

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR CHILDREN UNDER FIVE
GHANA 2011

UNDER-FIVE CHILD INFORMATION PANEL

UF

This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.

UF1. Cluster Number: _____

UF2. Household number: _____

UF3. Child's name:

UF4. Child's line number:

Name _____

UF5. Mother's / Caretaker's name:

UF6. Mother's / Caretaker's line number:

Name _____

UF7. Interviewer name and number: _____

UF8. Day / Month / Year of interview:

Name _____

____ / ____ / 2011

Name of Region _____

Name of District: _____

Repeat greeting if not already read to this respondent:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM GHANA STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

 Yes, permission is given Go to UF12 to record the time and then begin the interview.

If yes ask for child's immunization card, birth certificate, antenatal card, baptismal card and any other card on which the child's records are written.

 No, permission is not given Complete UF9. Discuss this result with your supervisor.

UF9. Result of interview for children under 5

Completed	01
Not at home	02
Refused	03
Partly completed	04
Incapacitated	05
Other (specify)	96

Codes refer to mother/caretaker.

UF10. Field edited by (Name and number):

UF11. Data entry clerk (Name and number):

Name _____

Name _____

UF12. Record the time.

Hour and minutes ____ : ____

AGE

AG

AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (name).

Date of birth
Day _____

IN WHAT MONTH AND YEAR WAS (name) BORN?

DK day 98

Probe:

WHAT IS HIS / HER BIRTHDAY?

Month _____

If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day

Year _____

Month and year must be recorded.

AGE (cont'd)		AG
AG2. HOW OLD IS (name)?	Age (in completed years) ___	
Probe: HOW OLD WAS (name) AT HIS / HER LAST BIRTHDAY?		
Record age in completed years.		
Record '0' if less than 1 year.		
Compare and correct AG1 and/or AG2 if inconsistent.		

BIRTH REGISTRATION		BR
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE?	Yes, seen	1 1 BR2A
If yes, ask: MAY I SEE IT?	Yes, not seen	2 2 BR2A
	No	3
	DK	8
	BR2 HAS (NAME)'S BIRTH BEEN REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY?	Yes
	No	2 2 BR2B
	DK	8 8 BR2B
	BR2A. WAS (NAME)'S BIRTH REGISTERED WITHIN THE FIRST YEAR OF BIRTH?	Yes
	No	2 2 BR4
	DK	8 8 BR4
	BR2B. WHAT IS THE MAIN REASON WHY (NAME)'S BIRTH IS NOT REGISTERED?	Costs too much
	Must travel too far	2
	Did not know it should be registered	3
	Did not want to pay fine	4
	Did not find important	5
	Do not know where to register	6 6 BR4
	Other (specify)	7
	DK	8
BR3. DO YOU KNOW WHERE TO REGISTER YOUR CHILD'S BIRTH?	Yes	1
	No	2
BR4. HOW MUCH DOES IT COST TO REGISTER A CHILD WITH THE BIRTHS AND DEATHS REGISTRY IF THE CHILD IS UNDER 1 YEAR OLD?	Free	1
	Less than GH¢10	2
	GH¢10	3
	More than GH¢10	4
	DK	8

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None 00	
	Number of children's books 0 ___	
	Ten or more books 10	

EARLY CHILDHOOD DEVELOPMENT (cont'd)		EC
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.		
DOES HE/SHE PLAY WITH:		
[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?	Y N DK	
Homemade toys	1 2 8	
[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?		
Toys from a shop	1 2 8	
[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?		
Household objects or outside objects	1 2 8	
If the respondent says "YES" to any of the categories above, then probe to learn specifically what the child plays with to ascertain the response		
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.		
ON HOW MANY DAYS IN THE PAST WEEK WAS (name):		
[A] LEFT ALONE FOR MORE THAN AN HOUR?		Number of days left alone for more than an hour ___
[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?		Number of days left with other child for more than an hour ___
If 'none' enter '0'. If 'don't know' enter '8'		
EC4. Check AG2: Age of child		
<input type="checkbox"/> Child age 3 or 4 Continue with EC5		
<input type="checkbox"/> Child age 0, 1 or 2 Go to Next Module		
EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes	1
	No	2 2 EC7
	DK	8 8 EC7
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?		Number of hours ___
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER 15 YEARS OLDER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):		
If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?		
Circle all that apply.		
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Mother A Father B Other X No one Y	Read books
[B] TOLD STORIES TO (name)?	A B X Y	Told stories
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A B X Y	Sang songs
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A B X Y	Took outside
[E] PLAYED WITH (name)?	A B X Y	Played with
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A B X Y	Named/counted

EARLY CHILDHOOD DEVELOPMENT		EC
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. 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 YOUR CHILD'S DEVELOPMENT.	Yes No	1 2
CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	DK	8
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes No	1 2
	DK	8
EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes No	1 2
	DK	8
EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK (STONE) FROM THE GROUND?	Yes No	1 2
	DK	8
EC12. IS (name) OFTEN TOO SICK TO PLAY?	Yes No	1 2
	DK	8

EARLY CHILDHOOD DEVELOPMENT		EC
EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes No	1 2
	DK	8
EC14. WHEN GIVEN SOMETHING TO DO, IS (name) ABLE TO DO IT INDEPENDENTLY?	Yes No	1 2
	DK	8
EC15. DOES (name) GET ALONG WELL WITH OTHER CHILDREN?	Yes No	1 2
	DK	8
EC16. DOES (name) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes No	1 2
	DK	8
EC17. DOES (name) GET DISTRACTED EASILY?	Yes No	1 2
	DK	8

BREASTFEEDING		BF
BF1. HAS (NAME) EVER BEEN BREASTFED?	Yes No	1 2
	DK	8
		2 BF3
BF2. IS (NAME) STILL BEING BREASTFED?	Yes No	1 2
	DK	8

BREASTFEEDING (cont'd)		BF
BF10. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes No	1 2
	DK	8
BF11. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes No	1 2
	DK	8
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes No	1 2
	DK	8

DIET DIVERSITY		DD
NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS AND FOODS THAT (NAME) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER YOUR CHILD HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.		

DD1. DID (NAME) DRINK/EAT (NAME OF FOOD) DURING THE DAY OR THE NIGHT BEFORE:	Yes	No	DK	DD2 HOW MANY TIMES DID (name) DRINK
A. MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK?				
B. INFANT FORMULA (SMA, LACTOGEN...)?				
C. BABY CEREAL (NESTLE CERELAC, FRESOCREM...)?				
D. TEA OR COFFEE?				
E. ANY OTHER LIQUIDS (JUICE, COCOA, COCONUT WATER...)?				
F. BREAD, RICE, NOODLES OR OTHER FOODS MADE FROM GRAIN (KENKEY, BANKU, KOKO, TUO ZAAFI, AKPLE, WEANIMIX...)?				
G. PUMPKIN, RED OR YELLOW YAMS, CARROTS, AND ORANGE OR YELLOW SWEET POTATOES...?				
H. WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, COCOYAM, FUFU OR ANY OTHER FOODS MADE FROM ROOTS, TUBERS OR PLANTAIN?				
I. ANY DARK GREEN LEAFY VEGETABLES (KONTOMIRE, ALEEFU, AYOYO, KALE, CASSAVA LEAVES)?				
J. RIPE MANGOES, PAWPAW?				
K. ANY OTHER FRUITS OR VEGETABLES (BANANAS, AVOCADOS, TOMATOES, ORANGES, APPLES...)?				
L. LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?				
M. ANY MEAT SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN OR DUCK?				
N. EGGS?				
O. FRESH OR DRIED FISH OR SHELLFISH (PRAWNS, LOBSTERS...)?				
P. ANY FOODS MADE FROM BEANS, PEAS, LENTILS OR NUTS?				
Q. CHEESE, YOGURT OR OTHER MILK PRODUCTS?				
R. ANY OIL, FATS OR BUTTER, OR FOODS MADE WITH ANY OF THIS?				
S. ANY SUGARY FOODS AS CHOCOLATE, SWEET CANDIES, PASTRIES, CAKES OR BISCUITS?				
T. ANY OTHER SOLID OR SEMI-SOLID FOODS?				

CHECK DD1 : FOOD CONSUMED DURING THE DAY OR NIGHT BEFORE

 At least one Yes in F to T Continue with BF17 Not a single Yes in F to T Go to next module

BF17. HOW MANY TIMES DID (name) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ___
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CA1. IN THE LAST TWO WEEKS, HAS (name) HAD DIARRHOEA?	Yes No	1 2	2 CA7
	DK	8	8 CA7

CARE OF ILLNESS		CA
CA2. I WOULD LIKE TO KNOW HOW MUCH (name) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? If less, probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less Somewhat less About the same More Nothing to drink DK	1 2 3 4 5 8
CA3. DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If "less", probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less Somewhat less About the same More Stopped food Never gave food DK	1 2 3 4 5 6 8
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.		Y N DK
[A] A FLUID MADE FROM A SACHET ORS?	Fluid from ORS sachet	1 2 8
[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Pre-packaged ORS fluid	1 2 8
[C] COCONUT WATER?	Coconut Water	1 2 8
[D] RICE WATER?	Rice Water	1 2 8
[E] MASHED KENKEY?	Mashed Kenkey	1 2 8
CA4F. Check CA4: ORS sachet or Pre-Packaged ORS given <input type="checkbox"/> [A]=1 or [B]=1 Continue with CA4G <input type="checkbox"/> Else CA5		
CA4G. WHERE DID YOU GET THE (ORS SACHET/PRE-PACKAGED ORS) FROM? Probe: ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions.	Public sector Govt. hospital/Polyclinic Govt. clinic/health centre Govt. health post/CHPS compound Community health worker Mobile / Outreach clinic Other public (specify) Private medical sector Private hospital / clinic/ physician Private pharmacy/Chemical shop Mobile / Outreach clinic Herbal centre/Herbal clinic Other private medical (specify) Other source Relative / Friend Shop Traditional practitioner Other (specify)	A B C D E H I K L M O P Q R X
CA4H. HOW MUCH DID YOU PAY FOR THE ORS?	Cedis _____ DK 998	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes No DK	1 2 8
		2 CA7 8 CA7

CARE OF ILLNESS (cont'd)		CA
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? Probe: ANYTHING ELSE? Record all treatments given. Write brand name(s) of all medicines mentioned. (Name)	Pill or Syrup Antibiotic Antimotility (anti-diarrhoeal) Zinc Other (Not antibiotic, antimotility or zinc) Unknown pill or syrup Injection Antibiotic Non-antibiotic Unknown injection Intravenous Home remedy / Herbal medicine Other (specify)	A B C G H L M N O Q X
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?	Yes No DK	1 2 8
		2 CA14 8 CA14
CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes No DK	1 2 8
		2 CA10 8 CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only Blocked or runny nose only Both Other (specify) DK	1 2 3 6 8
		2 CA14 6 CA14
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes No DK	1 2 8
		2 CA12 8 CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? Probe: ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. (Name of place)	Public sector Govt. hospital/Polyclinic Govt. clinic/health centre Govt. health post/CHPS compound Community health worker Mobile / Outreach clinic Other public (specify) Private medical sector Private hospital / clinic / physician Private pharmacy/Chemical shop Mobile/Outreach clinic Herbal Centre/Clinic Other private medical (specify) Other source Relative / Friend Shop Traditional practitioner Other (specify)	A B C D E H I K L M O P Q R X
CA12. WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes No DK	1 2 8
		2 CA14 8 CA14

CARE OF ILLNESS (cont'd)		CA	
CA13. WHAT MEDICINE WAS (name) GIVEN?	Antibiotic		
Probe:	Pill / Syrup	A	
ANY OTHER MEDICINE?	Injection	B	
Circle all medicines given. Write brand name(s) of all medicines mentioned.	Anti-malarials	M	M CA14
(Names of medicines)	Paracetamol / Panadol / Acetaminophen	P	P CA14
	Aspirin	Q	Q CA14
	Ibuprofen	R	R CA14
	Other (specify)	X	X CA14
	DK	Z	Z CA14
CA13A. FROM WHERE DID YOU GET THE ANTIBIOTIC (PILL/SYRUP OR INJECTION)?	Public sector		
Probe:	Govt. hospital/Polyclinic	A	
ANYWHERE ELSE?	Govt. clinic/health centre	B	
	Govt. health post/CHPS Compound	C	
	Community health worker	D	
	Mobile / Outreach clinic	E	
	Other public (specify)	H	
	Private medical sector		
	Private hospital / clinic/ physician	I	
	Private pharmacy/Chemical shop	K	
	Mobile/Outreach clinic	L	
	Herbal Centre/HerbalClinic	M	
	Other private (specify)	O	
	Other source		
	Relative / Friend	P	
	Shop	Q	
	Traditional practitioner	R	
	Other (specify)	X	
CA14. Check AG2: Child aged under 3?			
<input type="checkbox"/> Yes Continue with CA15			
<input type="checkbox"/> No Go to Next Module			
CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine	01	
	Put / Rinsed into toilet or latrine	02	
	Put / Rinsed into drain or ditch	03	
	Thrown into garbage (solid waste)	04	
	Buried	05	
	Left in the open	06	
	Other (specify)	96	
	DK	98	

MALARIA		ML	
ML1. IN THE LAST TWO WEEKS, HAS (name) BEEN ILL WITH A FEVER AT ANY TIME?	Yes	1	
	No	2	2 Next Module
	DK	8	8 Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID (name) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes	1	
	No	2	
	DK	8	

MALARIA (cont'd)		ML	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes	1	
	No	2	2 ML8
	DK	8	8 ML8
ML4. WAS (name) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes	1	
	No	2	2 ML8
	DK	8	8 ML8
ML4A. WHERE WAS (name) TAKEN DURING THIS ILLNESS?	Public sector		
	Govt. Hospital	11	
	Govt. clinic Health center	12	
	Govt. Health post/CHPS compound	13	
	Village health worker/CBA	14	
	Mobile/outreach clinic	15	
	Other (specify)	16	
	Private medical sector		
	Private hospital/clinic	21	
	Private physician	22	
	Private pharmacy/Chemical shop	23	
	Mobile/Outreach clinic	24	
	Other (specify)	26	
	Other source		
	Relative or Friend	31	
	Shop	32	
	Traditional practitioner	33	
	Drug peddlers	34	
	Other (specify)	96	
	DK	98	
ML5. WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes	1	
	No	2	2 ML7
	DK	8	8 ML7
ML6. WHAT MEDICINE WAS (name) GIVEN?	Anti-malarials:		
Probe:	SP / Fansidar	A	
ANY OTHER MEDICINE?	Chloroquine	B	
	Amodiaquine	C	
	Quinine	D	
	Artemisinin-based Combination	E	
	ACT with the green leaf	F	
	Other anti-malarial (specify)	H	
Circle all medicines mentioned. Write brand name(s) of all medicines, if given.	Antibiotic drugs		
(Name)	Pill / Syrup	I	
	Injection	J	
	Other medications:		
	Paracetamol/ Panadol / Acetaminophen		
	Aspirin	P	
	Ibuprofen	Q	
	Other (specify)	R	
	DK	X	
		Z	
ML7. WAS (name) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes	1	1 ML9
	No	2	2 ML10
	DK	8	8 ML10
ML8. WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes	1	
	No	2	2 ML10
	DK	8	8 ML10

MALARIA (cont'd)		ML
<p>ML9. WHAT MEDICINE WAS (name) GIVEN?</p> <p>Probe: ANY OTHER MEDICINE?</p> <p>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</p> <p>(Name)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Amodiaquine C</p> <p>Quinine D</p> <p>Artemisinin-based Combination E</p> <p>ACT with the green leaf F</p> <p>Other anti-malarial (specify) H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol/ Acetaminophen P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (specify) X</p> <p>DK Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes Continue with ML11</p> <p><input type="checkbox"/> No Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML6 or ML9)?</p> <p>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever 4</p> <p>DK 8</p>	

IMMUNIZATION		IM
<p>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</p>		
<p>IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?</p> <p>(If yes) MAY I SEE IT PLEASE?</p>	<p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No card 3</p>	<p>1 IM3</p> <p>2 IM6</p>
<p>IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1 IM6</p> <p>2 IM6</p>

IMMUNIZATION (cont'd)				IM
<p>IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.</p>	<p>Date of Immunization</p> <p>Day Month Year</p>			
BCG BCG				
POLIO AT BIRTH OPV0				
POLIO 1 OPV1				
POLIO 2 OPV2				
POLIO 3 OPV3				
PENTA1 (DPT/HEPB/INFL1) PEN1				
PENTA2 (DPT/HEPB/INFL2) PEN2				
PENTA3 (DPT/HEPB/INFL3) PEN3				
MEASLES MEASLES				
YELLOW FEVER YF				
VITAMIN A (1) (MOST RECENT) VITA1				
VITAMIN A (2) (2ND MOST RECENT) VITA2				
<p>IM4. Check IM3. Are all vaccines (BCG to Yellow Fever) recorded?</p> <p><input type="checkbox"/> Yes Go to IM18</p> <p><input type="checkbox"/> No Continue with IM5</p>				

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record 'Yes' only if respondent mentions vaccines shown in the table above.</p>	<p>Yes (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No 2</p> <p>DK 8</p>	<p>1</p> <p>2 IM18</p> <p>8 IM18</p>
<p>IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes</p> <p>No 2</p> <p>DK 8</p>	<p>1</p> <p>2 IM18</p> <p>8 IM18</p>
<p>IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes</p> <p>No 2</p> <p>DK 8</p>	<p>1</p>
<p>IM8. HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes</p> <p>No 2</p> <p>DK 8</p>	<p>1</p> <p>2 IM11</p> <p>8 IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks</p> <p>Later 2</p>	<p>1</p> <p>2</p>
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times ___</p>	

IMMUNIZATION (cont'd)		IM	
IM11. HAS (name) EVER RECEIVED A PENTA (DPT/HEPB/INFL) VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? Probe by indicating that PENTA vaccination is sometimes given at the same time as Polio	Yes No DK	1 2 8	1 2 IM16 8 IM16
IM12. HOW MANY TIMES WAS A PENTA (DPT/HEPB/INFL) VACCINE RECEIVED?	Number of times ____		
IM16. HAS (name) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES? Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine	Yes No DK	1 2 8	
IM17. HAS (name) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine	Yes No DK	1 2 8	
IM18. HAS (name) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? Show common types of ampules / capsules / syrups	Yes No DK	1 2 8	
IM19. Please tell me if (name) has participated in any of the following campaigns over the course of the year:		Y N DK	
[A] POLIO IMMUNIZATION PHASE I (MARCH 2011)	POLIO IMMUNIZATION PHASE I	1 2 8	
[B] POLIO IMMUNIZATION PHASE II (MAY 2011)	POLIO IMMUNIZATION PHASE II	1 2 8	
[C] POLIO IMMUNIZATION PHASE III (AUGUST 2011)	POLIO IMMUNIZATION PHASE III	1 2 8	
[D] POLIO IMMUNIZATION PHASE IV (NOVEMBER 2011)	POLIO IMMUNIZATION PHASE IV	1 2 8	

NATIONAL HEALTH INSURANCE		HI	
HI1. HAS (name) EVER BEEN REGISTERED WITH ANY HEALTH INSURANCE SCHEME?	Yes No	1 2	2 HI10
HI2. WHAT TYPE OF HEALTH INSURANCE DOES (NAME) HAVE? Probe: ANY OTHER?	National/District Health Insurance (NHIS) Mutual Health Organization/ Community-based Health Insurance Other Privately Purchased Commercial Health Insurance Other Health Insurance (specify)	A B C X	
HI3. Check HI2: <input type="checkbox"/> NHIS NOT CHECKED. Go to HI11			
HI3A. IN WHICH YEAR WAS (NAME) FIRST REGISTERED WITH THE NATIONAL HEALTH INSURANCE SCHEME (NHIS)?	(YYYY) _____ DK.....998		
HI4. HOW WAS (NAME'S) MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself Premium paid by a relative or friend Free Child Health Service Other (specify)	01 02 07 96	

NATIONAL HEALTH INSURANCE (cont'd)		HI	
HI5. DOES (NAME) HOLD A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD? If child has valid insurance card, request to see it. Check to make sure it is valid for 2011	Yes, card seen Yes, card not seen No	1 2 3	1 HI9 2 HI9
HI6. WHY DOES (NAME) NOT HAVE A VALID NHIS CARD?	Registered/Renewed, card not received Registered, in waiting period Registration not renewed Lost NHIS card Not aware of need to renew the card Other (specify)	2 3 4 5 7 6	2 HI9 3 NI9 5 HI9 6 HI9
HI7. DO YOU PLAN TO RENEW (NAME'S) NHIS REGISTRATION?	Yes No Don't know/ Not sure	1 2 8	1 HI9 8 HI9

HI8. WHY DO YOU NOT WANT TO RENEW (NAME'S) NHIS REGISTRATION? Probe: ANY OTHER REASON?	Has not been sick Still pay out of pocket Poor quality care with card Waiting time for card too long Desired services not covered Clinics used/ traditional services not Covered by NHIS Not aware that card is renewable Other (specify)_____	A C D E F G H X	
HI9. IN YOUR OPINION, DOES A CHILD WITH THE NHIS CARD GET BETTER/SAME/WORSE SERVICES WHEN THEY VISIT HEALTH CARE FACILITIES?	Better Same Worse Never used Don't know	1 2 3 4 8	1 UF13 2 UF13 3 UF13 4 UF13 8 UF13
HI10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION FOR (NAME) WITH THE NHIS? Probe: ANY OTHER REASON?	Not heard of NHIS Do not trust NHIS Do not know where to register Registration office too far Do not need health insurance NHIS does not cover the services needed NHIS does not cover the facilities used Not aware that card is renewable Other (specify)_____	A C D E F G H I X	A UF13 C UF13 D UF13 E UF13 F UF13 G UF13 H UF13 X UF13
HI11. IS (NAME'S) INSURANCE CURRENTLY VALID FOR 2011?	Yes No Don't know/ Not sure	1 2 8	

UF13. Record the time.	Hour and minutes ____ : ____	
UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?	<input type="checkbox"/> Yes Indicate to the respondent that the health technician will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent <input type="checkbox"/> No End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that the health technician will need to measure the weight and height of the child Check to see if there are other woman's, under-5's or man's questionnaires to be administered in this household. Move to another woman's, under-5 or man's questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.	

ANTHROPOMETRY		AN	
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements. Also observe and record whether the child has oedema or not.			
AN1. Measurer's name and number:	Name	_____	
AN2. Result of height / length and weight measurement	Either or both measured	1	
	Child not present	2	2 AN6
	Child or caretaker refused	3	3 AN6
	Other (specify)	6	6 AN6
AN3. Child's weight	Kilograms (kg)	____.____	
	Weight not measured	99.9	
AN4. Child's length or height	Check age of child in AG2:		
<input type="checkbox"/> Child under 2 years old. Measure length (lying down).	Length (cm) Lying down	1 _____ . ____	
	Height (cm) Standing up	2 _____ . ____	
<input type="checkbox"/> Child age 2 or more years. Measure height (standing up).	Length / Height not measured	9999.9	
	AN5. Oedema	Checked	
EXAMINE AND RECORD.	Oedema present	1	
	Oedema not present	2	
	Unsure	3	
	Not checked (specify reason)	7	
AN6. Is there another child in the household who is eligible for measurement?			
<input type="checkbox"/> Yes Record measurements for next child.			
<input type="checkbox"/> No End measurement with this household by thanking all participants for their cooperation. Health technician will then proceed to the anemia and malaria testing for eligible children in the house hold.			

ANAEMIA AND MALARIA TESTING FOR CHILDREN UNDER FIVE		AM	
After weighing and measuring the child, the health technician will request to do the anaemia and malaria testing.			
AM1. Check AG1:	Yes	1	
Was child born in month of interview or five previous months?	No	2	1 END
AM2. Ask consent for anaemia test from mother or caretaker:			
AS PART OF THIS SURVEY, WE ARE ASKING THAT CHILDREN ALL OVER THE COUNTRY TAKE AN ANAEMIA TEST. ANAEMIA IS A SERIOUS HEALTH PROBLEM THAT USUALLY RESULTS FROM POOR NUTRITION, INFECTION, OR DISEASE. THIS SURVEY WILL HELP THE GOVERNMENT TO DEVELOP PROGRAMS TO PREVENT AND TREAT ANAEMIA.			
WE ASK THAT ALL CHILDREN AGE 6 MONTHS TO 5 YEARS PARTICIPATE IN THE ANAEMIA TESTING PART OF THIS SURVEY AND GIVE A FEW DROPS OF BLOOD FROM A FINGER. THE EQUIPMENT USED TO TAKE THE BLOOD IS CLEAN AND COMPLETELY SAFE. IT HAS NEVER BEEN USED BEFORE AND WILL BE THROWN AWAY AFTER EACH TEST. YOUR CHILD WILL FEEL SOME PAIN THAT LASTS A FEW SECONDS WHEN HIS/HER FINGER IS PRICKED. THERE IS ALSO A SLIGHT RISK OF BLEEDING AND INFECTION WHERE THE FINGER IS PRICKED, BUT WE TAKE PRECAUTIONS TO REDUCE THIS RISK.			
THE BLOOD WILL BE TESTED FOR ANAEMIA IMMEDIATELY AND THE RESULT WILL BE MADE KNOWN TO YOU RIGHT AWAY. THE RESULT WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM.			
DO YOU HAVE ANY QUESTIONS? YOU CAN SAY YES TO THE TEST OR YOU CAN SAY NO. IT IS UP TO YOU TO DECIDE.			
WILL YOU ALLOW (NAME OF CHILD) TO PARTICIPATE IN THE ANAEMIA TEST?			
AM3. Anaemia testing consent outcome.	Granted	1	
	_____ (mother/caretaker's signature or thumbprint)		
	_____ (health tech's signature as witness)		
	Refused	2	
	Child not present	5	
	Other	6	
AM4. Ask consent for malaria test from mother or caretaker:			
AS PART OF THIS SURVEY, WE ARE ASKING THAT CHILDREN ALL OVER THE COUNTRY TAKE A MALARIA TEST. MALARIA IS A SERIOUS ILLNESS CAUSED BY A PARASITE TRANSMITTED BY A MOSQUITO BITE. THIS SURVEY WILL HELP THE GOVERNMENT TO DEVELOP PROGRAMS TO PREVENT MALARIA.			
WE ASK THAT ALL CHILDREN AGE 6 MONTHS TO 5 YEARS PARTICIPATE IN THE MALARIA TESTING PART OF THIS SURVEY AND GIVE A FEW DROPS OF BLOOD FROM A FINGER. THE EQUIPMENT USED TO TAKE THE BLOOD IS CLEAN AND COMPLETELY SAFE. IT HAS NEVER BEEN USED BEFORE AND WILL BE THROWN AWAY AFTER EACH TEST. YOUR CHILD WILL FEEL SOME PAIN THAT LASTS A FEW SECONDS WHEN HIS/HER FINGER IS PRICKED. THERE IS ALSO A SLIGHT RISK OF BLEEDING AND INFECTION WHERE THE FINGER IS PRICKED, BUT WE TAKE PRECAUTIONS TO REDUCE THIS RISK. WE WILL USE BLOOD FROM THE SAME FINGER PRICK MADE FOR THE ANAEMIA TEST.			
ONE BLOOD DROP WILL BE TESTED FOR MALARIA IMMEDIATELY AND THE RESULT WILL BE MADE KNOWN TO YOU RIGHT AWAY. ANOTHER DROP WILL BE COLLECTED ON A SLIDE AND TAKEN TO A LABORATORY FOR TESTING. YOU WILL NOT BE TOLD THE RESULTS OF THE LABORATORY TESTING. ALL RESULTS WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM.			
DO YOU HAVE ANY QUESTIONS? YOU CAN SAY YES TO THE TEST OR YOU CAN SAY NO. IT IS UP TO YOU TO DECIDE.			
WILL YOU ALLOW (NAME OF CHILD) TO PARTICIPATE IN THE MALARIA TESTING?			

ANAEMIA AND MALARIA TESTING FOR CHILDREN UNDER FIVE (cont'd)		AM
AM5. Malaria testing consent outcome.	Granted 1 _____ (mother/caretaker's signature or thumbprint) _____ (health tech's signature as witness) Refused 2 Child not present 5 Other 6	
AM6. Prepare supplies for the tests for which consent was granted and proceed with the tests.		
AM7. Bar code label. Put the first bar code label here, the 2nd on the RDT, the 3rd on the slide and the 4th and 5th on the transmittal forms.	PASTE THE 1st BAR CODE LABEL HERE Refused 9994 Child not present 9995 Other 9996	
AM8. Haemoglobin level. Record the haemoglobin level here and in the anaemia and malaria brochure.	G/DL __ __ . __ Refused 994 Child not present 995 Other 996	
AM9. Malaria rapid test outcome.	Tested 1 Refused 2 Child not present 3 Other 6	2 AM11 3 AM11 6 AM11
AM10. Malaria rapid test result. Record the result of the RDT here and in the anaemia and malaria brochure.	Positive, falciparum only (Pf) 1 Positive, other species (O,M,V) 2 Positive, both falciparum and OMV 3 Negative 4 Other 6	1 AM13 2 AM13 3 AM13
AM11. Check AM8: Haemoglobin result	Below 7.0 g/dl, severe anaemia 1 7.0 g/dl or above 2 Refused 3 Child not present 4 Other 6	2 END 3 END 4 END 6 END
AM12. Severe anaemia referral THE ANAEMIA TEST SHOWS THAT (NAME OF CHILD) HAS SEVERE ANAEMIA. YOUR CHILD IS VERY ILL AND MUST BE TAKEN TO A HEALTH FACILITY IMMEDIATELY.		END
AM13. DOES (NAME) SUFFER FROM ANY OF THE FOLLOWING ILLNESSES OR SYMPTOMS: EXTREME WEAKNESS? HEART PROBLEMS? FAINTING, LOSS OF CONSCIOUSNESS? RAPID OR DIFFICULT BREATHING? SEIZURES? ABNORMAL BLEEDING? JAUNDICE (YELLOW SKIN)? DARK URINE?	Extreme weakness A Heart problems B Fainting, loss of consciousness C Rapid or difficult breathing D Seizures E Abnormal bleeding F Jaundice G Dark urine H	
AM14. Check AM13: Any code circled?	No code circled 1 Any code circled 2	2 AM 17
AM15. Check AM8: Haemoglobin result	Below 6.0 g/dl, severe anaemia 1 6.0 g/dl or above 2 Refused 3 Child not present 4 Other 6	1 AM 17
AM16. IN THE PAST 2 WEEKS HAS (NAME) TAKEN ANY MEDICINE GIVEN BY A DOCTOR OR HEALTH CENTER TO TREAT THE MALARIA? Check if it is AL/AS-AQ by asking to see the medicine. Circle '1' only if it is AL or AS-AQ.	Yes 1 No 2	1 AM 18 2 AM 19

ANAEMIA AND MALARIA TESTING FOR CHILDREN UNDER FIVE (cont'd)		AM
AM17. Severe malaria referral THE MALARIA TEST SHOWS THAT (NAME OF CHILD) HAS MALARIA. YOUR CHILD ALSO HAS SYMPTOMS OF SEVERE MALARIA. THE MALARIA TREATMENT I HAVE WILL NOT HELP YOUR CHILD, AND I CANNOT GIVE YOU THE MEDICATION. YOUR CHILD IS VERY ILL AND MUST BE TAKEN TO A HEALTH FACILITY RIGHT AWAY.		END
AM18. Referral for those who are already taking AL or AS-AQ YOU HAVE TOLD ME THAT (NAME OF CHILD) HAS ALREADY RECEIVED MEDICATION FOR MALARIA. THEREFORE, I CANNOT GIVE YOU ADDITIONAL MEDICATION. HOWEVER, THE TEST SHOWS THAT HE/SHE IS POSITIVE FOR MALARIA. IF YOUR CHILD HAS A FEVER FOR TWO DAYS AFTER THE LAST DOSE OF MEDICATION, YOU SHOULD TAKE THE CHILD TO THE NEAREST HEALTH FACILITY FOR FURTHER EXAMINATION.		END
AM19. Consent for malaria treatment THE MALARIA TEST SHOWS THAT YOUR CHILD HAS MALARIA. WE CAN GIVE YOU FREE MEDICINE. THE MEDICINE IS CALLED AS-AQ. IT IS VERY EFFECTIVE AND IN A FEW DAYS IT SHOULD GET RID OF THE FEVER AND OTHER SYMPTOMS. YOU DO NOT HAVE TO GIVE THE CHILD THE MEDICINE. IT IS UP TO YOU TO DECIDE. PLEASE TELL ME IF YOU ACCEPT THE MEDICINE OR NOT.		
AM20. Accepted medicine?	Accepted medicine 1 Refused medicine 2 Other 6	

TABLE 1A: ARTESUNATE + AMODIAQUINE FIXED DOSE COMBINATION STANDARD REGIMEN, USING THE 3 AVAILABLE DOSING STRENGTHS

Artesunate + Amodiaquine Fixed Dose Combination*					
Weight (kg)	Age	Tablet Dosing Strength	Day 1	Day 2	Day 3
≤ 8 kg	2-11 mos. "Infants"	AS: 25 mg AQ: 67.5 mg	1 tablet	1 tablet	1 tablet
9-17 kg	1-5 years "Young Children"	AS: 50 mg AQ: 135 mg	1 tablet	1 tablet	1 tablet
18-35 kg	6-13 years "Children"	AS: 100 mg AQ: 270 mg	1 tablet	1 tablet	1 tablet
≥ 36 kg	> 13 years "Adolescents & Adults"	AS: 100 mg AQ: 270 mg	2 tablet	2 tablet	2 tablet

* Each tablet contains both Artesunate (AS) and Amodiaquine (AQ), at the dosages indicated. The product packaging clearly indicates which dosing strength applies to which age group.

TABLE 1B: ARTESUNATE + AMODIAQUINE CO-BLISTERED FORMULATION REGIMEN FOR ONCE DAILY DOSING

Weight (kg)	Age (yr)	Artesunate 50 mg tablets			Amodiaquine 150 mg base tablets		
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
5-10 kg	Under 1	½ tab	½ tab	½ tab	½ tab	½ tab	½ tab
11-24 kg	1-6	1 tab	1 tab	1 tab	1 tab	1 tab	1 tab
24-50 kg	7-13	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs
50-70 kg	14-18	3 tabs	3 tabs	3 tabs	3 tabs	3 tabs	3 tabs
≥70 kg	≥18	4 tabs	4 tabs	4 tabs	4 tabs	4 tabs	4 tabs

Note: The dose in mg/body weight is: Amodiaquine 10mg/kg body weight + Artesunate 4mg/ kg body weight, taken as a SINGLE DOSE daily for three (3) days, after meals.