



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL8) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL5).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer number: _____	UF8. Day/Month/Year of interview: _____ / _____ / _____	
UF9. Result of interview for children under 5: (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (<i>specify</i>) _____ 6	
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 (<i>name</i>). In what day, month and year was (<i>name</i>) born? (What is his/her birthday?)	Date of birth: Day DK day 98 Month Year	
UF11. How old was (<i>name</i>) at his/her last birthday?	AGE IN COMPLETED YEARS _____	

BIRTH REGISTRATION AND EARLY LEARNING MODULE				BR
BR5. Check age of child in UF11: Child is 3 or 4 years old?	<input type="checkbox"/> Yes. ⇒ BR6 <input type="checkbox"/> No. ⇒ BR8			
BR6. DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes.....1	No.....2	DK.....8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?	No. of hours ____			
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 (<i>name</i>):				
<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>				
	Mother	Father	Other	No one
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)?	A	B	X	Y
BR8B. TELL STORIES TO (<i>name</i>)?	A	B	X	Y
BR8C. SING SONGS WITH (<i>name</i>)?	A	B	X	Y
BR8D. TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y
BR8E. PLAY WITH (<i>name</i>)?	A	B	X	Y
BR8F. SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS?	A	B	X	Y

BREASTFEEDING MODULE				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. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:				
<i>Read each item aloud and record response before proceeding to the next item.</i>				
	Yes	No	DK	
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	1	2	8	
BF3B. PLAIN WATER?	1	2	8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	1	2	8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	1	2	8	
BF3E. INFANT FORMULA?	1	2	8	
BF3F. TINNED, POWDERED OR FRESH MILK?	1	2	8	
BF3G. ANY OTHER LIQUIDS?	1	2	8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	1	2	8	
BF4. Check BF3H: CHILD RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD?	<input type="checkbox"/> Yes. ⇒ BF5 <input type="checkbox"/> No or DK. ⇒ CA1			

BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?	No. of times DK.....8	
<i>If 7 or more times, record '7'.</i>		

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
<i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i>			
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:			
<i>Read each item aloud and record response before proceeding to the next item.</i>			
	Yes	No	DK
CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>e.g. gastrolit, eralit, etc.</i>)?	1	2	8
CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?	1	2	8
CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	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		
<i>If 'Less, probe: MUCH LESS OR A LITTLE LESS?</i>			
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

<p>CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but DO NOT PROMPT with any suggestions.</i></p> <p><i>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.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Gov. hospital A</p> <p>Gov. health centre B</p> <p>Gov. health post..... C</p> <p>Village health worker D</p> <p>Mobile/outreach clinic E</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinic I</p> <p>Private physician..... J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative or friend..... P</p> <p>Traditional practitioner R</p> <p>Other (specify) _____ X</p>	
<p>CA10. WAS (name) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Circle all medicines given.</i></p>	<p>Antibiotic A</p> <p>Paracetamol/Panadol/Acetaminophen P</p> <p>Aspirin..... Q</p> <p>Ibuprofen..... R</p> <p>Other (specify) _____ X</p> <p>DK..... Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p>	<p><input type="checkbox"/> Yes. ⇒ CA13</p> <p><input type="checkbox"/> No. ⇒ CA14</p>	
<p>CA13. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine 01</p> <p>Put/rinsed into toilet or latrine 02</p> <p>Put/rinsed into drain or ditch 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open..... 06</p> <p>Other (specify) _____ 96</p> <p>DK..... 98</p>	
<p><i>Ask the following question (CA14) only once for each mother/caretaker.</i></p> <p>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?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but DO NOT PROMPT with any suggestions.</i></p>	<p>Child not able to drink or breastfeed..... A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing..... D</p> <p>Child has difficult breathing E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (specify) _____ X</p> <p>Other (specify) _____ Y</p> <p>Other (specify) _____ Z</p>	

IMMUNIZATION MODULE			IM
<p><i>If an immunization card is available, copy the dates in IM2-IM6 for each type of immunization recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.</i></p>			
IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen1 Yes, not seen2 No3		2⇒IM10 3⇒IM10
<p>(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.</p>			
	Date of Immunization		
	Day	Month	Year
IM2. BCG	__ __	__ __	__ __ __ __
IM3B. POLIO 1	__ __	__ __	__ __ __ __
IM3C. POLIO 2	__ __	__ __	__ __ __ __
IM3D. POLIO 3	__ __	__ __	__ __ __ __
IM4A. DPT1	__ __	__ __	__ __ __ __
IM4B. DPT2	__ __	__ __	__ __ __ __
IM4C. DPT3	__ __	__ __	__ __ __ __
IM5A. HEPB1 (OR DPTHEPB1)	__ __	__ __	__ __ __ __
IM5B. HEPB2 (OR DPTHEPB2)	__ __	__ __	__ __ __ __
IM5C. HEPB3 (OR DPTHEPB3)	__ __	__ __	__ __ __ __
IM6. MMR	__ __	__ __	__ __ __ __
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?	Yes1		1⇒IM19
	<i>Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM6.</i>		
<i>Record 'Yes' only if respondent mentions BCG, Polio 1-3, DPT 1-3, HepB 1-3 or MMR</i>	No2 DK.....8		2⇒IM19 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?	Yes1 No2 DK.....8		2⇒IM19 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?	Yes1 No2 DK.....8		
IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes1 No2 DK.....8		2⇒IM15 8⇒IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)1 Later2		
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times __ __		

<p>IM15. HAS (<i>name</i>) EVER BEEN GIVEN INJECTIONS OF DPT – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (<i>SOMETIMES GIVEN AT THE SAME TIME AS POLIO</i>)</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒IM17 8⇒IM17</p>																
<p>IM16. HOW MANY TIMES?</p>	<p>No. of times.....__ __</p>																	
<p>IM17. HAS (<i>name</i>) EVER BEEN GIVEN INJECTIONS OF MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER – TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes.....1 No2 DK.....8</p>																	
<p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:</p> <p>IM19A. _____ (<i>Date/type of campaign</i>)</p> <p>IM19B. _____ (<i>Date/type of campaign</i>)</p> <p>IM19C. _____ (<i>Date/type of campaign</i>)</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>IM19A.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IM19B.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IM19C.</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	IM19A.	1	2	8	IM19B.	1	2	8	IM19C.	1	2	8	
	Yes	No	DK															
IM19A.	1	2	8															
IM19B.	1	2	8															
IM19C.	1	2	8															
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? (See Household Listing Form, column HL8).</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</p> <p>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.</p>																		

<p>ANTHROPOMETRY MODULE AN</p>	
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the Household Listing Form before recording measurements.</p>	
<p>AN1. CHILD'S WEIGHT.</p>	<p>Kilograms __ . __</p>
<p>AN2. CHILD'S LENGTH OR HEIGHT. Check age of child in UF11: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</p>	<p>Length (cm) Lying down1 ____ . ____</p> <p>Height (cm) Standing up2 ____ . ____</p>
<p>AN3. MEASURER'S IDENTIFICATION CODE.</p>	<p>Code.....__ __</p>
<p>AN4. RESULT OF MEASUREMENT.</p>	<p>Measured 1 Not present..... 2 Refused..... 3 Other (<i>specify</i>) 6</p>
<p>AN5. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes. ⇒ Record measurements for next child. <input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.</p>	
<p>Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Record on the Household Information Panel the number of interviews completed.</p>	