



UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Member Listing Form, column HL9 in the Household Questionnaire) who care for a child that lives with them and is under the age of 5 (see Household Member Listing Form, column HL6 in the Household Questionnaire).</i> <i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and code: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

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

WE ARE FROM THE DEPARTMENT OF HEALTH AND OTHER SERVICES OF THE GOVERNMENT OF THE BRCKO DISTRICT OF BOSNIA AND HERZEGOVINA. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (child's name from UF3)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE UP TO 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE UP TO 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

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

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Questionnaire completed 01
	Respondent not at home 02
	Interview refused 03
	Questionnaire partly completed 04
	Respondent incapacitated 05
	Other (specify) 96

UF10. Field edited by (Name and number): Name..... _____	UF11. Data entry operator (Name and number): Name..... _____
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UF12. Record the interview start time.	Hour and minutes : ____
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AGE OF CHILD		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE (name)'S HEALTH. IN WHAT 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 enter the day; otherwise, circle '98' for day</i> <i>Month and year must be recorded.</i>	Date of birth Day DK day 98 Month Year	
AG2. HOW OLD IS (name)? <i>Probe:</i> HOW OLD WAS (name) ON HIS / HER LAST BIRTHDAY? <i>Record age in completed years.</i> <i>Record '0' if child is less than 1 year old.</i> <i>Compare AG1 and/or AG2 and correct if inconsistent.</i>	Age (in completed years).....	

BIRTH REGISTRATION		BR
BR0. Check cluster number in UF1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to next module. <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Go to BR1		
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If "Yes", ask:</i> MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	1 ⇒ Next Module 2 ⇒ Next Module
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE REGISTRY OFFICE?	Yes 1 No 2 DK 8	1 ⇒ Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH IN THE BIRTH REGISTER?	Yes 1 No 2	

EARLY CHILDHOOD DEVELOPMENT		EC																																			
<p>EC1. How many children's books or picture books do you have for (<i>name</i>)?</p>	None.....00 Number of children's books.....0__ Ten or more books 10																																				
<p>EC2. I am interested in learning about the things that (<i>name</i>) plays with when he/she is at home.</p> <p>Does he/she play with:</p> <p>[A] Homemade toys (such as dolls, cars, or other toys made at home)?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks or leaves)?</p> <p><i>If the respondent says "YES" to any of the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i></p>	<p style="text-align: right;">Y N DK</p> Homemade toys 1 2 8 Toys from a shop..... 1 2 8 Household objects or outside objects 1 2 8																																				
<p>EC3. Sometimes adults taking care of children have to leave the house to go shopping, to the doctor or for other reasons and have to leave young children.</p> <p>On how many days in the past week was (<i>name</i>):</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than one hour?</p> <p><i>If response is "none" enter '0'. If response is "don't know" enter '8'.</i></p>	Number of days child was left alone for more than an hour.....__ Number of days child was left with other child for more than one hour.....__																																				
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child aged 3 or 4 years ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child aged 0, 1 or 2 years ⇒ Go to Next Module</p>																																					
<p>EC5. Does (<i>name</i>) attend any organised learning or early childhood education programme, such as a private or public facility, including kindergarten or a child care centre in the community?</p>	Yes..... 1 No..... 2 DK..... 8	2⇒EC7 8⇒EC7																																			
<p>EC6. Within the last 7 days, about how many hours did (<i>name</i>) attend?</p>	Number of hours __ __																																				
<p>EC7. In the past 3 days, were you or any household member over 15 years of age involved in any of the following activities with (<i>name</i>):</p> <p><i>If "Yes", ask:</i> Who was involved in this activity with (<i>name</i>)?</p> <p><i>Circle all responses that apply.</i></p> <p>[A] Read books to (<i>name</i>) or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to (<i>name</i>) or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home or yard?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things to or with (<i>name</i>)?</p>	<table border="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/counted/drew</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/drew	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
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Named/counted/drew	A	B	X	Y																																	

<p>EC8. I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of your child's development.</p> <p>Can (<i>name</i>) identify or name at least ten letters of the (Latin/Cyrillic) alphabet?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC9. Can (<i>name</i>) read at least four simple, popular words?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC10. Does (<i>name</i>) know the name and recognise the symbol of all numbers from 1 to 10?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC11. Can (<i>name</i>) pick up a small object with two fingers, like a stick or a rock from the ground?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC12. Is (<i>name</i>) sometimes too sick to play?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC13. Does (<i>name</i>) follow simple directions on how to do something correctly?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC14. When (<i>name</i>) is given something to do, can he/she do it independently?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC15. Does (<i>name</i>) get along well with other children?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC16. Does (<i>name</i>) bite or hit other children or adults?</p>	Yes..... 1 No..... 2 DK..... 8	
<p>EC17. Does (<i>name</i>) get distracted easily?</p>	Yes..... 1 No..... 2 DK..... 8	

BREASTFEEDING		BF
BF1. Has (<i>name</i>) EVER BEEN BREASTFED?	Yes..... 1 No..... 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. Is HE/SHE STILL BEING BREASTFED?	Yes..... 1 No..... 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE LIQUID EVEN IF IT WAS COMBINED WITH OTHER FOODS. Did (<i>name</i>) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF4. Did (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. How MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... ___	
BF6. Did (<i>name</i>) DRINK MILK, SUCH AS POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. How MANY TIMES DID (<i>name</i>) DRINK POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... ___	
BF8. Did (<i>name</i>) DRINK JUICE OR FRUIT DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF9. Did (<i>name</i>) DRINK CLEAR SOUP (YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF10. Did (<i>name</i>) CONSUME VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF11. Did (<i>name</i>) DRINK AN ORAL REHYDRATION SOLUTION (ORS) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF12. Did (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF13. Did (<i>name</i>) DRINK OR EAT SOUR-MILK OR YOGHURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. How MANY TIMES DID (<i>name</i>) DRINK OR EAT SOUR-MILK OR YOGHURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... ___	
BF15. Did (<i>name</i>) EAT THIN PORRIDGE OR SEMOLINA PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF16. Did (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. How MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... ___	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..... 1 No..... 2 DK..... 8	

CARE FOR ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes..... 1 No..... 2 DK..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK WHILE HE/SHE HAD DIARRHOEA (INCLUDING BREASTMILK). 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 response is "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	
CA3. 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? <i>If response is "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..... 6 DK..... 8	
CA4. DURING THE PERIOD OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: <i>Read each item aloud and record response before continuing with the next item.</i> [A] A FLUID FOR ORAL REHYDRATION MADE FROM A SPECIAL INFUSION CALLED OROSAL, NELIT OR SOMETHING SIMILAR? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Y N DK	Fluid from ORS packet..... 1 2 8 Pre-packaged ORS fluid..... 1 2 8
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes..... 1 No..... 2 DK..... 8	2⇒CA7 8⇒CA7
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write the name of every medicine mentioned.</i> _____ (Name of medicine)	Pill or Syrup Antibiotic.....A Medicine for diarrhoea (antimotility).....B Zinc.....C Other (Excluding antibiotic, medicine for diarrhoea (antimotility) or zinc).....G Unknown pill or syrup.....H Injection Antibiotic.....L Not an antibiotic.....M Unknown injection.....N Intravenous infusion.....O Home remedy / Herbal medicine.....Q Other (specify).....X	
CA7. DURING THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes..... 1 No..... 2 DK..... 8	2⇒CA14 8⇒CA14
CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes..... 1 No..... 2 DK..... 8	2⇒CA14 8⇒CA14

CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only 1	2⇒CA14		
	Blocked or runny nose only 2			
Both 3				
	Other (specify) 6	6⇒CA14		
	DK 8			
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1	2⇒CA12		
	No 2			
	DK 8			
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all service providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the institution/organisation.</i> _____ (Name of institution/organisation)	Public sector			
	Hospital A			
	Health centre B			
	Mobile (visiting) clinic E			
	Other public institution (specify) H			
	Private medical sector			
	Private hospital / clinic I			
	Private physician J			
	Private pharmacy K			
	Private mobile (visiting) clinic L			
	Other private medical institution (specify) O			
	Other source			
	Relative / Friend P			
	Shop Q			
	Traditional practitioner R			
Other (specify) X				
CA12. WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes 1	2⇒CA14		
	No 2			
	DK 8			
CA13. WHAT MEDICINE WAS (name) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines given. Write the name of every medicine mentioned.</i> _____ (Names of medicines)	Antibiotic			
	Pill / Syrup A			
	Injection B			
	Paracetamol / Panadol P			
	Aspirin Q			
	Ibuprofen R			
	Other (specify) X			
	DK Z			
	CA14. Check AG2: Is the child aged under 3? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to Next Module			
	CA15. THE LAST TIME (name) PASSED STOOLS, HOW WERE THE STOOLS DISPOSED OF?		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 (specify) 96				
DK 98				

IMMUNISATION										IM
<i>If a health booklet / immunisation card is available, copy the dates in IM3 for each type of immunisation recorded in the booklet / on the card. Questions IM6-IM16 are for registering the vaccinations that are not recorded in the booklet / on the card. IM6-IM16 will only be asked when a card is not available.</i>										
IM1. DO YOU HAVE A HEALTH BOOKLET / VACCINATION CARD IMMUNISATIONS (name) RECEIVED ARE RECORDED? (If "Yes") MAY I SEE IT PLEASE?	Yes, seen 1									1⇒IM3
	Yes, not seen 2									2⇒IM6
	No booklet / card 3									
IM2. DID YOU EVER HAVE A HEALTH BOOKLET / VACCINATION CARD FOR (name)?	Yes 1									1⇒IM6
	No 2									2⇒IM6
IM3. a) Copy dates for each vaccination from the booklet. b) Write '44' in day column if booklet shows that vaccination was given but no date recorded.	Date of Immunisation									
	Day	Month	Year							
[A] BCG	BCG									
[B] Polio 1	IPV1/OPV1									
[C] Polio 2	IPV2/OPV2									
[D] Polio 3	IPV3/OPV3									
[E] Polio 4	IPV4/OPV4									
[F] Di-Te-Per1	DPT1									
[G] Di-Te-Per2	DPT2									
[H] Di-Te-Per3	DPT3									
[I] Di-Te-Per4	DPT4									
[J] HepB1 at birth	H1									
[K] HepB2	H2									
[L] HepB3	H3									
[M] Hib1	Hib1									
[N] Hib 2	Hib2									
[O] Hib 3	Hib3									
[P] Hib 4 (Only for RS & BD)	Hib4									
[Q] Mo-Ru-Pa (MMR)	MMR									
IM4. Check IM3. Have all vaccines (BCG to MMR) been recorded? <input type="checkbox"/> Yes ⇒ Go to UF13 <input type="checkbox"/> No ⇒ Continue with IM5										

IM5. IN ADDITION TO WHAT IS RECORDED IN THIS BOOK / ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINES? Record 'Yes' only if respondent mentions vaccines listed in the table above.	Yes..... 1 (Probe for vaccinations and write '66' in the corresponding column for the day for each vaccine mentioned. Then skip to UF13) No..... 2 DK..... 8	2⇒UF13 8⇒UF13
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM CONTRACTING DISEASES?	Yes..... 1 No..... 2 DK..... 8	2⇒UF13 8⇒UF13
IM7. HAS (name) 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	
IM8. HAS (name) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH OR INJECTION TO PROTECT HIM/HER FROM GETTING CHILD PARALYSIS (POLIO)?	Yes..... 1 No..... 2 DK..... 8	2⇒IM11 8⇒IM11
IM10. HOW MANY TIMES WAS THE VACCINE AGAINST CHILD PARALYSIS (POLIO) RECEIVED?	Number of times..... _	
IM11. HAS (name) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR ARM (SHOULDER) – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? Probe by explaining that the DPT vaccination is sometimes given at the same time as the polio vaccination.	Yes..... 1 No..... 2 DK..... 8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times..... _	
IM13. HAS (name) EVER BEEN GIVEN A HEPATITIS B (INFECTIOUS JAUNDICE) VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR ARM (SHOULDER) – TO PREVENT HIM/HER FROM GETTING HEPATITIS B (INFECTIOUS JAUNDICE)? Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines	Yes..... 1 No..... 2 DK..... 8	2⇒IM15A 8⇒IM15A
IM14. WAS THE FIRST HEPATITIS B (INFECTIOUS JAUNDICE) VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours..... 1 Later 2	
IM15. HOW MANY TIMES WAS A HEPATITIS B (INFECTIOUS JAUNDICE) VACCINE RECEIVED?	Number of times..... _	
IM15A. HAS (name) EVER BEEN GIVEN TWO VACCINATIONS AT THE SAME TIME, – THAT IS, TWO INJECTIONS IN THE ARM (SHOULDER) OR ONE IN THE THIGH AND ONE IN THE ARM (SHOULDER) – TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B (HIB)?	Yes..... 1 No..... 2 DK..... 8	2⇒IM16 8⇒IM16
IM15B. HOW MANY TIMES WAS THE HAEMOPHILUS INFLUENZAE TYPE B (HIB) VACCINE RECEIVED?	Number of times..... _	
IM16. HAS (name) EVER RECEIVED AN MMR (MO-RU-PA) INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, RUBELLA OR MUMPS?	Yes..... 1 No..... 2 DK..... 8	

UF13. Record the interview end time.	Hour and minutes : ..	
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UF14. Is the respondent the mother or caretaker of another child aged 0-4 living in this household?
 Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later on. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be completed with the same respondent.
 No ⇒ End the interview with this respondent by thanking them for their cooperation and telling them that you will need to measure the weight and height of the child.

Check to see if there are other women's, men's or under-5 questionnaires to be administered in this household.
 Move to another women's, men's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all children under 5 in the household.

ANTHROPOMETRIC DATA		AN
After questionnaires for all children are complete, the measurer has to weigh and measure the length/height of each child. Record the weight and length/height in the questionnaire below, ensuring that you record the measurements on the correct questionnaire for each child. Check the child's name and line number on the Household Member Listing Form in the Household Questionnaire before recording the measurements.		
AN1. Measurer's name and number:	Name.....	
AN2. Result of height / length and weight measurement	Either or both measured..... 1 Child not present..... 2 Child or mother/caretaker refused 3 Other (specify)..... 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg)..... . Weight not measured 99.9	
AN4. Child's length or height	Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down) Length (cm) Lying down 1 <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up) Height (cm) Standing up 2 Length / Height not measured 9999.9	
AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measured values for the next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household. End the interview with this household by thanking everyone for their cooperation Collate all the questionnaires for this household and check that all the ID numbers have been recorded in the information panel on every questionnaire. On the Household Questionnaire, record the total number of completed women's, men's and under-5 questionnaires.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

In the BiH MICS4 two country specific modules that are not part of the standard MICS set of questionnaires were used:

- 1) Questionnaire form for residency status;
- 2) Questionnaire for drug use assessment.

An analysis of the data collected using these questionnaires is not presented in this report.



MAINSTREAM POPULATION SURVEY QUESTIONNAIRE FORM FOR RESIDENCY STATUS



RESIDENCY STATUS QUESTIONNAIRE FORM		RS
RS1. Cluster number: _____	RS2. Household number: _____	
RS3. Name of respondent: Name _____	RS4. Line number of respondent: _____	
RS5. Interviewer name and number: Name _____	RS6. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

If greeting has already been read to this respondent, then read the following:

WE ARE FROM THE **(name of institution)**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT YOUR RESIDENCY STATUS. THIS WILL TAKE ONLY A FEW MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

Now I would like to talk to you more about your residency status. This will take only a few minutes. Again, all the information you give me will remain strictly confidential.

MAY I START NOW?

- Yes, permission is given ⇒ Go to RS10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete RS7. Inform your supervisor of this result.

RS7. Result of interview for residency status	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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RS8. Field edited by (Name and code): Name _____	RS9. Data entry operator (Name and number): Name _____
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RS10. Record the interview start time.	Hour and minutes :
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RESIDENCY STATUS		RS
<i>This module has to be administered to the respondent of the Household Questionnaire or another knowledgeable adult.</i>		
RS11. Check HL5 and HL6, row1: <input type="checkbox"/> Respondent born before 30 April 1991 ⇒ Continue with RS12 <input type="checkbox"/> Respondent born after 30 April 1991 ⇒ Tell the respondent „For questions referring to the period of 30 April 1991 and before, please respond in reference to the situation of your family (parents).“		
RS12. ARE YOU A CITIZEN OF BiH?	Yes 1 No 2	
RS13. ON 30 APRIL 1991, DID YOU LIVE IN THE SAME MUNICIPALITY AS TODAY, A DIFFERENT MUNICIPALITY IN BiH, A DIFFERENT REPUBLIC IN YUGOSLAVIA OR OUTSIDE YUGOSLAVIA?	The same municipality 1 A different municipality in BiH 2 A different Republic in Yugoslavia 3 Outside Yugoslavia 4	1⇒RS16 2⇒RS15
RS14. WHERE DID YOU LIVE ON 30 APRIL 1991?	On the territory of the SR Croatia 01 On the territory of SR Serbia (excluding the Socialist Autonomous Province of Kosovo) 02 On the territory of the Socialist Autonomous Province of Kosovo 03 On the territory of the SR Montenegro 04 Other 96	01⇒RS16 02⇒RS16 03⇒RS16 04⇒RS16 96⇒RS16
RS15. IN WHICH ENTITY (DISTRICT) IS THE MUNICIPALITY YOU LIVED IN ON 30 APRIL 1991 LOCATED?	In the Federation of BiH 1 In the Republic of Srpska 2 In the Brcko District of BiH 3	
RS16. SINCE 30 APRIL 1991 UNTIL TODAY, HAVE YOU FLED TO ANOTHER MUNICIPALITY IN BiH OR ABROAD?	Yes, to another municipality in BiH 1 Yes, abroad 2 No 3	1⇒RS17 3⇒RS17
RS16A. Where did you flee to after 30. april 1991?	On the territory of the SR Croatia 01 On the territory of SR Serbia (excluding the Socialist Autonomous Province of Kosovo) 02 On the territory of the Socialist Autonomous Province of Kosovo 03 On the territory of the SR Montenegro 04 Germany 05 Sweden 06 Norway 07 Switzerland 08 France 09 Great Britain 10 Australia 11 Canada 12 United States of America 13 Other 96	
RS17. Check RS13, if: <input type="checkbox"/> codes 2, 3 or 4 ⇒ Continue with RS18 <input type="checkbox"/> code 1, check RS16 and if code 3 ⇒ Go to RS20		
RS18. IN WHICH YEAR DID YOU MOVE (RETURN) TO THIS MUNICIPALITY AFTER 30 APRIL 1991? <i>If respondent says they returned more than once, ask additional question:</i> IN WHICH YEAR DID YOU FIRST MOVE (RETURN) TO THIS MUNICIPALITY?	Year	
RS19. WHY DID YOU MOVE TO THIS MUNICIPALITY?	Because of the war 1 For economic reasons (employment, etc.) 2 For family reasons (marriage/union, children's education, etc.) 3 Other 6	



RS20. CAN YOU PLEASE TELL ME WHETHER IN THE MUNICIPALITY WHERE YOU LIVE TODAY, YOUR NATIONALITY: [A] REPRESENTS A SIGNIFICANT MAJORITY OF THE POPULATION [B] DOES NOT REPRESENT A SIGNIFICANT MAJORITY OF THE POPULATION [C] THE ETHNIC COMPOSITION IS BALANCED If respondent says the do not want to declare their nationality, circle code '4'.		Represents a significant majority of the population ... 1 Does not represent a significant majority of the population 2 The ethnic composition is balanced 3 Not applicable as I do not want to declare my nationality 4 DK..... 8	
RS21. WHICH OF THE FOLLOWING DOCUMENTS DO YOU HAVE? Complete the first column only, indicating whether the respondent has the document or not. Later on you will be asking the respondent to show you all the documents he/she names and recording whether the document was seen or not in the second column.			
[A] ID CARD FOR BiH CITIZENS (VALID FOR 10 YEARS)?	Yes..... 1 1⇒RS21F No..... 2	Seen..... 3 Not seen..... 4	
[B] BiH ID CARD FOR ALIENS?	Yes..... 1 1⇒RS21F No..... 2	Seen..... 3 Not seen..... 4	
[C] ID CARD FOR DISPLACED PERSONS – FOR BiH CITIZENS? Valid for 2 years.	Yes..... 1 1⇒RS21F No..... 2	Seen..... 3 Not seen..... 4	
[D] OFFICIAL DECISION ON DP STATUS?	Yes..... 1 1⇒RS21F No..... 2	Seen..... 3 Not seen..... 4	
[E] IDENTIFICATION DOCUMENT FOR DISPLACED PERSONS?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[F] BiH PASSPORT?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[G] PASSPORT FROM OTHER COUNTRY?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[H] ID CARD FROM OTHER COUNTRY?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[I] HEALTH INSURANCE BOOKLET ISSUED IN BiH?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
RS22. Check RS12: <input type="checkbox"/> code 1 ⇒ Go to RS24 <input type="checkbox"/> code 2 ⇒ Continue with RS23			
RS23. DO YOU HAVE ANY OF THE FOLLOWING DOCUMENTS DO YOU HAVE?			
[A] REFUGEE CARD (ISSUED IN BiH)?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[B] INTERNATIONAL PROTECTION SEEKER CARD?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
[C] CONFIRMATION OF IDENTITY FOR STATELESS PERSONS?	Yes..... 1 No..... 2	Seen..... 3 Not seen..... 4	
RS24. CAN YOU PLEASE SHOW ME THE DOCUMENTS THAT YOU SAID YOU HAVE?			2⇒RS26
RS25. Check RS24 if: <input type="checkbox"/> code 1 ⇒ return to questions RS21 and RS23 code whether the documents were seen or not in the second column (codes 3 or 4) for all documents coded as 1 in the first column. <input type="checkbox"/> code 2 ⇒ Continue with RS26			
RS26. Record the interview end time.		Hour and minutes	

DRUG USE QUESTIONNAIRE FORM **DU**

This questionnaire should be used for all women/men aged 15-49.

DU1. Cluster number: _____	DU2. Household number: _____
DU3. Interviewer name and code: Name _____	DU4. Day / Month / Year of interview: ____ / ____ / _____
DU5. Is respondent: <input type="checkbox"/> Female ⇒ DU6 <input type="checkbox"/> Male ⇒ DU7	
DU6. Woman's line number: _____	DU7. Man's line number: _____
DU8. Check WB7 / MWB7 in the Women's / Men's questionnaire for this respondent: <input type="checkbox"/> Question left blank or code 3 ⇒ Give the form and envelope to respondent and ask them to complete the form and return it to you in the sealed envelope. <input type="checkbox"/> Codes 1, 2, 4 or 5 ⇒ DU9	
DU9. Result of completion of form Completed by interviewer.	Respondent not at home 01 Refused 02 Respondent incapacitated 03 Other (specify) 96
DU10. Result of completion of form Completed by field editor.	Questionnaire completed 1 Questionnaire partially completed 2 Respondent left questionnaire blank 3
DU11. Field edited by (Name and number) Name _____	DU12. Data entry operator (Name and number): Name _____

DRUG USE (SELF-ADMINISTERED) **DU**

NOW WE WOULD LIKE TO ASK YOU FOR INFORMATION ON THE USE OF NARCOTIC SUBSTANCES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL. PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE INTERVIEWER IN THE ENVELOPE PROVIDED TO YOU.

DU13. HAVE YOU EVER USED ANY DRUGS (NARCOTIC SUBSTANCES) IN YOUR LIFE?
 Yes..... 1 ⇒ If "Yes", answer the questions below.
 No..... 2 ⇒ If "No", place the form in the envelope, seal the envelope and return it to the interviewer.
 Circle only one code and follow the instructions.

DU14. WHEN DID YOU LAST TAKE ANY OF THE FOLLOWING SUBSTANCES / DRUGS? Circle one code for each row.	Never	During the last 12 months	Earlier than 12 months ago	Don't know or don't remember
[A] CANNABIS (MARIJUANA AND/OR HASHISH)	1	2	3	8
[B] ECSTASY	1	2	3	8
[C] AMPHETAMINE AND/OR METHAMPHETAMINE, MOST COMMONLY REFERRED TO AS "SPEED"	1	2	3	8
[D] COCAINE OR CRACK	1	2	3	8
[E] HEROIN	1	2	3	8
[F] LSD (TRIP / ACID)	1	2	3	8
[G] MAGIC MUSHROOMS	1	2	3	8
[H] SUBSTANCES WHICH ARE INHALED, SUCH AS GLUE AND OTHER INDUSTRIAL PRODUCTS WHICH ARE DELIBERATELY INHALED	1	2	3	8

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS.
PLEASE PLACE THE COMPLETED FORM IN THE ENVELOPE PROVIDED TO YOU AND RETURN THE SEALED ENVELOPE TO THE INTERVIEWER.