

UNDER-FIVE CHILD INFORMATION PANEL		UF
<b>UF1. Cluster number:</b> _____	<b>UF2. Household number:</b> _____	
<b>UF3. Child's name and line number:</b> NAME _____	<b>UF4. Mother's / Caretaker's name and line number:</b> NAME _____	
<b>UF5. Interviewer's name and number:</b> NAME _____	<b>UF6. Supervisor's name and number:</b> NAME _____	
<b>UF7. Day / Month / Year of interview:</b> _____ / _____ / <u>2 0 1</u> _____	<b>UF8. Record the time:</b>	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.*

<b>UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</b>	YES, INTERVIEWED ALREADY..... 1 NO, FIRST INTERVIEW ..... 2	1 ⇒UF10B 2 ⇒UF10A
<b>UF10A.</b> Hello, my name is ( <i>your name</i> ). We are from National Statistics Office of Georgia. We are conducting a survey about the situation of children, families and households. I would like to talk to you about ( <i>child's name from UF3</i> )'s health and well-being. This interview will take about 15 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?	<b>UF10B.</b> Now I would like to talk to you about ( <i>child's name from UF3</i> )'s health and well-being in more detail. This interview will take about 15 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 NO / NOT ASKED..... 2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

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

UNDER-FIVE'S BACKGROUND		UB
<p><b>UB1.</b> 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</p> <p>DAY ..... — —</p> <p>DK DAY..... 98</p> <p>MONTH ..... — —</p> <p>YEAR ..... <u>2</u> <u>0</u> <u>1</u> —</p>	
<p><b>UB2.</b> 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><b>UB3.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2 ..... 1</p> <p>AGE 3 OR 4 ..... 2</p>	1 ⇒ UB9
<p><b>UB4.</b> Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</p>	<p>RESPONDENT IS THE SAME, UF4=HH47..... 1</p> <p>RESPONDENT IS NOT THE SAME, UF4≠HH47 ..... 2</p>	2 ⇒ UB6
<p><b>UB5.</b> Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending kindergarten in the current school year?</p>	<p>YES, ED10=0..... 1</p> <p>NO, ED10≠0 OR BLANK ..... 2</p>	1 ⇒ UB8B 2 ⇒ UB9
<p><b>UB6.</b> Has (<i>name</i>) ever attended kindergarten?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	2 ⇒ UB9
<p><b>UB7.</b> At any time since September 2018, did (he/she) attend kindergarten?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	1 ⇒ UB8A 2 ⇒ UB9
<p><b>UB8A.</b> Does (he/she) currently attend kindergarten?</p> <p><b>UB8B.</b> You have mentioned that (<i>name</i>) has attended kindergarten this school year. Does (he/she) currently attend kindergarten?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	2 ⇒ UB9

<b>UB8C.</b> Does ( <i>name</i> ) attend public or private kindergarten?	PUBLIC KINDERGARTEN..... 1 PRIVATE KINDERGARTEN ..... 2  OTHER ( <i>specify</i> ) _____ 6	
<b>UB9.</b> Is ( <i>name</i> ) covered by any health insurance?	YES ..... 1 NO ..... 2	2 ⇒ End
<b>UB10.</b> What type of health insurance is ( <i>name</i> ) covered by?  <i>Record all mentioned.</i>	HEALTH INSURANCE THROUGH EMPLOYER ..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D UNIVERSAL HEALTH CARE PROGRAM ..... E  OTHER ( <i>specify</i> ) _____ X	

EARLY CHILDHOOD DEVELOPMENT		EC
<p><b>EC1.</b> 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><b>EC2.</b> 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:</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 style="text-align: right;">Y N DK</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><b>EC2D.</b> During the past 7 days did <i>(name)</i> watch, play with electronic devices, such as computer, mobile, tablet or watch TV?</p> <p><i>If ‘Yes’, ask:</i></p> <p><i>In the days when he used these devices, about how many hours does (name) spend on these activities in a day during the past 7 days?</i></p>	<p>NONE ..... 0</p> <p>YES, LESS THEN 1 HOUR A DAY ..... 1</p> <p>YES, FROM 1 TO 2 HOURS A DAY ..... 2</p> <p>YES, ABOUT MORE THAN 2 HOURS A DAY .... 3</p>	

<p><b>EC3.</b> 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 7 days was (<i>name</i>):</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p>If 'None' record '0'. If 'Don't know' record '8'.</p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR.....__</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR.....__</p>	
<p><b>EC4.</b> Check UB2: Child's age?</p>	<p>AGE 0 OR 1.....1</p> <p>AGE 2, 3 OR 4.....2</p>	<p>1 ⇨End</p>

<p><b>EC5.</b> 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	
	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																																	
<p><b>EC5G.</b> Check UB2: Child's age?</p>	<p>AGE 2 .....1</p> <p>AGE 3 OR 4.....2</p>	<p>1 ⇨End</p>																																			
<p><b>EC6.</b> I would like to ask you some questions about the health and development of <i>(name)</i>. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of <i>(name)</i>'s development.</p> <p>Can <i>(name)</i> identify or name at least ten letters of the alphabet?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				
<p><b>EC7.</b> Can <i>(name)</i> read at least four simple, popular words?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				

<b>EC8.</b> Does ( <i>name</i> ) know the name and recognize the symbol of all numbers from 1 to 10?	YES.....1 NO.....2 DK.....8	
<b>EC9.</b> Can ( <i>name</i> ) pick up a small object with two fingers, like a stick or a rock from the ground?	YES.....1 NO.....2 DK.....8	
<b>EC10.</b> Is ( <i>name</i> ) sometimes too sick to play?	YES.....1 NO.....2 DK.....8	
<b>EC11.</b> Does ( <i>name</i> ) follow simple directions on how to do something correctly?	YES.....1 NO.....2 DK.....8	
<b>EC12.</b> When given something to do, is ( <i>name</i> ) able to do it independently?	YES.....1 NO.....2 DK.....8	
<b>EC13.</b> Does ( <i>name</i> ) get along well with other children?	YES.....1 NO.....2 DK.....8	
<b>EC14.</b> Does ( <i>name</i> ) kick, bite, or hit other children or adults?	YES.....1 NO.....2 DK.....8	
<b>EC15.</b> Does ( <i>name</i> ) get distracted easily?	YES.....1 NO.....2 DK.....8	



CHILD DISCIPLINE		UCD
<b>UCD1.</b> Check UB2: Child's age?	AGE 0 ..... 1 AGE 1, 2, 3 OR 4..... 2	1 ⇒End
<p><b>UCD2.</b> 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 30 days</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 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 THE 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>	

<b>UCD3.</b> 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
<b>UCD4.</b> Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES ..... 1 NO..... 2	1 ⇒End
<b>UCD5.</b> Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES..... 1 NO ..... 2  DK / NO OPINION ..... 8	

CHILD FUNCTIONING		UCF
<b>UCF1.</b> Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 2, 3 OR 4.....2	1 ⇨End
<b>UCF2.</b> I would like to ask you some questions about difficulties ( <i>name</i> ) may have.  Does ( <i>name</i> ) wear glasses?	YES.....1 NO .....2	
<b>UCF3.</b> Does ( <i>name</i> ) use a hearing aid?	YES.....1 NO .....2	
<b>UCF4.</b> Does ( <i>name</i> ) use any equipment or receive assistance for walking?	YES.....1 NO .....2	
<b>UCF5.</b> In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that ( <i>name</i> ) 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 ( <i>name</i> ) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
<b>UCF6.</b> Check UCF2: Child wears glasses?	YES, UCF2=1.....1 NO, UCF2=2.....2	1 ⇨UCF7A 2 ⇨UCF7B
<b>UCF7A.</b> When wearing (his/her) glasses, does ( <i>name</i> ) have difficulty seeing?  <b>UCF7B.</b> Does ( <i>name</i> ) have difficulty seeing?	NO DIFFICULTY .....1 SOME DIFFICULTY .....2 A LOT OF DIFFICULTY .....3 CANNOT SEE AT ALL.....4	
<b>UCF8.</b> Check UCF3: Child uses a hearing aid?	YES, UCF3=1.....1 NO, UCF3=2.....2	1 ⇨UCF9A 2 ⇨UCF9B

<p><b>UCF9A.</b> When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p> <p><b>UCF9B.</b> Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p>	<p>NO DIFFICULTY .....1  SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT HEAR AT ALL.....4</p>	
<p><b>UCF10.</b> Check UCF4: Child uses equipment or receives assistance for walking?</p>	<p>YES, UCF4=1 .....1  NO, UCF4=2.....2</p>	<p>1 ⇨UCF11  2 ⇨UCF13</p>
<p><b>UCF11.</b> Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?</p>	<p>SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT WALK AT ALL.....4</p>	
<p><b>UCF12.</b> With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY .....1  SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT WALK AT ALL.....4</p>	<p>1 ⇨UCF14  2 ⇨UCF14  3 ⇨UCF14  4 ⇨UCF14</p>
<p><b>UCF13.</b> Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY .....1  SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT WALK AT ALL.....4</p>	
<p><b>UCF14.</b> Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY .....1  SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT PICK UP AT ALL.....4</p>	
<p><b>UCF15.</b> Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY .....1  SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT UNDERSTAND AT ALL.....4</p>	
<p><b>UCF16.</b> When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY .....1  SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT BE UNDERSTOOD AT ALL.....4</p>	
<p><b>UCF17.</b> Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY .....1  SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT LEARN THINGS AT ALL.....4</p>	
<p><b>UCF18.</b> Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY .....1  SOME DIFFICULTY .....2  A LOT OF DIFFICULTY .....3  CANNOT PLAY AT ALL .....4</p>	

**UCF19.** The next question has five different options for answers. I am going to read these to you after the question.

Compared with children of the same age, how much does (*name*) kick, bite or hit other children or adults?

Would you say: not at all, less, the same, more or a lot more?

- NOT AT ALL .....1
- LESS .....2
- THE SAME .....3
- MORE.....4
- A LOT MORE .....5

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1.</b> Check UB2: Child's age?	AGE 0, 1, OR 2 ..... 1 AGE 3 OR 4 ..... 2	2 ⇒ End
<b>BD2.</b> Has ( <i>name</i> ) ever been breastfed?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ BD3A 8 ⇒ BD3A
<b>BD3.</b> Is ( <i>name</i> ) still being breastfed?	YES ..... 1 NO ..... 2 DK ..... 8	
<b>BD3A.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2 ..... 2	2 ⇒ End
<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> Did ( <i>name</i> ) <u>drink Oral Rehydration Salt solution (ORS) such as Rehydron, Ayesole, Altaflora, Humana Electrolyt</u> yesterday, during the day or night?	YES ..... 1 NO ..... 2 DK ..... 8	
<b>BD6.</b> 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><b>BD7.</b> 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 apricot, sour cherries, dried peach, persimmon or carrots?	VITAMIN A-RICH 100% REAL JUICE	1	2	8
[B2] 100% real juice made from any other fruits or vegetables such as oranges, apples (homemade or packaged)?	100% REAL JUICE	1	2	8
[B3] Any packaged sweet-tasting drink (not 100% real juice) such as Sandora, Kampa, Kula or any similar packaged sweet tasting juice drink?	NON-NUTRITIOUS DRINKS/BEVERAGES	1	2	8
[D] Infant formula, such as Humana, Hipp, Nestle, Similac, etc?	INFANT FORMULA	1	2 <sup>⚡</sup>	8 <sup>⚡</sup>
[D1] How many times did ( <i>name</i> ) drink infant formula? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA ..... __			
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 <sup>⚡</sup>	8 <sup>⚡</sup>
[E1] How many times did ( <i>name</i> ) drink milk? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	NUMBER OF TIMES DRANK MILK ..... __			
[P] Clear tea/Tea made without milk /dairy products?	WATER-BASED TEA	1	2	8
[Q1] Cocoa made without milk /dairy products?	WATER-BASED COCOA	1	2	8
[Q2] Cocoa made with milk	COCOA MADE WITH MILK	1	2 <sup>⚡</sup>	8 <sup>⚡</sup>

<p>[Q3] How many times did (<i>name</i>) drink Cocoa made with milk?  <i>If 7 or more times, record '7'.</i>  <i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK MILK-BASED COCOA.. ____</p>	
<p>[X] Any other liquids?</p>	<p>OTHER LIQUIDS                    1            2 <del>5</del>            8 <del>5</del>  <i>BD8</i>                    <i>BD8</i></p>	
<p>[X1] <i>Record all other liquids mentioned.</i></p>	<p>(Specify) _____</p>	



<p><b>BD8.</b> 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><i>For each food group not mentioned after completing the above ask:  Just to make sure, did (<i>name</i>) eat (<b>food group items</b>) yesterday during the day or the night</i></p>				
		YES	NO	DK
[A] Yogurt or "matsoni"? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i>	YOGURT OR "MATSONI"	1	2 $\sphericalangle$ BD8[B]	8 $\sphericalangle$ BD8[B]
[A1] How many times did ( <i>name</i> ) eat yogurt or "matsoni"? <i>If 7 or more times, record '7'.  If unknown, record '8'.</i>	NUMBER OF TIMES ATE YOGURT OR "MATSONI" .....			___
[B] Any manufactured baby food, such as Nestle, Humana etc.?	MANUFACTURED BABY FOOD	1	2	8
[C] Bread, rice, noodles, buckwheat, porridge or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] Potatoes or any other foods made from roots (such as turnip)?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as spinach, lettuce, broccoli?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Vitamin A-rich fruits Apricot, fresh sour cherries, dried peach, persimmon?	APRICO,TSOUR CHERRY, PEACH, PERSIMMON	1	2	8
[H] Any other fruits or vegetables, such as apple, pear, peach, bananas, strawberries, grapes?	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, either fresh or dried?	FRESH OR DRIED FISH	1	2	8

[M] Beans, peas, soybean, lentils, including any foods made from these?	FOODS MADE FROM BEANS, PEAS ETC.	1	2	8
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[O] Nuts?	NUTS	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 $\surd$ <i>BD9</i>	8 $\surd$ <i>BD9</i>
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	(Specify) _____			
<p><b>BD9.</b> How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES .....</p> <p>DK ..... 8</p>			

CARE OF ILLNESS		CA
<p><b>CA1.</b> In the last 14 days, has (<i>name</i>) had diarrhoea?</p>	<p>YES..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ CA14  8 ⇒ CA14</p>
<p><b>CA2.</b> Check BD3: Is child still breastfeeding?</p>	<p>YES OR BLANK, BD3=1 OR BLANK..... 1  NO OR DK, BD3=2 OR 8 ..... 2</p>	<p>1 ⇒ CA3A  2 ⇒ CA3B</p>
<p><b>CA3A.</b> 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) such as Rehydron, Ayesole, Altaflora, Humana Electrolyt and other liquids given with medicine.</p> <p>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?</p> <p><i>If 'less', probe:</i>  Was (he/she) given much less than usual to drink, or somewhat less?</p>	<p>MUCH LESS ..... 1  SOMEWHAT LESS ..... 2  ABOUT THE SAME..... 3  MORE..... 4  NOTHING TO DRINK ..... 5  DK ..... 8</p>	
<p><b>CA3B.</b> I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) such as Rehydron, Ayesole, Altaflora, Humana Electrolyt and other liquids given with medicine.</p> <p>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?</p> <p><i>If 'less', probe:</i>  Was (he/she) given much less than usual to drink, or somewhat less?</p>		
<p><b>CA4.</b> 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?</p> <p><i>If 'less', probe:</i>  Was (he/she) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1  SOMEWHAT LESS ..... 2  ABOUT THE SAME..... 3  MORE..... 4  STOPPED FOOD ..... 5  NEVER GAVE FOOD ..... 7  DK ..... 8</p>	
<p><b>CA5.</b> Did you seek any advice or treatment for the diarrhoea from any source?</p>	<p>YES..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ CA7  8 ⇒ CA7</p>

<p><b>CA6.</b> Where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p>	<p>VILLAGE DOCTOR ..... S</p> <p>VILLAGE NURSE ..... T</p> <p>POLYCLINIC/PRIMARY HEALTH CENTRE /AMBULATORY ..... U</p> <p>PRIVATE PHYSICIAN ..... J</p> <p>PHARMACY ..... K</p> <p>EMERGENCY TEAM ..... V</p> <p>HOSPITAL DOCTOR..... F</p> <p>EMERGENCY DEPARTMENT ..... G</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET..... Q</p> <p>TRADITIONAL PRACTITIONER.....R</p> <p>OTHER (<i>specify</i>) ..... X</p>	
<p><b>CA7.</b> During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet such as Rehydron, Ayesole, Altaflora, Humana Electrolyt etc.?</p> <p>[C] Zinc tablets or syrup?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET ..... 1 2 8</p> <p>ZINC TABLETS OR SYRUP ..... 1 2 8</p>	
<p><b>CA8.</b> 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><b>CA9.</b> 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>VILLAGE DOCTOR ..... S  VILLAGE NURSE ..... T  POLYCLINIC/PRIMARY HEALTH CENTRE /AMBULATORY ..... U  PRIVATE PHYSICIAN ..... J  PHARMACY ..... K  EMERGENCY TEAM ..... V  HOSPITAL DOCTOR..... F  EMERGENCY DEPARTMENT..... G</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND..... P  SHOP / MARKET / STREET ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (<i>specify</i>) ..... X  DK / DON'T REMEMBER..... Z</p>	
<p><b>CA10.</b> Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 ..... 1  NO, CA7[C] ≠1 ..... 2</p>	<p>2 ⇒ CA12</p>
<p><b>CA11.</b> 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>VILLAGE DOCTOR ..... S  VILLAGE NURSE ..... T  POLYCLINIC/PRIMARY HEALTH CENTRE /AMBULATORY ..... U  PRIVATE PHYSICIAN ..... J  PHARMACY ..... K  EMERGENCY TEAM ..... V  HOSPITAL DOCTOR..... F  EMERGENCY DEPARTMENT..... G</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND..... P  SHOP / MARKET / STREET ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (<i>specify</i>) ..... X</p>	
<p><b>CA12.</b> Was anything else given to treat the diarrhoea?</p>	<p>YES..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ CA14  8 ⇒ CA14</p>

<p><b>CA13.</b> 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>(Name of brand)</p> <p>_____</p> <p>(Name of brand)</p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC..... A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA).....B</p> <p>PREPARATIONS FOR RESTORATION OF THE INTESTINAL FLORA ..... V</p> <p>ANTI-EMETIC TREATMENT..... W</p> <p>OTHER PILL OR SYRUP ..... G</p> <p>UNKNOWN PILL OR SYRUP..... H</p> <p><b>INJECTION</b></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><b>CA14.</b> At any time in the last 14 days, has (<i>name</i>) been ill with a fever?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>CA16.</b> At any time in the last 14 days, has (<i>name</i>) had an illness with a cough?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>CA17.</b> At any time in the last 14 days, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing, like wheezing?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇨ CA19</p> <p>8 ⇨ CA19</p>
<p><b>CA18.</b> 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><b>CA19.</b> 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><b>CA20.</b> 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><b>CA21.</b> From where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p>	<p>VILLAGE DOCTOR ..... S  VILLAGE NURSE ..... T  POLYCLINIC/PRIMARY HEALTH CENTRE /AMBULATORY ..... U  PRIVATE PHYSICIAN ..... J  PHARMACY ..... K  EMERGENCY TEAM ..... V  HOSPITAL DOCTOR..... F  EMERGENCY DEPARTMENT..... G</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND..... P  SHOP / MARKET / STREET ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (<i>specify</i>) ..... X</p>	
<p><b>CA22.</b> At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p>	<p>YES..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ CA30  8 ⇒ CA30</p>
<p><b>CA23.</b> What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i>  Any other medicine?</p> <p>Record all medicines given.</p> <p><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></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><b>ANTIBIOTICS</b>  AMOXICILLIN ..... L  COTRIMOXAZOLE ..... M  OTHER ANTIBIOTIC  PILL/SYRUP ..... N  OTHER ANTIBIOTIC  INJECTION/IV ..... O</p> <p><b>OTHER MEDICATIONS</b>  PARACETAMOL/PANADOL/  ACETAMINOPHEN..... R  ASPIRIN ..... S  IBUPROFEN ..... T</p> <p>ONLY BRAND NAME RECORDED ..... W</p> <p>OTHER (<i>specify</i>) ..... X  DK ..... Z</p>	
<p><b>CA24.</b> Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED,  CA23=L-O ..... 1  NO, ANTIBIOTICS NOT MENTIONED..... 2</p>	<p>2 ⇒ CA30</p>

<p><b>CA25.</b> 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>VILLAGE DOCTOR ..... S  VILLAGE NURSE ..... T  POLYCLINIC/PRIMARY HEALTH  CENTRE /AMBULATORY ..... U  PRIVATE PHYSICIAN ..... J  PHARMACY ..... K  EMERGENCY TEAM ..... V  HOSPITAL DOCTOR..... F  EMERGENCY DEPARTMENT ..... G</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND..... P  SHOP / MARKET / STREET ..... Q  TRADITIONAL PRACTITIONER.....R</p> <p>OTHER (<i>specify</i>) ..... X</p>	
<p><b>CA30.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2..... 1  AGE 3 OR 4..... 2</p>	<p>2⇒End</p>
<p><b>CA31.</b> The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>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</p> <p>OTHER (<i>specify</i>) ..... 96  DK ..... 98</p>	



<b>UF11.</b> Record the time.	HOURS AND MINUTES ..... ____ : ____	
<b>UF12.</b> Language of the Questionnaire.	GEORGIAN ..... 1 AZERBAIJANI ..... 2 ARMENIAN ..... 3	
<b>UF13.</b> Language of the Interview.	GEORGIAN ..... 1 AZERBAIJANI ..... 2 ARMENIAN ..... 3  OTHER LANGUAGE (specify) ..... 6	
<b>UF14.</b> Native language of the Respondent.	GEORGIAN ..... 1 AZERBAIJANI ..... 2 ARMENIAN ..... 3 RUSSIAN ..... 4  OTHER LANGUAGE (specify) ..... 6	
<b>UF15.</b> 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	
<p><b>UF16.</b> Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.</p> <p>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>		

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
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 _____	

ANTHROPOMETRY		
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 ..... 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

<p><b>AN11A.</b> <i>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></p> <p><i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i></p> <p><b>AN11B.</b> <i>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></p> <p><i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i></p>	<p>LENGTH / HEIGHT (CM)..... _____ . _____</p> <p>CHILD REFUSED .....999.4</p> <p>RESPONDENT REFUSED.....999.5</p> <p>OTHER (<i>specify</i>) _____ 999.6</p>	<p>999.4 ⇨AN13</p> <p>999.5 ⇨AN13</p> <p>999.6 ⇨AN13</p>
<p><b>AN12.</b> <i>How was the child actually measured? Lying down or standing up?</i></p>	<p>LYING DOWN ..... 1</p> <p>STANDING UP..... 2</p>	
<p><b>AN13.</b> <i>Today's date: Day / Month / Year:</i></p> <p>_____ / _____ / <u>2 0 1</u> _____</p>		
<p><b>AN14.</b> <i>Is there another child under age 5 in the household who has not yet been measured?</i></p>	<p>YES.....1</p> <p>NO .....2</p>	<p>1 ⇨Next Child</p>
<p><b>AN15.</b> <i>Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.</i></p>		

**INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

--

**MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

--

**SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

--