

MICS MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2006
QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered preferably to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p> <p><i>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</i></p>		
UF1. Cluster Number	<input style="width: 40px;" type="text"/>	UF2. Household number:
Name:		
UF3. Child's Name:	UF4. Child's Line Number: <input style="width: 40px;" type="text"/>	
UF5. Mother's/Caretaker's Name:	UF6. Mother's/Caretaker's Line Number: <input style="width: 40px;" type="text"/>	
UF7. Interviewer name and number:	<input style="width: 40px;" type="text"/>	UF8. Day/Month/Year of interview:
<div style="display: flex; justify-content: space-around;"> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / 2006 </div>		
UF9. Result of interview for children under 5	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	
<p><i>(Codes refer to mother/caretaker.)</i></p> <p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT FIFTEEN MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?</p> <p>If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.</p>		
UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN?	Date of birth: Day <input style="width: 40px;" type="text"/> DK day98 Month..... <input style="width: 40px;" type="text"/> Year <input style="width: 80px;" type="text"/>	
<p><i>Probe:</i></p> <p>WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p>		
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	Age in completed years <input style="width: 40px;" type="text"/> Age in completed months <input style="width: 40px;" type="text"/>	
<p><i>Record age in completed years and complete months. Prove: age/date of birth checking in the field for consistency.</i></p>		

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen..... 1 Yes, not seen..... 2 No..... 3 DK..... 8	1⇒BR5
BR2. HAS (name's) BIRTH BEEN REGISTERED WITH THE LOCAL GOVERNMENT (CITY CORPORATION, MUNICIPALITY, UNION PARSHAD) ?	Yes..... 1 No..... 2 DK..... 8	1⇒BR5 8⇒BR4
BR3. WHY IS (name's) BIRTH NOT REGISTERED ?	Costs too much.....01 Must travel too far.....02 Did not know it should be registered.....03 Does not know where to register.....05 Don't feel it necessary.....07 Other (specify).....96 DK.....98	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes..... 1 No..... 2	2⇒BR5
BR4A. WHERE CAN YOU REGISTER YOUR CHILD'S BIRTH?	City corporation..... 1 Pourashava..... 2 Union Parishad..... 3 Other..... 6 DK..... 8	
BR5. Check age of child in UF11: Child is 3 or 4 years old?		
<input type="checkbox"/> Yes. ⇒ Continue with BR6		
<input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN, OR COMMUNITY CHILD CARE LIKE MOSQUE/MOKTOB?	Yes..... 1 No..... 2 DK..... 8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	No. of hours.....	<input type="text"/>
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):		
<i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i>		
<i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)?	Books	Mother A Father B Other X No one Y
BR8B. TELL STORIES TO (name)?	Stories	A B X Y
BR8C. SING SONGS WITH (name)?	Songs	A B X Y
BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH (name)?	Play with	A B X Y
BR8F. SPEND TIME WITH (name) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y
	Yes..... 1	
do to develop the Intelligence of this child?	No..... 2	2⇒BR11

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR10. what are you doing for (name)? (Multiple response)	Give warm and responsive care A Encourage any participation B Let child play and socialize with others C Set good example by modeling good behaviors and morals D Discipline/punish the child physically E Scold the child F Stimulate attachment by providing consistent & responsive care G Development of learning abilities H Others X	
BR10A. Check UF11: Child aged under 3years?		
<input type="checkbox"/> Yes. ⇒ Go to Next module		
<input type="checkbox"/> No. ⇒ Continue with BR11		
BR11. Are you doing anything to prepare (name) to go to school?	Yes 1 No 2	2⇒NEXT MODULE
BR12. If yes, how are preparing him/her? (MULTIPLE RESPONSE)	Develop speaking A Develop writing B Follow rules & regulations C Sending to school at appropriate age D Prepare mentally E Opportunity for playing F Encourage by comparing other children G Development of learning abilities H Others X	
VITAMIN A MODULE		VA
VA1. HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?	Yes 1 No 2	2⇒NEXT MODULE
Show capsule for different doses – 100,000 IU for those 9-11 months old, 200,000 IU for those 12-59 months old.	DK 8	8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (name) TAKE THE LAST DOSE?	Months ago <input type="text"/> DK 98	
VA3. WHERE DID (name) GET THIS LAST DOSE?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 Vitamin 'A' Campaign 4 Other (specify) 6 DK 8	

BREASTFEEDING MODULE **BF**

BF1. HAS (*name*) EVER BEEN BREASTFED
 Yes 1
 No..... 2 2⇒BF3
 DK 8 8⇒BF3

BF4. Check age of child in UF11: Child is 0-23 months?

Yes. ⇒ Continue with BF1A
 No. ⇒ Go to BF2

BF1A. DID YOU GIVE HONEY /SUGAR WATER/ MASTERED OIL
 ETC TO YOUR CHILD (*name*) IMMEDIATELY AFTER BIRTH?
 Yes 1
 No..... 2
 DK 8

BF1B. HOW SOON AFTER THE BIRTH DID YOU BEGIN
 BREAST FEEDING YOUR CHILD (*name*) ?
 Immediately 0 00
 Hours 1
or
 Days 2
 Don't know/remember 8.....98

BF2. IS HE/SHE STILL BEING BREASTFED?
 Yes 1
 No..... 2
 DK 8

BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE
 RECEIVE ANY OF THE FOLLOWING:

*Read each item aloud and record response
 before proceeding to the next item.*

Y N DK

BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements.....	1	2	8
BF3B. PLAIN WATER?	B. Plain water.....	1	2	8
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice.....	1	2	8
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS	1	2	8
BF3E. INFANT FORMULA?	E. Infant formula.....	1	2	8
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk.....	1	2	8
BF3G. ANY OTHER LIQUIDS?	G. Other liquids.....	1	2	8
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food.....	1	2	8

BF4. Check BF3H: Child received solid or semi-solid (mushy) food?

Yes. ⇒ Continue with BF5
 No or DK. ⇒ Go to Next Module

BF5. SINCE THIS TIME YESTERDAY, HOW MANY
 TIMES DID (*name*) EAT SOLID, SEMISOLID, OR
 SOFT FOODS OTHER THAN LIQUIDS?
 No. of times.....
 Don't know 8

If 7 or more times, record '7'.

CARE OF ILLNESS MODULE		CA
CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?	Yes 1 No..... 2 DK 8	2⇒CA5 8⇒CA5
Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.		
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:		
Read each item aloud and record response before proceeding to the next item.		
		Yes No DK
CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?	A. Fluid from ORS packet..... 1	2 8
CA2B. SALT-SUGAR-WATER FLUID	B. Salt-Sugar-Water fluid..... 1	2 8
CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	C. Pre-packaged ORS fluid 1	2 8
CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none..... 1 About the same (or somewhat less)..... 2 More 3 DK 8	
CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?	None..... 1 Much less 2 Somewhat less..... 3 About the same..... 4 More 5 DK 8	
If “less”, probe: MUCH LESS OR A LITTLE LESS?		
CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?	Yes 1 No..... 2 DK 8	2⇒CA12 8⇒CA12
CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No..... 2 DK 8	2⇒CA12 8⇒CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK 8	2⇒CA12 6⇒CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes 1 No..... 2 DK 8	2⇒CA10 8⇒CA10

CA9. FROM WHERE DID YOU SEEK CARE?

ANYWHERE ELSE?

Circle all providers mentioned,
but do NOT prompt with any suggestions.

If source is hospital, health center, or clinic,
write the name of the place below. Probe to
identify the type of source and circle the
appropriate code.

_____ (Name of place)

CA10. WAS (name) GIVEN MEDICINE TO TREAT
THIS ILLNESS?

CA11. WHAT MEDICINE WAS (name) GIVEN?

Circle all medicines given.

Public sector

- Govt. hospital/ health centre A
- Health worker/HA D
- Mobile/outreach clinic..... E
- Other public (specify) _____ H

Private medical sector

- Private hospital/clinic..... I
- Private physician J
- Private pharmacy K
- Other private
medical (specify) _____ O

Other source

- Relative or friend P
- Shop Q
- Traditional practitioner R
- NGO Hospital/ Clinic S
- Other (specify) _____ X

- Yes 1
- No..... 2

- DK 8
- Amoxicilin/Sefrocilin/Cafixin..... A
- Paracetamol/Panadol/Acetaminophen P
- Aspirin..... Q
- Ibuprofen R
- Other (specify) _____ X
- DK Z

CA12. Check UF11: Child aged under 3?

- Yes. ⇒ Continue with CA13
- No. ⇒ Go to CA14

CA13. THE LAST TIME (name) PASSED STOOLS,
WHAT WAS DONE TO DISPOSE OF THE STOOLS?

- Child used toilet/latrine01
- Put/rinsed into toilet or latrine02
- Put/rinsed into drain or ditch.....03
- Thrown into garbage (solid waste).....04
- Buried05
- Left in the open06
- Other (specify) _____ 96
- DK98

Ask the following question (CA14) only once
for each caretaker.

CA14. SOMETIMES CHILDREN HAVE SEVERE
ILLNESSES AND SHOULD BE TAKEN
IMMEDIATELY TO A HEALTH FACILITY.
WHAT TYPES OF SYMPTOMS WOULD CAUSE
YOU TO TAKE YOUR CHILD TO A HEALTH
FACILITY RIGHT AWAY?

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever..... C
- Child has fast breathing..... D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G
- Animal Bite..... H
- Snake Bite I
- Drowning (sink in pond/river/canal/lake
water) J
- Others (Specify)..... X

Keep asking for more signs or symptoms until
the caretaker cannot recall any additional
symptoms.

Circle all symptoms mentioned,
But do NOT prompt with any suggestions.

IMMUNIZATION MODULE		IM
<p><i>If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM17 are for recording vaccinations that are not recorded on the card. IM10-IM17 will only be asked when a card is not available.</i></p>		
IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen.....	1
	Yes, not seen.....	2 2⇒IM10
	No.....	3 3⇒IM10
(a) Copy dates for each vaccination from the card.		
(b) Write '44' in day column if card shows that vaccination was given but no date recorded.		
	DAY	Date of Immunization MONTH YEAR
IM2. BCG	BCG	
IM4A. DPT1	DPT1	
IM4B. DPT2	DPT2	
IM4C. DPT3	DPT3	
IM21A HEPATITIS B1	HEPB1	
IM21B HEPATITIS B2	HEPB2	
IM21C HEPATITIS B3	HEPB3	
IM3A. POLIO AT BIRTH	OPV0	
IM3B. POLIO 1	OPV1	
IM3C. POLIO 2	OPV2	
IM3D. POLIO 3	OPV3	
IM3E. POLIO 4	OPV4	
IM6. MEASLES (OR MMR)	MEASLES	
IM8A. VITAMIN A (1)	VITA1	
IM8B. VITAMIN A (2)	VITA2	
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?	Yes.....	1 1⇒IM19
	(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.)	
	No.....	2 2⇒IM19
<i>Record 'Yes' only if respondent mentions BCG, DPT 1-3, Hepatitis B1-3, OPV 0-4, Measles or Vitamin A supplements.</i>	DK.....	8 8⇒IM19
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes.....	1
	No.....	2 2⇒IM19
	DK.....	8 8⇒IM19
IM11. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes.....	1
	No.....	2
	DK.....	8
IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....	1
	No.....	2 2⇒IM15
	DK.....	8 8⇒IM15

<p>IM13. HOW OLD WAS HE/SHE WHEN THE FIRST POLIO DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?</p>	<p>Just after birth (within two weeks)..... 1 Later 2</p>	
<p>IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE POLIO DROPS?</p>	<p>No. of times..... <input type="text"/></p>	
<p>IM15. HAS (name) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒IM17 8⇒IM17</p>
<p>IM16. HOW MANY TIMES?</p>	<p>No. of times..... <input type="text"/></p>	
<p>IM17. HAS (name) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER ?</p>	<p>Yes 1 No..... 2 DK 8</p>	
<p>IM19. PLEASE TELL ME IF (name) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:</p>		<p>Y N DK</p>
<p>IM19A. 18/01/2004 AND 29/02/2004 (NID)</p>	<p>A. NID..... 1</p>	<p>2 8</p>
<p>IM19B. 22/12/2005, VITAMIN –A CAMPAIGN</p>	<p>B. VITA-A..... 1</p>	<p>2 8</p>
<p>IM19D. 15/02/2006 TO 15/03/2006, MEASLES CAMPAIGN</p>	<p>D. MEASLES 1</p>	<p>2 8</p>

IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.

- Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.
- No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.

Gather together all questionnaires for this household and tally the number of interviewers completed on the cover page (HH12-15)