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.

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

Codes refer to mother/caretaker.

- Questionnaire completed……………………………..01
- Respondent not at home…………………………….02
- Interview refused……………………………………..03
- Questionnaire partly completed…………………….04
- Respondent incapacitated……………………………..05
- Other (specify),………………………………………..06
- 96

UF10. Control carried out by (Name and number):

Name……………………………………………………..__ __ __ __

UF11. Data entry operator (Name and number):

Name……………………………………………………..__ __ __ __
### EARLY CHILDHOOD DEVELOPMENT

**EC1.** How many children's books or picture books do you have for (name)?

<table>
<thead>
<tr>
<th></th>
<th>00</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children's books</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ten or more books</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

**EC2.** I am interested in learning about the things that (name) plays with when he/she is alone. Does he/she play with:

- [A] Homemade toys
- [B] Toys from a shop or manufactured toys
- [C] Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks or leaves)

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemade toys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toys from a shop</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Household objects or outside objects</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

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.

**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. On how many days in the past week was (name):

- [A] Left alone for more than an hour?
- [B] Left in the care of another child, that is, someone less than 10 years of age, for more than one hour?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of days child was left alone for more than an hour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of days child was left with other child for more than one hour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If response is "none" enter "0". If response is "Don't know" enter "DK".

**EC4.** Check AG2: Age of child

- [ ] Child aged 3 or 4 years: Continue with EC
- [ ] Child aged 0, 1 or 2 years: Go to Next Module

**EC5.** Does (name) attend any organised learning or early childhood education programme, such as a private or public facility, including kindergartens or a child care centre in the community?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EC6.** Within the last 7 days, about how many hours did (name) attend?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 (name):

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
<th>Other</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read books (name) or looked at picture books with (name)</td>
<td>A</td>
<td>B</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Told stories to (name)</td>
<td>A</td>
<td>B</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Sang songs to (name) or with (name), including lullabies</td>
<td>A</td>
<td>B</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Took (name) outside the home or yard</td>
<td>A</td>
<td>B</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Played with (name)</td>
<td>A</td>
<td>B</td>
<td>X</td>
<td>Y</td>
</tr>
<tr>
<td>Named, counted, or drew things to or with (name)</td>
<td>A</td>
<td>B</td>
<td>X</td>
<td>Y</td>
</tr>
</tbody>
</table>

If "Yes", ask:

- Who was involved in this activity with (name)?

**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. Can (name) identify or name at least ten letters of the Latin/Cyrillic alphabet?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EC9.** Can (name) read at least four simple, popular words?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
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<td></td>
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</tr>
</tbody>
</table>

**EC10.** Does (name) know the name and recognise the symbol of all numbers from 1 to 10?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EC11.** Can (name) pick up a small object with two fingers, like a stick or a rock from the ground?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**EC12.** Is (name) sometimes too sick to play?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EC13.** Does (name) follow simple directions on how to do something correctly?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EC14.** When (name) is given something to do, can he/she do it independently?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EC15.** Does (name) get along well with other children?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EC16.** Does (name) bite or hit other children or adults?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EC17.** Does (name) get distracted easily?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Breastfeeding

**BF.1.** Was (name) even been breastfed?
- Yes
- No
- DK
- 1

**BF.2.** Is he/she still being breastfed?
- Yes
- No
- DK
- 2

**BF.3.** I would like to ask you about liquids that (name) may have had yesterday during the day or the night. I am interested in whether (name) had the liquid even if it was combined with other foods. Did (name) drink fluids until yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.4.** Did (name) drink breast milk, formula, or milk yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.5.** How many times did (name) drink breast milk, formula, or milk yesterday, during the day or night?
- Number of times

**BF.6.** Did (name) drink milk, such as condensed or fresh animal milk yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.7.** How many times did (name) drink powdered or fresh animal milk yesterday, during the day or night?
- Number of times

**BF.8.** Did (name) drink juice or fruit drinks yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.9.** Did (name) drink clear soup yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.10.** Did (name) consume vitamins or mineral supplements of any kind yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.11.** Did (name) drink an oral rehydration solution (ORS) yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.12.** Did (name) drink any other liquids yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.13.** Did (name) drink or eat sour milk or yogurt yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.14.** How many times did (name) drink or eat sour milk or yogurt yesterday, during the day or night?
- Number of times

**BF.15.** Did (name) eat any fried or smoking foods yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.16.** Did (name) eat solid or semi-solid (e.g., meat or fish) food yesterday, during the day or night?
- Yes
- No
- DK
- 1

**BF.17.** How many times did (name) eat solid or semi-solid (e.g., meat or fish) food yesterday, during the day or night?
- Number of times

**BF.18.** Yesterday, during the day or night, did (name) drink anything from a bottle with a nipple?
- Yes
- No
- DK
- 1

---

### Care for Illness

**CA.1.** In the last two weeks, has (name) had diarrhoea?
- Yes
- No
- DK
- 1

**CA.2.** I would like to know how much (name) was given to drink while he/she had diarrhoea (including breastfeeding).
- Much less
- Somewhat less
- About the same
- More
- Nothing to drink
- DK
- 1

**CA.3.** During the time (name) had diarrhoea, was he/she given less than usual to eat, about the same amount or more than usual?
- Much less
- Somewhat less
- About the same
- More
- Stopped food
- Never gave food
- DK
- 1

**CA.4.** During the period of diarrhoea, has (name) given to drink any of the following?
- Fluid from ORS packet
- Pre-packaged ORS fluid
- DK
- 1

**CA.5.** Was anything (else) given to treat the diarrhoea?
- Yes
- No
- DK
- 1

**CA.6.** What (else) was given to treat the diarrhoea?
- Pill or Syrup
- Injection
- Intravenous infusion
- Other (specify)
- DK
- 1

**CA.7.** During the last two weeks, has (name) had an illness with a cough?
- Yes
- No
- DK
- 1

**CA.8.** When (name) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?
- Yes
- No
- DK
- 1

---

**Table:**

| Name of medicine | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
| Antibiotic       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Medicine for diarrhoea (antimotility) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Zinc             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Other (Excluding antibiotic, medicine for diarrhoea (antimotility) or zinc) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

- **CA.11.** (Name of medicine)
  - A
  - B
  - C
  - D
  - E
  - F
  - G
  - H
  - I
  - J
  - K
  - L
  - M
  - N
  - O
  - P
  - Q
  - R
  - S
  - T
  - U
  - V
  - W
  - X
  - Y
  - Z

---

**Note:**

- Multiple Indicator Cluster Survey 2011-2012
- Monitoring the Situation of Children and Women

---

230
### IM9: Was the last or difficult breathing due to a problem in the chest or a blocked or runny nose?

<table>
<thead>
<tr>
<th>Problem in chest only</th>
<th>Blocked or runny nose only</th>
<th>Both</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### IM10: Do you seek any advice or treatment for the illness from any source?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IM11: From where did you seek advice or treatment?

<table>
<thead>
<tr>
<th>Public sector</th>
<th>Private medical sector</th>
<th>Other source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Private hospital / clinic</td>
<td>Relative / Friend</td>
</tr>
<tr>
<td>Health centre</td>
<td>Private physician</td>
<td>Shop</td>
</tr>
<tr>
<td>Mobile (visiting) clinic</td>
<td>Private pharmacy</td>
<td>Traditional practitioner</td>
</tr>
<tr>
<td>Other public institution (specify)</td>
<td>Private mobile (visiting) clinic</td>
<td>Other private medical institution (specify)</td>
</tr>
</tbody>
</table>

### IM12: Will (name) given any medicine to treat this illness?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IM13: What medicine was (name) given?

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin / Syrup</td>
<td></td>
</tr>
<tr>
<td>Injection</td>
<td></td>
</tr>
<tr>
<td>Paracetamol / Panadol</td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen</td>
<td></td>
</tr>
</tbody>
</table>

### IM14: Check IM2: Is the child aged under 3?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IM15: The last time (name) passed stools, how were the stools disposed of?

<table>
<thead>
<tr>
<th>Child used toilet / latrine</th>
<th>Put / Rinsed into toilet or latrine</th>
<th>Put / Rinsed into drain or ditch</th>
<th>Thrown into garbage (solid waste)</th>
<th>Buried</th>
<th>Left in the open</th>
<th>Other (specify)</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IM3: Copy dates for each vaccination from the booklet

<table>
<thead>
<tr>
<th>Date of Immunisation</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>[A] BCG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[B] Polio 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[C] Polio 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[D] Polio 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[E] Polio 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[F] Di-Te-Per1</td>
<td>DPT1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[G] Di-Te-Per2</td>
<td>DPT2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[H] Di-Te-Per3</td>
<td>DPT3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[I] Di-Te-Per4</td>
<td>DPT4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[J] HepB1 at birth</td>
<td>H1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[K] HepB2</td>
<td>H2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[L] HepB3</td>
<td>H3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[M] Hbs 1</td>
<td>Hbs1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[N] Hbs 2</td>
<td>Hbs2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[O] Hbs 3</td>
<td>Hbs3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[P] Hbs 4 (Only for RS &amp; BD)</td>
<td>Hbs4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Q] Mo-Ru-Pa (MMR)</td>
<td>MMR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IM4: Check IM3: Have all vaccines (BCG to MMR) been recorded?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ANTHROPOMETRIC DATA

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.

<table>
<thead>
<tr>
<th>AN</th>
<th>Name</th>
<th>Weight measured</th>
<th>Length (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AN1</td>
<td>Measure name and number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AN2</td>
<td>Result of height/length and weight measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AN3</td>
<td>Child’s weight</td>
<td>Kilograms (k)</td>
<td></td>
</tr>
<tr>
<td>AN4</td>
<td>Child’s length/height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AN6</td>
<td>Is there another child in the household who is eligible for measurement?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Interviewer’s Observations

<table>
<thead>
<tr>
<th><strong>Interviewer’s Observations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Controller’s Observations</strong></td>
</tr>
<tr>
<td><strong>Supervisor’s Observations</strong></td>
</tr>
</tbody>
</table>

---

**IM5. In addition to what is recorded in this book/on this card, did (name) receive any other vaccines?**

Yes [ ] No [ ]

Record "Yes" only if respondent mentions vaccines listed in the table above.

**IM6. Has (name) ever received any vaccinations to prevent him/her from contracting diseases?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has ( ) received the table above.

**IM7. Has (name) ever received a BCG vaccination against tuberculosis — that is, an injection in the arm or shoulder that usually causes a scar?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IM8. Has (name) ever received any vaccine drops in the mouth or injection to protect him/her from getting haemophilus influenzae type b (Hib)?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IM9. How many times was the vaccine against child paralysis (polio) received?**

Number of times

**IM10. How many times was the vaccine against child paralysis (polio) given at the same time as Polio and DPT vaccines?**

Number of times

**IM11. Has (name) ever received a DTaP vaccination — that is, an injection in the thigh or arm (shoulder) — to prevent him/her from getting tetanus, Whooping cough, or diphtheria?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IM12. Has (name) ever received a DPT vaccine received?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IM13. Has (name) ever been given a hepatitis B (infectious jaundice) vaccine — that is, an injection in the thigh or arm (shoulder) — to prevent him/her from getting hepatitis B (infectious jaundice)?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IM14. Has the first hepatitis B (infectious jaundice) vaccine received within 24 hours after birth?**

<table>
<thead>
<tr>
<th>Within 24 hours</th>
<th>Later</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IM15. How many times was a hepatitis B (infectious jaundice) vaccine received?**

<table>
<thead>
<tr>
<th>Number of times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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)?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IM16. Has (name) ever received an MMR (Mo-Ru-Po) 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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UF13. Record the interview end time.**

<table>
<thead>
<tr>
<th>Hour and minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**UF14. Is the respondent the mother or caretaker of another child aged 0-4 living in this household?**

Yes [ ] No [ ]

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.

---

**IM6. Has (name) ever received any vaccinations to prevent him/her from contracting diseases?**

Yes [ ] No [ ]

**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 [ ] No [ ]

**IM8. Has (name) ever received any vaccine drops in the mouth or injection to protect him/her from getting haemophilus influenzae type b (Hib)?**

Yes [ ] No [ ]

**IM10. How many times was the vaccine against child paralysis (polio) received?**

Number of times

**IM11. Has (name) ever received a DTaP vaccination — that is, an injection in the thigh or arm (shoulder) — to prevent him/her from getting tetanus, Whooping cough, or diphtheria?**

Yes [ ] No [ ]

**IM12. Has (name) ever received a DPT vaccine received?**

Yes [ ] No [ ]

**IM13. Has (name) ever been given a hepatitis B (infectious jaundice) vaccine — that is, an injection in the thigh or arm (shoulder) — to prevent him/her from getting hepatitis B (infectious jaundice)?**

Yes [ ] No [ ]

**IM14. Has the first hepatitis B (infectious jaundice) vaccine received within 24 hours after birth?**

Within 24 hours [ ] Later [ ]

**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 [ ] No [ ]

**IM16. Has (name) ever received an MMR (Mo-Ru-Po) 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 [ ] No [ ]

**UF13. Record the interview end time.**

Hour and minutes

---

**IM5. In addition to what is recorded in this book/on this card, did (name) receive any other vaccines?**

Yes [ ] No [ ]

Record "Yes" only if respondent mentions vaccines listed in the table above.

**IM6. Has (name) ever received any vaccinations to prevent him/her from contracting diseases?**

Yes [ ] No [ ]

**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 [ ] No [ ]

**IM8. Has (name) ever received any vaccine drops in the mouth or injection to protect him/her from getting haemophilus influenzae type b (Hib)?**

Yes [ ] No [ ]

**IM10. How many times was the vaccine against child paralysis (polio) received?**

Number of times

**IM11. Has (name) ever received a DTaP vaccination — that is, an injection in the thigh or arm (shoulder) — to prevent him/her from getting tetanus, Whooping cough, or diphtheria?**

Yes [ ] No [ ]

**IM12. Has (name) ever received a DPT vaccine received?**

Yes [ ] No [ ]

**IM13. Has (name) ever been given a hepatitis B (infectious jaundice) vaccine — that is, an injection in the thigh or arm (shoulder) — to prevent him/her from getting hepatitis B (infectious jaundice)?**

Yes [ ] No [ ]

**IM14. Has the first hepatitis B (infectious jaundice) vaccine received within 24 hours after birth?**

Within 24 hours [ ] Later [ ]

**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 [ ] No [ ]

**IM16. Has (name) ever received an MMR (Mo-Ru-Po) 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 [ ] No [ ]

**UF13. Record the interview end time.**

Hour and minutes

---

**AN1. Measure name and number:**

Name

**AN2. Result of height/length and weight measurement:**

Either or both measured

- Child not present
- Child or mother/caretaker refused
- Other (specify)

**AN3. Child’s weight:**

Kilograms (kg)

**AN4. Child’s length/height:**

Check age of child in AG2:

- Child under 2 years old: Measure length (lying down)
- Child age 2 or more years: Measure height (standing up)

**AN6. Is there another child in the household who is eligible for measurement?**

Yes [ ] No [ ]

Record measured values for the next child.

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]

POSESSION OF DOCUMENT FORM QUESTIONNAIRE

<table>
<thead>
<tr>
<th>PD1. Cluster number:</th>
<th>PD2. Household number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PD3. Name of respondent:</th>
<th>PD4. Line number of respondent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ____________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PD5. Interviewer name and number:</th>
<th>PD6. Day / Month / Year of interview:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name _____________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>_________________________________</td>
<td>/ _________________________</td>
</tr>
</tbody>
</table>

Repeat greeting if not already read to this respondent:

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.

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

<table>
<thead>
<tr>
<th>Completed</th>
<th>Not at home</th>
<th>Refused</th>
<th>Partially completed</th>
<th>Incapacitated</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>96</td>
</tr>
</tbody>
</table>

PD8. Control carried out by (Name and code):

Name _____________________________

PD9. Data entry operator (Name and number):

Name _____________________________

POSESSION OF DOCUMENT

This module has to be administered to the respondent of the Household Questionnaire or another knowledgeable adult.

PD11. Check the Household Listing Form in the Household Questionnaire and record the following:
(A) Total number of household members younger than 16 years: __ __
(B) Total number of household members aged 18 to 49 years: __ __
(C) Total number of household members aged 50 and above: __ __

PD12. Do all household members aged 18 and above have a unique ID number recorded in the UIN register in BiH?
☐ Yes, everyone does ____________________________ 1 =PD14
☐ Yes, some do, some do not ______________________ 2 =PD14
☐ No ___________________________________________ 3 =PD14

PD13. How many household members aged 18 and above have a unique ID number recorded in the UIN register in BiH?
Name of members: ____________________________

PD14. Check PD11(A) for number of household members younger than 18, if:
☐ number is ‘01’ or more → Continue with PD15
☐ number is ‘00’ → Go to PD17

PD15. Do all household members younger than 18 years have a unique ID number recorded in the UIN register in BiH?
☐ Yes, everyone does ____________________________ 1 =PD17
☐ Yes, some do, some do not ______________________ 2 =PD17
☐ No ___________________________________________ 3 =PD17

PD16. How many household members younger than 18 years have a unique ID number recorded in the UIN register in BiH?
Name of children: ____________________________

PD17. Do all household members aged 18 and above have a BH ID card for BH citizens (valid for 10 years)?
☐ Yes, everyone does ____________________________ 1 =PD19
☐ Yes, some do, some do not ______________________ 2 =PD19
☐ No ___________________________________________ 3 =PD19

PD18. How many household members aged 18 and above have a BH ID card for BH citizens (valid for 10 years)?
Number of members: ____________________________

PD19. Do any household members aged 18 and above have a BH ID card for aliens?
☐ Yes, everyone does ____________________________ 1 =PD21
☐ Yes, some do, some do not ______________________ 2 =PD21
☐ No ___________________________________________ 3 =PD21

PD20. How many household members aged 18 and above have a BH ID card for aliens?
Number of members: ____________________________

PD22. Do any household members aged 18 and above have an ID card for BH citizens (valid for 2 years)?
☐ Yes, everyone does ____________________________ 1 =PD23
☐ Yes, some do, some do not ______________________ 2 =PD23
☐ No ___________________________________________ 3 =PD23

PD23. How many household members aged 18 and above have an ID card for BH citizens (valid for 2 years)?
Number of members: ____________________________

PD24. Do any household members aged 18 and above have an official decision by DP status?
☐ Yes, everyone does ____________________________ 1 =PD27
☐ Yes, some do, some do not ______________________ 2 =PD27
☐ No ___________________________________________ 3 =PD27

PD25. Do any household members aged 18 and above have an official decision by DP status?
Number of members: ____________________________

PD26. How many household members aged 18 and above have an official decision by DP status?
Number of members: ____________________________

PD27. Do all household members aged 18 and above have a BH ID card for displaced persons?
☐ Yes, everyone does ____________________________ 1 =PD29
☐ Yes, some do, some do not ______________________ 2 =PD29
☐ No ___________________________________________ 3 =PD29

PD28. How many household members aged 18 and above have a BH ID card for displaced persons?
Number of members: ____________________________

PD29. Check PD11(A) for number of household members younger than 18, if:
☐ number is ‘01’ or more → Continue with PD30
☐ number is ‘00’ → Go to PD32

PD30. Do all household members younger than 18 years have a BH ID card for displaced persons?
☐ Yes, everyone does ____________________________ 1 =PD32
☐ Yes, some do, some do not ______________________ 2 =PD32
☐ No ___________________________________________ 3 =PD32
**Questionnaire Form for Drug Use Assessment**

**DU1. Cluster number:**

**DU2. Household number:**

**DU3. Interviewer name and code:**

**DU4. Day / Month / Year of interview:**

**DU5. Is respondent:**

- ☐ Female
- ☐ Male

**DU6. Woman’s line number:**

**DU7. Man’s line number:**

**DU8. Check W87 / M87 in the Women’s / Men’s questionnaire for this respondent:**

- ☐ 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.
- ☐ Codes 1, 2, or 4 or 5 → DU9

**DU9. Result of completion of form**

Completed by interviewer.

- ☐ Respondent not at home
- ☐ Refused
- ☐ Respondent incapacitated
- ☐ Other (specify)

**DU10. Result of completion of form**

Completed by field editor.

**DU11. Control carried out by (Name and number):**

**DU12. Data entry operator (Name and number):**

---

**Drug Use Questionnaire Form**

**DU**

This questionnaire should be used for all women/men aged 13-49.

**DU1. Cluster number:**

**DU2. Household number:**

**DU3. Interviewer name and code:**

**DU4. Day / Month / Year of interview:**

**DU5. Is respondent:**

- ☐ Female
- ☐ Male

**DU6. Woman’s line number:**

**DU7. Man’s line number:**

**DU8. Check W87 / M87 in the Women’s / Men’s questionnaire for this respondent:**

- ☐ 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.
- ☐ Codes 1, 2, or 4 or 5 → DU9

**DU9. Result of completion of form**

Completed by interviewer.

- ☐ Respondent not at home
- ☐ Refused
- ☐ Respondent incapacitated
- ☐ Other (specify)

**DU10. Result of completion of form**

Completed by field editor.

**DU11. Control carried out by (Name and number):**

**DU12. Data entry operator (Name and number):**

---

**Drug Use (Self-Administered) Form**

**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?**

Circle only one code and follow the instructions.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Never</th>
<th>During the last 12 months</th>
<th>Earlier than 12 months ago</th>
<th>Don’t know or don’t remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>

**Circle one code for each row:**

- [A] Cannabis (marijuana and/or hashish)
- [B] Ecstasy
- [C] Amphetamine and/or methamphetamine, most commonly referred to as "speed"
- [D] Cocaine (crack)
- [E] Heroin
- [F] LSD (trip / acid)
- [G] Magic mushrooms
- [H] Substances which are banned, such as glue and other industrial products which are deliberately inhaled

**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.**