

children under five questionnaire

IDENTIFICATION PANEL		UF
<p><i>THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL MOTHERS OR CARETAKERS (SEE HOUSEHOLD LISTING, COLUMN HL8) WHO CARE FOR A CHILD THAT LIVES WITH THEM AND IS UNDER THE AGE OF 5 YEARS (SEE HOUSEHOLD LISTING, COLUMN HL5). A SEPARATE QUESTIONNAIRE SHOULD BE USED FOR EACH ELIGIBLE CHILD. FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND NAMES AND LINE NUMBERS OF THE CHILD AND THE MOTHER/CARETAKER IN THE SPACE BELOW. INSERT YOUR OWN NAME AND NUMBER, AND THE DATE.</i></p>		
<p>UF1. CLUSTER NUMBER: <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>	<p>UF2. HOUSEHOLD NUMBER: <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>	
<p>UF3. CHILD'S NAME: _____</p>	<p>UF4. CHILD'S LINE NUMBER: <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>	
<p>UF5. MOTHER'S/CARETAKER'S NAME: _____</p>	<p>UF6. MOTHER'S/CARETAKER'S LINE NUMBER: <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>	
<p>UF7. INTERVIEWER'S NAME AND NUMBER: _____ <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>	<p>UF8. DAY/MONTH/YEAR OF INTERVIEW: <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> 2 0 0 6</p>	
<p>UF9. RESULT OF INTERVIEW FOR CHILDREN UNDER 5 (CODES REFER TO MOTHER/CARETAKER.)</p>	<p>COMPLETED 1 NOT AT HOME 2 REFUSED 3 PARTLY COMPLETED 4 INCAPACITATED 5 OTHER (specify) _____ 6</p>	

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

Good! My name is and I am here on behalf of the Ghana Statistical Service and Ministry of Health. We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE RESPONDENT DOES NOT AGREE TO CONTINUE, THANK HIM/HER AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

<p>UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (NAME). In what month and year was (NAME) 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></p>	<p>Date of birth: <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> Day DK day 98 Month..... <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> DK month 98 Year <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> DK year 9998</p>
<p>UF11. How old was (NAME) at his/her last birthday? <i>RECORD AGE IN COMPLETED YEARS.</i></p>	<p>Age in completed years..... <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>

MODULE 1: BIRTH REGISTRATION AND EARLY LEARNING		BR
BR1. Has (<i>NAME</i> 's) birth been registered with the Births and Deaths Registry?	Yes.....1 No2 DK.....8	2⇒BR3
BR2. Does (<i>NAME</i>) have a birth certificate? May I see it?	Yes, seen.....1 Yes, not seen.....2 No3 DK.....8	1⇒BR5 2⇒BR5
BR3. Why is (<i>NAME</i>) birth not registered?	Costs too much1 Must travel too far.....2 Did not know it should be registered3 Did not want to pay fine.....4 Do not know where to register5 Other (<i>specify</i>)6 DK.....8	5⇒BR5
BR4. Do you know where to register your child's birth?	Yes.....1 No2	
BR5. CHECK AGE OF CHILD IN UF11: CHILD IS 3 OR 4 YEARS OLD?		
<input type="checkbox"/> YES. ⇒ CONTINUE WITH BR6 <input type="checkbox"/> NO. ⇒ GO TO BR8		
BR6. Does (<i>NAME</i>) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes.....1 No2 DK.....8	2⇒BR8 8⇒BR8
BR7. Within the last seven days, about how many hours did (<i>NAME</i>) attend?	No. of hours <input type="text"/> <input type="text"/>	
BR8. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (<i>NAME</i>): <i>IF YES, ASK: who engaged in this activity with the child - the mother, the child's father or another adult member of the household (including the caretaker/respondent)?</i> <i>CIRCLE ALL THAT APPLY.</i>		
		Mother Father Other No one
BR8A. Read books or look at picture books with (<i>NAME</i>)?	Books	A B X Y
BR8B. Tell stories to/with (<i>NAME</i>)?	Stories	A B X Y
BR8C. Sing songs to/with (<i>NAME</i>)?	Songs	A B X Y
BR8D. Take (<i>NAME</i>) outside the home, compound, yard or enclosure?	Take outside	A B X Y
BR8E. Play with (<i>NAME</i>)?	Play with	A B X Y
BR8F. Spend time with (<i>NAME</i>) naming, counting, and/or drawing things?	Spend time with	A B X Y

MODULE 2: CHILDHOOD EDUCATION		CE
<i>QUESTION CE1 IS TO BE ADMINISTERED ONLY ONCE TO EACH CARETAKER</i>		
CE1. How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books <i>IF 'NONE' ENTER 0</i>	Number of non-children's books 0 <input type="text"/> Ten or more non-children's books 10	
CE2. How many children's books or picture books do you have for (NAME)? <i>IF 'NONE' ENTER 0</i>	Number of children's books 0 <input type="text"/> Ten or more books 10	
CE3. I am interested in learning about the things that (NAME) plays with when he/she is at home. What does (NAME) play with? Does he/she play with Household objects, such as bowls, plates, cups or pots? Objects and materials found outside the living quarters, such as sticks, rocks, animals, shells, or leaves? Homemade toys, such as dolls, cars and other toys made at home? Toys purchased from a store? <i>IF THE RESPONDENT SAYS "YES" TO ANY OF THE PROMPTED CATEGORIES, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE</i> <i>CODE Y IF CHILD DOES NOT PLAY WITH ANY OF THE ITEMS MENTIONED.</i>	Household objects (bowls, plates, cups, pots) A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B Homemade toys (dolls, cars and other toys made at home) C Toys purchased from a store D No playthings mentioned..... Y	
CE4. 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 with others. since last (DAY OF THE WEEK) how many times was (NAME) left in the care of another child (that is, someone less than 10 years old)? <i>IF 'NONE' ENTER 00</i>	Number of times <input type="text"/> <input type="text"/>	
CE5. In the past week, how many times was (NAME) left alone? <i>IF 'NONE' ENTER 00</i>	Number of times <input type="text"/> <input type="text"/>	

MODULE 3: VITAMIN A – CHILDREN 6 MONTHS AND OLDER		VA
VA1. Has (NAME) ever received a vitamin A capsule (supplement) like this one? <i>SHOW CAPSULES:</i> <i>100,000 IU FOR THOSE 6-11 MONTHS OLD, (BLUE)</i> <i>200,000 IU FOR THOSE 12-59 MONTHS OLD. (RED).</i>	Yes..... 1 No 2 DK..... 8	2⇒NEXT MODULE 8⇒NEXT MODULE
VA2. How many months ago did (NAME) take the last dose?	Months ago..... <input type="text"/> <input type="text"/> DK..... 98	
VA3. Where did (NAME) get this last dose?	On routine visit to health facility/CHPS 1 Sick child visit to health facility 2 National Immunization Day campaign 3 Child health week 4 Outreach clinics..... 5 Other (<i>specify</i>)..... 6 DK..... 8	
VA3A. How many times did (NAME) receive capsule(s) in the last 12 months?	Number of times <input type="text"/>	

MODULE 4: BREASTFEEDING		BF
BF1. Has (NAME) ever been breastfed?	Yes 1 No 2	2⇒BF3
BF2. Is (NAME) still being breastfed?	Yes 1 No 2 DK 8	1⇒BF3 8⇒BF3
BF2A. For how many months did you breastfeed (NAME)?	Months <input type="text"/> <input type="text"/> DK 98	
BF2B. Was (NAME) breastfed yesterday?	Yes 1 No 2	
BF3. Since this time yesterday, did he/she receive any of the following: <i>READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.</i>		
		Y N DK
BF3A. Vitamin, mineral supplements (Abidec, Minadex, etc)?	A. Vitamin supplements 1 2 8	
BF3B. Plain water?	B. Plain water 1 2 8	
BF3C. Sweetened, flavoured water or fruit juice or tea or infusion?	C. Sweetened water or juice 1 2 8	
BF3D. ORS?	D. ORS 1 2 8	
BF3E. Infant formula (e.g. SMA, Lactogen)?	E. Infant formula 1 2 8	
BF3F. Tinned, powdered or fresh milk?	F. Milk 1 2 8	
BF3G. Any other liquids (e.g. coconut water)?	G. Other liquids 1 2 8	
BF3H. Solid or semi-solid (mushy) food?	H. Solid or semi-solid food 1 2 8	
BF4. CHECK BF3H: CHILD RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD?		
<input type="checkbox"/> YES. ⇒ CONTINUE WITH BF5		
<input type="checkbox"/> NO OR DK. ⇒ GO TO NEXT MODULE		
BF5. Since this time yesterday, how many times did (NAME) eat solid, semisolid, or soft foods other than liquids?	No. of times <input type="text"/> Don't know 8	
<i>IF 7 OR MORE TIMES, RECORD '7'.</i>		

MODULE 5: CARE OF ILLNESS		CA
CA1. Has (<i>NAME</i>) had diarrhoea in the last two weeks, that is, since (<i>DAY OF THE WEEK</i>) of the week before last? <i>DIARRHOEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, OR AS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL.</i>	Yes..... 1 No 2 DK..... 8	2⇒CA5 8⇒CA5
CA2. During this last episode of diarrhoea, did (<i>NAME</i>) drink any of the following: <i>READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.</i>		
	Yes No DK	
CA2A. A fluid made from a special packet called (<i>ORS</i>)? CA2B. Government -recommended homemade fluid (sugar-salt solution)?	A. Fluid from ORS packet..... 1 2 8 B. Recommended homemade fluid .. 1 2 8	
CA3. During (<i>NAME</i> 's) illness, did he/she drink much less, about the same, or more than usual?	Much less or none 1 About the same (or somewhat less)..... 2 More 3 DK..... 8	
CA4. During (<i>NAME</i> 's) illness, did he/she eat less, about the same, or more food than usual? <i>IF "LESS", PROBE: much less or a little less?</i>	None 1 Much less 2 Somewhat less..... 3 About the same 4 More 5 DK..... 8	
CA4A. Check CA2A: ORS packet used? <input type="checkbox"/> Yes.⇒ Continue with CA4B <input type="checkbox"/> No.⇒ Go to CA5		
CA4B. Where did you get the (<i>ORS PACKET FROM CA2A</i>)?	Public sector Govt. hospital/polyclinic 11 Govt. health centre..... 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (<i>specify</i>)..... 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) 26 Other source Relative or friend..... 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>)..... 96 DK..... 98	

CA4C. How much did you pay for the (<i>ORS PACKET FROM CA2A</i>)?	Cedis <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Free.....999996 DK.....999998	
CA5. Has (<i>NAME</i>) had an illness with a cough at any time in the last two weeks, that is, since (<i>DAY OF THE WEEK</i>) of the week before last?	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12
CA6. When (<i>NAME</i>) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest.....1 Blocked nose2 Both.....3 Other (<i>specify</i>)6 DK.....8	2⇒CA12 6⇒CA12
CA8. Did you seek advice or treatment for the illness outside the home?	Yes.....1 No2 DK.....8	2⇒CA10 8⇒CA10
CA9. From where did you seek care? Anywhere else? <i>CIRCLE ALL PROVIDERS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</i> <i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</i> _____ (<i>NAME OF PLACE</i>)	Public sector Govt. hospital/polyclinic A Govt. health centre..... B Govt. health post..... C Village health worker..... D Mobile/outreach clinic..... E Other public (<i>specify</i>) H Private medical sector Private hospital/clinic..... I Private physician..... J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative or friend..... P Chemical shop Q Traditional practitioner R Drug peddlers S Other (<i>specify</i>) X	
CA10. Was (<i>NAME</i>) given medicine to treat this illness?	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12
CA11. What medicine was (<i>NAME</i>) given? <i>CIRCLE ALL MEDICINES GIVEN.</i>	Antibiotic..... A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK..... Z	

CA11A. CHECK CA11: ANTIBIOTIC GIVEN?		
<input type="checkbox"/> YES. ⇒ CONTINUE WITH CA11B <input type="checkbox"/> NO. ⇒ GO TO CA12		
CA11B. Where did you get the antibiotic?	Public sector Govt. hospital/polyclinic..... 11 Govt. health centre 12 Govt. health post 13 Village health worker..... 14 Mobile/outreach clinic..... 15 Other public (<i>specify</i>) _____ 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) _____ 26 Other source Relative or friend 31 Chemical shop 32 Traditional practitioner 33 Drug peddlers 34 Other (<i>specify</i>) _____ 96 DK..... 98	
CA11C. How much did you pay for the antibiotic?	Cedis <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Free.....999996 DK.....999998	
CA12. CHECK UF11: CHILD AGED UNDER 3?		
<input type="checkbox"/> YES. ⇒ CONTINUE WITH CA13 <input type="checkbox"/> NO. ⇒ GO TO CA14		
CA13. The last time (<i>NAME</i>) passed stools, what was done to dispose of the stools?	Child used toilet/latrine..... 11 Put/rinsed into toilet or latrine 12 Put/rinsed into drain or ditch..... 13 Thrown into garbage (solid waste) 14 Buried..... 15 Left in the open 16 Other (<i>specify</i>) _____ 96 DK..... 98	

<p><i>ASK THE FOLLOWING QUESTION (CA14) ONLY ONCE FOR EACH MOTHER/CARETAKER.</i></p> <p>CA14. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?</p> <p><i>KEEP ASKING FOR MORE SIGNS OR SYMPTOMS UNTIL THE MOTHER/CARETAKER CANNOT RECALL ANY ADDITIONAL SYMPTOMS. CIRCLE ALL SYMPTOMS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</i></p>	<p>Child not able to drink or breastfeed..... A Child becomes sicker..... B Child develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X Other (<i>specify</i>) _____ Y Other (<i>specify</i>) _____ Z</p>	
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MODULE 6: MALARIA FOR UNDER-FIVES		ML
ML1. In the last two weeks, that is, since (<i>DAY OF THE WEEK</i>) of the week before last, has (<i>NAME</i>) been ill with a fever?	Yes.....1 No.....2 DK.....8	2⇒ML10 8⇒ML10
ML2. Was (<i>NAME</i>) seen at a health facility during this illness?	Yes.....1 No.....2 DK.....8	2⇒ML6 8⇒ML6
ML3. Did (<i>NAME</i>) take a medicine for fever or malaria that was provided or prescribed at the health facility?	Yes.....1 No.....2 DK.....8	2⇒ML5 8⇒ML5
ML4. What medicine did (<i>NAME</i>) take that was provided or prescribed at the health facility? <i>CIRCLE ALL MEDICINES MENTIONED.</i>	Anti-malarials: SP/Fansidar.....A Chloroquine.....B Amodiaquine/camoquine.....C Quinine.....D Artemisinin-based combinations.....E Other anti-malarial (specify).....H Other medications: Paracetamol/Panadol/Acetaminophen...P Aspirin.....Q Ibuprofen.....R Other (specify).....X DK.....Z	
ML5. Was (<i>NAME</i>) given medicine for the fever or malaria before being taken to the health facility?	Yes.....1 No.....2 DK.....8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. Was (<i>NAME</i>) given medicine for fever or malaria during this illness?	Yes.....1 No.....2 DK.....8	2⇒ML8 8⇒ML8
ML7. What medicine was (<i>NAME</i>) given? <i>CIRCLE ALL MEDICINES GIVEN. ASK TO SEE THE MEDICATION IF TYPE IS NOT KNOWN. IF TYPE OF MEDICATION IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIALS TO RESPONDENT.</i>	Anti-malarials: SP/Fansidar.....A Chloroquine.....B Amodiaquine/camoquine.....C Quinine.....D Artemisinin-based combinations.....E Other anti-malarial (specify).....H Other medications: Paracetamol/Panadol/Acetaminophen...P Aspirin.....Q Ibuprofen.....R Other (specify).....X DK.....Z	
ML8. CHECK ML4 AND ML7: ANTI-MALARIAL MENTIONED (CODES A - H)?		
<input type="checkbox"/> Yes. ⇒ CONTINUE WITH ML9 <input type="checkbox"/> No. ⇒ GO TO ML10		
ML9. How long after the fever started did	Same day.....0	

<p>ML12. What brand is this net?</p> <p><i>IF THE RESPONDENT DOES NOT KNOW THE BRAND OF THE NET, SHOW PICTORIALS, OR IF POSSIBLE, OBSERVE THE NET.</i></p> <p>LONG LASTING TREATED NETS: <i>Olyset</i> <i>Permanet</i></p> <p>PRE-TREATED NETS: <i>Dawa</i> <i>Dawa Plus</i></p> <p>OTHER NETS: <i>MOH Treated net</i> <i>Calico net</i> <i>Second-hand net</i> Other (<i>specify</i>) <i>DK brand</i></p>	<p>Long lasting treated net: Olyset 11 Permanet 12</p> <p>Pre-treated net: Dawa 21 Dawa Plus 22</p> <p>Other net: MOH Treated net 31 Calico net 32 Second-hand net 36 Other (<i>specify</i>)..... 96 DK brand 98</p>	<p>11⇒NEXT MODULE 12⇒NEXT MODULE</p> <p>21⇒ML14 22⇒ML14</p>
<p>ML13. When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes 1 No 2 DK/not sure 8</p>	
<p>ML14. Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes or bugs?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒ NEXT MODULE 8⇒ NEXT MODULE</p>
<p>ML15. How long ago was the net last soaked or dipped?</p> <p><i>IF LESS THAN 1 MONTH, RECORD '00'.</i> <i>IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.</i></p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago 95 DK 98</p>	

MODULE 7: IMMUNIZATION										IM				
<p>IF AN IMMUNIZATION CARD IS AVAILABLE, COPY THE DATES IN IM2-IM8 FOR EACH TYPE OF IMMUNIZATION OR VITAMIN A DOSE RECORDED ON THE CARD. IM10-IM18 ARE FOR RECORDING VACCINATIONS THAT ARE NOT RECORDED ON THE CARD. IM10-IM18 WILL ONLY BE ASKED WHEN A CARD IS NOT AVAILABLE.</p>														
IM1. Is there a vaccination card for (NAME)?				Yes, seen..... 1				2⇒IM10						
				Yes, not seen 2										
				No 3				3⇒IM10						
<p>(a) COPY DATES FOR EACH VACCINATION FROM THE CARD. (b) WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT VACCINATION WAS GIVEN BUT NO DATE RECORDED.</p>				Date of Immunization										
				DAY		MONTH		YEAR						
IM2. BCG	BCG													
IM3A. Polio at birth	OPV0													
IM3B. Polio 1	OPV1													
IM3C. Polio 2	OPV2													
IM3D. Polio 3	OPV3													
IM4A. DPT1	DPT1													
IM4B. DPT2	DPT2													
IM4C. DPT3	DPT3													
IM5A. HepB1Hib (or DPTHepB1Hib)	(DPT)HH1													
IM5B. HepB2Hib (or DPTHepB2Hib)	(DPT)HH2													
IM5C. HepB3Hib (or DPTHepB3Hib)	(DPT)HH3													
IM6. Measles (or MMR)	Measles													
IM7. Yellow Fever	YF													
IM8A. Vitamin A (1)	VitA1													
IM8B. Vitamin A (2)	VitA2													
<p>IM9. In addition to the vaccinations and vitamin A capsules shown on this card, did (NAME) receive any other vaccinations – including vaccinations received in campaigns or immunization days? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, OPV 0-3, HEPATITIS B 1-3, MEASLES, YELLOW FEVER VACCINE(S), OR VITAMIN A SUPPLEMENTS.</p>				Yes..... 1				1⇒IM19						
				(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN ON IM2 TO IM8B.)				No 2				2⇒IM19		
								DK..... 8				8⇒IM19		
<p>IM10. Has (NAME) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?</p>				Yes..... 1				2⇒IM19						
								No 2				2⇒IM19		
								DK..... 8				8⇒IM19		

IM11. Has (NAME) ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar?	Yes..... 1 No 2 DK..... 8	
IM12. Has (NAME) ever been given any “vaccination drops in the mouth” to protect him/her from getting diseases – that is, polio?	Yes..... 1 No 2 DK..... 8	2⇒ IM15 8⇒ IM15
IM13. How old was he/she when the first dose was given – just after birth (within two weeks) or later?	Just after birth (within two weeks)..... 1 Later 2	
IM14. How many times has he/she been given these drops?	No. of times..... <input type="text"/> <input type="text"/>	
IM15. Has (NAME) ever been given “DPT or [DPT]HH vaccination injections” – that is, an injection in the thigh – to prevent him/her from getting tetanus, whooping cough, diphtheria? (sometimes given at the same time as polio)	Yes..... 1 No 2 DK..... 8	2⇒ IM17 8⇒ IM17
IM16. How many times?	No. of times..... <input type="text"/> <input type="text"/>	
IM17. Has (NAME) ever been given “Measles vaccination injections” – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	Yes..... 1 No 2 DK..... 8	
IM18. Has (NAME) ever been given “Yellow Fever vaccination injections” – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting yellow fever? (sometimes given at the same time as measles)	Yes..... 1 No 2 DK..... 8	
IM19. Please tell me if (NAME) has benefited from any of the following campaigns, national immunization in the last year and/or vitamin A or child health week:		
IM19A. National Immunization last year	National Immunization 1 2 8	
IM19B. Vitamin A campaign	Vitamin A 1 2 8	
IM19C. Child health week	Child health..... 1 2 8	

IM20. DOES ANOTHER ELIGIBLE CHILD RESIDE IN THE HOUSEHOLD FOR WHOM THIS RESPONDENT IS MOTHER/CARETAKER? CHECK HOUSEHOLD LISTING, COLUMN HL8.

YES. ⇒ END THE CURRENT QUESTIONNAIRE AND THEN GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE TO ADMINISTER THE QUESTIONNAIRE FOR THE NEXT ELIGIBLE CHILD.

NO. ⇒ END THE INTERVIEW WITH THIS RESPONDENT BY THANKING HIM/HER FOR HIS/HER COOPERATION.

IF THIS IS THE LAST ELIGIBLE CHILD IN THE HOUSEHOLD, GO ON TO ANTHROPOMETRY MODULE.

MODULE 8: 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.

AN1. Child's weight.	Kilograms (kg) <input type="text"/> <input type="text"/> . <input type="text"/>	
<p>AN2. Child's length or height.</p> <p>CHECK AGE OF CHILD IN UF11:</p> <p><input type="checkbox"/> CHILD UNDER 2 YEARS OLD. ⇒ MEASURE LENGTH (LYING DOWN).</p> <p><input type="checkbox"/> CHILD AGE 2 OR MORE YEARS. ⇒ MEASURE HEIGHT (STANDING UP).</p>	<p>Length (cm) Lying down 1 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>Height (cm) Standing up 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p>	
AN3. Measurer's identification code.	Measurer code <input type="text"/> <input type="text"/>	
AN4. Result of measurement.	<p>Measured 1</p> <p>Not present 2 <input type="checkbox"/></p> <p>Refused 3</p> <p>Other (specify) 6</p>	

AN5. IS THERE ANOTHER CHILD IN THE HOUSEHOLD WHO IS ELIGIBLE FOR MEASUREMENT?

YES. ⇒ RECORD MEASUREMENTS FOR NEXT CHILD.

NO. ⇒ END THE INTERVIEW WITH THIS HOUSEHOLD BY THANKING ALL PARTICIPANTS FOR THEIR COOPERATION.

GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND CHECK THAT ALL IDENTIFICATION NUMBERS ARE INSERTED ON EACH PAGE. TALLY ON THE HOUSEHOLD INFORMATION PANEL THE NUMBER OF INTERVIEWS COMPLETED.