

QUESTIONNAIRE FOR CHILDREN UNDER FIVE
[Brcko District of BiH]

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). 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.

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Questionnaire completed 01</p> <p>Respondent not at home 02</p> <p>Interview refused 03</p> <p>Questionnaire partly completed 04</p> <p>Respondent incapacitated 05</p> <p>Other (specify) _____ 96</p>
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<p>UF10. Control carried out by (Name and number):</p> <p>Name _____</p>	<p>UF11. Data entry operator (Name and number):</p> <p>Name _____</p>
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UF12. Record the interview start time.	Hour and minutes : ____
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AGE OF CHILD		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE (name)'S HEALTH.</p> <p>IN WHAT MONTH AND YEAR WAS (name) BORN?</p> <p>Probe: WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact date of birth, also enter the day; otherwise, circle '98' for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day 98</p> <p>Month ____</p> <p>Year ____</p>	
<p>AG2. HOW OLD IS (name)?</p> <p>Probe: HOW OLD WAS (name) ON HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if child is less than 1 year old.</i></p> <p><i>Compare AG1 and/or AG2 and correct if inconsistent.</i></p>	<p>Age (in completed years)..... ____</p>	

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

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> <p>Homemade toys 1 2 8</p> <p>Toys from a shop..... 1 2 8</p> <p>Household objects or outside objects 1 2 8</p>																																				
<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':</i> <i>If response is "don't know" enter '8':</i></p>	<p>Number of days child was left alone for more than an hour.....__</p> <p>Number of days child was left with other child for more than one hour.....__</p>																																				
<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	
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<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 Blocked or runny nose only 2 Both 3 Other (specify) 6 DK 8	2⇒CA14 6⇒CA14
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒CA12 8⇒CA12
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 No 2 DK 8	2⇒CA14 8⇒CA14
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 Yes, not seen 2 No booklet / card 3			1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A HEALTH BOOKLET / VACCINATION CARD FOR (name)?					Yes 1 No 2			1⇒IM6 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 (<i>name</i>) 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 (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM CONTRACTING DISEASES?	Yes..... 1 No..... 2 DK..... 8	2⇒UF13 8⇒UF13
IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes..... 1 No..... 2 DK..... 8	
IM8. HAS (<i>name</i>) 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 (<i>name</i>) 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? <i>Probe by explaining that the DPT vaccination is sometimes given at the same time as the polio vaccination.</i>	Yes..... 1 No..... 2 DK..... 8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times.....	
IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B (INFECTIOUS JAUNDICE) VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR ARM (SHOULDER) – TO PREVENT HIM/HER FROM GETTING HEPATITIS B (INFECTIOUS JAUNDICE)? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	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 (<i>name</i>) 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 (<i>name</i>) 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	<p>Check age of child in AG2:</p> <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?
 Yes ⇒ Record measured values for the next child.
 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

Controller's Observations

Supervisor's Observations

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

- 1) Questionnaire form about the possession of documents;
- 2) Questionnaire for drug use assessment.

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



ROMA POPULATION SURVEY QUESTIONNAIRE FORM ABOUT POSSESSION OF DOCUMENTS



[BiH]

POSSESSION OF DOCUMENTS QUESTIONNAIRE FORM		PD
PD1. Cluster number: _____	PD2. Household number: _____	
PD3. Name of respondent: Name _____	PD4. Line number of respondent: _____	
PD5. Interviewer name and number: Name _____	PD6. 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 **MINISTRY FOR HUMAN RIGHTS AND REFUGEES OF BOSNIA AND HERZEGOVINA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT GOVERNMENT ISSUED DOCUMENTS THAT HOUSEHOLD MEMBERS POSSESS. THIS WILL TAKE ABOUT **15** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT GOVERNMENT ISSUED DOCUMENTS THAT HOUSEHOLD MEMBERS POSSESS. THIS WILL TAKE ABOUT **15** MINUTES. AGAIN, ALL THE INFORMATION YOU GIVE ME WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission is given ⇒ Go to PD10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete PD7. Inform your supervisor of this result.

PD7. Result of interview for possession of documents	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) 96
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PD8. Control carried out by (Name and code): Name _____	PD9. Data entry operator (Name and number): Name _____
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PD10. Record the interview start time.	Hour and minutes :
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POSSESSION OF DOCUMENT		PD
<i>This module has to be administered to the respondent of the Household Questionnaire or another knowledgeable adult.</i>		
PD11. Check the Household Listing Form in the Household Questionnaire and record the following here: [A] Total number of household members younger than 18 years: ____ [B] Total number of household members aged 18 to 49 years: ____ [C] Total number of household members aged 50 and above: ____ [D] Total number of household members: ____		
PD12. Do ALL HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A <u>UNIQUE ID NUMBER</u> RECORDED IN THE UIN RECORDS IN BiH?	Yes, everyone does 1 Some do, some do not 2 None 3	1⇒PD14 3⇒PD14
PD13. How MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A <u>UNIQUE ID NUMBER</u> RECORDED IN THE UIN RECORDS IN BiH?	Number of members..... ____	
PD14. Check PD11[A] for number of household members younger than 18, if: <input type="checkbox"/> number is '01' or more ⇒ Continue with PD15 <input type="checkbox"/> number is '00' ⇒ Go to PD17		
PD15. Do ALL HOUSEHOLDS MEMBERS YOUNGER THAN 18 YEARS HAVE A <u>UNIQUE ID NUMBER</u> RECORDED IN THE UIN RECORDS IN BiH?	Yes, everyone does 1 Some do, some do not 2 None 3	1⇒PD17 3⇒PD17
PD16. How MANY HOUSEHOLDS MEMBERS YOUNGER THAN 18 YEARS HAVE A <u>UNIQUE ID NUMBER</u> RECORDED IN THE UIN RECORDS IN BiH?	Number of children ____	
PD17. Do ALL HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN <u>ID CARD FOR BiH CITIZENS (VALID FOR 10 YEARS)</u> ?	Yes, everyone does 1 Some do, some do not 2 None 3	1⇒PD27 3⇒PD19
PD18. How MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE <u>ID CARD FOR BiH CITIZENS (VALID FOR 10 YEARS)</u> ?	Number of members..... ____	
PD19. Do ANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A <u>BiH ID CARD FOR ALIENS</u> ?	Yes 1 No 2	2⇒PD21
PD20. How MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A <u>BiH ID CARD FOR ALIENS</u> ?	Number of members..... ____	
PD21. Do ANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN <u>ID CARD FOR BiH CITIZENS - FOR DISPLACED PERSONS (VALID FOR 2 YEARS)</u> ?	Yes 1 No 2	2⇒PD23
PD22. How MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN <u>ID CARD FOR BiH CITIZENS - FOR DISPLACED PERSONS (VALID FOR 2 YEARS)</u> ?	Number of members..... ____	
PD23. Do ANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN <u>OFFICIAL DECISION ON DP STATUS</u> ?	Yes 1 No 2	2⇒PD27
PD24. How MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN <u>OFFICIAL DECISION ON DP STATUS</u> ?	Number of members..... ____	
PD25. Do ANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN <u>IDENTIFICATION DOCUMENT FOR DISPLACED PERSONS</u> ?	Yes 1 No 2	2⇒PD27
PD26. How MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN <u>IDENTIFICATION DOCUMENT FOR DISPLACED PERSONS</u> ?	Number of members..... ____	
PD27. Do ALL HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A <u>BiH PASSPORT</u> ?	Yes, everyone does 1 Some do, some do not 2 None 3	1⇒PD29 3⇒PD29
PD28. How MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A <u>BiH PASSPORT</u> ?	Number of members..... ____	
PD29. Check PD11[A] for number of household members younger than 18, if: <input type="checkbox"/> number is '01' or more ⇒ Continue with PD30 <input type="checkbox"/> number is '00' ⇒ Go to PD32		
PD30. Do ALL HOUSEHOLDS MEMBERS YOUNGER THAN 18 YEARS HAVE A <u>BiH PASSPORT</u> ?	Yes, everyone does 1 Some do, some do not 2 None 3	1⇒PD32 3⇒PD32



QUESTIONNAIRE FORM FOR DRUG USE ASSESSMENT

PD31. HOW MANY HOUSEHOLDS MEMBERS YOUNGER THAN 18 YEARS HAVE A <u>BiH</u> PASSPORT?	Number of children	
PD32. DO ANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A PASSPORT FROM ANOTHER COUNTRY?	Yes.....1 No.....2	2⇒PD34
PD33. HOW MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A PASSPORT FROM ANOTHER COUNTRY?	Number of members.....	
PD34. Check PD11[A] for number of household members younger than 18, if: <input type="checkbox"/> number is '01' or more ⇒ Continue with PD35 <input type="checkbox"/> number is '00' ⇒ Go to PD37		
PD35. DO ANY HOUSEHOLDS MEMBERS YOUNGER THAN 18 YEARS HAVE A PASSPORT FROM ANOTHER COUNTRY?	Yes.....1 No.....2	2⇒PD37
PD36. HOW MANY HOUSEHOLDS MEMBERS YOUNGER THAN 18 YEARS HAVE A PASSPORT FROM ANOTHER COUNTRY?	Number of children	
PD37. Check PD12, if: <input type="checkbox"/> codes 2 or 3 "Some members do, some do not" or "None" ⇒ Continue with PD38 <input type="checkbox"/> code 1 "Yes, everyone does" ⇒ Go to PD44		
PD38. DO ANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A REFUGEE CARD (ISSUED IN BiH)?	Yes.....1 No.....2	2⇒PD40
PD39. HOW MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE A REFUGEE CARD (ISSUED IN BiH)?	Number of members.....	
PD40. DO ANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN INTERNATIONAL PROTECTION SEEKER CARD?	Yes.....1 No.....2	2⇒PD42
PD41. HOW MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE AN INTERNATIONAL PROTECTION SEEKER CARD?	Number of members.....	
PD42. DO ANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE CONFIRMATION OF IDENTITY FOR STATELESS PERSONS?	Yes.....1 No.....2	2⇒PD44
PD43. HOW MANY HOUSEHOLD MEMBERS AGED 18 AND ABOVE HAVE CONFIRMATION OF IDENTITY FOR STATELESS PERSONS?	Number of members.....	
PD44. Check PD11[C] for number of household members aged 50 and above, if: <input type="checkbox"/> number is '01' or more ⇒ Continue with PD45 <input type="checkbox"/> number is '00' ⇒ Go to PD52		
PD45. DO ALL HOUSEHOLD MEMBERS AGED 50 AND ABOVE HAVE HEALTH INSURANCE?	Yes, everyone does1 Some do, some do not2 None.....3	1⇒PD47 3⇒PD47
PD46. HOW MANY HOUSEHOLD MEMBERS AGED 50 AND ABOVE HAVE HEALTH INSURANCE?	Number of members.....	
PD47. DO ANY HOUSEHOLD MEMBERS AGED 50 AND ABOVE POSSESS A HEALTH BOOKLET?	Yes.....1 No.....2	2⇒PD50
PD48. HOW MANY HOUSEHOLD MEMBERS AGED 50 AND ABOVE POSSESS A HEALTH BOOKLET?	Number of members.....	
PD49. Check PD11[C] and PD48: Is the number of members the same in both? <input type="checkbox"/> No ⇒ Continue with PD50 <input type="checkbox"/> Yes ⇒ Go to PD52		
PD50. ARE ALL HOUSEHOLD MEMBERS AGED 50 AND ABOVE PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HEALTH CENTRE FREE OF CHARGE?	Yes.....1 No.....2	
PD51. ARE ALL HOUSEHOLD MEMBERS AGED 50 AND ABOVE PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HOSPITAL FREE OF CHARGE?	Yes.....1 No.....2	
PD52. Record the interview end time.	Hour and minutes	

DRUG USE QUESTIONNAIRE FORM		DU
<i>This questionnaire should be used for all women/men aged 15-49.</i>		
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 <i>Completed by interviewer.</i>	Respondent not at home 01 Refused 02 Respondent incapacitated 03 Other (specify) 96	
DU10. Result of completion of form <i>Completed by field editor.</i>	Questionnaire completed 1 Questionnaire partially completed 2 Respondent left questionnaire blank 3	
DU11. Control carried out 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.				
<i>Circle only one code and follow the instructions.</i>					
DU14. WHEN DID YOU LAST TAKE ANY OF THE FOLLOWING SUBSTANCES / DRUGS? <i>Circle one code for each row.</i>	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.