... 2	1 ⇨ UB9A
<b>UB4.</b> 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
<b>UB5.</b> Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Is the child attending preschool in the current, 2022-2023 school year?	YES, ED10=0 ..... 1 NO, ED10≠0 OR BLANK..... 2	1 ⇨ UB8B 2 ⇨ UB9A
<b>UB6.</b> Has <b>(name)</b> ever attended any preschool programme, such as nursery, kindergartens, preschool groups operating in schools?	YES..... 1 NO ..... 2	2 ⇨ UB9A
<b>UB7.</b> At any time since September, did (he/she) attend (programmes mentioned in UB6)?	YES..... 1 NO ..... 2	1 ⇨ UB8A 2 ⇨ UB9A
<b>UB8A.</b> Does (he/she) currently attend (programmes mentioned in UB6)?  <b>UB8B.</b> You have mentioned that <b>(name)</b> has attended a preschool programme this school year. Does (he/she) currently attend this programme?	YES..... 1 NO ..... 2	

<b>UB9A.</b> Is (name) covered by any health insurance other than mandatory health insurance?	YES .....1 NO .....2	2 ⇒ End
<b>UB10A.</b> What type of health insurance is ( <i>name</i> ) covered by?  <i>Record all mentioned.</i>	HEALTH INSURANCE THROUGH EMPLOYER..... B VOLUNTARY HEALTH INSURANCE..... D  OTHER ( <i>specify</i> ) ..... X	

EARLY CHILDHOOD DEVELOPMENT		EC
<b>EC1.</b> 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	
<b>EC2.</b> 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? ..... 1   2   8  [B] Toys from a shop or manufactured toys? ..... 1   2   8  [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? ..... 1   2   8	
<b>EC3.</b> Sometimes adults taking care of children have to leave the (house/apartment) 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? ..... NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR ..... ____  [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? ..... NUMBER OF DAYS LEFT WITH ANOTHER CHILD UNDER THE AGE OF 10 FOR MORE THAN AN HOUR ..... ____  <i>If 'None' record '0'. If 'Don't know' record '8'.</i>	
<b>EC4.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇒ End

<p><b>EC5.</b> In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <b>(name)</b>:</p> <p><i>If ‘Yes’, ask:</i> Who engaged in this activity with <b>(name)</b>?</p> <p><i>A foster/stepmother 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 <b>(name)</b>?</p> <p>[B] Told stories to <b>(name)</b>?</p> <p>[C] Sang songs to or with <b>(name)</b>, including lullabies?</p> <p>[D] Took <b>(name)</b> outside the house/apartment?</p> <p>[E] Played with <b>(name)</b>?</p> <p>[F] Named, counted, or drew things for or with <b>(name)</b>?</p>	<table><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 THINGS, DREW PICTURES</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 THINGS, DREW PICTURES	A	B	X	Y	
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<p><b>EC21.</b> I would like to ask you about certain things <b>(name)</b> 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 <b>(name)</b> 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><b>EC22.</b> Can <b>(name)</b> jump up with both feet leaving the ground?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				
<p><b>EC23.</b> Can <b>(name)</b> dress <b>(him/herself)</b>, that is, put on pants and a shirt, or a dress without help?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				

EC24. Can ( <b>name</b> ) fasten and unfasten buttons without help?	YES ..... 1 NO ..... 2  DK ..... 8	
EC25. Can ( <b>name</b> ) say 10 or more words like “mama” or “ball”?	YES ..... 1 NO ..... 2  DK ..... 8	
EC26. Can ( <b>name</b> ) speak using sentences of 3 or more words that go together, for example “Give me water” or “The house is big”?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ EC28 8 ⇒ EC28
EC27. Can ( <b>name</b> ) 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 ( <b>name</b> ) correctly use any of the word “I,” “you,” “he/she” for example “Give me water,” “He/she eats an apple”?	YES ..... 1 NO ..... 2  DK ..... 8	
EC29. If you show ( <b>name</b> ) an object ( <b>he/she</b> ) knows well, such as a cup or animal, can ( <b>he/she</b> ) consistently name it?  <i>Probe:</i> By consistently I mean that ( <b>he/she</b> ) 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 ( <b>name</b> ) recognise at least 5 letters of the alphabet?	YES ..... 1 NO ..... 2  DK ..... 8	
EC31. Can ( <b>name</b> ) write ( <b>his/her</b> ) own name?	YES ..... 1 NO ..... 2  DK ..... 8	
EC32. Does ( <b>name</b> ) recognise all numbers from 1 to 5?	YES ..... 1 NO ..... 2  DK ..... 8	
EC33. If you ask ( <b>name</b> ) to give you 3 objects, such as 3 spoons or 3 pencils, does ( <b>he/she</b> ) give you the correct amount?	YES ..... 1 NO ..... 2  DK ..... 8	
EC34. Can ( <b>name</b> ) count 10 objects, for example 10 fingers or 10 building blocks, without mistakes?	YES ..... 1 NO ..... 2  DK ..... 8	
EC35. Can ( <b>name</b> ) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES ..... 1 NO ..... 2  DK ..... 8	

<b>EC36.</b> Does ( <i>name</i> ) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC37.</b> Does ( <i>name</i> ) offer to help someone who seems to need help?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC38.</b> Does ( <i>name</i> ) get along well with other children?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC39.</b> The next question has five different options for answers. I am going to read these to you after the 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	
<b>EC40.</b> The next question also has five different options for answers. I am going to read these to you after the question.  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
<p>UCD2. Adults use certain ways to teach children the right behaviour or to address a behaviour 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 <b>(name)</b> in the past month.</p> <p>[A] Took away privileges, forbade something <b>(name)</b> liked or did not allow (him/her) to leave the (house/apartment).</p> <p>[B] Explained why <b>(name)</b>'s behaviour was wrong.</p> <p>[C] Shook (him/her).</p> <p>[D] Shouted, yelled at or screamed at (him/her).</p> <p>[E] Gave (him/her) something else to do.</p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.</p> <p>[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.</p> <p>[H] Called (him/her) dumb, lazy or another name like that.</p> <p>[I] Hit or slapped (him/her) on the face, head or ears.</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg.</p> <p>[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.</p>	<p>YES NO</p> <p>TOOK AWAY PRIVILEGES ..... 1 2</p> <p>EXPLAINED WRONG BEHAVIOR ..... 1 2</p> <p>SHOOK HIM/HER ..... 1 2</p> <p>SHOUTED, YELLED, SCREAMED ..... 1 2</p> <p>GAVE SOMETHING ELSE TO DO ..... 1 2</p> <p>SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND ..... 1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ..... 1 2</p> <p>CALLED DUMB, LAZY OR ANOTHER NAME ..... 1 2</p> <p>HIT / SLAPPED ON FACE, HEAD OR EARS ..... 1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG ..... 1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD ..... 1 2</p>	
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 QUESTIONNAIRE FOR CHILDREN AGE 5-17?	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 ( <i>name</i> ) may have.  Does ( <i>name</i> ) wear glasses?	YES ..... 1 NO ..... 2	
UCF3. Does ( <i>name</i> ) use a hearing aid?	YES ..... 1 NO ..... 2	
UCF4. Does ( <i>name</i> ) 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 ( <i>name</i> ) 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 ( <i>name</i> ) 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 ( <i>name</i> ) have difficulty seeing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3	
UCF7B. Does ( <i>name</i> ) have difficulty seeing?	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 ( <i>name</i> ) have difficulty hearing sounds like people's voices or music?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3	
UCF9B. Does ( <i>name</i> ) have difficulty hearing sounds like people's voices or music?	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 ( <i>name</i> ) have difficulty walking?	SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	
UCF12. With (his/her) equipment or assistance, does ( <i>name</i> ) 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

<b>UCF13.</b> Compared with children of the same age, does ( <b><i>name</i></b> ) have difficulty walking?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	
<b>UCF14.</b> Compared with children of the same age, does ( <b><i>name</i></b> ) 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	
<b>UCF15.</b> Does ( <b><i>name</i></b> ) have difficulty understanding you?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT UNDERSTAND AT ALL ..... 4	
<b>UCF16.</b> When ( <b><i>name</i></b> ) 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	
<b>UCF17.</b> Compared with children of the same age, does ( <b><i>name</i></b> ) have difficulty learning things?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT LEARN THINGS AT ALL ..... 4	
<b>UCF18.</b> Compared with children of the same age, does ( <b><i>name</i></b> ) have difficulty playing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT PLAY AT ALL ..... 4	

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1.</b> Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2 ⇒ End
<b>BD2.</b> Has ( <i>name</i> ) ever been breastfed?	YES.....1 NO .....2 DK .....8	2 ⇒ BD3A 8 ⇒ BD3A
<b>BD3.</b> Is ( <i>name</i> ) still being breastfed?	YES.....1 NO .....2 DK .....8	
<b>BD3A.</b> Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 2 .....2	2 ⇒ End
<b>BD4.</b> Yesterday, during the day or night, did ( <i>name</i> ) <u>drink anything from a bottle or cup with a nipple, spout, or reusable straw?</u>	YES.....1 NO .....2 DK .....8	
<b>BD5.</b> Did ( <i>name</i> ) <u>drink Oral Rehydration Salt solution (ORS) or drink a sugar-salt solution</u> yesterday, during the day or night?	YES.....1 NO .....2 DK .....8	
<b>BD6.</b> Did ( <i>name</i> ) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES.....1 NO .....2 DK .....8	

<p><b>BD7.</b> Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>				
	YES	NO	DK	
[A] Plain water?	PLAIN WATER	1	2	8
[B] Fruit juice or fruit-flavoured drinks including those made from syrups or powders?	JUICE OR JUICE DRINKS	1	2	8
[C] Clear broth/ or clear soup?	CLEAR BROTH	1	2	8
[D] Infant formula, such as Nutrilac, Aptamil, Humana, Similac or Friso?	INFANT FORMULA	1	2 $\nabla$	8 $\nabla$
			BD7[E]	BD7[E]
[D1] How many times did ( <i>name</i> ) drink infant formula?	NUMBER OF TIMES DRANK INFANT FORMULA .....			
	DK.....			8
<i>If 7 or more times, record '7'.</i>				
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 $\nabla$	8 $\nabla$
			BD7[F]	BD7[F]
[E1] How many times did ( <i>name</i> ) drink milk?	NUMBER OF TIMES DRANK MILK .....			
	DK.....			8
<i>If 7 or more times, record '7'.</i>				
[E2] Was the milk or were any of the milk drinks a sweet or flavoured type of milk?	SWEET MILK	1	2	8
[F] Ayran, kefir or yogurt drinks?	AYRAN, KEFIR, OR YOGURT DRINKS	1	2 $\nabla$	8 $\nabla$
			BD7[G]	BD7[G]
[F1] How many times did ( <i>name</i> ) drink ayran, kefir or yogurt?	NUMBER OF TIMES DRANK AYRAN, KEFIR, OR YOGURT .....			
	DK.....			8
<i>If 7 or more times, record '7'.</i>				
[F2] Was the ayran, kefir or yogurt drink a sweet or flavoured type of yogurt drink?	SWEET YOGURT DRINKS	1	2	8
[G] Chocolate-flavoured drinks including those made from syrups or powders?	CHOCOLATE DRINKS	1	2	8
[H] Sodas, malt drinks, sports drinks or energy drinks?	SODA, MALT, ENERGY	1	2	8
[I] Tea, coffee or herbal drinks?	TEA, COFFEE, HERBAL	1	2 $\nabla$	8 $\nabla$
			BD7[X]	BD7[X]
[I1] Was the tea, coffee or herbal drink sweetened?	SWEET TEA, COFFEE, HERBAL	1	2	8
[X] Any other liquids?	OTHER LIQUIDS	1	2 $\nabla$	8 $\nabla$
			BD8	BD8
[X1] Record all other liquids mentioned.	(Specify) .....			
[X2] Was the drink or were any of these drinks sweetened?	SWEET OTHER LIQUID	1	2	8

<p><b>BD8.</b> Now I would like to ask you about <u>all foods</u> that <b>(name)</b> ate yesterday during the day or the night. Please consider foods consumed outside of your home while answering.</p> <p>- Think about when <b>(name)</b> woke up in the morning yesterday. Did (he/she) eat anything after waking up?  <i>If 'Yes' ask: Please tell me the names of all foods (name) ate at that time. Probe: Anything else?</i>  <i>Record answers using the food groups below.</i></p> <p>- What did <b>(name)</b> 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>				
<p>For each food group <u>not</u> mentioned after completing the above ask:  Just to make sure, did <b>(name)</b> eat <b>(food group items)</b> yesterday during the day or the night</p>		YES	NO	DK
<p>[A] Gatig?  <i>Note that liquid/drinking yogurt should be captured in BD7[F].</i></p> <p>[A1] How many times did <b>(name)</b> eat gatig?  <i>If 7 or more times, record '7'.</i></p>	<p>GATIG</p> <p>NUMBER OF TIMES ATE  GATIG .....  DK.....8</p>	1	2 $\simeq$ BD8[B]	8 $\simeq$ BD8[B]
<p>[B] Any baby food made from grains, such as Cerelac, Aquasha, Nestum, Heinz or Hipp?</p>	BABY FOOD	1	2	8
<p>[C] Bread, rice, noodles, porridge, vermicelli, pasta or other foods made from grains?</p>	FOODS MADE FROM GRAINS	1	2	8
<p>[D] Pumpkin, carrots or sweet red peppers?</p>	PUMPKIN, CARROTS, SWEET RED PEPPERS	1	2	8
<p>[E] Potatoes, celery root, turnips or any other foods made from roots that are white or pale inside?</p>	POTATOES, TURNIPS, WHITE/PALE TUBEROUS ROOTS	1	2	8
<p>[F] Dark green, leafy vegetables, such as broccoli or spinach?</p>	DARK GREEN, LEAFY VEGETABLES	1	2	8
<p>[F1] Any other vegetables, such as tomatoes, cucumbers, eggplants, green peppers, cauliflower or beetroot?</p>	OTHER VEGETABLES	1	2	8
<p>[G] Apricots, persimmon, melon that is orange inside?</p>	APRICOT, MELON	1	2	8
<p>[H] Any other fruits, such as apples, pears, bananas, oranges?</p>	OTHER FRUITS	1	2	8
<p>[I] Liver, kidney, heart or innards?</p>	LIVER, KIDNEY, HEART OR INNARDS	1	2	8
<p>[I1] Sausages, hot dogs, canned meat, ham, salami or bacon?</p>	PROCESSED MEATS	1	2	8
<p>[J] Any other meat, such as chicken, duck, goose, beef, lamb, goat or pork?</p>	OTHER MEATS	1	2	8
<p>[K] Eggs?</p>	EGGS	1	2	8
<p>[L] Fish, either fresh or dried or shellfish?</p>	FRESH OR DRIED FISH	1	2	8
<p>[M] Beans, peas, lentils or nuts such as walnuts, hazelnuts, chestnuts, and any foods made from these?</p>	FOODS MADE FROM BEANS, PEAS, NUTS	1	2	8
<p>[N] Cheese?</p>	CHEESE	1	2	8

<p>[O] Sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles?</p> <p>[P] Chips, crisps, puffs, French fries, fried dough or instant noodles?</p> <p>[X] Other solid, semi-solid, or soft food?</p> <p>[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i></p>	<table> <tr> <td>SWEET FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SALTY FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER SOLID, SEMI-SOLID, OR SOFT FOOD</td> <td>1</td> <td>2 ✕ BD9</td> <td>8 ✕ BD9</td> </tr> </table> <p>(Specify) _____</p>	SWEET FOODS	1	2	8	SALTY FOODS	1	2	8	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ✕ BD9	8 ✕ BD9	
SWEET FOODS	1	2	8											
SALTY FOODS	1	2	8											
OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ✕ BD9	8 ✕ BD9											
<p><b>BD9.</b> 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 number of times the child ate yogurt recorded in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES .....__</p> <p>DK .....8</p>													

IMMUNISATION										IM
<b>IM1.</b> Check UB2: Child's age?		AGE 0, 1, OR 2 ..... 1 AGE 3 OR 4 ..... 2						2 ⇒ End		
<b>IM2.</b> Do you have a "Child Immunisation Passport", immunisation records from a private health provider or any other document where ( <i>name</i> )'s vaccinations are written down?		YES, HAS ONLY IMMUNISATION PASSPORT/ IMMUNISATION CARD(S) ..... 1 YES, HAS ONLY OTHER DOCUMENT ..... 2 YES, HAS IMMUNISATION PASSPORT/CARD AND OTHER DOCUMENT ..... 3 NO, HAS NO CARDS AND NO OTHER DOCUMENT ..... 4						1 ⇒ IM5  3 ⇒ IM5		
<b>IM3.</b> Did you ever have a Child Immunisation Passport or immunisation records from a private health provider for ( <i>name</i> )?		YES ..... 1 NO ..... 2								
<b>IM4.</b> Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 ..... 1 HAS NO CHILD IMMUNISATION PASSPORT/CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 ..... 2						2 ⇒ IM11		
<b>IM5.</b> May I see the card(s) (and/or) other document?		YES, ONLY CHILD IMMUNISATION PASSPORT /CARD(S) SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CHILD IMMUNISATION PASSPORT /CARD(S) AND OTHER DOCUMENT SEEN ..... 3 NO CHILD IMMUNISATION PASSPORT/CARDS AND NO OTHER DOCUMENT SEEN ..... 4						4 ⇒ IM11		
<b>IM6.</b> (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				
BCG	BCG					2	0			
HepB (at birth)	HepB0					2	0			
Polio OPV (birth dose)	OPV0					2	0			
Polio OPV 1 <sup>st</sup> dose	OPV1					2	0			
Polio OPV 2 <sup>nd</sup> dose	OPV2					2	0			
Polio OPV 3 <sup>rd</sup> dose	OPV3					2	0			
Polio OPV 4 <sup>th</sup> dose	OPV4					2	0			
Polio IPV 1 <sup>st</sup> dose	IPV1					2	0			
Polio IPV 2 <sup>nd</sup> dose	IPV2					2	0			
Polio IPV 3 <sup>rd</sup> dose	IPV3					2	0			
Pentavalent (DTPHibHepB) 1	Penta1					2	0			

Pentavalent (DTPHibHepB) 2	Penta2					2	0			
Pentavalent (DTPHibHepB) 3	Penta3					2	0			
DTP R1	DTPR1					2	0			
Pneumococcal (Conjugate) 1	PCV1					2	0			
Pneumococcal (Conjugate) 2	PCV2					2	0			
Pneumococcal (Conjugate) 3	PCV3					2	0			
MMR	MMR1					2	0			
<b>IM7. Check IM6: Are all vaccines (BCG to MMR1) recorded?</b>		YES ..... 1 NO ..... 2								1 ⇒ End
<b>IM8. Did (<i>name</i>) participate in any of the following immunisation weeks:</b>		Y N DK								
[A] 24–30 April 2023 Immunisation week		2023 IMMUNISATION WEEK ..... 1 2 8								
[B] 24–30 April 2022 Immunisation week		2022 IMMUNISATION WEEK ..... 1 2 8								
[C] 26 April – 2 May 2021 Immunisation week		2021 IMMUNISATION WEEK ..... 1 2 8								
[D] 20–26 April 2020 Immunisation week		2020 IMMUNISATION WEEK ..... 1 2 8								
<b>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 Immunisation weeks just mentioned?</b>		YES ..... 1 NO ..... 2  DK ..... 8								2 ⇒ End  8 ⇒ End
<b>IM10. Go back to IM6 and probe for these vaccinations.</b>  <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
<b>IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in an Immunisation week?</b>		YES ..... 1 NO ..... 2  DK ..... 8								
<b>IM12. Did (<i>name</i>) participate in any of the following immunisation weeks:</b>		Y N DK								
[A] 24–30 April 2023 Immunisation week		2023 IMMUNISATION WEEK ..... 1 2 8								
[B] 24–30 April 2022 Immunisation week		2022 IMMUNISATION WEEK ..... 1 2 8								
[C] 26 April – 2 May 2021 Immunisation week		2021 IMMUNISATION WEEK ..... 1 2 8								
[D] 20–26 April 2020 Immunisation week		2020 IMMUNISATION WEEK ..... 1 2 8								



<b>IM13.</b> Check IM11 and IM12[A-D]:	ALL NO OR DK ..... 1 AT LEAST ONE YES ANSWER..... 2	1 ⇒ End
<b>IM14.</b> 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	
<b>IM15.</b> 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	
<b>IM16.</b> 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 ⇒ IM20 8 ⇒ IM20
<b>IM17.</b> Were the first polio drops received in the first two weeks after birth?	YES ..... 1 NO ..... 2 DK ..... 8	
<b>IM18.</b> How many times were the polio drops received?	NUMBER OF TIMES..... DK ..... 8	
<b>IM19A.</b> Has ( <i>name</i> ) ever received an injection to protect (him/her) from polio?  <i>Probe by indicating that this injection is called IPV and is sometimes given together with the drops in the mouth also protecting against polio or at the same time as injections to prevent other diseases.</i>	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ IM20 8 ⇒ IM20
<b>IM19B.</b> How many times was the polio vaccine injection received?	NUMBER OF TIMES..... DK ..... 8	
<b>IM20.</b> 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 or polio injection.</i>	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ IM22 8 ⇒ IM22
<b>IM21.</b> How many times was the Pentavalent vaccine received?	NUMBER OF TIMES..... DK ..... 8	

<p><b>IM22.</b> 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?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ IM26</p> <p>8 ⇒ IM26</p>
<p><b>IM23.</b> How many times was the Pneumococcal vaccine received?</p>	<p>NUMBER OF TIMES ..... _</p> <p>DK ..... 8</p>	
<p><b>IM26.</b> Has (<i>name</i>) ever received an MMR vaccine – that is, a shot in the arm at the age of 12 months or older – to prevent (him/her) from getting measles, mumps and rubella?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>IM28.</b> <i>Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the UNDER-FIVE CHILD INFORMATION PANEL on that Questionnaire Form.</i></p>		

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, or sugar-salt solution 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, or sugar-salt solution 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><b>CA6.</b> Where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</p> <p>Probe to identify each type of provider.</p> <p><u>If unable to determine if public or private sector</u>, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC POLYCLINIC..... B</p> <p>PUBLIC HEALTH POST ..... C</p> <p>OTHER PUBLIC MEDICAL (specify) ..... H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC / HEALTH CENTER ..... I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) ..... O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... P</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA7.</b> During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called Regidron Bio, Enterol, Linex or Smekta ORS packet solution?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Sugar-salt-water solution?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET ..... 1 2 8</p> <p>ZINC TABLETS OR SYRUP ..... 1 2 8</p> <p>SUGAR-SALT-WATER SOLUTION .. 1 2 8</p>	
<p><b>CA8.</b> Check CA7[A]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] ..... 1</p> <p>NO, 'NO' OR 'DK' IN CA7[A] ..... 2</p>	<p>2 ⇒ CA10</p>

<p><b>CA9.</b> Where did you get the (ORS mentioned in CA7[A])?</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><u><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></u></p> <p>_____</p> <p>(Name of place where ORS was obtained)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC POLYCLINIC ..... B</p> <p>PUBLIC HEALTH POST ..... C</p> <p>OTHER PUBLIC MEDICAL (specify) ..... H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC / HEALTH CENTER ..... I</p> <p>PRIVATE PHYSICIAN ..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) ..... O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND ..... P</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA10.</b> Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 ..... 1</p> <p>NO, CA7[C] ≠1 ..... 2</p>	<p>2 ⇒ CA12</p>
<p><b>CA11.</b> 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><u><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></u></p> <p>_____</p> <p>(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC POLYCLINIC ..... B</p> <p>PUBLIC HEALTH POST ..... C</p> <p>OTHER PUBLIC MEDICAL (specify) ..... H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC / HEALTH CENTER ..... I</p> <p>PRIVATE PHYSICIAN ..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) ..... O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND ..... P</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA12.</b> Was anything else given to (name) 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><b>CA13.</b> 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 of brand)</p> <p>_____</p> <p>(Name of brand)</p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC..... A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) ..... B</p> <p>OTHER PILL OR SYRUP..... G</p> <p>PILL OR SYRUP UNKNOWN TO RESPONDENT ..... H</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC..... L</p> <p>NON-ANTIBIOTIC ..... M</p> <p>INJECTION UNKNOWN TO RESPONDENT ..... N</p> <p>INTRAVENOUS (IV) ..... O</p> <p>HOME REMEDY / HERBAL MEDICINE ..... Q</p> <p>OTHER (<i>specify</i>)..... X</p>	
<p><b>CA14.</b> 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><b>CA16.</b> 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><b>CA17.</b> At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ CA19</p> <p>8 ⇒ CA19</p>
<p><b>CA18.</b> Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?</p>	<p>PROBLEM IN CHEST ONLY ..... 1</p> <p>BLOCKED OR RUNNY NOSE ONLY ..... 2</p> <p>BOTH..... 3</p> <p>OTHER (<i>specify</i>)..... 6</p> <p>DK..... 8</p>	<p>1 ⇒ CA20</p> <p>2 ⇒ CA20</p> <p>3 ⇒ CA20</p> <p>6 ⇒ CA20</p> <p>8 ⇒ CA20</p>
<p><b>CA19.</b> Check CA14: Did child have fever?</p>	<p>YES, CA14=1 ..... 1</p> <p>NO OR DK, CA14=2 OR 8 ..... 2</p>	<p>2 ⇒ CA30</p>
<p><b>CA20.</b> 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 ⇒ CA22</p> <p>8 ⇒ CA22</p>

<p><b>CA21.</b> Where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</p> <p>Probe to identify each type of provider.</p> <p><u>If unable to determine if public or private sector</u>, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</p> <p>_____</p> <p>(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC POLYCLINIC ..... B</p> <p>PUBLIC HEALTH POST ..... C</p> <p>OTHER PUBLIC MEDICAL (specify) ..... H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC / HEALTH CENTER ..... I</p> <p>PRIVATE PHYSICIAN ..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) ..... O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND ..... P</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA22.</b> At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ CA30</p> <p>8 ⇒ CA30</p>
<p><b>CA23.</b> What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i></p> <p>Any other medicine?</p> <p>Record all medicines given.</p> <p><u>If the respondent is unable to determine type of medicine</u>, write the brand name and then temporarily record 'W' until you learn the appropriate option for the response.</p> <p>_____</p> <p>(Name of brand)</p> <p>_____</p> <p>(Name of brand)</p>	<p><b>ANTIBIOTICS</b></p> <p>AMOXICILLIN ..... L</p> <p>COTRIMOXAZOLE ..... M</p> <p>OTHER ANTIBIOTIC IN PILL/SYRUP FORM ..... N</p> <p>OTHER ANTIBIOTIC INJECTION/IV ..... O</p> <p><b>OTHER MEDICATIONS</b></p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN ..... R</p> <p>ASPIRIN ..... S</p> <p>IBUPROFEN ..... T</p> <p>ONLY BRAND NAME RECORDED ..... W</p> <p>OTHER (specify) ..... X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA24.</b> Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-O ..... 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED ..... 2</p>	<p>2 ⇒ CA30</p>

<p><b>CA25.</b> Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</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 the respondent is unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate option for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>PUBLIC HOSPITAL ..... A</p> <p>PUBLIC POLYCLINIC ..... B</p> <p>PUBLIC HEALTH POST ..... C</p> <p>OTHER PUBLIC MEDICAL (specify) ..... H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC / HEALTH CENTER ..... I</p> <p>PRIVATE PHYSICIAN ..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) ..... O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND ..... P</p> <p>TRADITIONAL MEDICINE PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA30.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 ..... 1</p> <p>AGE 3 OR 4 ..... 2</p>	<p>2 ⇒ End</p>
<p><b>CA31.</b> The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET / LATRINE ..... 01</p> <p>PUT / RINSED INTO TOILET OR LATRINE ..... 02</p> <p>PUT / RINSED INTO DRAIN OR DITCH ..... 03</p> <p>THROWN INTO GARBAGE (SOLID WASTE) ..... 04</p> <p>BURIED ..... 05</p> <p>LEFT IN THE OPEN ..... 06</p> <p>OTHER (specify) ..... 96</p> <p>DK ..... 98</p>	



<b>UF11.</b> <i>Record the time.</i>	HOURS AND MINUTES ..... : ..	
<b>UF12.</b> <i>Language of the Questionnaire.</i>	AZERBAIJANI ..... 1 RUSSIAN ..... 2	
<b>UF13.</b> <i>Language of the Interview.</i>	AZERBAIJANI ..... 1 RUSSIAN ..... 2  OTHER (specify) ..... 6	
<b>UF14.</b> <i>Native language of the Respondent.</i>	AZERBAIJANI ..... 1  OTHER (specify) ..... 6	
<b>UF15.</b> <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE ..... 1 YES, PARTS OF THE QUESTIONNAIRE ..... 2 NO, NOT USED ..... 3	
<p><b>UF16.</b> <i>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.</i></p> <p><i>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>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.</i></p> <p><input type="checkbox"/> <i>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?</i></p> <p><input type="checkbox"/> <i>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.</i></p> <p><input type="checkbox"/> <i>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.</i></p>		

### INTERVIEWER'S OBSERVATIONS

**SUPERVISOR'S OBSERVATIONS**[illegible]

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number:	AN4. Child's age from UB2:	
NAME _____ № _____	AGE (IN COMPLETED YEARS) .....	
AN5. Mother's / Caretaker's name and line number:	AN6. Interviewer's name and number:	
NAME _____ № _____	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 UNDERESSED 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 height 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>2</u> <u>0</u> <u>2</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

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE	

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE	



# FORM FOR VACCINATION RECORDS

## AT HEALTH FACILITY

Multiple Indicator Cluster Survey 2023

Approved on November 1<sup>st</sup> 2022 meeting of the Steering Committee  
established by Resolution no. 526s of the Cabinet of Ministers of the  
Azerbaijan Republic dated 17/08/2022.

UNDER-FIVE CHILD INFORMATION PANEL		HF
<i>This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i>		
<b>HF1.</b> Cluster number: _____	<b>HF2.</b> Household number: _____	
<b>HF3.</b> Child's name and line number: NAME _____ № _____	<b>HF4.</b> Mother's / Caretaker's name and line number: NAME _____ № _____	
<b>HF9.</b> Child's day, month and year of birth: Copy from UB2 in the UNDER-FIVE'S BACKGROUND Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE _____ / _____ / <u>20</u> _____	<b>HF6.</b> Interviewer's name and number: NAME _____ № _____	
<b>HF10.</b> Write the name of health facility: _____		

<b>HF5.</b> Name and number of field staff recording at facility: NAME _____ № _____	<b>HF7.</b> Day / Month / Year of facility visit: _____ / _____ / <u>202</u> _____
<b>HF8.</b> Record the time:                      HOURS : MINUTES _____ : _____	⇒HF11

<b>HF15.</b> Result of health facility visit:	RECORDS AVAILABLE AT FACILITY
	COPIED ..... 01
	NOT COPIED (specify) ..... 02
	RECORDS NOT AVAILABLE AT FACILITY (specify) ..... 03
	OTHER (specify) ..... 96

IMMUNIZATION											HF
HF11. Record day, month and year of birth as written on vaccination record/card:			____ / ____ / 2_0_								
<b>HF12.</b> (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					2	0				
HepB (at birth)	HepB0					2	0				
Polio OPV 1 <sup>st</sup> dose	OPV1					2	0				
Polio OPV 2 <sup>nd</sup> dose	OPV2					2	0				
Polio OPV 3 <sup>rd</sup> dose	OPV3					2	0				
Polio OPV 4 <sup>th</sup> dose	OPV4					2	0				
Polio OPV 5 <sup>th</sup> dose	OPV5					2	0				
Polio IPV 1 <sup>st</sup> dose	IPV1					2	0				
Polio IPV 2 <sup>nd</sup> dose	IPV2					2	0				
Polio IPV 3 <sup>rd</sup> dose	IPV3					2	0				
Pentavalent (DTPHibHepB) 1	Penta1					2	0				
Pentavalent (DTPHibHepB) 2	Penta2					2	0				
Pentavalent (DTPHibHepB) 3	Penta3					2	0				
DTP R1	DTPR1					2	0				
Pneumococcal (Conjugate) 1	PCV1					2	0				
Pneumococcal (Conjugate) 2	PCV2					2	0				
Pneumococcal (Conjugate) 3	PCV3					2	0				
MMR	MMR1					2	0				
HF13. For each vaccination <u>not</u> recorded enter '00' in day column.											

HF14. Record the time.	HOURS AND MINUTES ..... : ..	⇒HF15
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**DATA COLLECTOR'S OBSERVATIONS****SUPERVISOR'S OBSERVATIONS**