

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
<b>UF1. Cluster number:</b> <div style="text-align: right;">_ _ _</div>	<b>UF2. Household number:</b> <div style="text-align: right;">_ _</div>	
<b>UF3. Child's name:</b> Name _____	<b>UF4. Child's line number:</b> <div style="text-align: right;">_ _</div>	
<b>UF5. Mother's/Caretaker's name:</b> Name _____	<b>UF6. Mother's/Caretaker's line number:</b> <div style="text-align: right;">_ _</div>	
<b>UF7. Interviewer's name and number:</b> Name _____	<b>UF8. Day/Month/Year of interview:</b> <div style="text-align: right;">_ _ / _ _ / 2014</div>	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE DATA COLLECTED WILL BE USED BY POLICY MAKERS TO MAKE DECISIONS FOR THE BENEFIT OF YOUR CHILD. THE INTERVIEW WILL TAKE ABOUT <b>30</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT <b>30</b> MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>	

<b>UF9. Result of interview for children under 5</b>  <i>Codes refer to mother/caretaker.</i>	Completed.....01 Not at home.....02 Refused.....03 Partly completed.....04 Incapacitated.....05  Other ( <i>specify</i> ).....96
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<b>UF10. Field editor's name and number:</b> Name _____	<b>UF11. Main data entry clerk's name and number:</b> Name _____
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UF12. Record the time.	Hour and minutes ..... : ..	
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AGE	AG	
<p><b>AG1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... _ _</p> <p>DK day ..... 98</p> <p>Month ..... _ _</p> <p>Year ..... 20 _ _</p>	
<p><b>AG2.</b> HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ..... _</p>	

MICS.U5.2

BIRTH REGISTRATION		BR
<b>BR1. DOES (name) HAVE A BIRTH CERTIFICATE?</b>  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen ..... 2	
	No..... 3	
	DK ..... 8	
<b>BR1A. DOES (name) HAVE A BIRTH REGISTRATION FORM?</b>  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen ..... 2	
	No..... 3	
	DK ..... 8	
<b>BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE GENERAL REGISTRATION OFFICE?</b>	Yes ..... 1	1⇒Next Module
	No..... 2	
	DK ..... 8	
<b>BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?</b>	Yes ..... 1	
	No..... 2	

MICS.U5.3

EARLY CHILDHOOD DEVELOPMENT		EC																
<p><b>EC1.</b> HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None.....00</p> <p>Number of children's books .....0 __</p> <p>Ten or more books ..... 10</p>																	
<p><b>EC2.</b> I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> 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><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys.....	1	2	8	Toys from a shop .....	1	2	8	Household objects or outside objects.....	1	2	8	
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<p><b>EC3.</b> 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 <i>(name)</i>:</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><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour.....__</p> <p>Number of days left with other child for more than an hour.....__</p>																	
<p><b>EC4.</b> Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p>																		
<p><b>EC5.</b> DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK .....8</p>																	

<p><b>EC7.</b> IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME OR YARD?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p><b>EC8.</b> I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. 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 <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>																																				
<p><b>EC9.</b> CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>																																				
<p><b>EC10.</b> DOES <i>(name)</i> 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><b>EC11.</b> CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A PEBBLE FROM THE GROUND?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>																																				
<p><b>EC12.</b> IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>																																				

MICS.U5.5

<b>EC13.</b> DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes .....1 No.....2  DK .....8	
<b>EC14.</b> WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT ON HIS/HER OWN?	Yes .....1 No.....2  DK .....8	
<b>EC15.</b> DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes .....1 No.....2  DK .....8	
<b>EC16.</b> DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....1 No.....2  DK .....8	
<b>EC17.</b> DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes .....1 No.....2  DK .....8	

MICS.U5.6

BREASTFEEDING AND DIETARY INTAKE		BD																																												
<b>BD1. Check AG2: Age of child</b> <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module																																														
<b>BD2. HAS (name) EVER BEEN BREASTFED?</b>	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BD4 8⇒BD4																																												
<b>BD3. IS (name) STILL BEING BREASTFED?</b>	Yes ..... 1 No ..... 2 DK ..... 8																																													
<b>BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</b>	Yes ..... 1 No ..... 2 DK ..... 8																																													
<b>BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?</b>	Yes ..... 1 No ..... 2 DK ..... 8																																													
<b>BD6. DID (name) DRINK OR EAT SPRINKLES/MULTI VITAMIN (BUILDERS) SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?</b>	Yes ..... 1 No ..... 2 DK ..... 8																																													
<b>BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</b>  PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>[A] PLAIN WATER?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B] VITAMIN A RICH FRESH JUICE (MANGO, PAPAYA, ORANGE OR POMEGRANATE)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B1] OTHER FRESH JUICES?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B2] PRE-PACKAGED JUICE DRINKS?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[C] CLEAR SOUP WITH NO FOOD PIECES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK (LIQUID MILK)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i></td> <td colspan="3">Number of times drank milk .....</td> </tr> <tr> <td>[E] INFANT FORMULA?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i></td> <td colspan="3">Number of times drank infant formula.....</td> </tr> <tr> <td>[F] ANY OTHER LIQUIDS? (Specify) _____</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	[A] PLAIN WATER?	1	2	8	[B] VITAMIN A RICH FRESH JUICE (MANGO, PAPAYA, ORANGE OR POMEGRANATE)?	1	2	8	[B1] OTHER FRESH JUICES?	1	2	8	[B2] PRE-PACKAGED JUICE DRINKS?	1	2	8	[C] CLEAR SOUP WITH NO FOOD PIECES	1	2	8	[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK (LIQUID MILK)?	1	2	8	<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk .....			[E] INFANT FORMULA?	1	2	8	<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula.....			[F] ANY OTHER LIQUIDS? (Specify) _____	1	2	8	
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MICS.U5.7

<p><b>BD8.</b> NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>				
		Yes	No	DK
[B] ANY NESTUM	Nestum	1	2	8
[C] BREAD, PURI, FLOAT BAKE, BARAH, SAMOSAS, RICE, NOODLES, CHOWMEIN OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, , cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS	Ripe mangoes	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH OR OTHER TYPES OF FISH? E.G. BUTTER FISH, BANGA MARY, TROUT, MACKEREL, LOBSTER, SHRIMP, CRAB, ETC.	Fresh, dried fish or shell fish	1	2	8
[M] ANY FOODS MADE FROM KIDNEY BEANS, PEAS, LENTILS, OR NUTS, PEANUTS OR COCONUTS/COCONUT MILK?	Foods made from beans, peas, coconut, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK LIKE YOGURT?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?  (Specify) _____	Other solid, semi-solid, or soft food	1	2	8
<p><b>BD9.</b> Check BD8 (Categories "A" through "O")</p> <p><input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11</p> <p><input type="checkbox"/> Else ⇒ Continue with BD10</p>				
<p><b>BD10.</b> Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night</p> <p><input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module</p> <p><input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11</p>				
<p><b>BD11.</b> HOW MANY TIMES DID (<i>name</i>) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?</p> <p>If 7 or more times, record '7'.</p>		<p>Number of times ..... —</p> <p>DK..... 8</p>		

MICS.U5.8



IMMUNIZATION							IM	
<p><i>If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17E will only be asked if a card is not available.</i></p>								
<b>IM1.</b> DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?  <i>If yes: MAY I SEE IT PLEASE?</i>				Yes, seen ..... 1 Yes, not seen ..... 2 No card ..... 3			1⇒IM3 2⇒IM6	
<b>IM2.</b> DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (name)?				Yes ..... 1 No ..... 2			1⇒IM6 2⇒IM6	
<b>IM3.</b> (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					
BCG (BACILLE CALMETTE GUERIN)								
1 <sup>ST</sup> DOSE OF POLIO VACCINE (OPV)								
2 <sup>ND</sup> DOSE OF POLIO VACCINE (OPV)								
3 <sup>A</sup> DOSE OF POLIO VACCINE (OPV)								
1 <sup>ST</sup> DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + HIB)								
2 <sup>ND</sup> DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + HIB)								
3 <sup>RD</sup> DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + HIB)								
1 <sup>ST</sup> DOSE OF ROTAVIRUS (ROTATEQ)								
2 <sup>ND</sup> DOSE OF ROTAVIRUS (ROTATEQ)								
3 <sup>RD</sup> DOSE OF ROTAVIRUS (ROTATEQ)								
1 <sup>ST</sup> DOSE OF PNEUMOCOCCAL VACCINE								
2 <sup>ND</sup> DOSE OF PNEUMOCOCCAL VACCINE								
3 <sup>RD</sup> DOSE OF PNEUMOCOCCAL VACCINE								
MEASLES MUMPS AND RUBELLA (MMR)								
YELLOW FEVER (YF)								
BOOSTER OPV								
BOOSTER DPT								
<b>IM4.</b> Check IM3. Are all vaccines (BCG to BOOSTER DPT) recorded?  <input type="checkbox"/> Yes ⇒Go to IM19  <input type="checkbox"/> No ⇒Continue with IM5								

MICS.U5.9

<p><b>IM5.</b> IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ Go back to IM3 and probe for these vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. When finished, skip to IM19</p> <p><input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM19</p>		
<p><b>IM6.</b> HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM19</p> <p>8⇒IM19</p>
<p><b>IM7.</b> HAS (<i>name</i>) 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><b>IM8.</b> HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM11A</p> <p>8⇒IM11A</p>
<p><b>IM9.</b> WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST EIGHT WEEKS AFTER BIRTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>IM10.</b> HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p><b>IM11A.</b> HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B OR INFLUENZA TYPE B?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p><b>IM11B.</b> HOW MANY TIMES WAS THE PENTAVALENT VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p><b>IM16.</b> HAS (<i>name</i>) EVER RECEIVED A MMR INJECTION– THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p><b>IM17.</b> HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER?</p> <p><i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the measles vaccine</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p><b>IM17A.</b> HAS (<i>name</i>) EVER RECEIVED APNEUMOCOCCAL VACCINE, THAT IS, A VACCINE AGAINST THE PNEUMOCOCCAL BACTERIA TO AVOID PNEUMONIA AND MENINGITIS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM17C</p> <p>8⇒IM17C</p>

<b>IM17B.</b> HOW MANY TIMES WAS THE PNEUMOCOCCAL VACCINE RECEIVED?	Number of times..... _	
<b>IM17C.</b> HAS ( <i>name</i> ) EVER RECEIVED AN ORAL VACCINE AGAINST ROTAVIRUS, THAT IS, A VACCINE AGAINST A VIRUS THAT CAUSED DIARRHEA, VOMITING, AND FEVER?	Yes ..... 1 No ..... 2 DK..... 8	2⇒IM17E 8⇒IM17E
<b>IM17D.</b> HOW MANY TIMES WAS THE ROTAVIRUS VACCINE RECEIVED?	Number of times..... _	
<b>IM17E.</b> HAS ( <i>name</i> ) EVER RECEIVED A DPT BOOSTER THAT IS, A SHOT IN THE TIGHT AT THE AGE OF 18MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH OR DIPHTHERIA?	Yes ..... 1 No ..... 2 DK..... 8	
<b>IM19.</b> PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS:		Y N DK
[A] VACCINATION WEEK IN APRIL	Vaccination week (April) .....	1 2 8
[B] VACCINATION MOP UP ACTIVITIES DONE EVERY QUARTER	Quarterly mop up Activities .....	1 2 8
<b>IM20.</b> <i>Is a copy of the vaccination card of the child kept at the health facility?</i>		
<input type="checkbox"/> <i>Yes ⇒ Issue a “QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY” for this child. Complete the Information Panel on that questionnaire and continue with Next Module.</i>		
<input type="checkbox"/> <i>No ⇒ Continue with Next Module</i>		

MICS.U5.11

CARE OF ILLNESS		CA
<p><b>CA1.</b> IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>	<p>2⇒CA6A  8⇒CA6A</p>
<p><b>CA2.</b> I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK).</p> <p>DURING THE TIME (<i>name</i>) 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>  WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less ..... 1  Somewhat less ..... 2  About the same..... 3  More ..... 4  Nothing to drink..... 5  DK ..... 8</p>	
<p><b>CA3.</b> DURING THE TIME (<i>name</i>) 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>  WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less than usual ..... 1  Somewhat less than usual ..... 2  About the same..... 3  More ..... 4  Stopped food ..... 5  Never gave food ..... 6  DK ..... 8</p>	
<p><b>CA3A.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	<p>Yes ..... 1  No..... 2  DK ..... 8</p>	<p>2⇒CA4  8⇒CA4</p>
<p><b>CA3B.</b> FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i>  ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public sector  Government hospital ..... A  Government health centre ..... B  Government health post ..... C  Community health worker ..... D  Mobile / Outreach clinic ..... E  Other public (<i>specify</i>) _____ H</p> <p>Private medical sector  Private hospital / clinic ..... I  Private physician ..... J  Private pharmacy ..... K  Mobile clinic ..... L  Other private medical (<i>specify</i>) _____ O</p> <p>Other source  Relative / Friend ..... P  Shop ..... Q  Traditional practitioner ..... R  Other (<i>specify</i>) _____ X</p>	

<p><b>CA4. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK</b></p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS PACKET SOLUTION?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet ..... 1 2 8</p> <p>Pre-packaged ORS fluid ..... 1 2 8</p>	
<p><b>CA4A. Check CA4: ORS.</b></p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B.</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA5</p>		
<p><b>CA4B. WHERE DID YOU GET THE ORS?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Government health centre ..... 12</p> <p>Government health post ..... 13</p> <p>Community 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 medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Already had at home ..... 40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p><b>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p><b>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</b></p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name)</i></p>	<p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Other pill or syrup (Not antibiotic, antimotility) ..... 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 ..... O</p> <p>Home remedy ..... Q</p>	

	Other ( <i>specify</i> ) _____ X	
<b>CA6A.</b> IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) BEEN ILL WITH A FEVER AT ANY TIME?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA7 8⇒CA7
<b>CA6B.</b> AT ANY TIME DURING THE ILLNESS, DID ( <i>name</i> ) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes ..... 1 No ..... 2 DK..... 8	
<b>CA7.</b> AT ANY TIME IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD AN ILLNESS WITH A COUGH?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA9A 8⇒CA9A
<b>CA8.</b> WHEN ( <i>name</i> ) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA10 8⇒CA10
<b>CA9.</b> WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only ..... 1 Blocked or runny nose only ..... 2 Both ..... 3 Other ( <i>specify</i> ) ..... 6 DK..... 8	1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10
<b>CA9A.</b> Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA10 <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		
<b>CA10.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒CA12 8⇒CA12
<b>CA11.</b> FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?  <i>Probe:</i> ANYWHERE ELSE?  <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>  <i>Probe to identify each type of source.</i>  <i>If unable to determine if public or private sector, write the name of the place.</i>  _____ (Name of place)	Public sector Government hospital ..... A Government health centre ..... B Government health post ..... C Community health worker ..... D Mobile / Outreach clinic ..... E Other public ( <i>specify</i> ) ..... H  Private medical sector Private hospital/clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical ( <i>specify</i> ) ..... O  Other source Relative / Friend ..... P Shop ..... Q Traditional practitioner ..... R  Other ( <i>specify</i> ) ..... X	
<b>CA12.</b> AT ANY TIME DURING THE ILLNESS, WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR THE	Yes ..... 1 No ..... 2	2⇒CA14

ILLNESS?	DK ..... 8	8⇒CA14
<b>CA13. WHAT MEDICINE WAS (name) GIVEN?</b>  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i>  <hr/> <i>(Names of medicines)</i>	Anti-malarials..... SP / Fansidar ..... A Chloroquine ..... B Amodiaquine..... C Quinine ..... D Combination with Artemisinin ..... E Other anti-malarial (specify) _____ H  Antibiotics: Pill / Syrup.....I Injection .....J  Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin.....Q Ibuprofen..... R  Other (specify) _____ X DK ..... Z	
<b>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</b> <input type="checkbox"/> Yes ⇒Continue with CA13B <input type="checkbox"/> No ⇒ Go to CA13C		
<b>CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?</b>  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  <hr/> <i>(Name of place)</i>	Public sector Government hospital ..... 11 Government health centre ..... 12 Government health post ..... 13 Community 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 / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33  Already had at home ..... 40 Other (specify) _____ 96	
<b>CA13C. Check CA13: Anti-malarial mentioned (codes A - H)?</b> <input type="checkbox"/> Yes ⇒Continue with CA13D <input type="checkbox"/> No ⇒ Go to CA14		

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<p><b>CA13D. WHERE DID YOU GET THE (name of medicine from CA13)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital .....11</p> <p>Government health centre .....12</p> <p>Government health post .....13</p> <p>Community 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 medical (<i>specify</i>) _____26</p> <p>Other source</p> <p>Relative / Friend .....31</p> <p>Shop .....32</p> <p>Traditional practitioner .....33</p> <p>Already had at home .....40</p> <p>Other (<i>specify</i>) _____96</p>	
<p><b>CA13E. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from CA13)?</b></p> <p><i>If multiple anti-malarial mentioned in CA13, name all anti-malarial medicines mentioned.</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><b>CA14. Check AG2: Age of child</b></p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13</p>		
<p><b>CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</b></p>	<p>Child used toilet/latrine.....01</p> <p>Put / Rinsed into flush toilet or latrine .....02</p> <p>Put / Rinsed into drain or ditch .....03</p> <p>Thrown into garbage (solid waste).....04</p> <p>Buried.....05</p> <p>Left in the open.....06</p> <p>Other (<i>specify</i>) _____96</p> <p>DK .....98</p>	
<p><b>UF13. Record the time.</b></p> <p>Hour and minutes..... ____ : ____</p>		

MICS.U5.16



**UF14.** Check List of Household Members, columns HL7B and HL15.

*Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

*Yes* ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to be administered to the same respondent

*No* ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household

*Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.*

MICS.U5.17

**ANTHROPOMETRY**
**AN**

*After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.*

<b>AN1.</b> <i>Measurer's name and number:</i>	Name _____	
<b>AN2.</b> <i>Result of height/length and weight measurement</i>	Either or both measured .....	1
	Child not present .....	2 2⇒AN6
	Child or mother/caretaker refused .....	3 3⇒AN6
	Other ( <i>specify</i> ) .....	6 6⇒AN6
<b>AN3.</b> <i>Child's weight</i>	Kilograms (kg)-____	
	Weight not measured .....	99.9
<b>AN3A.</b> <i>Was the child undressed to the minimum?</i>		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No, the child could not be undressed to the minimum		
<b>AN3B.</b> <i>Check age of child in AG2:</i>		
<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).		
<b>AN4.</b> <i>Child's length or height</i>	Length / Height.....	
	Length/ Height not measured .....	999.9 ⇒AN6
<b>AN4A.</b> <i>How was the child actually measured? Lying down or standing up?</i>	Lying down.....	1
	Standing up.....	2

**AN6.** *Is there another child in the household who is eligible for measurement?*

Yes ⇒ Record measurements for next child.

No ⇒ Check if there are any other individual questionnaires to be completed in the household.

MICS.U5.18

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

**Measurer's Observations**

MICS.U5.19