

E.4 QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME: _____ LINE NUMBER: _____	UF4. Mother's / Caretaker's name and line number: NAME: _____ LINE NUMBER: _____	
UF5. Interviewer's name and number: NAME: _____ NUMBER: _____	UF6. Supervisor's name and number: NAME: _____ NUMBER: _____	
UF7. Day / Month / Year of interview:	_____ / _____ / 2019	
UF8. Record the time:	HOURS : MINUTES : _____	

<p>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17.</p>		
<p>UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	YES, INTERVIEWED ALREADY 1	1⇒UF10B
	NO, FIRST INTERVIEW 2	2⇒UF10A
<p>UF10A. I am from Main Statistical Department of (<i>city of Minsk, region</i>). We are conducting a survey in the Republic of Belarus about the situation of children and women. In this regard I would like to ask you a few questions. This interview will take about 15 minutes. All the information we obtain will remain strictly confidential and will be used only for statistical purposes. If you do not wish to answer a question or wish to stop the interview, please let me know. May I start now?</p>	<p>UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being and other topics. This interview will take about 15 minutes. Again, all the information we obtain will remain strictly confidential and will be used only for statistical purposes. If you do not wish to answer a question or wish to stop the interview, please let me know. May I start now?</p>	
YES, PERMISSION IS GIVEN 1	1 ↓ UB1	
NO, PERMISSION IS NOT GIVEN, NOT ASKED 2	2 ⇒ UF17	

UF17. Result of interview for children under 5	COMPLETED.....	01
	NOT AT HOME	02
	REFUSED	03
	PARTLY COMPLETED	04
	INCAPACITATED (specify) _____	05
	NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17	06
Codes refer to mother/caretaker.	OTHER (specify)_____	96
Discuss any result not completed with Supervisor.		

CHILD'S BACKGROUND		UB
<p>UB1. On what day, month and year was (<i>name</i>) born?</p> <p>If the mother/caretaker does not know, does not remember the exact date of birth record '98'. Month and year <u>must</u> be recorded.</p>	<p>DATE OF BIRTH:</p> <p>DAY _ _</p> <p>DK DAY 98</p> <p>MONTH _ _</p> <p>YEAR 2 0 1 _</p>	
<p>UB2. How old is (<i>name</i>) (in completed years)?</p> <p>Record '0' if less than 1 year. If responses to UB1 and UB2 are inconsistent, probe further and correct.</p>	<p>AGE (IN COMPLETED YEARS) _</p>	
<p>UB3. Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2 1</p> <p>AGE 3 OR 4 2</p>	1↕EC1
<p>UB4. Check the line number of mother (<i>caretaker</i>) (UF4) in the UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</p>	<p>UF4=HH47 1</p> <p>UF4≠HH47 2</p>	2⇒UB6
<p>UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending preschool education in the current school year?</p>	<p>YES, ED10=0 1</p> <p>NO, ED10≠0 OR BLANK 2</p>	1⇒UB8B 2↕EC1
<p>UB6. Has (<i>name</i>) ever attended any preschool education institutions or optional education facilities for children and youth?</p>	<p>YES 1</p> <p>NO 2</p>	2↕EC1
<p>UB7. At any time since September 2018, did (<i>name</i>) attend any preschool education institutions or optional education facilities for children and youth?</p>	<p>YES 1</p> <p>NO 2</p>	1⇒UB8A 2↕EC1
<p>UB8A. Does (<i>name</i>) currently attend any preschool education institutions or optional education facilities for children and youth?</p> <p>UB8B. You have mentioned that (<i>name</i>) has attended preschool education institutions and(or) optional education facilities for children and youth. Does he/she currently attend this programme?</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>	<p>NONE 00</p> <p>NUMBER OF CHILDREN'S BOOKS 0</p> <p>TEN OR MORE BOOKS 10</p>	

<p>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:</p>	YES	NO	DK		
[A] Homemade toys, such as dolls, cars, or other toys made at home?	1	2	8		
[B] Manufactured toys?	1	2	8		
[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks or leaves?	1	2	8		
<p>EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. 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>If 'None' or less than one hour record '0'. If 'Don't know' record '8'.</p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR.....</p>				
<p>EC4. Check UB2: Child's age?</p>	<p>AGE 0 1</p> <p>AGE 1, 2, 3 OR 4 2</p>			1 ↓UCD1	
<p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>)? <i>Read each item and record answer before moving to the next question.</i> <i>If 'Yes', ask:</i> Who engaged in this activity with (<i>name</i>)?</p> <p>[A] Read children's books or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for or with (<i>name</i>)?</p>	<p>YES</p>			NO	
	MOTHER	FATHER	OTHER		
[A] Read children's books or looked at picture books with (<i>name</i>)?	A	B	X	Y	
[B] Told stories to (<i>name</i>)?	A	B	X	Y	
[C] Sang songs to or with (<i>name</i>), including lullabies?	A	B	X	Y	
[D] Took (<i>name</i>) outside the home?	A	B	X	Y	
[E] Played with (<i>name</i>)?	A	B	X	Y	
[F] Named, counted, or drew things for or with (<i>name</i>)?	A	B	X	Y	
<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 1 OR 2 1</p> <p>AGE 3 OR 4 2</p>			1 ↓UCD1	

<p>EC6. I would like to ask you some questions about the health and development of <i>(name)</i>. 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 <i>(name)</i>'s development.</p> <p>Can <i>(name)</i> identify or name at least ten letters of the alphabet?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC7. Can <i>(name)</i> read at least four simple, popular words?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC8. Does <i>(name)</i> know the name and recognize the symbol of all numbers from 1 to 10?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC9. Can <i>(name)</i> pick up a small object with two fingers, like a stick or a rock from the ground?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC10. Is <i>(name)</i> sometimes too sick to play?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC11. Does <i>(name)</i> follow simple directions on how to do something correctly?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC12. When given something to do, is <i>(name)</i> able to do it independently?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC13. Does <i>(name)</i> get along well with other children?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC14. Does <i>(name)</i> kick, bite, or hit other children or adults?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC15. Does <i>(name)</i> get distracted easily?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0..... 1 AGE 1, 2, 3 OR 4..... 2	1⇓UCF1

UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <i>(name)</i> <u>in the past month</u> .	YES	NO	
[A] Took away privileges, forbade something <i>(name)</i> liked or did not allow him/her to leave the house?	1	2	
[B] Explained why <i>(name)</i> 's behavior was wrong?	1	2	
[C] Shook him/her?	1	2	
[D] Shouted at him/her?	1	2	
[E] Gave him/her something else to do?	1	2	
[F] Spanked him/her on the bottom with hand?	1	2	
[G] Hit him/her on the bottom or elsewhere on the body with something like a belt, stick or other hard object?	1	2	
[H] Called him/her dumb, lazy or another name like that?	1	2	
[I] Hit or slapped him/her on the face or head?	1	2	
[J] Hit or slapped him/her on the hand, arm, or leg?	1	2	
[K] Beat him/her up, that is hit him/her over and over as hard as one could.	1	2	
UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?	YES..... 1 NO..... 2		2⇒UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES..... 1 NO..... 2		1↓UCF1
UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES..... 1 NO 2 DK / NO OPINION 8		

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ↓ BD1
UCF2. Now I would like to ask you some questions about difficulties <i>(name)</i> may have.		

Does (<i>name</i>) wear glasses?	YES	1	
	NO	2	

UCF3. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES 1 NO 2	
<p>UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers: 1. no difficulty, 2. some difficulty, 3. a lot of difficulty, or 4. that (<i>name</i>) cannot at all.</p> <p><i>Repeat the categories during the individual questions whenever the respondent does not use an answer category.</i></p>		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2 2	1⇒UCF7A 2⇒UCF7B
UCF7A. When wearing his/her glasses, how difficult is for (<i>name</i>) to see?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	
UCF7B. How difficult is for (<i>name</i>) to see?	CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1⇒UCF9A 2⇒UCF9B
UCF9A. When using his/her hearing aid(s), how difficult is for (<i>name</i>) to hear sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF9B. How difficult is for (<i>name</i>) to hear sounds like peoples' voices or music?		
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	2⇒UCF13
UCF11. Without his/her equipment or assistance, how difficult is for (<i>name</i>) to walk?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With his/her equipment or assistance, how difficult is for (<i>name</i>) to walk?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	1⇒UCF14 2⇒UCF14 3⇒UCF14 4⇒UCF14
UCF13. Compared with children of the same age, how difficult is for (<i>name</i>) to walk?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF14. Compared with children of the same age, how difficult is for (<i>name</i>) to pick up small objects with his/her hand?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4	
UCF15. How difficult is for (<i>name</i>) to understand you?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4	

UCF16. When (<i>name</i>) speaks, how difficult is for you to understand him/her?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF17. Compared with children of the same age, how difficult is for (<i>name</i>) to learn things?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4	
UCF18. Compared with children of the same age, how difficult is for (<i>name</i>) to play?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4	
UCF19. The next question has five different options for answers. I am going to read these to you after the question. Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults? Would you say: 1. not at all, 2. less, 3. the same, 4. more or 5. a lot more?	NOT AT ALL 1 LESS 2 THE SAME 3 MORE 4 A LOT MORE 5	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1 OR 2 1 AGE 3 OR 4 2	2 ↓ CA1
BD2. Has (<i>name</i>) ever been breastfed?	YES 1 NO 2 DK 8	2 ⇒ BD3A 8 ⇒ BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES 1 NO 2 DK 8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2 2	2 ↓ CA1
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES 1 NO 2 DK 8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> (for example rehydron, gastrolit and alike) yesterday, during the day or night?	YES 1 NO 2 DK 8	
BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES 1 NO 2 DK 8	

<p>BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night. I am also interested in liquids consumed outside of your home. Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>	YES	NO	DK	
[A] Plain water?	1	2	8	
[B] Juice or juice drinks?	1	2	8	
[C] Clear broth?	1	2	8	
[D] Infant formula, such as NAN, Similak, Bellakt etc.?	1	2⇒BD7E	8⇒BD7E	
<p>[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'. If unknown, record '8'.</i></p>	NUMBER OF TIMES _			
[E] Milk from animals, such as fresh, tinned, or powdered milk, drinking yogurt?	1	2⇒BD7X	8⇒BD7X	
<p>[E1] How many times did (<i>name</i>) drink milk, drinking yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i></p>	NUMBER OF TIMES _			
[X] Any other liquids?	1	2⇒BD8	8⇒BD8	
[X1] <i>Record all other liquids mentioned.</i>	<i>(Specify)</i> _____			
<p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. I am also interested in foods consumed outside of your home. <i>Continue asking to find out what the child has been given and mark the codes for all the products mentioned. For each food group not mentioned by respondent ask:</i> Just to make sure, did (<i>name</i>) ate yesterday during the day or the night:</p>	YES	NO	DK	
[A] Thick fermented milk product?	1	2⇒BD8B	8⇒BD8B	
<p>[A1] How many times did (<i>name</i>) eat thick fermented milk product? <i>If 7 or more times, record '7'. If unknown, record '8'.</i></p>	NUMBER OF TIMES _			

	YES	NO	DK
[B] Any baby fortified food, such as FriutoNiania, Gerber or similar?	1	2	8
[C] Bread, rice, noodles, porridge or other foods made from grains?	1	2	8
[D] Pumpkin or carrots?	1	2	8
[E] Products made from potatoes, turnips, celery, radish?	1	2	8
[F] Any dark green, leafy vegetables such as spinach, broccoli, parsley?	1	2	8
[G] Ripe fruits such as apples, grapes, melon, apricots?	1	2	8
[H] Any other fruits or vegetables?	1	2	8
[I] Liver, heart or other organ meats?	1	2	8
[J] Any other meat, such as beef, pork, poultry or sausages made from these meats?	1	2	8
[K] Eggs?	1	2	8
[L] Fish?	1	2	8
[M] Beans, peas, and other legumes including any foods made from these?	1	2	8
[N] Cheese, cottage cheese or other food made from animal milk?	1	2	8
[X] Any other solid, semi-solid, or soft food not mentioned above?	1	2⇒BD9	8⇒BD9
[XI] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	<i>(Specify)</i> _____		
BD9. How many times did (name) eat any solid, semi-solid or soft foods yesterday during the day or night? <i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for BD8[A1].</i> <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES__ DK 8		

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (name) had diarrhoea?	YES 1 NO 2 DK 8	2⇒CA14 8⇒CA14
CA2. <i>Check BD3: Is child still breastfeeding?</i>	YES, BD3=1 OR BLANK..... 1 NO, BD3=2 OR 8 2	1⇒CA3A 2⇒CA3B

<p>CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea including breastmilk and Oral Rehydration Salt solution (like rehydron, gastrolith, eralit and alike).</p> <p>CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea including Oral Rehydration Salt solution (like rehydron, gastrolith, eralit and a like) and other liquids given with medicine. 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?</p>	MUCH LESS THEN USUAL 1 SOMEWHAT LESS THEN USUAL 2 ABOUT THE SAME..... 3 MORE THAN USUAL 4 NOTHING TO DRINK 5 DK 8	
<p>CA4. 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?</p>	MUCH LESS THEN USUAL 1 SOMEWHAT LESS THEN USUAL 2 ABOUT THE SAME..... 3 MORE THAN USUAL 4 STOPPED FOOD 5 NEVER GAVE FOOD 7 DK 8	
<p>CA5. Did you seek any advice or treatment for the diarrhoea from any source?</p>	YES 1 NO 2 DK 8	2⇒CA7 8⇒CA7
<p>CA6. <i>Where did you seek advice or treatment?</i></p> <p><i>Probe:</i> <i>Anywhere else?</i></p> <p>Record all providers mentioned, but do <u>not</u> prompt with any suggestions. Probe to identify each type of provider. <u>If unable to determine if public or private sector</u>, write the name of the place and then temporarily record 'W':</p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> <p>_____</p> <p>_____</p>	<p>PUBLIC MEDICAL SECTOR: GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C GOVERNMENT HEALTH CLINIC F OTHER PUBLIC MEDICAL <i>(specify)</i> _____ H MOBILE/EMERGENCY CARE E</p> <p>PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL / CLINIC I OTHER PRIVATE MEDICAL <i>(specify)</i> _____ O DK PUBLIC OR PRIVATE W PHARMACY N PRIVATE PHYSICIAN¹²² J RELATIVE / FRIEND P TRADITIONAL PRACTITIONER R OTHER <i>(specify)</i> _____ X</p>	

¹²² Individual entrepreneur engaged in medical activities with a special permit (license).

CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:	YES	NO	DK	
[A] A ORS fluid made from a special packet (for example, rehydron, gastrolit, eralit and a like)?	1	2	8	
[B] A pre-packaged ORS fluid (as already prepared fluid)?	1	2	8	
[C] Zinc tablets or syrup?	1	2	8	
[D] Homemade fluid?	1	2	8	
CA8. Check CA7[A] and CA7[B]: Was child given any ORS fluid made from a special packet or pre-packaged ORS fluid?	YES, CA7[A] OR CA7[B] = 1 1 NO, CA7[A] AND CA7[B] = 2 OR 8 2			2⇒CA10
<p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p>Probe to identify the type of source. If ‘Already had at home’, probe to learn if the source is known.. <u>If unable to determine whether public or private</u>, write the name of the place and then temporarily record ‘W’:</p> <p>_____</p> <p style="text-align: center;">(Name of place)</p> <p>_____</p> <p>_____</p>	<p>PUBLIC MEDICAL SECTOR: GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C GOVERNMENT HEALTH CLINIC F OTHER PUBLIC MEDICAL (specify) H MOBILE/EMERGENCY CARE E</p> <p>PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL / CLINIC I OTHER PRIVATE MEDICAL (specify) O DK PUBLIC OR PRIVATE W PHARMACY N PRIVATE PHYSICIAN* J RELATIVE / FRIEND P TRADITIONAL PRACTITIONER R OTHER (specify) X</p>			
CA10. Check CA7[C]: Was child given any zinc tablets or syrup?	YES, CA7[C]=1 1 NO, CA7[C] =2 OR 8 2			2⇒CA12

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<p>CA11. Where did you get the zinc?</p> <p>Probe to identify the type of source. If 'Already had at home', probe to learn if the source is known. <u>If unable to determine whether public or private</u>, write the name of the place and then temporarily record 'W':</p> <p>_____</p> <p style="text-align: center;">(Name of place)</p> <p>_____</p> <p>_____</p>	<p>PUBLIC MEDICAL SECTOR:</p> <p>GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C GOVERNMENT HEALTH CLINIC F OTHER PUBLIC MEDICAL (specify) H MOBILE/EMERGENCY CARE E</p> <p>PRIVATE MEDICAL SECTOR:</p> <p>PRIVATE HOSPITAL / CLINIC I OTHER PRIVATE MEDICAL (specify) O DK PUBLIC OR PRIVATE W PHARMACY N PRIVATE PHYSICIAN* J RELATIVE / FRIEND P TRADITIONAL PRACTITIONER R OTHER (specify) X</p>	
<p>CA12. Was anything else given to (<i>name</i>) to treat the diarrhoea?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. What else was given to treat the diarrhoea?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all treatments given.</i> <i>Write name(s) of all medicines mentioned:</i></p> <p>_____</p> <p style="text-align: center;">(Name of medicine)</p> <p>_____</p>	<p>PILL OR SYRUP:</p> <p>ANTIBIOTIC A ANTIPERISTALTIC B OTHER PILL OR SYRUP G UNKNOWN PILL OR SYRUP H</p> <p>INJECTION:</p> <p>ANTIBIOTIC L NON-ANTIBIOTIC M UNKNOWN INJECTION N INTRAVENOUS (IV) O HOME REMEDY / HERBAL MEDICINE Q OTHER (specify) X</p>	
<p>CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2⇒CA19 8⇒CA19</p>

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CA18. Was the fast or difficult breathing due to a problem in the chest (thachea, bronchi, lungs) or a blocked or runny nose?	PROBLEM IN CHEST ONLY 1 BLOCKED OR RUNNY NOSE ONLY 2 BOTH 3 OTHER (<i>specify</i>) 6 DK 8	1⇒CA20 2⇒CA20 3⇒CA20 6⇒CA20 8⇒CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO, CA14=2 OR 8 2	2⇒CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES 1 NO 2 DK 8	2⇒CA22 8⇒CA22
CA21. From where did you seek advice or treatment? Probe: <i>Anywhere else?</i> Record all providers mentioned, but do <u>not</u> prompt with any suggestions. Probe to identify each type of provider. <u>If unable to determine if public or private sector</u> , write the name of the place and then temporarily record ‘W’: _____ (Name of place) _____ _____	PUBLIC MEDICAL SECTOR: GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C GOVERNMENT HEALTH CLINIC F OTHER PUBLIC MEDICAL (<i>specify</i>) H MOBILE/EMERGENCY CARE E PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL / CLINIC I OTHER PRIVATE MEDICAL (<i>specify</i>) O DK PUBLIC OR PRIVATE W PHARMACY N PRIVATE PHYSICIAN* J RELATIVE / FRIEND P TRADITIONAL PRACTITIONER R OTHER (<i>specify</i>) X	
CA22. During the illness, was (<i>name</i>) given any medicine for the illness?	YES 1 NO 2 DK 8	2⇒CA30 8⇒CA30
CA23. What medicine was (<i>name</i>) given? Probe: Any other medicine? Record all medicines given. <u>If unable to determine type of medicine</u> , write the brand name and then temporarily record ‘W’: _____ (Name of medicine) _____	ANTIBIOTICS: AMOXICILLIN L COTRIMOXAZOLE M OTHER ANTIBIOTIC PILL/SYRUP N OTHER ANTIBIOTIC INJECTION/IV O PARACETAMOL/PANADOL/ ACETAMINOPHEN R ASPIRIN S IBUPROFEN T SPECIFY ONLY THE BRAND NAME W OTHER (<i>specify</i>) X DK Z	
CA24. Check CA23: Antibiotics mentioned?	YES, CA23=L-O 1 NO, CA23≠L-O 2	2⇒CA30

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<p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p>Probe to identify the type of source. If 'Already had at home', probe to learn if the source is known. <u>If unable to determine whether public or private</u>, write the name of the place and then temporarily record 'W':</p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p> <p>_____</p> <p>_____</p>	<p>PUBLIC MEDICAL SECTOR: GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTRE..... B GOVERNMENT HEALTH POST C GOVERNMENT HEALTH CLINICF OTHER PUBLIC MEDICAL (<i>specify</i>).....H MOBILE/EMERGENCY CARE E</p> <p>PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL / CLINIC I OTHER PRIVATE MEDICAL (<i>specify</i>)..... O DK PUBLIC OR PRIVATE..... W PHARMACY N PRIVATE PHYSICIAN* J RELATIVE / FRIEND P TRADITIONAL PRACTITIONER R OTHER (<i>specify</i>) X</p>	
<p>CA30. Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 1 AGE 3 OR 4 2</p>	<p>2 ↓ UF11</p>
<p>CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET01 PUT / RINSED INTO TOILET02 PUT INTO HOLE, DITCH03 THROWN INTO GARBAGE (SOLID WASTE).....04 BURIED05 LEFT IN THE OPEN06 OTHER (<i>specify</i>).....96 DK98</p>	

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UF11. <i>Record the time.</i>	HOURS AND MINUTES ____ : ____
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UF16. *Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

Yes ⇒ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.*

No ⇒ *Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?*

Yes ⇒ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.*

No ⇒ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.*

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS
