



QUESTIONNAIRE FOR CHILDREN UNDER FIVE



GHANA MICS 2017/18

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

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.

UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY..... 1	1⇒UF10B
	NO, FIRST INTERVIEW 2	2⇒UF10A
UF10A. HELLO, MY NAME IS (YOUR NAME). WE ARE FROM GHANA STATISTICAL SERVICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (CHILD'S NAME FROM UF3)'S HEALTH AND WELL-BEING. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?	UF10B. NOW I WOULD LIKE TO TALK TO YOU ABOUT (CHILD'S NAME FROM UF3)'S HEALTH AND WELL-BEING IN MORE DETAIL. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?	
YES 1	1⇒UNDER FIVE'S BACKGROUND MODULE	
No / NOT ASKED 2	2⇒UF17	
YES / BUT REVISIT LATER 3	3⇒UF17 REVISIT LATER	

<p>UF17. Result of interview for children under 5</p> <p>Codes refer to mother/caretaker.</p> <p>Discuss any result not completed with Supervisor.</p>	<p>COMPLETED01</p> <p>NOT AT HOME02</p> <p>REFUSED03</p> <p>PARTLY COMPLETED04</p> <p>INCAPACITATED</p> <p>(specify) _____</p> <p>05</p> <p>NO ADULT CONSENT FOR MOTHER/</p> <p>CARETAKER AGE 15-17.....06</p> <p>06</p> <p>OTHER (specify) _____</p>
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UNDER-FIVE'S BACKGROUND	UB
<p>UB0. BEFORE I BEGIN THE INTERVIEW, COULD YOU PLEASE BRING (NAME)'S BIRTH CERTIFICATE, CHILD HEALTH RECORD BOOK, AND ANY IMMUNIZATION RECORD FROM A PRIVATE HEALTH PROVIDER? WE WILL NEED TO REFER TO THOSE DOCUMENTS.</p>	
<p>UB1. ON WHAT DAY, MONTH AND YEAR WAS (NAME) BORN?</p> <p>PROBE:</p> <p>WHAT IS (HIS/HER) BIRTHDAY?</p> <p>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</p> <p>Month and year <u>must</u> be recorded.</p>	<p>DATE OF BIRTH</p> <p>DAY _ _</p> <p>DK DAY98</p> <p>MONTH _ _</p> <p>YEAR..... <u>2 0 1</u> _</p>

UNDER-FIVE'S BACKGROUND	UB	
<p>UB2. HOW OLD IS (NAME)?</p> <p>PROBE:</p> <p>AGE (IN COMPLETED YEARS) _</p> <p>HOW OLD WAS (NAME) AT (HIS/HER) LAST BIRTH-DAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>If responses to UB1 and UB2 are inconsistent, probe further and correct.</p>		
<p>UB3. Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2.....1</p> <p>AGE 3 OR 4.....2</p>	1⇒UB9
<p>UB4. 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>UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?</p>	<p>YES, ED10=0.....1</p> <p>NO, ED10≠0 OR BLANK2</p>	1⇒UB8B 2⇒UB9
<p>UB6. HAS (NAME) EVER ATTENDED ANY EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS NURSERY, PRESCHOOL OR KINDERGARTEN (KG)?</p>	<p>YES1</p> <p>NO2</p>	2⇒UB9
<p>UB7. AT ANY TIME SINCE SEPTEMBER THIS YEAR (2017), DID (HE/SHE) ATTEND (PROGRAMMES MENTIONED IN UB6)?</p>	<p>YES1</p> <p>NO2</p>	1⇒UB8A 2⇒UB9
<p>UB8A. DOES (HE/SHE) CURRENTLY ATTEND (PROGRAMMES MENTIONED IN UB6)?</p>	<p>YES1</p>	
<p>UB8B. YOU HAVE MENTIONED THAT (NAME) HAS ATTENDED AN EARLY CHILDHOOD EDUCATION PROGRAMME THIS SCHOOL YEAR. DOES (HE/SHE) CURRENTLY ATTEND THIS PROGRAMME?</p>	<p>NO2</p>	
<p>UB9. IS (NAME) COVERED BY ANY HEALTH INSURANCE?</p>	<p>YES1</p> <p>NO2</p>	2⇒UB11
<p>UB10. WHAT TYPE OF HEALTH INSURANCE IS (NAME) COVERED BY?</p> <p>Record all mentioned.</p>	<p>NATIONAL HEALTH INSURANCE SERVICE A</p> <p>HEALTH INSURANCE THROUGH</p> <p>EMPLOYER B</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (specify) X</p>	<p>A⇒END</p> <p>B⇒END</p> <p>D⇒END</p> <p>X⇒END</p>

UNDER-FIVE'S BACKGROUND		UB
UB11. HAS (NAME) EVER BEEN REGISTERED WITH A HEALTH INSURANCE SCHEME?	YES, REGISTERED NHIS	1 → END
	YES, REGISTERED PRIVATE	2 → END
	YES, BOTH NHIS AND PRIVATE.....	3 → END
	NO	4
UB12. WHY (NAME) HAS NEVER BEEN REGISTERED WITH A PRIVATE INSURANCE OR NHIS? RECORD ALL MENTIONED.	PREMIUM IS TOO HIGH.....	A
	DO NOT HAVE CONFIDENCE IN APPARATUS OF THE SCHEME	B
	NO KNOWLEDGE OF ANY SCHEME	C
	DO NOT KNOW WHERE TO REGISTER.....	D
	REGISTRATION OFFICE TOO FAR	E
	DO NOT NEED HEALTH INSURANCE.....	F
	HEALTH INSURANCE DOES NOT COVER THE SERVICES/ FACILITIES I NEED	G
	NO MONEY	H
OTHERS(specify)	X	

BIRTH REGISTRATION		BR
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE? IF YES, ASK: MAY I SEE IT?	YES, SEEN.....	1 → END
	YES, NOT SEEN	2 → END
	NO	3
	DK.....	8
BR2. HAS (NAME)'S BIRTH BEEN REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY?	YES	1 → END
	NO	2
	DK.....	8
BR3. DO YOU KNOW HOW TO REGISTER (NAME)'S BIRTH?	YES	1
	NO	2

EARLY CHILDHOOD DEVELOPMENT	EC
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (NAME)?</p>	<p>NONE00</p> <p>NUMBER OF CHILDREN'S BOOKS..... <u> 0 </u></p> <p>TEN OR MORE BOOKS10</p>
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (NAME) 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>Y N DK</p> <p>HOMEMADE TOYS1 2 8</p> <p>TOYS FROM A SHOP.....1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS1 2 8</p>
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS (NAME):</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>

EARLY CHILDHOOD DEVELOPMENT		EC			
EC4. Check UB2: Child's age? AGE 0, OR 1.....1 AGE 2, 3 OR 4.....2					1⇒END
EC5. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (NAME) : IF 'YES', ASK: WHO ENGAGED IN THIS ACTIVITY WITH (NAME) ? <i>A FOSTER/STEP MOTHER OR FATHER LIVING IN THE HOUSEHOLD WHO ENGAGED WITH THE CHILD SHOULD BE CODED AS MOTHER OR FATHER.</i> RECORD ALL THAT APPLY. 'NO ONE' CANNOT BE RECORDED IF ANY HOUSEHOLD MEMBER AGE 15 AND ABOVE ENGAGED IN ACTIVITY WITH CHILD.					
		MOTHER	FATHER	OTHER	NO ONE
[A] READ BOOKS OR LOOKED AT PICTURE BOOKS WITH (NAME) ?	READ BOOKS	A	B	X	Y
[B] TOLD STORIES TO (NAME) ?	TOLD STORIES	A	B	X	Y
[C] SANG SONGS TO OR WITH (NAME) , INCLUDING LULLABIES?	SANG SONGS	A	B	X	Y
[D] TOOK (NAME) OUTSIDE THE HOME?	TOOK OUTSIDE	A	B	X	Y
[E] PLAYED WITH (NAME) ?	PLAYED WITH	A	B	X	Y
[F] NAMED, COUNTED, OR DREW THINGS FOR OR WITH (NAME) ?	NAMED	A	B	X	Y
EC5G. CHECK UB2: CHILD'S AGE?	AGE 21				1⇒End
	AGE 3 OR 4.....2				

EARLY CHILDHOOD DEVELOPMENT	EC
<p>EC6. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (NAME). 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 (NAME)'S DEVELOPMENT.</p> <p>CAN (NAME) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>
<p>EC7. CAN (NAME) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>
<p>EC8. DOES (NAME) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>
<p>EC9. CAN (NAME) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>
<p>EC10. IS (NAME) SOMETIMES TOO SICK TO PLAY?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>
<p>EC11. DOES (NAME) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>



EARLY CHILDHOOD DEVELOPMENT		EC
EC12. WHEN GIVEN SOMETHING TO DO, IS (NAME) ABLE TO DO IT INDEPENDENTLY?	YES1	
	NO2	
	DK.....8	
EC13. DOES (NAME) GET ALONG WELL WITH OTHER CHILDREN?	YES1	
	NO2	
	DK.....8	
EC14. DOES (NAME) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	YES1	
	NO2	
	DK.....8	
EC15. DOES (NAME) GET DISTRACTED EASILY?	YES1	
	NO2	
	DK.....8	

CHILD DISCIPLINE		UCD	
UCD1. CHECK UB2: CHILD'S AGE?	AGE 01	1⇒END	
	AGE 1, 2, 3 OR 4.....2		
<p>UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <u>(name)</u> in the past month.</p> <p>[A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house.</p> <p>[B] Explained why (name)'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, hair-brush, 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>		
	UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?	YES1	2⇒UCD5
		NO2	
	UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES1	1⇒END
		NO2	

CHILD DISCIPLINE		UCD
UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES1	
	NO2	
	DK / NO OPINION.....8	

CHILD FUNCTIONING		UCF
UCF1. CHECK UB2: CHILD'S AGE?	AGE 0 OR 1.....1	1⇒END
	AGE 2, 3 OR 4.....2	
UCF2. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES (NAME) MAY HAVE.	YES1	
	NO2	
DOES (NAME) WEAR GLASSES?		
UCF3. DOES (NAME) USE A HEARING AID?	YES1	
	NO2	
UCF4. DOES (NAME) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	YES1	
	NO2	
UCF5. IN THE FOLLOWING QUESTIONS, I WILL ASK YOU TO ANSWER BY SELECTING ONE OF FOUR POSSIBLE ANSWERS. FOR EACH QUESTION, WOULD YOU SAY THAT (NAME) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL.		
Repeat the categories during the individual questions whenever the respondent does not use an answer category:		
REMEMBER THE FOUR POSSIBLE ANSWERS: WOULD YOU SAY THAT (NAME) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1.....1	1⇒UCF7A
	NO, UCF2=22	2⇒UCF7B
UCF7A. WHEN WEARING (HIS/HER) GLASSES, DOES (NAME) HAVE DIFFICULTY SEEING?	NO DIFFICULTY.....1	
	SOME DIFFICULTY.....2	
	A LOT OF DIFFICULTY.....3	
UCF7B. DOES (NAME) HAVE DIFFICULTY SEEING?	CANNOT SEE AT ALL4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1.....1	1⇒UCF9A
	NO, UCF3=22	2⇒UCF9B

CHILD FUNCTIONING		UCF	
UCF9A. WHEN USING (HIS/HER) HEARING AID(S), DOES (NAME) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?	NO DIFFICULTY.....1		
	SOME DIFFICULTY.....2		
	UCF9B. DOES (NAME) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?	A LOT OF DIFFICULTY.....3	
	CANNOT HEAR AT ALL4		
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1.....1	1⇒UCF11	
	NO, UCF4=22	2⇒UCF13	
UCF11. WITHOUT (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING?	SOME DIFFICULTY.....2		
	A LOT OF DIFFICULTY.....3		
	CANNOT WALK AT ALL.....4		
UCF12. WITH (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING?	NO DIFFICULTY.....1	1⇒UCF14	
	SOME DIFFICULTY.....2	2⇒UCF14	
	A LOT OF DIFFICULTY.....3	3⇒UCF14	
	CANNOT WALK AT ALL.....4	4⇒UCF14	
UCF13. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (NAME) HAVE DIFFICULTY WALKING?	NO DIFFICULTY.....1		
	SOME DIFFICULTY.....2		
	A LOT OF DIFFICULTY.....3		
	CANNOT WALK AT ALL.....4		
UCF14. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (NAME) HAVE DIFFICULTY PICKING UP SMALL OBJECTS WITH (HIS/HER) HAND?	NO DIFFICULTY.....1		
	SOME DIFFICULTY.....2		
	A LOT OF DIFFICULTY.....3		
	CANNOT PICK UP AT ALL4		
UCF15. DOES (NAME) HAVE DIFFICULTY UNDERSTANDING YOU?	NO DIFFICULTY.....1		
	SOME DIFFICULTY.....2		
	A LOT OF DIFFICULTY.....3		
	CANNOT UNDERSTAND AT ALL.....4		

CHILD FUNCTIONING		UCF
<p>UCF16. WHEN (NAME) SPEAKS, DO YOU HAVE DIFFICULTY UNDERSTANDING (HIM/HER)?</p>	<p>NO DIFFICULTY.....1</p> <p>SOME DIFFICULTY.....2</p> <p>A LOT OF DIFFICULTY.....3</p> <p>CANNOT BE UNDERSTOOD AT ALL.....4</p>	
<p>UCF17. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (NAME) HAVE DIFFICULTY LEARNING THINGS?</p>	<p>NO DIFFICULTY.....1</p> <p>SOME DIFFICULTY.....2</p> <p>A LOT OF DIFFICULTY.....3</p> <p>CANNOT LEARN THINGS AT ALL.....4</p>	
<p>UCF18. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (NAME) HAVE DIFFICULTY PLAYING?</p>	<p>NO DIFFICULTY.....1</p> <p>SOME DIFFICULTY.....2</p> <p>A LOT OF DIFFICULTY.....3</p> <p>CANNOT PLAY AT ALL.....4</p>	
<p>UCF19. THE NEXT QUESTION HAS FIVE DIFFERENT OPTIONS FOR ANSWERS. I AM GOING TO READ THESE TO YOU AFTER THE QUESTION.</p> <p>COMPARED WITH CHILDREN OF THE SAME AGE, HOW MUCH DOES (NAME) KICK, BITE OR HIT OTHER CHILDREN OR ADULTS?</p> <p>WOULD YOU SAY: NOT AT ALL, LESS, THE SAME, MORE OR A LOT MORE?</p>	<p>NOT AT ALL.....1</p> <p>LESS.....2</p> <p>THE SAME.....3</p> <p>MORE.....4</p> <p>A LOT MORE.....5</p>	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. CHECK UB2: CHILD'S AGE?	AGE 0, 1, OR 2.....1	
	AGE 3 OR 4.....2	2⇒END
BD2. Has (<i>name</i>) ever been breastfed?	YES 1	
	NO 2	2⇒BD3A
	DK..... 8	8⇒BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES 1	
	NO 2	
	DK..... 8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1	
	AGE 2 2	2⇒End
BD4. Yesterday, during the day or night, did (<i>name</i>) drink anything from a bottle with a nipple?	YES 1	
	NO 2	
	DK..... 8	
BD5. Did (<i>name</i>) drink Oral Rehydration Salt solution (ORS) yesterday, during the day or night?	YES 1	
	NO 2	
	DK..... 8	
BD6. Did (<i>name</i>) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	YES 1	
	NO 2	
	DK..... 8	

BREASTFEEDING AND DIETARY INTAKE					BD
<p>BD7. Now I would like to ask you about all other liquids that (name) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (name) drink (name of item) yesterday during the day or the night:</p>					
		YES	NO	DK	
[A] Plain water?	PLAIN WATER	1	2	8	
[A1] Tea, green tea, flour water (zomkom) or coffee?	TEA, GREEN TEA OR COF-	1	2	8	
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8	
[C] Light soup?	LIGHT SOUP	1	2	8	
[D] Infant formula, such as SMA or Lactogen?	INFANT FORMULA	1	2☒	8☒	
			BD7[E]	BD7[E]	
[D1] How many times did (name) drink infant formula?	<p>NUMBER OF TIMES DRANK</p> <p>INFANT FORMULA _</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>				
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2☒	8☒	
			BD7[X]	BD7[X]	
[E1] How many times did (name) drink milk?	<p>NUMBER OF TIMES DRANK</p> <p>MILK _</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>				
[X] Any other liquids?	OTHER LIQUIDS	1	2☒	8☒	
			BD8	BD8	
[X1] Record all other liquids mentioned.	(Specify) _____				
<p>BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (name) woke up yesterday. Did (he/she) eat anything at that time?</p> <p><i>If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else?</i></p> <p><i>Record answers using the food groups below.</i></p> <p>- What did (name) do after that? Did (he/she) eat anything at that time?</p> <p><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>					

BREASTFEEDING AND DIETARY INTAKE					BD
<i>For each food group not mentioned after completing the above ask:</i>					
Just to make sure, did (name) eat (food group items) yesterday during the day or the night					
		YES	NO	DK	
[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7 [E] or BD7[X], depending on milk content.</i>	YOGURT	1	2☒ BD8[B]	8☒ BD8[B]	
[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES ATE YOGURT _				
[B] Any baby food, such as Cerelac, Beechnut, Motherluc, Frisolac, Gerber baby foods, or other fortified baby food?	FORTIFIED BABY FOOD	1	2	8	
[B1] Any homemade fortified baby food, such as Weanimix?	HOMEMADE F-BABY FOOD	1	2	8	
[C] Bread, rice, noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8	
[D] Pumpkin, carrots, squash, or orange fleshed sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8	
[E] White potatoes, white yams, cassava, cocoyam or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8	
[F] Any dark green, leafy vegetables, such as kontomire, aleefu, ayoyo, kale, cassava leaves, baobab leaves, lettuce, bitor leaves or gbomaa?	DARKGREEN, LEAFY VEGETABLES	1	2	8	
[G] Ripe mangoes or ripe pawpaw?	RIPE MANGO, RIPE PAWPAW	1	2	8	
[H] Any other fruits or vegetables, such as banana, orange, okro, eggplant (garden egg), cabbage, mushrooms, avocado (pear), apple, pineapple, and water melon?	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, bush meat, lamb, goat, chicken, guinea fowl, duck or sausages made from these meats?	OTHER MEATS	1	2	8	
[J1] Insects such as termites, crickets, caterpillars etc.?	INSECTS	1	2	8	
[K] Eggs?	EGGS	1	2	8	
[L] Fish or shellfish, either fresh or dried, snail, shrimp, oyster, crab?	FRESH OR DRIED FISH	1	2	8	
[M] Beans, peas, lentils or nuts, including any foods made from these e.g. bean cake, soybean kebab?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8	
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8	
[O] Any sugary food such as chocolate, sweet candies, pastries, cakes or biscuits?	CHOCOLATE, SWEET CANDIS, PASTRIES, CAKES OF BISCUITS	1	2	8	
[P] Food made from or with red palm oil?	FOOD MADE FROM PALM	1	2	8	
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2☒ BD9	8☒ BD9	

BREASTFEEDING AND DIETARY INTAKE		BD
<p>[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.</p>	(Specify) _____	
<p>BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</p> <p>If 7 or more times, record '7'.</p>	<p>NUMBER OF TIMES..... _</p> <p>DK..... 8</p>	

IMMUNIZATION									IM
IM1. CHECK UB2: CHILD'S AGE?	AGE 0, 1, OR 2.....	1							2⇒END
	AGE 3 OR 4	2							
IM2. DO YOU HAVE A CHILD HEALTH RECORD BOOK, IMMUNIZATION RECORDS FROM A PRIVATE HEALTH PROVIDER OR ANY OTHER DOCUMENT WHERE (NAME)'S VACCINATIONS ARE WRITTEN DOWN?	YES, HAS ONLY CARD(S).....	1							1⇒IM5 3⇒IM5
	YES, HAS ONLY OTHER DOCUMENT	2							
	YES, HAS CARD(S) AND OTHER DOCUMENT	3							
	NO, HAS NO CARDS AND NO OTHER DOCUMENT	4							
IM3. DID YOU EVER HAVE A CHILD HEALTH RECORD BOOK OR IMMUNIZATION RECORDS FROM A PRIVATE HEALTH PROVIDER FOR (NAME)?	YES	1							
	NO	2							
IM4. CHECK IM2:	HAS ONLY OTHER DOCUMENT, IM2=2	1							2⇒IM11
	HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4	2							
IM5. MAY I SEE THE CARD(S) (AND/OR) OTHER DOCUMENT?	YES, ONLY CARD(S) SEEN	1							4⇒IM11
	YES, ONLY OTHER DOCUMENT SEEN	2							
	YES, CARD(S) AND OTHER DOCUMENT SEEN.....	3							
	NO CARDS AND NO OTHER DOCUMENT SEEN	4							
IM6.									
	(a) Copy dates for each vaccination from the documents.								
(b) Write '44' in day column if documents show that vaccination was given but no date recorded.									
		DATE OF IMMUNIZATION							
	DAY	MONTH	YEAR						
BCG	BCG			2	0	1			
POLIO (OPV) (AT BIRTH)	OPV0			2	0	1			
POLIO (OPV) 1	OPV1			2	0	1			
POLIO (OPV) 2	OPV2			2	0	1			
POLIO (OPV) 3	OPV3			2	0	1			
PENTAVALENT (DPTHIBHEPB) 1	PENTA1			2	0	1			
PENTAVALENT (DPTHIBHEPB) 2	PENTA2			2	0	1			
PENTAVALENT (DPTHIBHEPB) 3	PENTA3			2	0	1			
PNEUMOCOCCAL (CONJUGATE) 1	PCV1			2	0	1			
(PCV-13 OR PCV OR PNEUMO)									
PNEUMOCOCCAL (CONJUGATE) 2	PCV2			2	0	1			
(PCV-13 OR PCV OR PNEUMO)									

IMMUNIZATION					IM
PNEUMOCOCCAL (CONJUGATE) 3 (PCV-13 OR PCV OR PNEUMO)	PCV3	2	0	1	
ROTAVIRUS 1	ROTA1	2	0	1	
ROTAVIRUS 2	ROTA2	2	0	1	
MEASLES-RUBELLA1	MR1	2	0	1	
YELLOW FEVER	YF	2	0	1	
MEASLES-RUBELLA2	MR2	2	0	1	
MEN A (MENAfrIVAC)	MEN A	2	0	1	
VITAMIN A (AT SIX MONTHS)	VITA	2	0	1	
VITAMIN A (AT 18 MONTHS)	VITA	2	0	1	
IM7. CHECK IM6: ARE ALL VACCINES (BCG TO MEN A) (IF APPLICABLE) RECORDED?	YES	1			1⇒END
	NO	2			
IM8. DID (NAME) PARTICIPATE IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS OR CHILD HEALTH DAYS:				Y N DK	
[A] GHANA CHILD HEALTH PROMOTION WEEK (CHPW) OR AFRICA VACCINATION WEEK	CHPW OR AFRICA VAC-WEEK	1	2	8	
[B] POLIO SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIA'S) (LAST ONE IN OCT, 2015)	POLIO SIA'S.....	1	2	8	
[C] MEN A (MENAfrIVAC) AND MEN A CATCH-UP CAMPAIGN (UPPER EAST, UPPER WEST AND NORTHERN REGION, LAST IN 2016)	MEN A CAMPAIGN.....	1	2	8	
IM9. IN ADDITION TO WHAT IS RECORDED ON THE DOCUMENT(S) YOU HAVE SHOWN ME, DID (NAME) RECEIVE ANY OTHER VACCINATIONS INCLUDING VACCINATIONS RECEIVED DURING THE CAMPAIGNS, IMMUNIZATION DAYS OR CHILD HEALTH DAYS JUST MENTIONED?	YES	1			
	NO	2			2⇒END
	DK.....	8			8⇒END

IM10. GO BACK TO IM6 AND PROBE FOR THESE VACCINATIONS.

RECORD '66' IN THE CORRESPONDING DAY COLUMN FOR EACH VACCINE RECEIVED.

⇒END

FOR VACCINATIONS NOT RECEIVED RECORD '00'.

WHEN FINISHED, GO TO END OF MODULE.

IMMUNIZATION		IM
<p>IM11. HAS (NAME) EVER RECEIVED ANY VACCINATIONS TO PREVENT (HIM/HER) FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN, IMMUNIZATION DAY OR CHILD HEALTH DAY?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM12. DID (NAME) PARTICIPATE IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS OR CHILD HEALTH DAYS:</p> <p>[A] GHANA CHILD HEALTH PROMOTION WEEK (CHPW) OR AFRICA VACCINATION WEEK</p> <p>[B] POLIO SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIA'S) (LAST ONE IN OCT 2015)</p> <p>[C] MEN A CATCH-UP CAMPAIGN (UPPER EAST, UPPER WEST AND NORTHERN REGION, LAST IN 2016)</p>	<p>Y N DK</p> <p>CHPW OR AFRICA VAC-WEEK 1 2 8</p> <p>POLIO SIA'S..... 1 2 8</p> <p>MEN A CAMPAIGN 1 2 8</p>	
<p>IM13. CHECK IM11 AND IM12:</p>	<p>ALL NO OR DK 1</p> <p>AT LEAST ONE YES..... 2</p>	<p>1⇒END</p>
<p>IM14. 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 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM16. HAS (NAME) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT (HIM/HER) FROM POLIO?</p> <p><i>PROBE BY INDICATING THAT THE FIRST DROP IS USUALLY GIVEN AT BIRTH AND LATER AT THE SAME TIME AS INJECTIONS TO PREVENT OTHER DISEASES.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2⇒IM20</p> <p>8⇒IM20</p>
<p>IM17. WERE THE FIRST POLIO DROPS RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM18. HOW MANY TIMES WERE THE POLIO DROPS RECEIVED?</p>	<p>NUMBER OF TIMES.....</p>	

IMMUNIZATION		IM
<p>IM20. HAS (NAME) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT (HIM/HER) FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B DISEASE, AND HAEMOPHILUS INFLUENZAE TYPE B?</p> <p><i>PROBE BY INDICATING THAT PENTAVALENT VACCINATION IS SOMETIMES GIVEN AT THE SAME TIME AS THE POLIO DROPS.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>2⇒IM22</p> <p>8⇒IM22</p>
<p>IM21. HOW MANY TIMES WAS THE PENTAVALENT VACCINE RECEIVED?</p>	<p>NUMBER OF TIMES.....</p>	
<p>IM22. HAS (NAME) EVER RECEIVED A PNEUMOCOCCAL CONJUGATE (PVC 13, PVC OR PNEUMO) VACCINATION – THAT IS, AN INJECTION TO PREVENT (HIM/HER) FROM GETTING PNEUMOCOCCAL DISEASE, INCLUDING EAR INFECTIONS AND MENINGITIS CAUSED BY PNEUMOCOCCUS?</p> <p><i>PROBE BY INDICATING THAT PNEUMOCOCCAL CONJUGATE VACCINATION IS SOMETIMES GIVEN AT THE SAME TIME AS THE PENTAVALENT VACCINATION.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>2⇒IM24</p> <p>8⇒IM24</p>
<p>IM23. HOW MANY TIMES WAS THE PNEUMOCOCCAL VACCINE RECEIVED?</p>	<p>NUMBER OF TIMES.....</p>	
<p>IM24. HAS (NAME) EVER RECEIVED A ROTAVIRUS VACCINATION – THAT IS, LIQUID IN THE MOUTH TO PREVENT DIARRHOEA?</p> <p><i>PROBE BY INDICATING THAT ROTAVIRUS VACCINATION IS SOMETIMES GIVEN AT THE SAME TIME AS THE PENTAVALENT VACCINATION.</i></p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>2⇒IM26A</p> <p>8⇒IM26A</p>
<p>IM25. HOW MANY TIMES WAS THE ROTAVIRUS VACCINE RECEIVED?</p>	<p>NUMBER OF TIMES.....</p>	
<p>IM26A. HAS (NAME) EVER RECEIVED A MR1 VACCINE – THAT IS, A SHOT IN THE LEFT UPPER ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT (HIM/HER) FROM GETTING MEASLES AND RUBELLA?</p>	<p>YES.....1</p> <p>NO2</p> <p>DK.....8</p>	
<p>IM26B. HAS (NAME) EVER RECEIVED A MR2 VACCINE – THAT IS, A SHOT IN THE LEFT UPPER ARM AT THE AGE OF 18 MONTHS OR OLDER - TO PREVENT (HIM/HER) FROM GETTING MEASLES AND RUBELLA?</p>	<p>YES.....1</p> <p>NO2</p> <p>DK.....8</p>	

IMMUNIZATION		IM
<p>IM27. 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?</p> <p>PROBE BY INDICATING THAT THE YELLOW FEVER VACCINE IS SOMETIMES GIVEN AT THE SAME TIME AS THE MR1 VACCINE.</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	
<p>IM27B. HAS (NAME) EVER RECEIVED THE MEN A VACCINATION – THAT IS, A SHOT IN THE RIGHT UPPER ARM AT THE AGE OF 18 MONTHS OR OLDER - TO PREVENT (HIM/HER) FROM GETTING MENINGITIS?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (NAME) HAD DIARRHOEA?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA2. CHECK BD3: IS CHILD STILL BREASTFEEDING?</p>	<p>YES OR BLANK, BD3=1 OR BLANK 1</p> <p>NO OR DK, BD3=2 OR 8..... 2</p>	<p>1⇒CA3A</p> <p>2⇒CA3B</p>
<p>CA3A. I WOULD LIKE TO KNOW HOW MUCH (NAME) WAS GIVEN TO DRINK DURING THE DIARRHOEA. THIS INCLUDES BREASTMILK, ORAL REHYDRATION SALT SOLUTION (ORS) AND OTHER LIQUIDS GIVEN WITH MEDICINE.</p> <p>DURING THE TIME (NAME) 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></p> <p>WAS (HE/SHE) GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p> <p>CA3B. I WOULD LIKE TO KNOW HOW MUCH (NAME) WAS GIVEN TO DRINK DURING THE DIARRHOEA. THIS INCLUDES ORAL REHYDRATION SALT SOLUTION (ORS) AND OTHER LIQUIDS GIVEN WITH MEDICINE.</p> <p>DURING THE TIME (NAME) 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></p> <p>WAS (HE/SHE) GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE..... 4</p> <p>NOTHING TO DRINK 5</p> <p>DK..... 8</p>	
<p>CA4. 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?</p> <p><i>If 'less', probe:</i></p> <p>WAS (HE/SHE) GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE..... 4</p> <p>STOPPED FOOD..... 5</p> <p>NEVER GAVE FOOD..... 7</p> <p>DK..... 8</p>	

CARE OF ILLNESS		CA
<p>CA5. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p>CA6. WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>PROBE: ANYWHERE ELSE?</i></p> <p>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</p> <p>Probe to identify each type of provider.</p> <p><u>If unable to determine if public or private sector</u>, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (specify)..... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY/DRUG STORE K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify)..... O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) X</p>	
<p>CA7. DURING THE TIME (NAME) HAD DIARRHOEA, WAS (HE/SHE) GIVEN:</p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED OR KNOWN AS ORS?</p> <p>[C] ZINC TABLETS OR SYRUP?</p> <p>[D] HOME-MADE ORS?</p>	<p>Y N DK</p> <p>FLUID FROM ORS PACKET 1 2 8</p> <p>ZINC TABLETS OR SYRUP..... 1 2 8</p> <p>HOME-MADE ORS..... 1 2 8</p>	

CARE OF ILLNESS		CA
<p>CA7A. DURING THE TIME (NAME) HAD DIARRHOEA, WAS (HE/SHE) GIVEN:</p> <p>[A] COCONUT WATER?</p> <p>[B] RICE WATER?</p> <p>[C] KENKEY WATER?</p>	<p style="text-align: right;">Y N DK</p> <p>COCONUT WATER 1 2 8</p> <p>RICE WATER 1 2 8</p> <p>KENKEY WATER 1 2 8</p>	
<p>CA8. Check CA7[A] Was child given any ORS?</p>	<p>YES, YES IN CA7[A]1</p> <p>NO, 'NO' OR 'DK' IN CA7[A]2</p>	<p>2⇒CA10</p>
<p>CA9. WHERE DID YOU GET THE (ORS MENTIONED IN CA7[A])?</p> <p>Probe to identify the type of source.</p> <p>If 'Already had at home', probe to learn if the source is known.</p> <p>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</p> <p style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY/DRUG STORE K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA10. Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=11</p> <p>NO, CA7[C] ≠12</p>	<p>2⇒CA12</p>

CARE OF ILLNESS		CA
<p>CA11. WHERE DID YOU GET THE ZINC?</p> <p>Probe to identify the type of source.</p> <p>If 'Already had at home', probe to learn if the source is known.</p> <p><u>If unable to determine whether public or private</u>, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify)..... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY/DRUG STORE K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify)..... O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA12. WAS ANYTHING ELSE GIVEN TO TREAT THE DIARRHOEA?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>

CARE OF ILLNESS		CA
<p>CA13. WHAT ELSE WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>PROBE:</i></p> <p>ANYTHING ELSE?</p> <p>RECORD ALL TREATMENTS GIVEN. WRITE BRAND NAME(S) OF ALL MEDICINES MENTIONED.</p> <p>(Name of brand)</p> <p>(Name of brand)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC..... A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) B</p> <p>OTHER PILL OR SYRUP G</p> <p>UNKNOWN PILL OR SYRUP H</p> <p>INJECTION</p> <p>ANTIBIOTIC..... L</p> <p>NON-ANTIBIOTIC M</p> <p>UNKNOWN INJECTION N</p> <p>INTRAVENOUS (IV)..... O</p> <p>HOME REMEDY / HERBAL MEDICINE..... Q</p> <p>OTHER (<i>specify</i>) X</p>	
<p>CA14. AT ANY TIME IN THE LAST TWO WEEKS, HAS (NAME) BEEN ILL WITH A FEVER?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2⇒CA16</p> <p>8⇒CA16</p>
<p>CA15. AT ANY TIME DURING THE ILLNESS, DID (NAME) HAVE BLOOD TAKEN FROM (HIS/HER) FINGER OR HEEL FOR TESTING?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	
<p>CA16. AT ANY TIME IN THE LAST TWO WEEKS, HAS (NAME) HAD AN ILLNESS WITH A COUGH?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	
<p>CA17. AT ANY TIME IN THE LAST TWO WEEKS, HAS (NAME) HAD FAST, SHORT, RAPID BREATHS OR DIFFICULTY BREATHING?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2⇒CA19</p> <p>8⇒CA19</p>

CARE OF ILLNESS		CA
CA18. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	PROBLEM IN CHEST ONLY1	1⇒CA20
	BLOCKED OR RUNNY NOSE ONLY2	2⇒CA20
	BOTH3	3⇒CA20
	OTHER (specify) 6	6⇒CA20
	DK.....8	8⇒CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1.....1	
	NO OR DK, CA14=2 OR 8.....2	2⇒CA30
CA20. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	YES1	
	NO2	2⇒CA22
	DK.....8	8⇒CA22
CA21. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>PROBE: ANYWHERE ELSE?</i> Record all providers mentioned, but do <u>not</u> prompt with any suggestions. Probe to identify each type of provider. If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response. (Name of place)	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTRE..... B GOVERNMENT HEALTH POST C COMMUNITY HEALTH WORKER D MOBILE / OUTREACH CLINICE OTHER PUBLIC MEDICAL (specify)..... H	
	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINICI PRIVATE PHYSICIAN J PRIVATE PHARMACY/DRUG STOREK COMMUNITY HEALTH WORKER (NON- GOVERNMENT) L MOBILE CLINIC M OTHER PRIVATE MEDICAL (specify) _____ O	
	OTHER SOURCE RELATIVE / FRIEND.....P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER.....R	
	OTHER (specify) _____	X

CARE OF ILLNESS		CA
<p>CA22. AT ANY TIME DURING THE ILLNESS, WAS (NAME) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2⇒ CA30</p> <p>8⇒ CA30</p>
<p>CA23. WHAT MEDICINE WAS (NAME) GIVEN?</p> <p><i>PROBE:</i></p> <p>ANY OTHER MEDICINE?</p> <p>Record all medicines given.</p> <p><u>If unable to determine type of medicine, write the brand name and then temporarily record 'X' until you learn the appropriate category for the response.</u></p> <p>(Name of brand)</p> <p>(Name of brand)</p>	<p>ANTI-MALARIALS</p> <p>SP/SULFADOXINE PYRIMETHAMINE A</p> <p>DHAP/DIHYDROARTEMISININ-PIPERAQUINE C</p> <p>AA/ARTESUNATE AMODIAQUINE..... E</p> <p>AL/ARTEMETHER-LUMEFANTRINE G</p> <p>HERBAL MEDICINE (MOH CERTIFIED) H</p> <p>OTHER ANTI-MALARIAL (specify)..... K</p> <p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>COTRIMOXAZOLE M</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN R</p> <p>ASPIRIN S</p> <p>IBUPROFEN..... T</p> <p>OTHER (specify) X</p> <p>DK..... Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED,</p> <p>CA23=L-O 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED 2</p>	<p>2⇒ CA26</p>

CARE OF ILLNESS		CA
<p>CA25. WHERE DID YOU GET THE (NAME OF MEDICINE FROM CA23, CODES L TO O)?</p> <p>Probe to identify the type of source.</p> <p>If 'Already had at home', probe to learn if the source is known.</p> <p><u>If unable to determine whether public or private</u>, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTRE..... B GOVERNMENT HEALTH POST C COMMUNITY HEALTH WORKER D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (specify)..... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI PRIVATE PHYSICIAN J PRIVATE PHARMACY/DRUG STOREK COMMUNITY HEALTH WORKER (NON- GOVERNMENT) L MOBILE CLINIC M OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND.....P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER.....R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA26. Check CA23: Anti-malarials mentioned?</p>	<p>YES, ANTI-MALARIALS MENTIONED, CA23=A-K1</p> <p>NO, ANTI-MALARIALS NOT MENTIONED2</p>	<p>2⇒CA30</p>

CARE OF ILLNESS		CA
<p>CA27. WHERE DID YOU GET THE (NAME OF MEDICINE FROM CA23, CODES A TO K)?</p> <p>Probe to identify the type of source.</p> <p>If 'Already had at home', probe to learn if the source is known.</p> <p>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTRE..... B GOVERNMENT HEALTH POST/CHIP..... C COMMUNITY HEALTH WORKER D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (specify)..... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I PRIVATE PHYSICIAN J PRIVATE PHARMACY/DRUG STORE K COMMUNITY HEALTH WORKER (NON-GOVERNMENT)..... L MOBILE CLINIC M OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA28. CHECK CA23: MORE THAN ONE ANTIMALARIAL RECORDED IN CODES A TO K?</p>	<p>YES, MULTIPLE ANTI-MALARIALS MENTIONED 1</p> <p>NO, ONLY ONE ANTIMALARIAL MENTIONED 2</p>	<p>1 ⇒ CA29A</p> <p>2 ⇒ CA29B</p>
<p>CA29A. HOW LONG AFTER THE FEVER STARTED DID (NAME) FIRST TAKE THE FIRST OF THE (NAME ALL ANTI-MALARIALS RECORDED IN CA23, CODES A TO K)?</p> <p>CA29B. HOW LONG AFTER THE FEVER STARTED DID (NAME) FIRST TAKE (NAME OF ANTI-MALARIAL FROM CA23, CODES A TO K)?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>2 DAYS AFTER FEVER STARTED 2</p> <p>3 OR MORE DAYS AFTER FEVER STARTED..... 3</p> <p>DK..... 8</p>	
<p>CA30. CHECK UB2: CHILD'S AGE?</p>	<p>AGE 0, 1 OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p>	<p>2 ⇒ END</p>

CARE OF ILLNESS		CA
CA31. THE LAST TIME (NAME) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	CHILD USED TOILET / LATRINE01	
	PUT / RINSED INTO TOILET	
	OR LATRINE02	
	PUT / RINSED INTO DRAIN OR DITCH03	
	BURIED05	
	LEFT IN THE OPEN06	
	THROWN INTO GARBAGE (SOLID WASTE)	
	USING DISPOSABLE DIAPER07	
	WITHOUT USING DISPOSABLE DIAPER08	
	OTHER (specify)96	
DK.....98		

UF11. RECORD THE TIME.	HOURS AND MINUTES __ : __	
UF12. LANGUAGE OF THE QUESTIONNAIRE.	ENGLISH..... 11	
	AKAN..... 12	
	GA 13	
	EWE..... 15	
	DAGBANI 17	
UF13. LANGUAGE OF THE INTERVIEW.	ENGLISH..... 11	
	AKAN..... 12	
	GA 13	
	EWE..... 15	
	DAGBANI.....17	
	KASEM..... 18	
	GONJA.....19	
OTHER LANGUAGE (specify).....96		
UF14. NATIVE LANGUAGE OF THE RESPONDENT.	ENGLISH..... 11	
	AKAN..... 12	
	GA 13	
	EWE..... 15	
	DAGBANI 17	
	KASEM 18	
	GONJA..... 19	
OTHER LANGUAGE (specify)..... 96		

CARE OF ILLNESS		CA
UF15. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?	YES, THE ENTIRE QUESTIONNAIRE 1	
	YES, PARTS OF THE QUESTIONNAIRE..... 2	
	NO, NOT USED 3	
<p>UF16. 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 recorded '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: READ THE RECORD BACK TO THE MEASURER AND ALSO ENSURE THAT HE/SHE VERIFIES YOUR RECORD.	KILOGRAMS (KG)..... _____ . _____ CHILD NOT PRESENT99.3 CHILD REFUSED99.4 RESPONDENT REFUSED99.5 OTHER (specify)99.6	99.3⇒AN13 99.4⇒AN10 99.5⇒AN10 99.6⇒AN10
AN9. WAS THE CHILD UNDRESSED TO THE MINIMUM?	YES1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM2	
AN10. CHECK AN4: CHILD'S AGE?	AGE 0 OR 1.....1 AGE 2, 3 OR 4.....2	1⇒AN11A 2⇒AN11B

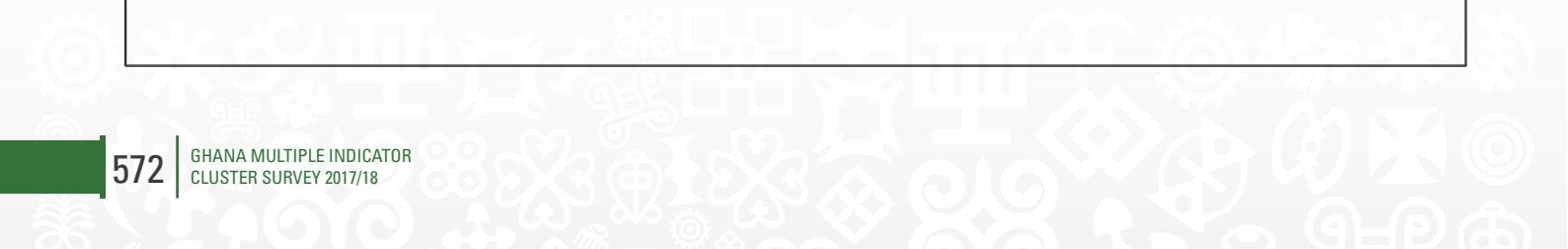
ANTHROPOMETRY		
<p>AN11A. THE CHILD IS LESS THAN 2 YEARS OLD AND SHOULD BE MEASURED LYING DOWN. RECORD THE RESULT OF LENGTH MEASUREMENT AS READ OUT BY THE MEASURER:</p> <p>READ THE RECORD BACK TO THE MEASURER AND ALSO ENSURE THAT HE/SHE VERIFIES YOUR RECORD.</p>	<p>LENGTH / HEIGHT (CM)..... _ _ _ . _ _</p> <p>CHILD REFUSED999.4</p> <p>RESPONDENT REFUSED999.5</p> <p>OTHER (specify)999.6</p>	<p>999.4⇒AN13</p> <p>999.5⇒AN13</p> <p>999.6⇒AN13</p>
<p>AN11B. THE CHILD IS AT LEAST 2 YEARS OLD AND SHOULD BE MEASURED STANDING UP. RECORD THE RESULT OF HEIGHT MEASUREMENT AS READ OUT BY THE MEASURER:</p> <p>READ THE RECORD BACK TO THE MEASURER AND ALSO ENSURE THAT HE/SHE VERIFIES YOUR RECORD.</p>		
<p>AN12. HOW WAS THE CHILD ACTUALLY MEASURED? LYING DOWN OR STANDING UP?</p>	<p>LYING DOWN1</p> <p>STANDING UP2</p>	
<p>AN13. Today's date: Day / Month / Year:</p> <p>_____ / _____ / 2 0 1 _____</p>		
<p>AN14. Is there another child under age 5 in the household who has not yet been measured?</p>	<p>YES1</p> <p>NO2</p>	<p>1⇒NEXT CHILD</p>
<p>AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.</p>		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

Empty box for interviewer's observations.

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

Empty box for measurer's observations.



SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

Empty box for supervisor's observations.