▄▄▄█ MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE
MICS5 BELIZE

UNDER-FIVE CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ___ ___ ___	**UF2**. Household number: ___ ___
UF3. Child's name: Name_____	**UF4**. Child's line number: ___ ___
UF5. Mother's/Caretaker's name: Name_____	**UF6**. Mother's/Caretaker's line number: ___ ___
UF7. Interviewer's name and number: Name_____	**UF8**. Day/Month/Year of interview: ___ ___ / ___ ___ / 2015

Repeat greeting if not already read to this respondent: WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (CHILD'S NAME FROM UF3)'S HEALTH AND WELL-BEING. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.	*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)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

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 ⇨ Circle '03' in UF9. Discuss this result with your supervisor.*

UF9. Result of interview for children under 5 *Codes refer to mother/caretaker.*	Completed .... 01 Not at home .... 02 Refused .... 03 Partly completed .... 04 Incapacitated .... 05 Other (*specify*)_____96

UF10A. Supervisor's name and number: Name_____ ____ ____

UF12. Record the time.	Hour, minutes and am/pm ....__ __ : __ __	__ m

AGE		**AG**

AG1. Now I would like to ask you some questions about the development and health of (name).
On what day, month and year was (*NAME*) born?
 	
Probe:What is his/her birthday?
 	
If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.
 	
Month and year must be recorded.
	Date of birth
	  Day .... __ __
	
	  DK day... 98
	
	  Month... __ __
	
	  Year ....201 __	

AG2. How old is (*NAME*)?
 	
  Probe:
  *How old was (*name*) at his/her last birthday?*
 	
  Record age in completed years.
  Record '0' if less than 1 year.
 	
  Compare and correct AG1 and/or AG2 if inconsistent.
	Age (in completed years).......................... __	

BIRTH REGISTRATION		**BR**
BR1. Does (*NAME*) have a birth certificate? *If yes, ask: May I see it?*	Yes, seen.. 1 Yes, not seen... 2 No .... 3 DK.. 8	1⇨Next Module 2⇨Next Module
BR2. Has (*NAME*)'s birth been registered with the Vital Statistics office?	Yes.. 1 No .... 2 DK.. 8	1⇨Next Module
BR3. Do you know how to register (*NAME*)'s birth?	Yes.. 1 No 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (*NAME*)?	None ....00 Number of children's books ....0 __ Ten or more books 10	
EC2. I am interested in learning about the things that (*NAME*) plays with when he/she is at home. Does he/she play with: [A] homemade toys (such as dolls, cars, or other toys made at home)? [B] toys from a shop or manufactured toys? [C] household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? *If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.*	Y N DK Homemade toys............................1 2 8 Toys from a shop ....1 2 8 Household objects or outside objects..........................1 2 8	
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 (*NAME*): [A] left alone for more than an hour? [B] left in the care of another child, that is, someone less than 10 years old, for more than an hour? *If 'none' enter'0'. If 'don't know' enter'8'*	Number of days left alone for more than an hour.....................................__ Number of days left with other child for more than an hour ....__	

EC4. Check AG2: Age of child.
       ☐ *Child age 0, 1 or 2 ⇒ Go to Next Module.*
       ☐ *Child age 3 or 4 ⇒ Continue with EC5.*		

EC5. Does (*NAME*) attend any organized learning or early childhood education programme, such as a private or government facility, including preschool or community child care?	Yes...1 No ....2 DK 8	

		Mother	Father	Other	No one
EC7. In the past 3 days, did you or any household member age 15 years or over engage in any of the following activities with (*NAME*): If yes, ask: Who engaged in this activity with(*NAME*)? *Circle all that apply.*					
[A] Read books to or looked at picture books with (*NAME*)?	Read books	A	B	X	Y
[B] Told stories to (*NAME*)?	Told stories	A	B	X	Y
[C] Sang songs to (name) or with (name), including lullabies?	Sang songs	A	B	X	Y
[D] Took (*NAME*) outside the home, compound, yard or enclosure?	Took outside	A	B	X	Y
[E] Played with (*NAME*)?	Played with	A	B	X	Y
[F] Named, counted, or drew things to or with (*NAME*)?	Named / Counted	A	B	X	Y

EC8. I would like to ask you some questions about the health and development of (*NAME*). 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 (*NAME*)'s development. Can (*NAME*) identify or name at least ten letters of the alphabet?	Yes...1 No ....2 DK 8
EC9. Can (*NAME*) read at least four simple, popular words?	Yes...1 No ....2 DK 8
EC10. Does (*NAME*) know the name and recognize the symbol of all numbers from 1 to 10?	Yes...1 No ....2 DK 8
EC11. Can (*NAME*) 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 (*NAME*) sometimes too sick to play?	Yes...1 No ....2 DK 8

EC13. Does (*NAME*) follow simple directions on how to do something correctly?	Yes ....1 No ....2 DK 8	
EC14. When given something to do, is (*NAME*) able to do it all by himself/herself?	Yes ....1 No ....2 DK 8	
EC15. Does (*NAME*) get along well with other children?	Yes ....1 No ....2 DK 8	
EC16. Does (*NAME*) kick, bite, or hit other children or adults?	Yes ....1 No ....2 DK 8	
EC17. Does (*NAME*) get distracted easily?	Yes ....1 No ....2 DK 8	

BREASTFEEDING AND DIETARY INTAKE   BD

BD1. Check AG2: Age of child

☐ *Child age 0, 1 or 2 ⇨ Continue with BD2.*

☐ *Child age 3 or 4 ⇨ Go to Care of Illness Module.*

BD2. Has (*NAME*) ever been breastfed?	Yes ....1 No..2 DK 8	2 ⇨BD4 8 ⇨BD4
BD3. Is (*NAME*) still being breastfed?	Yes ....1 No..2 DK 8	
BD4. Yesterday, during the day or night, did (*NAME*) drink anything from a bottle with a nipple?	Yes ....1 No..2 DK 8	
BD5. Did (*NAME*) drink ORS (oral rehydration solution) yesterday, during the day or night?	Yes ....1 No..2 DK 8	
BD6. Did (*NAME*) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	Yes ....1 No..2 DK 8	

BD7. Now I would like to ask you about (other) liquids that (*NAME*) may have had yesterday during the day or the night. I am interested to know whether (*NAME*) had the item even if combined with other foods.
Please include liquids consumed outside of your home.
Did (*NAME*) drink (*NAME OF ITEM*) yesterday during the day or the night:

	Yes	No	DK
[A] Plain water?	Plain water	1	2	8
[B] Juice or juice drinks?	Juice or juice drinks	1	2	8
[C] Watery soup?	Watery soup	1	2	8
[D] Milk such as tinned, powdered, or fresh animal milk?	Milk	1	2	8
	Number of times drank milk.....................__			
[E] Infant formula? *If yes: How many times did (name) drink infant formula?* *If 7 or more times, record '7'.* *If unknown, record '8'.*	Infant formula	1	2	8
	Number of times drank infant formula ....__			
[F] Any other liquids? (*Specify*)_____	Other liquids	1	2	8

BD8. Now I would like to ask you about (other) foods that (*NAME*) may have had yesterday during the day or the night. Again, I am interested to know whether (*NAME*) had the item even if combined with other foods. Please include foods consumed outside of your home.

Did (*NAME*) eat (*NAME OF FOOD*) yesterday during the day or the night:		Yes	No	DK
[A] Yogurt?	Yogurt	1	2	8
If yes: How many times did(name)drink or Eat yogurt? *If 7 or more times, record '7'.* *If unknown, record '8'*	Number of times drank/ate yogurt ....__			
[B] Any Gerber, Hero, Cerelac or Nestum?	Gerber, Hero, Cerelac, Nestum	1	2	8
[C] Bread, rice, noodles, porridge, or other foods made from grains?	Foods made from grains	1	2	8
[D] Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	Pumpkin, carrots, squash, etc.	1	2	8
[E] Irish potatoes, white yams, cassava, or any other foods made from roots?	Irish potatoes, white yams, cassava, etc.	1	2	8
[F] Any dark green, leafy vegetables such as callaloo?	Dark green, leafy vegetables such as callaloo	1	2	8
[G] Ripe mangoes, papayas or sapodillas?	Ripe mangoes, papayas or sapodillas	1	2	8
[H] Any other fruits or vegetables?	Other fruits or vegetables	1	2	8
[I] Liver, kidney, heart or other organ meats?	Liver, kidney, heart orother organ meats	1	2	8
[J] Any meat, such as beef, pork, lamb, goat, chicken, duck, or sausages made from these meats?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] Eggs?	Eggs	1	2	8
[L] Fresh or dried fish or shellfish?	Fresh or dried fish	1	2	8
[M] Any foods made from beans, peas, lentils, or nuts?	Foods made from beans, peas, etc.	1	2	8
[N] Cheese or other food made from milk?	Cheese or other food Made from milk	1	2	8
[O] Any other solid, semi-solid, or soft food that I have not mentioned? (*Specify*)_____	Other solid, semi-solid, or soft food	1	2	8

BD9. Check BD8 (Categories "A" through "O").

    ☐ *At least one "Yes" or all "DK" ⇨ Go to BD11*

    ☐ *Else ⇨ Continue with BD10.*

BD10. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night.*

    ☐ *The child did not eat or the respondent does not know ⇨ Go to Next Module.*

    ☐ *The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇨ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.*

| **BD11**. How many times did (*NAME*) eat any solid, semi-solid or soft foods yesterday during the day or night?

If 7 or more times, record '7'. | Number of times .... __

DK .... 8 | |

IMMUNIZATION   IM

IM1. Do you have a card where (*NAME*)'s vaccinations are written down? *(If yes) May I see it please?*	Yes, seen ....1 Yes, not seen ....2 No card..3	1⇨IM2A 2⇨IM6
IM2. Did you ever have a vaccination card for (*NAME*)?	Yes ....1 No...2	1⇨IM6 2⇨IM6
IM2A. Did (*NAME*) get his/her vaccinations at a private or public facility?	Public ....1 Private 2	

IM3.
(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.

		Date of Immunization			
		Day	Month	Year	
BCG	BCG				
Polio 1	Pol1				
Polio 2	Pol2				
Polio 3	Pol3				
Pentavalent 1	DPT/Hep/Hib1				
Pentavalent 2	DPT/Hep/Hib2				
Pentavalent 3	DPT/Hep/Hib3				
DTaP-P1 (Diphtheria,Whooping Cough, Tetanus, polio)	DTaP-P1				
DTaP-P2	DTaP-P2				
DTaP-P3	DTaP-P3				
Haemophilus Influenzae b 1	Hib1				
Haemophilus Influenzae b 2	Hib2				
Haemophilus Influenzae b 3	Hib3				
HBV1 (Hepatitis B)	HBV1				
HBV2 (Hepatitis B)	HBV2				

HBV3 (Hepatitis B)	HBV3									
Measles, Mumps, Rubella 1	MMR1									
Measles, Mumps, Rubella 2	MMR2									
Vitamin A (first dose)	VitA1									
Vitamin A (second dose)	VitA2									
Vitamin A (third dose)	VitA3									
Vitamin A (fourth dose)	VitA4									
Vitamin A (fifth dose)	VitA5									
Seasonal Influenza (first dose)	Flu1									
Seasonal Influenza (second dose)	Flu2									

IM4. Check IM3. Are all vaccines (BCG to Flu) recorded?

    ☐ *Yes ⇨ Go to Care of Illness Module*

    ☐ *No ⇨ Continue with IM5*

IM5. In addition to what is recorded on this card, did (name) receive any other vaccinations?

    ☐ *Yes ⇨ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, go to Care of Illness Module.*

    ☐ *No ⇨ Go to Care of Illness Module*

IM6. Has (*NAME*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day or child health day?	Yes ....1 No..2 DK 8	2⇨ Next Module 8⇨Next Module
IM7. Has (*NAME*) ever received a BCG vaccination against tuberculosis or TB – that is, an injection in the arm or shoulder that usually causes a scar?	Yes ....1 No..2 DK 8	
IM8. Has (*NAME*) ever received any vaccination to protect him/her from polio (usually given as drops in the mouth)?	Yes ....1 No..2 DK 8	2 ⇨IM10A 8 ⇨IM10A

IM9. Was the first polio vaccine received when the child was two months old?	Yes ....1 No...2	
IM10. How many times was he/she given the polio vaccine?	Number of times.......................................__	
IM10A. Has (*NAME*) ever received a Pentavalent or DPT vaccination - that is, an injection to prevent him/her from getting diphtheria, whooping cough, tetanus, hepatitis B, and influenzae type B? *Probe by indicating that Pentavalent vaccination is sometimes given at the same time as Polio.*	Yes ....1 No...2 DK 8	2⇨IM12A 8⇨IM12A
IM10B. How many times was a Pentavalent or DPT vaccine received?	Number of times.......................................__	⇨IM16
IM12A. Has (*NAME*) ever received a DTaP vaccination – that is, an injection to prevent him/her from getting diphtheria, whooping cough, tetanus and polio?	Yes ....1 No...2 DK 8	2⇨IM12C 8⇨IM12C
IM12B. How many times was a DTaP vaccine received?	Number of times.......................................__	
IM12C. Has (name) ever received a Hib vaccination – that is, an injection to prevent him/her from getting influenza type b?	Yes ....1 No...2 DK 8	2⇨IM13 8⇨IM13
IM12D. How many times was a Hib vaccine received?	Number of times.......................................__	
IM13. Has (*NAME*) ever been given a hepatitis B or HBV vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting hepatitis B? *Probe by indicating that the hepatitis B vaccine is sometimes given at the same time as polio and DPT vaccines*	Yes ....1 No...2 DK 8	2⇨IM16 8⇨IM16
IM14. Was the first hepatitis B vaccine received two months after birth or later?	2 months after birth ....1 Later ....2 DK 8	
IM15. How many times was a hepatitis B vaccine received?	Number of times.......................................__	

IM15A. Check AG2: Age of child.
 	
    ☐ *Child age 0 ⇒ Go to IM19A.*
    ☐ *Child age 1 or 2 ⇒ Continue with IM16.*		

IM16. Has (*NAME*) ever received a measles or MMR injection – that is, a shot in the arm at the age of 12 months or older – to prevent him/her from getting measles?	Yes ....1 No..2 DK 8	 2⇨IM19A 8⇨IM19A
IM16A. How many times was a measles or MMR injection received?	Number of times..__	
IM19A. Has (*NAME*) ever received any Vitamin A drops	Yes ....1 No..2 DK 8	 2⇨IM19C 8⇨IM19C
IM19B. How many times were Vitamin A drops received?	Number of times..__	
IM19C. Has (*NAME*) ever received a seasonal influenza vaccine or a flu shot?	Yes ....1 No..2 DK 8	 2⇨Next Module 8⇨Next Module
IM19D. How many times was a flu shot received?	Number of times..__	

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (*NAME*) had diarrhoea?	Yes ....1 No...2 DK 8	2⇨CA6A 8⇨CA6A
CA2. I would like to know how much (*NAME*) was given to drink during the diarrhoea (including breastmilk). During the time (*NAME*) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual? *If 'less', probe*: *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 (*NAME*) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? *If 'less', probe:* *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	
CA3A. Did you seek any advice or treatment for the diarrhoea from any source?	Yes ....1 No...2 DK 8	2⇨CA4 8⇨CA4

CA3B. From where did you seek advice or treatment?
 	
 Probe: Anywhere else?
 	
 Circle all providers mentioned,
 but do NOT prompt with any suggestions.
 	
 Probe to identify each type of source.
 	
 If unable to determine if public or private sector, write the name of the place.
 	
 _____
 (Name of place)
	Public sector
	   Government hospital .... A
	   Government health centre...................... B
	   Government health post......................... C
	   Community health worker .... D
	   Mobile / Outreach clinic.......................... E
	   Other public (*specify*) _____H
	
	 Private medical sector
	   Private hospital / clinic...........................I
	   Private physician ....J
	   Private pharmacy .... K
	   Mobile clinic L
	   Other private medical (*specify*)_____O
	
	 Other source
	   Relative / Friend .... P
	   Shop ....Q
	   Traditional practitioner .... R
	
	 Other (*specify*) _____ X	

CA4. During the time (*NAME*) had diarrhoea, was he/she given to drink: *Read each item aloud and record response before proceeding to the next item.* [A] A fluid made from a special packet called Oral Rehydration Salt? [B] A pre-packaged ORS fluid for diarrhoea called Pedialyte?	Y N DK Fluid from ORS packet......................1 2 8 Pedialyte 1 2 8	

CA4A. Check CA4: ORS.	
☐ *Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇨ Continue with CA4B.* ☐ *Child was not given ORS ⇨ Go to CA4C.*	

CA4B. Where did you get the ORS? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government hospital ....11 Government health centre.....................12 Government health post........................13 Community health worker ....14 Mobile / Outreach clinic.........................15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic............................21 Private physician ....22 Private pharmacy ....23 Mobile clinic ....24 Other private medical (*specify*)_____ 26 Other source Relative / Friend ....31 Shop ....32 Traditional practitioner ....33 Already had at home ....40 Other (*specify*) _____ 96	

CA4C. During the time (name) had diarrhoea, was he/she given: [A] zinc tablets? [B] zinc syrup?	Y N DK Zinc tablets..1 2 8 Zinc syrup..1 2 8	

CA4D. Check CA4C: Any zinc?	
☐ *Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇨ Continue with CA4E.* ☐ *Child was not given any zinc ⇨ Go to CA4F.*	

CA4E. Where did you get the zinc?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Public sector
	   Government hospital 11
	   Government health centre....................12
	   Government health post.......................13
	   Community health worker 14
	   Mobile / Outreach clinic.........................15
	   Other public (*specify*) _____ 16
	
	Private medical sector
	   Private hospital / clinic...........................21
	   Private physician 22
	   Private pharmacy 23
	   Mobile clinic 24
	   Other private medical (*specify*)_____ 26
	
	Other source
	   Relative / Friend 31
	   Shop 32
	   Traditional practitioner 33
	
	Already had at home 40
	
	Other (*specify*) _____ 96	

CA4F. During the time (*NAME*) had diarrhoea, was he/she given coconut water to drink?	Y N DK Coconut water..................................1 2 8	
CA5. Was anything (else) given to treat the diarrhoea?	Yes ....1 No...2 DK 8	2⇨CA6A 8⇨CA6A

CA6. What (else) was given to treat the diarrhoea?
 	
Probe: Anything else?
 	
Record all treatments given. Write brand name(s) of all medicines mentioned.
 	
_____
(Name)
	Pill or Syrup
	   Antibiotic... A
	   Antimotility (anti-diarrhoea) .... B
	   Other pill or syrup (Not antibiotic,
	      antimotility or zinc) .... G
	   Unknown pill or syrup............................. H
	
	Injection
	   Antibiotic..L
	   Non-antibiotic ....M
	   Unknown injection .... N
	
	Intravenous .... O
	
	Home remedy/Herbal medicine..................Q
	
	Other (*specify*) _____ X	

CA6A. In the last two weeks, has (*NAME*) been ill with a fever at any time?	Yes ....1 No...2 DK 8	

CA7. At any time in the last two weeks, has (*NAME*) had an illness with a cough?	Yes .... 1 No.. 2 DK 8	 2⇨CA9A 8⇨CA9A
CA8. When (*NAME*) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes .... 1 No.. 2 DK 8	 2⇨CA10 8⇨CA10
CA9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	Problem in chest only.................................. 1 Blocked or runny nose only......................... 2 Both... 3 Other (*specify*) _____ 6 DK 8	1⇨CA10 2⇨CA10 3⇨CA10 6⇨CA10 8⇨CA10

CA9A. Check CA6A: Had fever?
 	
    ☐ *Child had fever (CA6A = 1) ⇨ Continue with CA10.*
 	
    ☐ *Child did not have fever (CA6A = 2 or 8) ⇨ Go to CA14.*		

CA10. Did you seek any advice or treatment for the illness from any source?	Yes .... 1 No.. 2 DK 8	 2⇨CA12 8⇨CA12

CA11. From where did you seek advice or treatment?
 	
Probe: Anywhere else?
 	
Circle all providers mentioned,
but do NOT prompt with any suggestions.
 	
Probe to identify each type of source.
 	
If unable to determine if public or privatesector, write the name of the place.
 	
_____
(Name of place)
	Public sector
	   Government hospital .... A
	   Government health centre...................... B
	   Government health post......................... C
	   Community health worker .... D
	   Mobile / Outreach clinic......................... E
	   Other public (*specify*) _____ H
	
	Private medical sector
	   Private hospital/clinic...............................I
	   Private physician ....J
	   Private pharmacy .... K
	   Mobile clinic L
	   Other private medical (*specify*)_____O
	
	Other source
	   Relative / Friend .... P
	   Shop ....Q
	   Traditional practitioner .... R
	
	Other (*specify*) _____ X	

CA12.At any time during the illness, was (*NAME*) given any medicine for the illness?	Yes .... 1 No.. 2 DK 8	 2⇨CA14 8⇨CA14

MICS.U5.16

CA13. What medicine was (*NAME*) given?
 	
   Probe: Any other medicine?
 	
   Circle all medicines given. Write brand
   name(s) of all medicines mentioned.
 	
   _____
      (Names of medicines)
	Antibiotics:
	   Pill / Syrup I
	   Injection ....J
	
	Other medications:
	   Paracetamol/ Panadol /Acetaminophen . P
	   Aspirin .... Q
	   Ibuprofen .... R
	
	Other (*specify*) _____ X
	DK ....Z	

CA13A. Check CA13: Antibiotic mentioned (codes I or J)?
 	
   ☐ *Yes* ⇨ *Continue with CA13B.*
   ☐ *No* ⇨ *Go to CA14.*		

CA13B. Where did you get the antibiotic?
 	
   Probe to identify the type of source.
 	
   If unable to determine whether public or
   private, write the name of the place.
 	
   _____
      (Name of place)
	Public sector
	   Government hospital 11
	   Government health centre.....................12
	   Government health post........................13
	   Community health worker 14
	   Mobile / Outreach clinic.........................15
	   Other public (*specify*) _____ 16
	
	Private medical sector
	   Private hospital / clinic...........................21
	   Private physician 22
	   Private pharmacy 23
	   Mobile clinic 24
	   Other private medical (*specify*)_____ 26
	
	Other source
	   Relative / Friend 31
	   Shop 32
	   Traditional practitioner 33
	
	Already had at home 40
	
	Other (*specify*) _____ 96	

CA14. Check AG2: Age of child.
 	
   ☐ *Child age 0, 1 or 2* ⇨ *Continue with CA15.*
   ☐ *Child age 3 or 4* ⇨ *Go to UF13.*		

CA15. The last time (*NAME*) passed stools, what was done to dispose of the stools?	Child used toilet/latrine..............................01 Put / Rinsed into toilet or latrine ....02 Put / Rinsed into drain or ditch ....03 Thrown into garbage (solid waste)............04 Buried..05 Left in the open ....06 Other (*specify*) _____ 96 DK 98	

UF13. Record the time.	Hour, minutes and am/pm .... __ __ : __ __	__ m

UF14. Check List of Household Members, columns HL7B and HL15.
Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *Yes ⇨ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.*

☐ *No ⇨ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household. Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.*

ANTHROPOMETRY	AN

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 in the List of Household Members before recording measurements.

AN1. Measurer's name and number:	Name_____ __ __	
AN2. Result of height/length and weight measurement:	Either or both measured 1	
	Child not present 2	2⇨AN6
	Child or mother/caretaker refused 3	3⇨AN6
	Other (*specify*) _____ 6	6⇨AN6
AN3. Child's weight:	Kilograms (kg) .... __ __ . __	
	Weight not measured 99.9	⇨AN3B
AN3A. Was the child undressed to the minimum? ☐ *Yes* ☐ *No, the child could not be undressed to the minimum*		
AN3B. 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).*		
AN4.Child's length or height:	Length / Height (cm) .... __ __ __ . __	
	Length/ Height not measured 999.9	⇨AN6
AN4A.How was the child actually measured? Lying down or standing up?	Lying down 1	
	Standing up 2	

AN6. Is there another child in the household who is eligible for measurement? ☐ *Yes ⇨ Record measurements for next child.* ☐ *No ⇨ Check if there are any other individual questionnaires to be completed in the household.*

Interviewer's Observations

Supervisor's Observations

Measurer's Observations