

UNDER-FIVE CHILD INFORMATION PANEL		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: _____ / _____ / <u>2 0 2</u> _____	UF8. Record the time:	HOURS : MINUTES _____ : _____

*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. The respondent must be at least 15 years old.*

UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY1	1 ⇨UF10B
	NO, FIRST INTERVIEW.....2	2 ⇨UF10A
UF10A. Hello, my name is (your name). We are from Fiji Bureau of Statistics. 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 30 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about (child's name from UF3)'s health and well-being in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1	1 ⇨UNDER FIVE'S BACKGROUND Module	
NO / NOT ASKED 2	2 ⇨UF17	

UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME 02 REFUSED..... 03 PARTLY COMPLETED 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND		
<p>UB0. Before I begin the interview, could you please bring (<i>name</i>)’s Birth Certificate, Clinic Card (Fiji Child Health Record/ Child Immunization Card), and any immunisation record from a private health provider? We will need to refer to those documents.</p>		
<p>UB1. On what day, month and year was (<i>name</i>) born?</p> <p><i>Probe:</i> What is (his/her) birthday?</p> <p><i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record ‘98’ for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH DAY __ __</p> <p>DK DAY.....98</p> <p>MONTH..... __ __</p> <p>YEAR <u>2</u> <u>0</u> __ __</p>	
<p>UB2. How old is (<i>name</i>)?</p> <p><i>Probe:</i> 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>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></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>	<p>1 ⇔UB9</p>
<p>UB4. Check the respondent’s line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the Household Questionnaire (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?</p>	<p>YES, RESPONDENT IS THE SAME, UF4=HH47 1</p> <p>NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2</p>	<p>2 ⇔UB6</p>
<p>UB5. Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?</p>	<p>YES, ED10=0 1</p> <p>NO, ED10≠0 OR BLANK..... 2</p>	<p>1 ⇔UB8B</p> <p>2 ⇔UB9</p>

UNDER-FIVE'S BACKGROUND		
UB6. Has (<i>name</i>) ever attended any early childhood education programme, such as Kindergarten?	YES..... 1 NO 2	2 ⇒UB9
UB7. At any time since January 2020, did (he/she) attend (<i>programmes mentioned in UB6</i>)?	YES..... 1 NO 2	1 ⇒UB8A 2 ⇒UB9
UB8A. Does (he/she) currently attend (<i>programmes mentioned in UB6</i>)?	YES..... 1 NO 2	
UB8B. You have mentioned that (<i>name</i>) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	YES..... 1 NO 2	
UB9. Is (<i>name</i>) covered by any health insurance?	YES 1 NO 2	2 ⇒End
UB10. What type of health insurance is (<i>name</i>) covered by? <i>Record all mentioned.</i>	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D OTHER (<i>specify</i>) X	

BIRTH REGISTRATION		BR
BR1. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it?	YES, SEEN..... 1 YES, NOT SEEN 2 NO 3 DK 8	1 ⇒End 2 ⇒End
BR2. Has (<i>name</i>)'s birth been registered with Registrar General's Office?	YES 1 NO 2 DK 8	1 ⇒End
BR3. Do you know how to register (<i>name</i>)'s birth?	YES 1 NO 2	

EARLY CHILDHOOD DEVELOPMENT		
<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 <u>0</u> ..</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.</p> <p>Does (he/she) play with: Y N DK</p> <p>[A] Homemade toys, such as dolls, cars, or other toys made at home?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?</p>	<p>HOMEMADE TOYS 1 2 8</p> <p>TOYS FROM A SHOP..... 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p>	
<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.</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 'None' record '0'. If 'Don't know' record '8'.</i></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 OR 1..... 1</p> <p>AGE 2, 3 OR 4..... 2</p>	1 ⇒ End

<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>:</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with <i>(name)</i>?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read 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>	<table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>NAMED</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	READ BOOKS	A	B	X	Y	TOLD STORIES	A	B	X	Y	SANG SONGS	A	B	X	Y	TOOK OUTSIDE	A	B	X	Y	PLAYED WITH	A	B	X	Y	NAMED	A	B	X	Y	
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<p>EC21. I would like to ask you about certain things <i>(name)</i> is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.</p> <p>Can <i>(name)</i> walk on an uneven surface, for example a bumpy or steep road, without falling?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC22. Can <i>(name)</i> jump up with both feet leaving the ground?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC23. Can <i>(name)</i> dress <i>(him/herself)</i>, that is, put on pants and a shirt without help?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				

EC24. Can (<i>name</i>) fasten and unfasten buttons without help?	YES..... 1 NO 2 DK 8	
EC25. Can (<i>name</i>) say 10 or more words like “mama” or “ball”?	YES..... 1 NO 2 DK 8	
EC26. Can (<i>name</i>) speak using sentences of 3 or more words that go together, for example “I want water” or “The house is big”?	YES..... 1 NO 2 DK 8	2 ⇨ EC28 8 ⇨ EC28
EC27. Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example “The house is very big”?	YES..... 1 NO 2 DK 8	
EC28. Can (<i>name</i>) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?	YES..... 1 NO 2 DK 8	
EC29. If you show (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or animal, can (<i>he/she</i>) consistently name it? <i>Probe:</i> By consistently I mean that (<i>he/she</i>) uses the same word to refer to the same object, even if the word used is not fully correct.	YES..... 1 NO 2 DK 8	
EC30. Can (<i>name</i>) recognise at least 5 letters of the alphabet?	YES..... 1 NO 2 DK 8	
EC31. Can (<i>name</i>) write (<i>his/her</i>) own name?	YES..... 1 NO 2 DK 8	
EC32. Does (<i>name</i>) recognise all numbers from 1 to 5?	YES..... 1 NO 2 DK 8	

<p>EC33. If you ask (<i>name</i>) to give you 3 objects, such as 3 stones or 3 spoon, does (<i>he/she</i>) give you the correct amount?</p>	<p>YES..... 1 NO 2 DK 8</p>	
<p>EC34. Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?</p>	<p>YES..... 1 NO 2 DK 8</p>	
<p>EC35. Can (<i>name</i>) do an activity, such as colouring or playing with ‘ lego’ blocks, without repeatedly asking for help or giving up too quickly?</p>	<p>YES..... 1 NO 2 DK 8</p>	
<p>EC36. Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example “Where is Bubu or Nani?</p>	<p>YES..... 1 NO 2 DK 8</p>	
<p>EC37. Does (<i>name</i>) offer to help someone who seems to need help?</p>	<p>YES..... 1 NO 2 DK 8</p>	
<p>EC38. Does (<i>name</i>) get along well with other children?</p>	<p>YES..... 1 NO 2 DK 8</p>	
<p>EC39. The next two questions have five different options for answers. I am going to read these to you after each the question.</p> <p>How often does (<i>name</i>) seem to be very sad or depressed?</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY..... 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER..... 5 DK 8</p>	
<p>EC40. Compared with children of the same age, how much does (<i>name</i>) kick, bite, or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL 1 LESS..... 2 THE SAME 3 MORE..... 4 A LOT MORE 5</p>	

CHILD DISCIPLINE

<p>UCD1. Check UB2: Child's age?</p>	<p>AGE 0 1 AGE 1, 2, 3 OR 4 2</p>	<p>1 ⇒ End</p>
<p>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>.</p> <p>[A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house.</p> <p>[B] Explained why <i>(name)</i>'s behavior was wrong.</p> <p>[C] Shook (him/her).</p> <p>[D] Shouted, yelled at or screamed at (him/her).</p> <p>[E] Gave (him/her) something else to do.</p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.</p> <p>[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.</p> <p>[H] Called (him/her) dumb, lazy or another name like that.</p> <p>[I] Hit or slapped (him/her) on the face, head or ears.</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg.</p> <p>[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.</p> <p>[L] Flick the ear</p>	<p style="text-align: right;">YES NO</p> <p>TOOK AWAY PRIVILEGES 1 2</p> <p>EXPLAINED WRONG BEHAVIOR 1 2</p> <p>SHOOK HIM/HER 1 2</p> <p>SHOUTED, YELLED, SCREAMED 1 2</p> <p>GAVE SOMETHING ELSE TO DO 1 2</p> <p>SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2</p> <p>CALLED DUMB, LAZY OR ANOTHER NAME 1 2</p> <p>HIT / SLAPPED ON FACE, HEAD OR EARS 1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG 1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2</p> <p>FLICK THE EAR 1 2</p>	

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 ⇒End
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		
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨ End
UCF2. I would like to ask you some questions about difficulties (name) may have. Does (name) wear glasses?	YES 1 NO 2	
UCF3. Does (name) use a hearing aid?	YES 1 NO 2	
UCF4. Does (name) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1..... 1 NO, UCF2=2 2	1 ⇨ UCF7A 2 ⇨ UCF7B
UCF7A. When wearing (his/her) glasses, does (name) have difficulty seeing? UCF7B. Does (name) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 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), does (name) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (name) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL..... 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1..... 1 NO, UCF4=2 2	1 ⇨ UCF11 2 ⇨ UCF13
UCF11. Without (his/her) equipment or assistance, does (name) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	

UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK AT ALL4	1⇒UCF14 2⇒UCF14 3⇒UCF14 4⇒UCF14
UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK AT ALL4	
UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PICK UP AT ALL4	
UCF15. Does (<i>name</i>) have difficulty understanding you?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT UNDERSTAND AT ALL4	
UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT BE UNDERSTOOD AT ALL4	
UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT LEARN THINGS AT ALL.....4	
UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PLAY AT ALL4	

BREASTFEEDING AND DIETARY INTAKE		
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2⇒End
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⇒End
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> 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.</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>		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B1] 100% real juice made from mango, papaya or carrots?	VITAMIN A-RICH 100% REAL JUICE	1	2	8
[B2] 100% real juice made from any other fruits or vegetables such as sugar cane, oranges or pineapple?	OTHER 100% REAL JUICE	1	2	8
[B3] Any packaged sweet-tasting drink such as Frooti, Tang, Real, or any similar packaged sweet tasting juice drink?	NON-NUTRITIOUS DRINKS/BEVERAGES	1	2	8
[C] Clear broth or /clear soup?	CLEAR BROTH	1	2	8
[D] Infant formula, such as S26, or LACTOGEN or SMA?	INFANT FORMULA	1	2 [⚡]	8 [⚡]
<p>[D1] How many times did (<i>name</i>) drink infant formula?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA.....__</p> <p>DK.....8</p>			
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 [⚡]	8 [⚡]
<p>[E1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK MILK.....__</p> <p>DK.....8</p>			
[E2] Soya milk or almond Milk?	NON-DAIRY MILK	1	2	8
[X] Any other liquids?	OTHER LIQUIDS	1	2 [⚡]	8 [⚡]
[X1] Record all other liquids mentioned.	(Specify) _____			

<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. Please include foods consumed outside of your home.</p> <p>- Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (<i>name</i>) ate at that time. Probe: Anything else? Record answers using the food groups below.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time? <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>				
<p>For each food group not mentioned after completing the above ask: Just to make sure, did (<i>name</i>) eat (<i>food group items</i>) yesterday during the day or the night</p>				
		YES	NO	DK
[A] Yogurt made from animal milk? <i>Note that this is thick yogurt 'eaten' and not 'liquid or drinking yogurt which should be captured in BD7[E] or BD7[X], depending on milk content</i>	YOGURT	1	2 5 <i>BD8[B]</i>	8 5 <i>BD8[B]</i>
[A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES ATE YOGURT			8
	DK.....			8
[B] Any baby food, such as <i>Heinz, Cerelac or Farex</i> ?	FORTIFIED BABY FOOD	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] White potatoes or kumala, white yams or dalo, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as island cabbage, bok choy, rourou, brocolli, bele, tubua, bhaji?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas?	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as oranges, pineapples, water melon, bananas, coconuts and guava?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8

[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, prawns, crabs, lobsters, octopus, either fresh or dried? <i>Do not include sea grapes</i>	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or any foods made from these such as pulses or daal etc, as well as nuts like peanuts, walnuts, chestnuts and almond	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese, paneer, or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[P] Vegetable Pakora	VEGETABLE PAKORA	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 [☆] <i>BD9</i>	8 [☆] <i>BD9</i>
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	(Specify) _____			
BD9. How many times did (<i>name</i>) 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 yogurt in BD8[A1].</i> <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES __ DK..... 8			

IMMUNISATION										
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2 1						AGE 3 OR 4 2		2 ⇨ End
IM2. Do you have a Clinic Card (Fiji Child Health Record) or immunisation records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CARD(S) 1						YES, HAS ONLY OTHER DOCUMENT 2		1 ⇨ IM5
		YES, HAS CARD(S) AND OTHER DOCUMENT 3						NO, HAS NO CARDS AND NO OTHER DOCUMENT 4		3 ⇨ IM5
IM3. Did you ever have a Clinic Card/Fiji Child Health Record or immunisation records from a private health provider for (<i>name</i>)?		YES 1						NO 2		
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 1						HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2		2 ⇨ IM11
IM5. May I see the card(s) (and/or) other document?		YES, ONLY CARD(S) SEEN 1						YES, ONLY OTHER DOCUMENT SEEN 2		
		YES, CARD(S) AND OTHER DOCUMENT SEEN 3						NO CARDS AND NO OTHER DOCUMENT SEEN 4		4 ⇨ IM11
IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNISATION								
		DAY		MONTH		YEAR				
Birth	Hepatitis B					2	0			
	BCG					2	0			
6 Weeks	DTP-HepB-Hib1					2	0			
	OPV1					2	0			
	Pneumococcal 1					2	0			
	Rotavirus 1					2	0			
10 Weeks	DTP-HepB-Hib 2					2	0			
	OPV 2					2	0			
	Pneumococcal 2					2	0			
14 Weeks	DTP-HepB-Hib 3					2	0			
	OPV3					2	0			
	Pneumococcal 3					2	0			
	Rotavirus 2					2	0			
	IPV					2	0			

12 Months	MR1					2	0			
18 Months	OPV4					2	0			
	MR2					2	0			
IM7. Check IM6: Are all vaccines (Hepatitis B at birth to MR2) recorded?		YES 1 NO 2								1 ⇒ IM28
IM8. Did (<i>name</i>) participate in any of the following campaigns:										
[A] 14 th May- 30 th October 2018/National Meningococcal (Men C) Immunization Campaign, Neisnvac [B] April 2019-2020 Measles Campaign, MR		Y N DK MENINGOCOCCAL (MEN C) CAMPAIGN..... 1 2 8 MEASLES & RUBELLA IMMUNIZATION CAMPAIGN..... 1 2 8								
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the National Meningococcal (Men C) Immunization Program/ Measles & Rubella Immunization Campaign just mentioned?		YES 1 NO 2 DK 8								2 ⇒ IM28 8 ⇒ IM28
IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column. When <u>finished</u>, go to next module.</i>										⇒ IM28
IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a National Meningococcal (Men C) Immunization Program/ Measles & Rubella Immunization Campaign?		YES 1 NO 2 DK 8								
IM12. Did (<i>name</i>) participate in any of the following campaigns:										
[A] 14 th May- 30 th October 2018/National Meningococcal (Men C) Immunization Campaign, Neisnvac [B] April 2019-2020 Measles Campaign, MR		Y N DK MENINGOCOCCAL (MEN C) CAMPAIGN 1 2 8 MEASLES & RUBELLA IMMUNIZATION CAMPAIGN..... 1 2 8								

IM13. Check IM11 and IM12[A-B]:	ALL NO OR DK1 AT LEAST ONE YES.....2	1 ⇔ IM28
IM14. 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?	YES1 NO2 DK8	
IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?	YES, WITHIN 24 HOURS 1 YES, BUT NOT WITHIN 24 HOURS 2 NO 3 DK 8	
IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at the age of 6 weeks or later</i>	YES1 NO2 DK8	2 ⇔ IM20 8 ⇔ IM20
IM17. Were the first polio drops received at the age of 6 weeks or older?	YES1 NO2 DK8	
IM18. How many times were the polio drops received?	NUMBER OF TIMES__ DK8	
IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio? <i>Probe to ensure that both were given, drops and injection.</i>	YES1 NO2 DK8	
IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenza type b? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i>	YES1 NO2 DK8	2 ⇔ IM22 8 ⇔ IM22
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES__ DK8	

<p>IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇔IM24</p> <p>8 ⇔IM24</p>
<p>IM23. How many times was the Pneumococcal vaccine received?</p>	<p>NUMBER OF TIMES__</p> <p>DK8</p>	
<p>IM24. Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea?</p> <p><i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇔IM26</p> <p>8 ⇔IM26</p>
<p>IM25. How many times was the rotavirus vaccine received?</p>	<p>NUMBER OF TIMES__</p> <p>DK8</p>	
<p>IM26. Has (<i>name</i>) ever received a MMR/MR vaccine – that is, a shot in the arm at the age of 12 months or older - to prevent (him/her) from getting measles, mumps and rubella?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇔IM28</p> <p>8 ⇔IM28</p>
<p>IM26A. How many times was the MMR/MR vaccine received?</p>	<p>NUMBER OF TIMES__</p> <p>DK8</p>	
<p>IM28. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the <i>UNDER-FIVE CHILD INFORMATION PANEL</i> on that Questionnaire Form.</p>		

CARE OF ILLNESS		
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES 1 NO 2 DK 8	2 ⇨ CA14 8 ⇨ CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8 2	1 ⇨ CA3A 2 ⇨ CA3B
CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) 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? <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	
CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) 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? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?		
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?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 7 DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES 1 NO 2 DK 8	2 ⇨ CA7 8 ⇨ CA7

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do not prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>NURSING STATION.....F</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT).....L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND.....P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBERZ</p>	
<p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called ORS packet solution?</p> <p>[C] Zinc tablets?</p> <p>[D] ORS homemade fluid made with coconut juice?</p> <p>[E] ORS homemade fluid made with warm water, salt & sugar?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET 1 2 8</p> <p>ZINC TABLETS..... 1 2 8</p> <p>ORS HOMEMADE FLUID (COCONUT JUICE) 1 2 8</p> <p>ORS HOMEMADE FLUID (WARM WATER, SALT, SUGAR) 1 2 8</p>	
<p>CA8. Check CA7[A] Was child given any ORS?</p>	<p>YES, YES IN CA7[A] 1</p> <p>NO, 'NO' OR 'DK' IN CA7[A] 2</p>	<p>2⇒CA10</p>

<p>CA9. Where did you get the (ORS mentioned in CA7[A])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC..... E</p> <p>NURSING STATION F</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA10. Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 1</p> <p>NO, CA7[C] ≠1 2</p>	<p>2 ⇨ CA12</p>

<p>CA11. Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>NURSING STATION.....F</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT)L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND.....P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBERZ</p>	
<p>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ CA14</p> <p>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. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) B</p> <p>OTHER PILL OR SYRUP 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 (IV) O</p> <p>HOME REMEDY / HERBAL MEDICINE Q</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p>CA14. At any time in the last two weeks, has (name) been ill with a fever?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>CA16. At any time in the last two weeks, has (name) had an illness with a cough?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>CA17. At any time in the last two weeks, has (name) had fast, short, rapid breaths or difficulty breathing?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ CA19</p> <p>8 ⇨ CA19</p>
<p>CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?</p>	<p>PROBLEM IN CHEST 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>1 ⇨ CA20</p> <p>2 ⇨ CA20</p> <p>3 ⇨ CA20</p> <p>6 ⇨ CA20</p> <p>8 ⇨ CA20</p>
<p>CA19. Check CA14: Did child have fever?</p>	<p>YES, CA14=1 1</p> <p>NO OR DK, CA14=2 OR 8 2</p>	<p>2 ⇨ CA30</p>
<p>CA20. Did you seek any advice or treatment for the illness from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ CA22</p> <p>8 ⇨ CA22</p>

<p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do not prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><u><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></u></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC..... E</p> <p>NURSING STATION..... F</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER..... Z</p>	
<p>CA22. At any time during the illness, was (name) given any medicine for the illness?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2⇒CA30</p> <p>8⇒CA30</p>
<p>CA23. What medicine was (name) given?</p> <p><i>Probe:</i></p> <p><i>Any other medicine?</i></p> <p><i>Record all medicines given.</i></p> <p><u><i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i></u></p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p>	<p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>COTRIMOXAZOLE M</p> <p>OTHER ANTIBIOTIC PILL/SYRUP..... N</p> <p>OTHER ANTIBIOTIC INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN R</p> <p>ASPIRIN S</p> <p>IBUPROFEN..... T</p> <p>ONLY BRAND NAME RECORDED..... W</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER..... Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-O 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED 2</p>	<p>2⇒CA30</p>

<p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>NURSING STATION.....F</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT)L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND.....P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBERZ</p>	
<p>CA30. Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 1</p> <p>AGE 3 OR 4..... 2</p>	<p>2⇒End</p>
<p>CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET / LATRINE 01</p> <p>PUT / RINSED INTO TOILET OR LATRINE 02</p> <p>PUT / RINSED INTO DRAIN OR DITCH..... 03</p> <p>THROWN INTO GARBAGE (SOLID WASTE)..... 04</p> <p>BURIED..... 05</p> <p>LEFT IN THE OPEN..... 06</p> <p>OTHER (specify) _____ 96</p> <p>DK..... 98</p>	

UF11. Record the time.	HOURS AND MINUTES__ : __	
UF12. Language of the Questionnaire.	ENGLISH 1 ITAUKEI 2 HINDI 3	
UF13. Language of the Interview.	ENGLISH 1 ITAUKEI 2 HINDI 3 OTHER LANGUAGE (specify) 6	
UF14. Native language of the Respondent.	ENGLISH 1 ITAUKEI 2 HINDI 3 OTHER LANGUAGE (specify) 6	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	

MICS PLUS CONSENT					
UF20. Check HH60.: Was consent for MICS Plus previously asked from this respondent?			YES, CONSENT ALREADY ASKED..... 1 NO, NOT ASKED..... 2		1 ⇨UF28
UF21. Was consent for MICS Plus previously asked from this respondent in any other questionnaire (WQ, MQ or 5-17Q)?			YES, CONSENT ALREADY ASKED..... 1 NO, NOT ASKED..... 2		1 ⇨UF28
UF22. We would like to continue to talk about you and your family over the next 11 months. We wish to call you on the phone every month for 10-15 minutes. Again, all the information you provide will be confidential and anonymous. Would you like to participate?			YES 1 NO 2 OTHER (specify) _____ 6		2 ⇨UF28 6 ⇨UF28
UF23. Please give me all phone numbers at which we can easily get in touch with you, starting with your preferred number.			YES 1 NO PHONE..... 2		1 ⇨UF24 2 ⇨UF28
UF24 <i>Order</i>	UF25. Telephone number	UF25A. Is this landline or mobile? 1. LANDLINE 2. MOBILE	UF25B. Who does this phone belong to? <i>Record the line number#</i>	UF26. Is there any preferred or more convenient time of the day we could call you on this number? A. MORNINGS B. AFTERNOON C. EVENINGS D. WEEKENDS E. ANYTIME X. OTHER (specify:___)	UF27. Do you have another phone number? 1. YES 2. NO
1		1 2	___ ___	A B C D E X	1 ☺ 2 ☺ <i>Next Line</i> UF28
2		1 2	___ ___	A B C D E X	1 ☺ 2 ☺ <i>Next Line</i> UF28
3		1 2	___ ___	A B C D E X	
OTHER CODES FOR UF25B: 40-Home phone; 50-Neighbour; 51-Friend; 60-Workplace/office; 90-Don't want to disclose.					

UF28. 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

ANTHROPOMETRY MODULE INFORMATION	
AN1. Cluster number: _____	AN2. Household number: _____
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS)..... _____
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____

AN7. Measurer's name and number: NAME _____		
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG) _____ . _____ CHILD NOT PRESENT AFTER REVISITS 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED..... 99.5 OTHER (specify) _____ 99.6	99.3 ⇨ AN13 99.4 ⇨ AN10 99.5 ⇨ AN10 99.6 ⇨ AN10
AN9. Was the child undressed to the minimum?	YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM..... 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨ AN11A 2 ⇨ AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM)..... _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED..... 999.5 OTHER (specify) _____ 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP..... 2	
AN13. Day / Month / Year of measurement: _____ / _____ / 202_____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES 1 NO 2	1 ⇨ Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

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MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

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SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

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