



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

CHILD'S INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see HOUSEHOLD LISTING FORM, column HL9) who care for a child that lives with them and is under the age of 5 years (see HOUSEHOLD LISTING FORM, column HL6). 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: _____ / _____ / 2012	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE STATISTICAL DEPARTMENT OF (CITY, REGION). NOW THE NATIONAL HOUSEHOLD SURVEY IS ORGANISED IN THE REPUBLIC OF BELARUS TO OBTAIN OBJECTIVE INFORMATION ON THE SITUATION OF CHILDREN AND WOMEN. IN THIS RESPECT I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY.

MAY I START NOW?

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

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*child's name from UF3*) HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY.

UF9. Result of interview for children under 5:	Completed.....	01
	Not at home	02
	Refused.....	03
	Partly completed	04
	Incapacitated.....	05
	Other (<i>specify</i>) _____	96

UF10. Field edited by (number): _____	UF11. Data entry clerk (number): _____
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QUESTIONNAIRES

UF12. Record the time.	HOUR AND MINUTES ____ : ____	
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AGE		AG
AG1. IN WHAT DATE, MONTH AND YEAR WAS <i>(name)</i> BORN? <i>If the mother/caretaker does not know the exact birth date circle «98».</i> <i>Month and year must be recorded.</i>	Date of birth: Date..... ____ ____ DK day 98 Month ____ ____ Year..... ____ ____ ____ ____	
AG2. HOW OLD IS <i>(name)</i> IN COMPLETED YEARS? <i>Record «0», if less than 1 year.</i> <i>Compare and correct AG1 and/or AG2 if inconsistent.</i>	Age <i>(in completed years)</i> ____	

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None 00 Number of children's books 0 ____ Ten or more books 10																	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME? DOES HE/SHE PLAY WITH:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%;">Yes</th> <th style="width: 33%;">No</th> <th style="width: 33%;">DK</th> </tr> </thead> <tbody> <tr> <td>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?	1	2	8	[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?	1	2	8	[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?	1	2	8	
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<i>Read each point and circle the answer before heading to the next point.</i> <i>If the respondent says «Yes» to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i>																		

QUESTIONNAIRES

<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, 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 AN HOUR?</p> <p><i>If the child was not left alone or was left alone for less than an hour enter «0».</i> <i>If the answer is «Don't know», enter «8».</i></p>	<p>Number of days left alone for more than an hour _</p> <p>Number of days left with other child for more than an hour _</p>																																							
<p>EC4. Check AG2. Age of child is 3 or 4 year?</p> <p><input type="checkbox"/> Yes. ⇨ EC5</p> <p><input type="checkbox"/> No. ↓ BF1</p>																																								
<p>EC5. DOES <i>(name)</i> PARTICIPATE IN ANY LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME AT HOME, AT PRESCHOOL EDUCATION INSTITUTIONS OR OPTIONAL EDUCATION FACILITIES FOR CHILDREN AND YOUTH?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇨EC7</p> <p>8⇨EC7</p>																																						
<p>EC6. WITHIN THE LAST SEVEN DAYS, TO HOW MANY HOURS DID <i>(name)</i> LEARN/ATTEND?</p>	<p>Number of hours..... _ _</p>																																							
<p>EC7. 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>:</p> <p>[A] READ CHILDREN'S BOOKS TO 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, COMPOUND, YARD?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p> <p><i>Read each point and circle the answer before heading to the next point.</i></p> <p><i>If «Yes», probe:</i> WHO FROM YOUR HOUSEHOLD OVER 15 YEARS OF AGE WAS ENGAGED IN ACTIVITIES WITH <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Yes</th> <th rowspan="2">No</th> </tr> <tr> <th>Mother</th> <th>Father</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>[A]</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B]</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[C]</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[D]</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[E]</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[F]</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Yes			No	Mother	Father	Other	[A]	A	B	X	Y	[B]	A	B	X	Y	[C]	A	B	X	Y	[D]	A	B	X	Y	[E]	A	B	X	Y	[F]	A	B	X	Y	
	Yes			No																																				
	Mother	Father	Other																																					
[A]	A	B	X	Y																																				
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[D]	A	B	X	Y																																				
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[F]	A	B	X	Y																																				
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																																							

QUESTIONNAIRES

EC9. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes..... 1 No 2 DK..... 8	
EC10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes..... 1 No 2 DK..... 8	
EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes..... 1 No 2 DK..... 8	
EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes..... 1 No 2 DK..... 8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE REQUESTS/ DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes..... 1 No 2 DK..... 8	
EC14. WHEN ASKED OR GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes..... 1 No 2 DK..... 8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No 2 DK..... 8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No 2 DK..... 8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	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	

QUESTIONNAIRES

<p>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 THEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.</p> <p>DID <i>(name)</i> DRINK <u>PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF4. DID <i>(name)</i> DRINK <u>INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒BF6 8⇒BF6</p>
<p>BF5. HOW MANY TIMES DID <i>(name)</i> DRINK INFANT FORMULA?</p>	<p>Number of times..... _ _</p>	
<p>BF6. DID <i>(name)</i> DRINK <u>MILK</u> (NOT INCLUDING BREASTMILK), YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒BF8 8⇒BF8</p>
<p>BF7. HOW MANY TIMES DID <i>(name)</i> DRINK MILK?</p>	<p>Number of times..... _ _</p>	
<p>BF8. DID <i>(name)</i> DRINK <u>JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF9. DID <i>(name)</i> DRINK <u>BROTH</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF10. DID <i>(name)</i> DRINK OR EAT <u>VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF11. DID <i>(name)</i> DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF12. DID <i>(name)</i> DRINK <u>ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF13. DID <i>(name)</i> DRINK OR EAT <u>YOGURT OR OTHER YOGURT PRODUCTS</u> FOR KIDS YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒BF15 8⇒BF15</p>
<p>BF14. HOW MANY TIMES DID <i>(name)</i> DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Number of times..... _ _</p>	
<p>BF15. DID <i>(name)</i> EAT <u>THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	

QUESTIONNAIRES

BF16. DID (<i>name</i>) EAT <u>SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> 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 <u>ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes 1 No..... 2 DK 8	

CARE OF 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 DURING THE 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, OR NOTHING TO DRINK? <i>If «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 TO EAT? <i>If «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 EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:	Yes	No	DK
[A] A FLUID MADE FROM A SPECIAL PACKET CALLED (FOR EXAMPLE, REHYDRON, GASTROLIT, AND ALIKE)?	1	2	8
[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	1	2	8
[C] HOME-MADE FLUID?	1	2	8
<i>Read each point and circle the answer before heading to the next point.</i>			
CA5. WAS ANY MEDICATION GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No..... 2 DK 8	2⇒CA7 8⇒CA7	

QUESTIONNAIRES

<p>CA6. WHAT MEDICATION WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned:</i></p> <p>_____</p> <p style="text-align: center;"><i>(name of medication)</i></p> <p>_____</p> <p>_____</p>	<p>Pill or Syrup:</p> <p>Antibiotic..... A</p> <p>Antimotility B</p> <p>Zinc..... C</p> <p>Other (not antibiotic, antimotility or zinc)..... G</p> <p>Unknown pill or syrup..... H</p> <p>Injection:</p> <p>Antibiotic..... L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>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?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WERE THOSE SYMPTOMS DUE TO A PROBLEM IN THE LOWER RESPIRATORY TRACTS OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in lower respiratory tracts only..... 1</p> <p>Blocked or runny nose only..... 2</p> <p>Both..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS WITH A COUGH FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but DO NOT PROMPT with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place:</i></p> <p>_____</p> <p style="text-align: center;"><i>(name of the place)</i></p> <p>_____</p> <p>_____</p>	<p>Public health sector:</p> <p>Hospital A</p> <p>Polyclinic B</p> <p>Health Care Institution..... C</p> <p>Outpatients' clinic D</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Mobile / emergency care..... E</p> <p>Private medical sector:</p> <p>Hospital / Clinic I</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Private physician * J</p> <p>Relative / Friend..... P</p> <p>Traditional healer R</p> <p>Other (<i>specify</i>) _____ X</p>	

* Individual entrepreneurs engaged in medical activities with a special permit (license).

QUESTIONNAIRES

CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS WITH A COUGH?	Yes 1 No..... 2 DK 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? Probe: ANYTHING ELSE? Circle all medicines given. Write brand name(s) of all medicines mentioned: _____ (<i>names of medicines</i>) _____ _____	Antibiotic: Pill / Syrup A Injection B Paracetamol / Panadol / Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) _____ X DK Z	
CA14. Check AG2: Child aged under 3?	<input type="checkbox"/> Yes. ⇒ CA15 <input type="checkbox"/> No. ↓ UF13	
CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet..... 01 Put / Rinsed into toilet 02 Put into ditch 03 Thrown into garbage (solid waste)..... 04 Buried 05 Left in the open 06 Other (<i>specify</i>) _____ 96 DK 98	

UF13. Record the time.	Hour and minutes..... : ____
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UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household? <input type="checkbox"/> Yes. ⇒ Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent. <input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation. Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.
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