

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>UF</b>
<p><i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the ED/cluster, region and household numbers, and names and line numbers of the child and the mother/caretaker in the space below and at the top of each page of this questionnaire. Insert also in the space below, your own name and number, and the date.</i></p>		
UF1A. Region #: ____ ____  UF1. ED/ Cluster #: ____ ____ ____ ____  UF2A. Building #: ____ ____ ____	UF2. Household number: ____ ____ ____  UF2V. Ward/ Village/Community Name & #: _____	
UF3. Child's Name: _____	UF4. Child's Line Number ( <i>From HLI</i> ): _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: _____ / _____ / _____	
UF9. Result of interview for children under 5  <i>(Codes refer to mother/caretaker.)</i>	Completed..... 1 Not at home ..... 2 Refused..... 3 Partly completed ..... 4 Incapacitated..... 5  Other (specify) _____ 6	

*Repeat greeting if not already read to this respondent:*

WE ARE FROM THE BUREAU OF STATISTICS. 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 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

*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.*

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 <i>(name)</i> . IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?  <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Date of birth: Day ..... ____ DK day ..... 98  Month ..... ____  Year..... ____ ____	
UF11. HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?  <i>Record age in completed years.</i>	Age in completed years ..... ____	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? <i>If seen, verify reported birth date, otherwise try to verify date using other documents such as clinic cards, immunization cards, etc</i>	Yes, seen ..... 1 Yes, not seen ..... 2 No..... 3  DK ..... 8	1⇒BR5
BR2. HAS (name's) BIRTH BEEN REGISTERED?	Yes..... 1 No..... 2 DK ..... 8	1⇒BR5 8⇒BR4
BR3. WHY IS (name's) BIRTH NOT REGISTERED?	Must travel too far ..... 2 Did not know it should be registered..... 3 Late, and did not want to pay..... 4 Does not know where to register ..... 5 Does not know how to register..... 6 Does not think that it is necessary.....7  Other (specify) _____ 96 DK ..... 98	6⇒BR5
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1 No..... 2	
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 <b>ORGANIZED LEARNING</b> OR <b>EARLY CHILDHOOD EDUCATION PROGRAMME</b> , SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN?	Yes ..... 1 No..... 2 DK ..... 8	2⇒BR8 8⇒BR8
BR7. SINCE LAST (day of the week) 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 DO ANY OF THE FOLLOWING ACTIVITIES WITH (name):  <i>If yes, ask: WHO DID 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>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)?	Books	Mother    Father    Other    No one 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

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CHILD DEVELOPMENT		CE
<p>CE1. Ask this question only once for each mother/caretaker. If the question was asked before, copy the responses and continue to CE2</p> <p>HOW MANY SCHOOL BOOKS, ADULT BOOKS AND BOOKS FOR OLDER CHILDREN ARE THERE IN THE HOUSEHOLD? PLEASE DO NOT INCLUDE BOOKS MEANT FOR YOUNG CHILDREN, SUCH AS PICTURE BOOKS, COLOURING BOOKS, ETC</p> <p>If 'none' enter 0</p>	<p>Number of non-children's books ..... 0 ___</p> <p>Ten or more non-children's books ..... 10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p>If 'none' enter 0</p>	<p>Number of children's books ..... 0 ___</p> <p>Ten or more books ..... 10</p>	
<p>CE3. I WOULD NOW LIKE TO ASK YOU ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS, POT COVERS OR POTS?</p> <p>THINGS FOUND OUTSIDE THE HOUSE, SUCH AS STICKS, BRICKS, ANIMALS, COCONUT SHELLS OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS ROLLERS, SCOOTERS, DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p>If the respondent says "YES" to any of the prompted categories, then find out what exactly the child plays with to determine the response. Circle as many categories as necessary.</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<p>Household objects (bowls, plates, cups, pots, etc.) .....A</p> <p>Objects and materials found outside the living quarters (sticks, bricks, animals, shells, leaves) ..... B</p> <p>Homemade toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a store .....D</p> <p>No playthings mentioned ..... Y</p>	
<p>CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO WORK, GO SHOPPING, WASH CLOTHES FAR AWAY FROM THE HOUSE, OR FOR OTHER SUCH REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD WHO IS YOUNGER THAN 10 YEARS OLD?</p> <p>If 'none' enter 00</p>	<p>Number of times..... ___ ___</p>	
<p>CE5. IN THE PAST WEEK I.E. SINCE LAST (day of the week), HOW MANY TIMES WAS (name) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times..... ___ ___</p>	

BREASTFEEDING MODULE		BF
BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2  DK ..... 8	2⇒BF3  8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2  DK ..... 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>		
		Y N DK
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements ..... 1 2 8	
BF3B. PLAIN WATER?	B. Plain water ..... 1 2 8	
BF3C. SUGAR WATER, FLAVOURED WATER, FRUIT JUICE OR TEA?	C. Sugar water, juice or tea ..... 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 COW'S MILK?	F. Milk ..... 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids ..... 1 2 8	
BF3H. SOLID OR SEMI-SOLID (CRUSH) FOOD?	H. Crush (Solid or semi-solid food)... 1 2 8	
BF4. <i>Check BF3H: Child received solid or semi-solid (crush) food?</i>		
<input type="checkbox"/> <i>Yes. ⇒ Continue with BF5</i>		
<input type="checkbox"/> <i>No or DK. ⇒ Go to Next Module</i>		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?  <i>If 7 or more times, record '7'.</i>	No. of times ..... ____  Don't know ..... 8	

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CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p>		
<p>CA2A. ORS PACKET SOLUTION?</p>	<p>A. Fluid from ORS packet ..... 1 2 8</p>	
<p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID I.E. SUGAR/ SALT WATER MIXTURE?</p>	<p>B. Recommended homemade fluid .. 1 2 8</p>	
<p>CA2C. ORS READYMADE SOLUTION E.G. PEDIALITE SOLUTION?</p>	<p>C. Pre-packaged ORS fluid ..... 1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none..... 1</p> <p>About the same (or somewhat less) ..... 2</p> <p>More ..... 3</p> <p>DK ..... 8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe:</i></p> <p>MUCH LESS OR A LITTLE LESS?</p>	<p>None..... 1</p> <p>Much less..... 2</p> <p>Somewhat less..... 3</p> <p>About the same..... 4</p> <p>More..... 5</p> <p>DK ..... 8</p>	
<p>CA4A. Check CA2A: ORS packet solution 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 ORS PACKET SOLUTION? (<i>from CA2A</i>)?</p>	<p>Public sector  Govt. hospital ..... 11  Govt. health centre..... 12  Govt. health post..... 13  Community Health Worker (CHW)..... 14  Mobile/outreach clinic ..... 15  Dispensary .....16    Other public (<i>specify</i>)..... 17    Private medical sector  Private hospital/clinic ..... 21  Private Doctor ..... 22  Private pharmacy/ drug store ..... 23  Mobile clinic ..... 24  Dispensary .....25  Other private  medical (<i>specify</i>)..... 26    Other source  Relative or friend..... 31  Shop ..... 32  Traditional healer ..... 33    Other (<i>specify</i>)..... 96  Don't know .....98</p>	
<p>CA4C. HOW MUCH DID YOU PAY FOR THE ORS PACKET SOLUTION (<i>from CA2A</i>)?</p>	<p>Local currency                   — — —    Free .....996  DK .....998</p>	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, IN THE LAST 14 DAYS?</p>	<p>Yes..... 1  No..... 2    DK..... 8</p>	<p>2⇒CA12  8⇒CA12</p>
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1  No..... 2    DK..... 8</p>	<p>2⇒CA12  8⇒CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest ..... 1  Blocked nose ..... 2    Both..... 3    Other (<i>specify</i>)..... 6  DK ..... 8</p>	<p>2⇒CA12  6⇒CA12</p>
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes..... 1  No..... 2    DK..... 8</p>	<p>2⇒CA10  8⇒CA10</p>

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<p>CA9. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p>ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>If source is <b>hospital, health center, or clinic</b>, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital .....A</p> <p>Govt. health centre.....B</p> <p>Govt. health post.....C</p> <p>Community Health Worker.....D</p> <p>Mobile/outreach clinic .....E</p> <p>Dispensary .....F</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinic ..... I</p> <p>Private Doctor ..... J</p> <p>Private pharmacy/ drug store .....K</p> <p>Mobile clinic ..... L</p> <p>Dispensary .....M</p> <p>Other private medical (<i>specify</i>)_____ O</p> <p>Other source</p> <p>Relative or friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional healer .....R</p> <p>Other (<i>specify</i>)_____ X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Circle all medicines given.</i></p>	<p>Antibiotic</p> <p>Ampicillin/Augumentin .....A</p> <p>Septtrin/Cotrimoxale .....B</p> <p>Other antibiotic (<i>specify</i>)_____ D</p> <p>Paracetamol/Panadol/Acetaminophen ..... P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen .....R</p> <p>Other (<i>specify</i>)_____ X</p> <p>DK ..... Z</p>	
<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>		

CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector Govt. hospital ..... 11 Govt. health centre..... 12 Govt. health post..... 13 Community Health Worker..... 14 Mobile/outreach clinic ..... 15 Dispensary .....16 Other public ( <i>specify</i> )_____ 17 Private medical sector Private hospital/clinic ..... 21 Private doctor.....22 Private pharmacy/ drug store ..... 23 Mobile clinic ..... 24 Other private medical ( <i>specify</i> )_____ 26 Other source Relative or friend..... 31 Shop ..... 32 Traditional healer ..... 33 Other ( <i>specify</i> )_____96 Don't know .....98	
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Local currency                            — — — Free .....996 DK .....998	
CA12. Check UF11: Child aged under 3?  <input type="checkbox"/> Yes. ⇒ Continue with CA13  <input type="checkbox"/> No. ⇒ Go to CA14		
CA13. THE LAST TIME ( <i>name</i> ) PASSED STOOL, WHAT WAS DONE TO DISPOSE OF THE STOOL?	Child used toilet/latrine..... 01 Thrown into toilet or latrine..... 02 Thrown into drain ..... 03 Thrown into garbage (solid waste)..... 04 Buried..... 05 Left in the open ..... 06 Thrown outside the yard ..... 07 Other ( <i>specify</i> )_____ 96 Don't know ..... 98	



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<p><i>Ask the following question (CA14) only once for each mother/caretaker.</i></p> <p><i>If the question was asked before, copy the responses and Go to the Next Module</i></p>	<p>Child not able to drink or breastfeed ..... A</p> <p>Child becomes sicker..... B</p> <p>Child develops a fever ..... C</p> <p>Child has fast breathing ..... D</p> <p>Child has difficult breathing..... E</p> <p>Child has blood in stool..... F</p> <p>Child is drinking poorly..... G</p> <p>Child has vomiting ..... H</p> <p>Child has diarrhea ..... I</p> <p>Child has Vomiting and diarrhea..... J</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>
<p><b>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?</b></p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned,</i></p> <p><i>But do NOT prompt with any suggestions.</i></p>	

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE ( <i>day of the week</i> ) OF THE WEEK BEFORE LAST, HAS ( <i>name</i> ) BEEN ILL WITH A FEVER?	Yes..... 1 No..... 2 DK..... 8	2⇒ML10 8⇒ML10
ML2. WAS ( <i>name</i> ) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1 No..... 2 DK..... 8	2⇒ML6 8⇒ML6
ML3. DID ( <i>name</i> ) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes..... 1 No..... 2 DK..... 8	2⇒ML5 8⇒ML5
ML4. WHAT MEDICINE DID ( <i>name</i> ) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?  <i>Circle all medicines mentioned.</i>	Anti-malarials: Chloroquine.....A Primaquine.....B Coartem .....C Mefloquine.....D Artesunate .....E Quinine.....F  Other anti-malarial ( <i>specify</i> )..... H  Other medications: Paracetamol/Panadol/Acetaminophen ...P Aspirin ..... Q Ibuprofen .....R  Other ( <i>specify</i> )..... X DK..... Z	
ML5. WAS ( <i>name</i> ) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..... 1 No..... 2 DK..... 8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. WAS ( <i>name</i> ) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1 No..... 2 DK..... 8	2⇒ML8 8⇒ML8
ML7. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i>	Anti-malarials: Chloroquine.....A Primaquine.....B Coartem .....C Mefloquine.....D Artesunate .....E Quinine.....F  Other anti-malarial ( <i>specify</i> )..... H  Other medications: Paracetamol/Panadol/Acetaminophen ...P Aspirin ..... Q Ibuprofen .....R  Other ( <i>specify</i> )..... X DK..... Z	

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<p>ML8. Check ML4 and/or ML7: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML9</p> <p><input type="checkbox"/> No. ⇒ Go to ML10</p>		
<p>ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)?</p> <p><i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></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>	
<p>ML9A. WHERE DID YOU GET THE (name of anti-malarial from ML4 or ML7)?</p> <p><i>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).</i></p>	<p>Public sector</p> <p>Govt. hospital ..... 11</p> <p>Govt. health centre..... 12</p> <p>Govt. health post..... 13</p> <p>Community Health Worker..... 14</p> <p>Mobile/outreach clinic ..... 15</p> <p>Dispensary .....16</p> <p>Other public (<i>specify</i>)..... 17</p> <p>Private medical sector</p> <p>Private hospital/clinic ..... 21</p> <p>Private doctor .....22</p> <p>Private pharmacy/ drug store ..... 23</p> <p>Mobile clinic .....24</p> <p>Dispensary .....25</p> <p>Other private medical (<i>specify</i>)..... 26</p> <p>Other source</p> <p>Relative or friend..... 31</p> <p>Shop ..... 32</p> <p>Traditional healer ..... 33</p> <p>Other (<i>specify</i>)..... 96</p> <p>Don't know .....98</p>	
<p>ML9B. HOW MUCH DID YOU PAY FOR THE (name of anti-malarial from ML4 or ML7)?</p> <p><i>Refer to the same anti-malarial as in ML9A above</i></p>	<p>Local currency _____</p> <p>Free .....996</p> <p>DK .....998</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><i>If less than 1 month, record '00'.</i></p> <p><i>If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i></p>	<p>Months ago ..... ___</p> <p>More than 24 months ago..... 95</p> <p>Not sure..... 98</p>	

<p>ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR KEEP AWAY MOSQUITOES?</p>	<p>Yes..... 1  No..... 2  DK/not sure ..... 8</p>	
<p>ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/KEEP AWAY MOSQUITOES OR BUGS?</p>	<p>Yes..... 1  No..... 2  DK..... 8</p>	<p>2⇒ NEXT MODULE  8⇒ NEXT MODULE</p>
<p>ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED?</p> <p><i>If less than 1 month, record '00'.  If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago ..... _ _  More than 24 months ago ..... 95  DK ..... 98</p>	

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IMMUNIZATION MODULE		IM		
<p><i>If an immunization card is available, copy the dates in IM2-IM7 for each type of immunization 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.</i></p>				
IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen ..... 1 Yes, not seen ..... 2 No..... 3	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			
IM3B. POLIO 1	OPV1			
IM3C. POLIO 2	OPV2			
IM3D. POLIO 3	OPV3			
IM5A. PENTAVALENT (OR DPT+ HIB+HEPB1)	(DPT)HH1			
IM5B. PENTAVALENT (OR DPT+ HIB+HEPB2)	(DPT)HH2			
IM5C. PENTAVALENT (OR DPT+ HIB+HEPB3)	(DPT)HH3			
IM6. MMR	MEASLES			
IM7. YELLOW FEVER	YF			
IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?  <i>Record 'Yes' only if respondent mentions BCG, OPV 1-3, Pentavalent 1-3, MMR, or Yellow Fever vaccine(s).</i>	Yes ..... 1 No..... 2 DK ..... 8	1⇨IM 20 2⇨IM 20 8⇨IM 20		
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES?	Yes ..... 1 No..... 2 DK ..... 8	2⇨IM 20 8⇨IM 20		
IM11. HAS (NAME) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes ..... 1 No..... 2 DK ..... 8			
IM12. HAS (NAME) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes ..... 1 No..... 2 DK ..... 8	2⇨IM15 8⇨IM15		

IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ..... _ _	
IM15. HAS ( <i>name</i> ) EVER BEEN GIVEN PENTAVALENT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes ..... 1 No..... 2 DK ..... 8	2⇒IM17 8⇒IM17
IM16. HOW MANY TIMES?	No. of times ..... _ _	
IM17. HAS ( <i>name</i> ) EVER BEEN GIVEN “MMR VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF <b>12</b> MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MMR?	Yes ..... 1 No..... 2 DK ..... 8	
IM18. HAS ( <i>name</i> ) EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF <b>12</b> MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	Yes ..... 1 No..... 2 DK ..... 8	
<p>IM20. <i>Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</i></p> <p><i>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.</i></p>		

Reg #: \_\_\_ ED/Cluster #: \_\_\_ HH #: \_\_\_ Caretaker #: \_\_\_ Child line #: \_\_\_

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 (specify)..... 6	

AN5. 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 the interview with this household by thanking all participants for their cooperation.  Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.
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