

Questionnaire on Children Under Five

UNDER-5 CHILD INFORMATION PANEL		UF
<p>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.</p>		
UF1. Enumeration Area Number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caregiver's Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ____/____/_____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	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 respondent: WE ARE FROM VARIOUS GOVERNMENT DEPARTMENTS (CENTRAL STATISTICS DEPT., DOSH, ETC.). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANYTIME. MAY I START NOW?</p> <p>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? Probe: WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day..... DK day..... 98 Month..... DK month..... 98 Year..... DK year..... 9998	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years.....	

BIRTH REGISTRATION AND EARLY LEARNING MODULE				BR	
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen..... 1 Yes, not seen..... 2 No3 DK..... 8			1 ⇒ BR5	
BR2. HAS (name's) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes..... 1 No2 DK..... 8			1 ⇒ BR4AA 8 ⇒ BR4	
BR3. WHY IS (name's) BIRTH NOT REGISTERED?	Costs too much..... 1 Must travel too far..... 2 Did not know it should be registered..... 3 Did not want to pay fine..... 4 Does not know where to register..... 5 Other (specify)..... 6 DK..... 8				
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes..... 1 No2				
BR4AA. DO YOU KNOW WHERE TO REGISTER YOUR CHILD?	Yes..... 1 No2 DK..... 8			2 ⇒ BR5 8 ⇒ BR5	
BR4BB. WHERE WAS (name) REGISTERED?	Health Center..... 1 Medical & Health Headquarters..... 2 DK..... 8				
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 (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 No2 DK..... 8			2 ⇒ BR8 8 ⇒ BR8	
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	No. Of hours..... _ _				
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 (name): <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 (name)?	Books	A	B	X	Y
BR8B. TELL STORIES TO (name)?	Stories	A	B	X	Y
BR8C. SING SONGS WITH (name)?	Songs	A	B	X	Y
BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y
BR8E. PLAY WITH (name)?	Play with	A	B	X	Y
BR8F. SPEND TIME WITH (name) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y

VITAMIN A MODULE		VA
VA1. HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? Show capsule or dispenser for different doses - 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	Yes..... 1 No2 DK..... 8	2 ⇒ VA4AA 8 ⇒ VA4AA
VA2. HOW MANY MONTHS AGO DID (name) TAKE THE LAST DOSE? (please verify from infant welfare card)	Months ago..... _ _ DK..... 98	
VA3. WHERE DID (name) GET THIS LAST DOSE?	On routine visit to health facility1 Sick child visit to health facility2 National Immunization Day campaign.....3 Nutrition Surveillance Program4 Other (<i>specify</i>) 6 DK..... 8	
VA4AA. DOES YOUR CHILD HAVE ANY PROBLEMS SEEING IN THE DAY TIME?	Yes..... 1 No2 DK..... 8	
VA5AA. DOES YOUR CHILD HAVE ANY PROBLEMS SEEING IN THE NIGHTTIME?	Yes..... 1 No2 DK..... 8	2 ⇒ NEXT MODULE ⇒ NEXT MODULE
VA6AA. IS THIS PROBLEM DIFFERENT FROM OTHER CHILDREN IN YOUR COMMUNITY?	Yes..... 1 No2 DK..... 8	
VA7AA. DOES YOUR CHILD HAVE NIGHT BLINDNESS? (USE LOCAL TERM FOR NIGHT BLINDNESS)	Yes..... 1 No2 DK..... 8	

GOTO NEXT MODULE ⇒

BREASTFEEDING MODULE		BF
BF1. HAS (name) EVER BEEN BREAST-FED?	Yes..... 1 No2 DK..... 8	2 ⇒ BF3 8 ⇒ BF3
BF1AA. FOR HOW LONG HAS (name) BEEN BREASTFED?	Months	
BF1BB. DID YOU GIVE (name) THE FIRST MILK THAT COMES OUT OF THE BREAST (COLOSTRUM)?	Yes..... 1 No2	
BF1CC. IS THE BREAST MILK THE ONLY SOURCE OF FOOD?	Yes..... 1 No2	1 ⇒ BF2
BF1DD. IF NO, WHEN DID (name) START OTHER FOODS?	Age in months	
BF2. IS HE/SHE STILL BEING BREAST-FED?	Yes..... 1 No2 DK..... 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.		
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	Y N DK	
BF3B. PLAIN WATER?	A. Vitamin supplements..... 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	B. Plain water..... 1 2 8 C. Sweetened water or juice..... 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS..... 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula..... 1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk..... 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids..... 1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food..... 1 2 8	
BF3JJ. WHAT WERE THE REASONS FOR NOT BREASTFEEDING? (Skip this question if answer to BF1 is yes = 1)	Less or no milk in mother's breast.....1 Orphan.....2 Preferred formula.....3 Mother ill or sick.....4 Child refuse.....5 Other (specify).....6	
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? If 7 or more times, record '7'.	No. of times..... ____ Don't know..... 8	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (name) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	Yes..... 1 No.....2 DK..... 8	2 ⇒ CA5 8 ⇒ CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (name) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p>	Yes No DK	
<p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	A. Fluid from ORS packet 1 2 8 B. Recommended homemade fluid 1 2 8 C. Pre-packaged ORS fluid 1 2 8	
<p>CA2AA. DID YOU SEEK ADVICE OR TREATMENT FOR THE DIARRHOEA OUTSIDE THE HOME?</p>	Yes..... 1 No.....2 DK..... 8	2 ⇒ CA3 8 ⇒ CA3
<p>CA2BB. HOW LONG AFTER THE ONSET OF DIARRHOEA DID YOU SEEK HELP?</p>	Same day.....1 1 - 2 days.....2 3 days and after.....3	
<p>CA3. DURING (name's) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	Much less or none..... 1 About the same (or somewhat less)..... 2 More.....3 DK..... 8	
<p>CA4. DURING (name's) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If "less," probe: MUCH LESS OR A LITTLE LESS?</p>	None..... 1 Much less..... 2 Somewhat less..... 3 About the same.....4 More..... 5 DK..... 8	
<p>CA4A. Check CA2A: ORS packet used?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA4B</p> <p><input type="checkbox"/> No. ⇒ Go to CA5</p>		
<p>CA4B. WHERE DID YOU GET THE (<i>local name for ORS packet from CA2A</i>)?</p>	Public sector Govt. hospital 11 Govt. health center 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private Medical (specify) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Other (specify) 96 DK.....98	

CA4C. HOW MUCH DID YOU PAY FOR THE (local name for ORS packet from CA2A)?	Local currency _____ Free 9996 DK 9998	
CA5. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANYTIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?	Yes..... 1 No.....2 DK..... 8	2 ⇒ CA12 8 ⇒ CA12
CA6. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes..... 1 No.....2 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 nose.....2 Both.....3 Other (specify) _____ 6 DK..... 8	2 ⇒ CA12 6 ⇒ CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes..... 1 No.....2 DK..... 8	2 ⇒ CA10 8 ⇒ CA10
CAA8. HOW LONG AFTER THE ONSET OF ILLNESS DID YOU SEEK HELP?	Same day.....1 1 - 2 days.....2 3 days and after.....3	
CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. 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. _____ (Name of place)	Public sector Govt. hospital..... A Govt. health centre..... B Govt. health post..... C Village health worker..... D Mobile/outreach clinic..... E Other public (specify) _____ H Private medical sector Private hospital/clinic..... I Private physician..... J Private pharmacy K Mobile clinic L Other private medical (specify) _____ O Other source Relative or friend..... P Shop Q Traditional practitioner R Other (specify) _____ X	
CA10. WAS (name) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes..... 1 No.....2 DK..... 8	2 ⇒ CA12 8 ⇒ CA12
CA11. WHAT MEDICINE WAS (name) GIVEN? Circle all medicines given. (Check clinic card for details of prescription)	Antibiotic..... A Paracetamol/Panadol/Acetaminophen..... P Aspirin..... Q Ibuprofen..... R Other (specify) _____ 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 ANTI-BIOTIC?	<table> <tbody> <tr> <td colspan="2">Public sector</td> <td></td> </tr> <tr> <td>Govt. hospital</td> <td>11</td> <td></td> </tr> <tr> <td>Govt. health center</td> <td>12</td> <td></td> </tr> <tr> <td>Govt. health post</td> <td>13</td> <td></td> </tr> <tr> <td>Village health worker</td> <td>14</td> <td></td> </tr> <tr> <td>Mobile/outreach clinic</td> <td>15</td> <td></td> </tr> <tr> <td>Other public (<i>specify</i>)</td> <td>16</td> <td></td> </tr> <tr> <td colspan="2">Private medical sector</td> <td></td> </tr> <tr> <td>Private hospital/clinic</td> <td>21</td> <td></td> </tr> <tr> <td>Private physician</td> <td>22</td> <td></td> </tr> <tr> <td>Private pharmacy</td> <td>23</td> <td></td> </tr> <tr> <td>Mobile clinic</td> <td>24</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> <td>Other private</td> </tr> <tr> <td>Medical (<i>specify</i>)</td> <td>26</td> <td></td> </tr> <tr> <td colspan="2">Other source</td> <td></td> </tr> <tr> <td>Relative or friend</td> <td>31</td> <td></td> </tr> <tr> <td>Shop</td> <td>32</td> <td></td> </tr> <tr> <td>Traditional practitioner</td> <td>33</td> <td></td> </tr> <tr> <td colspan="2">Other (<i>specify</i>) _____</td> <td>96</td> </tr> <tr> <td colspan="2">DK.....</td> <td>98</td> </tr> </tbody> </table>	Public sector			Govt. hospital	11		Govt. health center	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		<hr/>		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	
Public sector																																																														
Govt. hospital	11																																																													
Govt. health center	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																																																													
<hr/>		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																																																												
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	<table> <tbody> <tr> <td>Local currency</td> <td>_____</td> </tr> <tr> <td>Free</td> <td>9996</td> </tr> <tr> <td>DK</td> <td>9998</td> </tr> </tbody> </table>	Local currency	_____	Free	9996	DK	9998																																																							
Local currency	_____																																																													
Free	9996																																																													
DK	9998																																																													
<p>CA11A. Check CA11: Antibiotic given?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA11B</p> <p><input type="checkbox"/> No. ⇒ Go to CA12</p>																																																														
CA13. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	<table> <tbody> <tr> <td>Child used toilet/latrine.....</td> <td>01</td> </tr> <tr> <td>Put/rinsed into toilet or latrine.....</td> <td>02</td> </tr> <tr> <td>Put/rinsed into drain or ditch.....</td> <td>03</td> </tr> <tr> <td>Thrown into garbage (solid waste).....</td> <td>04</td> </tr> <tr> <td>Buried.....</td> <td>05</td> </tr> <tr> <td>Left in the open.....</td> <td>06</td> </tr> <tr> <td colspan="2">Other (<i>specify</i>) _____</td> </tr> <tr> <td colspan="2">DK.....</td> </tr> </tbody> </table>	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 (<i>specify</i>) _____		DK.....																																														
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 (<i>specify</i>) _____																																																														
DK.....																																																														
<p>Ask the following question (CA14) only once for each caretaker.</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>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<table> <tbody> <tr> <td>Child not able to drink or breastfeed.....</td> <td>A</td> </tr> <tr> <td>Child becomes sicker.....</td> <td>B</td> </tr> <tr> <td>Child develops a fever.....</td> <td>C</td> </tr> <tr> <td>Child has fast breathing.....</td> <td>D</td> </tr> <tr> <td>Child has difficult breathing.....</td> <td>E</td> </tr> <tr> <td>Child has blood in stool.....</td> <td>F</td> </tr> <tr> <td>Child is drinking poorly.....</td> <td>G</td> </tr> <tr> <td>Not able to eat.....</td> <td>H</td> </tr> <tr> <td>Vomits everything eaten.....</td> <td>I</td> </tr> <tr> <td>Unconscious.....</td> <td>J</td> </tr> <tr> <td>Convulsion.....</td> <td>K</td> </tr> <tr> <td colspan="2">Other (<i>specify</i>) _____</td> </tr> <tr> <td colspan="2">Other (<i>specify</i>) _____</td> </tr> <tr> <td colspan="2">Other (<i>specify</i>) _____</td> </tr> </tbody> </table>	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	Not able to eat.....	H	Vomits everything eaten.....	I	Unconscious.....	J	Convulsion.....	K	Other (<i>specify</i>) _____		Other (<i>specify</i>) _____		Other (<i>specify</i>) _____																																		
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																																																													
Not able to eat.....	H																																																													
Vomits everything eaten.....	I																																																													
Unconscious.....	J																																																													
Convulsion.....	K																																																													
Other (<i>specify</i>) _____																																																														
Other (<i>specify</i>) _____																																																														
Other (<i>specify</i>) _____																																																														

MALARIA MODULE FOR UNDER-5S		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST, HAS (name) BEEN ILL WITH A FEVER?	Yes..... 1 No.....2 DK..... 8	2 ⇒ ML10 8 ⇒ ML10
ML2. WAS (name) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1 No.....2 DK..... 8	2 ⇒ ML6 8 ⇒ ML6
ML3. DID (name) 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 (name) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? Circle all medicines mentioned.	Anti-malarials: SP/Fansidar.....A Chloroquine.....B Amodiaquine.....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 (name) 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 (name) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1 No.....2 DK..... 8	2 ⇒ ML8 8 ⇒ ML8
ML7. WHAT MEDICINE WAS (name) GIVEN? 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.	Anti-malarials: SP/Fansidar.....A Chloroquine.....B Amodiaquine.....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 (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)? If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned. Record the code for the day on which the first anti-malarial was given.	Same day 0 Next day 1 2 days after the fever..... 2 3 days after the fever..... 3 4 or more days after the fever..... 4 DK..... 8	

<p>ML9A. WHERE DID YOU GET THE (name of anti-malarial from ML4 or ML7)?</p> <p>If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).</p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Govt. health center 12</p> <p>Govt. health post 13</p> <p>Village health worker 14</p> <p>Mobile/outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital/clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private</p> <p>Medical (<i>specify</i>).....26</p> <p>Other source</p> <p>Relative or friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Other (<i>specify</i>) 96</p> <p>DK.....98</p>	
<p>ML9B. HOW MUCH DID YOU PAY FOR THE (name of anti-malarial from ML4 or ML7)?</p> <p>Refer to the same anti-malarial as in ML9A above</p>	<p>Local currency _____</p> <p>Free 9996</p> <p>DK 9998</p>	
<p>ML10. DID (name) SLEEP UNDER A MOSQUITO NET LAST NIGHT?</p>	<p>Yes..... 1</p> <p>No.....2</p> <p>DK..... 8</p>	<p>2 ⇒ NEXT MODULE</p> <p>8 ⇒ NEXT MODULE</p>
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET?</p> <p>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</p>	<p>Months ago..... _ _</p> <p>More than 24 months ago.....95</p> <p>Not sure.....98</p>	
<p>ML12. WAS THE NET ONE OF THE FOLLOWING TYPES?</p> <p>If the respondent does not know the type of the net, explain to him/her the type of nets available.</p>	<p>Long Lasting Net (LLN).....1</p> <p>Pre-Treated with Insecticides.....2</p> <p>Not Treated with Insecticide.....3</p> <p>Don't Know.....8</p>	<p>⇒ NEXT MODULE</p> <p>⇒ NEXT MODULE</p> <p>⇒ 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</p> <p>No.....2</p> <p>DK/not sur..... 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</p> <p>No.....2</p> <p>DK..... 8</p>	<p>2 ⇒ NEXT MODULE</p> <p>8 ⇒ NEXT MODULE</p>
<p>ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED?</p> <p>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</p>	<p>Months ago..... _ _</p> <p>More than 24 months ago.....95</p> <p>DK.....98</p>	

IMMUNIZATION MODULE		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 Yes, not seen..... 2 No3	2 ⇒ IM10 3 ⇒ IM10	
(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.	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		
IM3EE.POLIO 4	OPV4		
IM3FFF.POLIO 5	OPV5		
IM4A.DPT1/HIB1	DPT1		
IM4B.DPT2/HIB2	DPT2		
IM4C.DPT3/HIB3	DPT3		
IM4EE.DPT4 (BOOSTER)	DPT4		
IM5A.HEPB1	H1		
IM5B.HEPB2	H2		
IM5C.HEPB3	H3		
IM6.MEASLES MEASLES			
IM7.YELLOW FEVER	YF		
IM8A.VITAMIN A (1)	VITA1		
IM8B.VITAMIN A (2)	VITA2		
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, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.	Yes..... 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No 2 DK..... 8	1 ⇒ IM19 2 ⇒ IM19 8 ⇒ IM19	
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes..... 1 No2 DK..... 8	2 ⇒ IM19 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 No2 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 No2 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..... _ _	
IM15. HAS (name) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" - THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS - TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes..... 1 No2 DK..... 8	2 ⇒ IM17 8 ⇒ IM17
IM16. HOW MANY TIMES?	No. of times..... _ _	
IM17. HAS (name) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR - THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No2 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 No2 DK..... 8	
IM19. PLEASE TELL ME IF (name) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:		
IM19A. NOVEMBER AND DECEMBER/POLIO 2005		Y N DK
IM19B. DECEMBER 2000 MEASLES	NOV.& DEC./POLIO 2005.....	1 2 8
IM19C. 2001 MENINGITIS	DECEMBER 2000 MEASLES.....	1 2 8
	2001 MENINGITIS.....	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.

ANTHROPOMETRY MODULE		AN
<p>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.</p>		
AN1. Child's weight.	Kilograms (kg).....	__ . __
AN2. Child's length or height.		
Check age of child in UF11: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down.....1 ____ . __ Height (cm) Standing up.....2 ____ . __	
AN3. Measurer's identification code.	Measurer code.....	__ __
AN4. Result of measurement.	Measured.....1 Not present.....2 Refused.....3 Other (<i>specify</i>).....6	
<p>AN5. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.</p> <p>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.</p>		