

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>UF</b>
<p><i>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).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
<b>UF1. Cluster number:</b>  <div style="text-align: right;">_____</div>	<b>UF2. Household number:</b>  <div style="text-align: right;">_____</div>	
<b>UF3. Child's name:</b>  Name _____	<b>UF4. Child's line number:</b>  <div style="text-align: right;">_____</div>	
<b>UF5. Mother's / Caretaker's name:</b>  Name _____	<b>UF6. Mother's / Caretaker's line number:</b>  <div style="text-align: right;">_____</div>	
<b>UF7. Interviewer's name and number:</b>  Name _____	<b>UF8. Day / Month / Year of interview:</b>  <div style="text-align: right;">_____ / _____ / 201_</div>	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>MY NAME IS ....., AND WE ARE CONDUCTING A SURVEY ON BEHALF OF THE MINISTRY OF HEALTH AND POPULATION AND UNICEF THE SURVEY IS ABOUT THE SITUATION OF CHILDREN AND MOTHERS, FAMILIES AND HOUSEHOLDS, AND IS FOCUSING ON PERINATAL CARE, CHILD HEALTH AND NUTRITION . I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT <b>20</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT <b>20</b> MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p><b>MAY I START NOW?</b></p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</i></p>	

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

<b>UF10.</b> Field editor's name and number:  Name _____	<b>UF11.</b> Main data entry clerk's name and number:  Name _____
<b>UF12.</b> Record the time.	Hour and minutes..... __ : __

<b>AGE</b>		<b>AG</b>
<b>AG1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF ( <i>name</i> ).  ON WHAT DAY, MONTH AND YEAR WAS ( <i>name</i> ) BORN?  <i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?  <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i>  <i>Month and year must be recorded.</i>	Date of birth Day ..... __ __  DK day..... 98  Month..... __ __  Year ..... 20 __ __	
<b>AG2.</b> HOW OLD IS ( <i>name</i> )?  <i>Probe:</i>	Age (in completed years) ..... __	

<p>HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>		
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BIRTH REGISTRATION		BR
<b>BR1.</b> DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?  <i>If yes, ask:</i>  MAY I SEE IT?	Yes, seen ..... 1	1⇒Next  Module
	Yes, not seen ..... 2	2⇒Next  Module
	No..... 3	
	DK ..... 8	
<b>BR2.</b> HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH <i>THE</i> CIVIL AUTHORITIES?	Yes ..... 1	
	No..... 2	2⇒BR3
	DK ..... 8	8⇒BR3
<b>BR2A.</b> HOW LONG AFTER <i>(name's)</i> BIRTH WAS THE BIRTH REGISTERED?	Days .....1__ __	
	Months .....2__ __	
	DK .....998	
<b>BR2B.</b> Check BR2A number of days/months  <input type="checkbox"/> <i>If number of days less than 4 or DK⇒ Go to next module</i>  <input type="checkbox"/> <i>if number of days is 4 or more⇒ Continue with BR2C</i>		
<b>BR2C.</b> WHAT ARE THE REASONS FOR LATE REGISTRATION WITH (NAME)?  <i>Probe:</i>  WHAT ELSE?	Didn't have the required documents .....A	A⇒Next  Module
	The responsible official wasn't available.....B	B⇒Next  Module
	The father wasn't available .....C	C⇒Next  Module
	The child was very sick .....D	D⇒Next  Module
	Long and complex procedures.....E	E⇒Next  Module
	Costs too much/didn't have money.....F	F⇒Next  Module
	Must travel too far ..... G	G⇒Next Module
		H⇒Next

	Did not know it should be registered.....H Did not want to pay fine ..... I Does not know where to register ..... J Other ( <i>specify</i> ) _____ X DK ..... Z	Module I⇒Next Module J⇒Next Module X⇒Next Module Z⇒Next Module
<b>BR3.</b> DO YOU KNOW HOW TO REGISTER ( <i>name</i> )'S BIRTH?	Yes ..... 1 No..... 2	2⇒Next Module
<b>BR3A.</b> WHY WAS ( <i>name</i> )'S BIRTH NOT REGISTERED?  <i>Probe:</i>  WHAT ELSE?	Didn't have the required documents ..... A The responsible official wasn't available..... B The father wasn't available ..... C The child was very sick ..... D Long and complex procedures..... E Costs too much/didn't have money..... F Must travel too far ..... G Did not know it should be registered..... H Did not want to pay fine ..... I Does not know where to register ..... J Other ( <i>specify</i> ) _____ X DK ..... Z	

## 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 Immunisation module

<b>BD2.</b> HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes..... 1 No ..... 2 DK..... 8	2⇒BD4 8⇒BD4
<b>BD3.</b> IS ( <i>name</i> ) STILL BEING BREASTFED?	Yes..... 1 No ..... 2 DK..... 8	
<b>BD4.</b> 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	
<b>BD5.</b> YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)?</u>	Yes..... 1 No ..... 2 DK..... 8	
<b>BD6.</b> YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>NAME</i> ) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES?</u>	Yes..... 1 No ..... 2 DK..... 8	

<p><b>BD7.</b> NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) DRINK (<i>Name of item</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>	<p style="text-align: center;">Yes      No      DK</p>	
<p>[A]      PLAIN WATER?</p>	<p>Plain water                      1              2              8</p>	
<p>[B]      JUICE OR JUICE DRINKS?</p>	<p>Juice    or    juice                      1              2              8 drinks</p>	
<p>[C]      <i>Any clear broth or soup?</i></p>	<p>Soup                                      1              2              8</p>	
<p>[D]      MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?</p>	<p>Milk                                      1              2              8</p>	
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK MILK? If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>Number of times drank milk ..... __</p>	
<p>[E]      INFANT FORMULA?</p>	<p>Infant formula                      1              2              8</p>	
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?</i></p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>Number of times drank infant formula ..... __</p>	
<p>[F]      ANY OTHER LIQUIDS?</p>	<p>Other liquids                              1              2              8</p>	
<p><b>BD7A.</b> Check BD7 (Category "E")</p> <p><input type="checkbox"/> "Yes" ⇒ Continue with BD7B</p> <p><input type="checkbox"/> No/DK ⇒ Go to BD8</p>		
<p><b>BD7B.</b> HOW OLD WAS (<i>name</i>) WHEN HE/SHE TOOK THE INFANT FORMULA FOR THE FIRST TIME?</p>	<p>Number of months ..... __ __</p> <p>DK ..... 98</p>	

<p><b>BD7C.</b> WHO ADVISED YOU TO GIVE (<i>name</i>) THIS INFANT FORMULA?</p>	<p>Doctor ..... 1  Nurse ..... 2  Midwife (Daya) ..... 3  Respondent's mother/mother in law ..... 4  Other (<i>specify</i>) ..... 6</p>	
<p><b>BD7D.</b> DID YOU RECEIVE THIS INFANT FORMULA FROM THE HEALTH FACILITY?</p>	<p>Yes ..... 1  No ..... 2</p>	2⇒BD8
<p><b>BD7E.</b> HOW MANY PACKETS DID YOU RECEIVE FROM THE HEALTH FACILITY DURING YOUR LAST VISIT?</p> <p><i>PROBE FOR THE LAST VISIT THE PACKETS WAS TAKEN</i></p>	<p>Number of packets..... __ __   DK ..... 98</p>	
<p><b>BD7F.</b> DID ANYONE OF THE EMPLOYEES IN THE HEALTH FACILITY EXPLAIN TO YOU HOW TO USE THE INFANT FORMULA AND THE PROBLEMS THAT MAY HAPPENED WITH IT?</p>	<p>Yes ..... 1  No ..... 2</p>	
<p><b>BD8.</b> NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>		
<p>[A] YOGURT?</p>	<p>Yogurt</p>	<p>1 2 8</p>
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i></p>	<p>Number of times drank/ate yogurt..... __</p>	
<p>[B] <i>Cerelac, RIRI?</i></p>	<p>Cerelac, RIRI</p>	<p>1 2 8</p>
<p>[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?</p>	<p>Foods made from grains</p>	<p>1 2 8</p>
<p>[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?</p>	<p>Pumpkin, carrots, squash, etc.</p>	<p>1 2 8</p>



[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES (SPINACH, MOLOKHIA, PARSLEY, THE DILL)?	Dark green, leafy vegetables	1	2	8
[G] MANGOES, APRICOT, PEACH, CANTALOUPE?	Mangoes apricot, peach, cantaloupe	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 or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, 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?	Other solid, semi-solid, or soft food	1	2	8
[P] ANY OTHER OILS, FATS OR BUTTER OR FOODS MADE WITH ANY OF THESE?	any other oils, fats or butter or foods made with any of these	1	2	8
[Q] ANY SUGARY FOODS SUCH AS CHOCOLATES, SWEETS, PASTRIES, OR BISCUITS?	any sugary foods such as chocolates, sweets, pastries, or biscuits	1	2	8

**BD9. Check BD8 (Categories "A" through "Q")**

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 Q]. 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



<b>DPT BOOSTER DOSE</b>	<b>DPT</b>					2	0		
<b>MEASLES, MMR BOOSTER DOSE</b>	<b>MEASLES</b>					2	0		
<b>IM4. CHECK IM3. ARE ALL VACCINES (POLIO TO MMR BOOSTER DOSE) RECORDED?</b>									
<input type="checkbox"/> Yes ⇒ Go to IM18  <input type="checkbox"/> No ⇒ Continue with IM5									
<b>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?</b>									
<input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM18  <input type="checkbox"/> No/DK ⇒ Go to IM18									
<b>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</b>	Yes.....	1							
	No .....	2	2⇒IM18						
	DK.....	8	8⇒IM18						
<b>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</b>	Yes.....	1							
	No .....	2							
	DK.....	8							
<b>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM POLIO?</b>	Yes.....	1							
	No .....	2	2⇒IM11						
	DK.....	8	8⇒IM11						
<b>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH, OR LATER?</b>	In the first two weeks .....	1							
	later .....	2							
<b>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</b>	Number of times .....	__							
<b>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</b>	Yes.....	1							
	No .....	2	2⇒IM13						

<i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	DK..... 8	8⇒IM13
<b>IM12.</b> HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times .....	
<b>IM13.</b> HAS ( <i>name</i> ) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B?  <i>Probe by indicating that the hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes..... 1 No ..... 2 DK..... 8	2⇒IM16 8⇒IM16
<b>IM14.</b> WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 2 MONTHS AFTER BIRTH?	Yes..... 1 No ..... 2 DK..... 8	
<b>IM15.</b> HOW MANY TIMES WAS A HEPATITIS B RECEIVED?	Number of times .....	
<b>IM16.</b> HAS ( <i>name</i> ) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – 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	

<b>IM18.</b> HAS ( <i>name</i> ) RECEIVED A VITAMIN A DOSE LIKE <b>THIS/ANY OF THESE</b> WITHIN THE LAST 6 MONTHS?  <i>Show common types of ampules / capsules / syrups</i>	Yes..... 1 No ..... 2 DK..... 8	
<b>IM19.</b> PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:  [A] 21-23 Apr 2012 / National Polio campaign  [B] 17-20 Nov 2013 / National Polio campaign	Y N N/A DK  <b>Campaign A</b> .....1 2 5 8	

	<b>Campaign B.....1 2 5 8</b>	
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60 MONTHS	1 2	1 2 3	1 2 3	1 2	
<b>GM2E.CHECK GM2A:</b>  <input type="checkbox"/> Yes ⇒ <i>Go to Next Module (CA).</i> <input type="checkbox"/> No ⇒ <i>Continue GM3</i>					
<b>GM3. WHY DID YOU NOT ATTEND THE LAST GROWTH MONITORING VISIT?</b>  PROBE : ANY OTHER REASONS?	Costs too much ..... A Too far/ no transport ..... B Poor quality service ..... C Husband/ family did not allow ..... D Did not find it necessary ..... E Child ill ..... F Did not know that timing of last visit ..... G Did not know that I was supposed to bring child for visit .....H Other ( <i>specify</i> ) ..... X				



CARE OF ILLNESS		CA
<p><b>CA1.</b> IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHEA?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p><b>CA2.</b> I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING the DIARRHEA (INCLUDING BREASTMILK).</p> <p>DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p> <p><i>If 'less', probe:</i></p> <p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less ..... 1</p> <p>Somewhat less ..... 2</p> <p>About the same ..... 3</p> <p>More ..... 4</p> <p>Nothing to drink ..... 5</p> <p>DK..... 8</p>	
<p><b>CA3.</b> DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p> <p><i>If 'less', probe:</i></p> <p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less ..... 1</p> <p>Somewhat less ..... 2</p> <p>About the same ..... 3</p> <p>More ..... 4</p> <p>Stopped food ..... 5</p> <p>Never gave food ..... 6</p> <p>DK..... 8</p>	
<p><b>CA3A.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHEA FROM ANY SOURCE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA4</p> <p>8⇒CA4</p>
<p><b>CA3B.</b> FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i></p> <p>ANYWHERE ELSE?</p>	<p>Public sector (Government)</p> <p>Hospital.....A</p> <p>PHCU .....B</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>-</p> <p>(Name of place)</p>	<p>Health office..... C</p> <p>FHU ..... D</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic..... I</p> <p>Private doctor ..... J</p> <p>Pharmacy .....K</p> <p>NGO(specify) _____ L</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative/Friend .....P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Other non-medical (specify) _____ X</p>	
<p><b>CA3C. Check CA3B:</b></p> <p><input type="checkbox"/> Two or more codes circled ⇒ Continue with CA3D</p> <p><input type="checkbox"/> Only one code circled ⇒ Go to CA4</p>		
<p><b>CA3D. WHERE DID YOU <u>FIRST</u> SEEK ADVICE FOR DIARRHEA?</b></p> <p><i>Probe to identify the type of source.</i></p>	<p>Public sector (Government)</p> <p>Hospital..... 11</p> <p>PHCU ..... 12</p> <p>Health office..... 13</p> <p>FHU ..... 14</p> <p>Other public (specify) _____ 16</p>	

<p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor ..... 22</p> <p>Pharmacy ..... 23</p> <p>NGO(<i>specify</i>)..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Other non-medical (<i>specify</i>) _____ 96</p>	
<p><b>CA4.</b> DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS (<i>name</i>) GIVEN TO DRINK A FLUID MADE FROM A SPECIAL PACKET CALLED "<i>Mahlol moalget el gafaf</i>"?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA4C</p> <p>8⇒CA4C</p>
<p><b>CA4B.</b> WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital..... 11</p> <p>PHCU ..... 12</p> <p>Health office..... 13</p> <p>FHU ..... 14</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor ..... 22</p> <p>Pharmacy ..... 23</p> <p>NGO(<i>specify</i>) _____ 24</p>	

	Other private medical ( <i>specify</i> ) _____ 26  Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33  Other non-medical ( <i>specify</i> ) _____ 96	
<b>CA4C.</b> DURING THE TIME ( <i>name</i> ) HAD DIARRHEA, WAS ( <i>name</i> ) GIVEN: ZINC SYRUP?	Yes ..... 1  No ..... 2  DK..... 8	2⇒CA5  8⇒CA5

<b>CA4E.</b> WHERE DID YOU GET THE ZINC?  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  _____ _____ ( <i>Name of place</i> )	Public sector (Government)  Hospital..... 11 PHCU ..... 12 Health office..... 13 FHU ..... 14  Other public ( <i>specify</i> ) _____ 16  Private medical sector Private hospital / clinic..... 21 Private doctor ..... 22 Pharmacy ..... 23 NGO( <i>specify</i> )_____ 24  Other private medical ( <i>specify</i> ) _____ 26  Other source Relative/Friend ..... 31	
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	Shop ..... 32 Traditional practitioner ..... 33  Already had at home _____ 40  Other non-medical ( <i>specify</i> ) _____ 96	
<b>CA5.</b> WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRREA?	Yes ..... 1 No ..... 2  DK..... 8	2⇒CA6A  8⇒CA6A
<b>CA6.</b> WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRREA?  <i>Probe:</i> ANYTHING ELSE?  <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i>  _____ _____ (Name)	Pill or Syrup Antibiotic ..... A Antimotility ..... 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 ( <i>specify</i> ) ..... X	
<b>CA6A.</b> IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) BEEN ILL WITH A FEVER AT ANY TIME?	Yes ..... 1 No ..... 2  DK..... 8	
<b>CA7.</b> AT ANY TIME IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No ..... 2	2⇒CA9A

	DK.....8	8⇒CA9A
<b>CA8.</b> 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?	Yes .....1	
	No .....2	2⇒CA9B
	DK.....8	8⇒CA9B
<b>CA9.</b> WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only .....1	1⇒CA9B
	Blocked or runny nose only .....2	2⇒CA9B
	Both .....3	3⇒CA9B
	Other ( <i>specify</i> ) .....6	6⇒CA9B
	DK.....8	8⇒CA9B
<b>CA9A.</b> Check CA6A: Had fever?		
<input type="checkbox"/> <i>Child had fever ⇒ Continue with CA9B</i>		
<input type="checkbox"/> <i>Child did not have fever ⇒ Go to CA14</i>		
<b>CA9B.</b> I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK (INCLUDING BREASTMILK) DURING THE ILLNESS WITH A (FEVER/COUGH).  DURING THE TIME ( <i>name</i> ) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <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	
<b>CA9C.</b> DURING THE TIME ( <i>name</i> ) HAD (FEVER/COUGH), 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>	Much less .....1	
	Somewhat less .....2	
	About the same .....3	
	More .....4	
	Stopped food .....5	

<p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Never gave food .....6 DK.....8</p>	
<p><b>CA10.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes ..... 1 No .....2 DK.....8</p>	<p>2⇒CA12 8⇒CA12</p>
<p><b>CA11.</b> 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>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital.....A PHCU .....B Health office..... C FHU ..... D Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic..... I Private doctor ..... J Pharmacy .....K NGO(<i>specify</i>_____ L Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative/Friend .....P Shop ..... Q Traditional practitioner ..... R Other non-medical (<i>specify</i>) _____ X</p>	

**CA11A.** Check CA11:

Two or more codes circled ⇒ Continue with CA11B

Only one code circled ⇒ Go to CA12

<p><b>CA11B. WHERE DID YOU <u>FIRST</u> SEEK ADVICE OR TREATMENT?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital..... 11</p> <p>PHCU ..... 12</p> <p>Health office..... 13</p> <p>FHU ..... 14</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor ..... 22</p> <p>Pharmacy ..... 23</p> <p>NGO(<i>specify</i>)..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative/Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Already had at home _____ 40</p> <p>Other non-medical (<i>specify</i>) _____ 96</p>	
<p><b>CA12. AT ANY TIME DURING THE ILLNESS, DID (name) TAKE ANY MEDICINE FOR THE ILLNESS?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p><b>CA13. WHAT MEDICINE WAS (name) GIVEN?</b></p>	<p>Antibiotic drugs</p> <p>Pill / Syrup ..... 1</p>	



<p><i>Probe:</i></p> <p>ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><i>(Names of medicines)</i></p>	<p>Injection ..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen..P</p> <p>Aspirin..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK.....Z</p>
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**CA13A. Check CA13: Antibiotic mentioned (codes I and/or J)?**

Yes ⇨ Continue with CA13B

No ⇨ Go to CA14

<p><b>CA13B. WHERE DID YOU GET THE (NAME OF ANTIBIOTICS FROM CA13)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector (Government)</p> <p>hospital ..... 11</p> <p>PHCU ..... 12</p> <p>Health office..... 13</p> <p>FHU ..... 14</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor ..... 22</p> <p>Pharmacy ..... 23</p> <p>NGO(<i>specify</i>)..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p>
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	Other source Relative/Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33  Already had at home _____ 40  Other non-medical ( <i>specify</i> ) _____ 96	
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**CA14. Check AG2: Age of child**

*Child age 0, 1 or 2 ⇒ Continue with CA15*

*Child age 3 or 4 ⇒ Go to UF13*

<b>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</b>	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 ( <i>specify</i> ) _____ 96 DK..... 98	
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<b>UF13. Record the time.</b>	Hour and minutes ..... __ __ : __ __	
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**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 on the household listing before recording measurements.

<b>AN1. Measurer's name and number:</b>	Name _____	
<b>AN2. Result of height / length and weight measurement</b>	Either or both measured ..... 1  Child not present..... 2  Child or mother/caretaker refused ..... 3  Other ( <i>specify</i> ) ..... 6	2⇒AN6  3⇒AN6  6⇒AN6
<b>AN3. Child's weight</b>	Kilograms (kg)..... ____ . ____  Weight not measured..... 99.9	
<b>AN3A. Was the child undressed to the minimum?</b>	Yes..... 1  No..... 2	
<b>AN3B. Check age of child in AG2:</b>  <input type="checkbox"/> <i>Child under 2 years old. ⇒ Measure length (lying down).</i>  <input type="checkbox"/> <i>Child age 2 or more years. ⇒ Measure height (standing up).</i>		

<b>AN4. Child's length or height</b>	Length / Height (cm) ..... _ _ _ _ . _ _  Length / Height not measured ..... 999.9	⇒ AN6
<b>AN4A. How was the child actually measured? lying down or standing up?</b>	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**

**Field Editor's Observations**

**Supervisor's Observations**

Empty rectangular box for data or notes.

**Measurer's Observations**

Large empty rectangular box for Measurer's Observations.

