

**INDONESIA 2011**  
**INDONESIA MULTIPLE INDICATOR CLUSTER SURVEY**  
**PAPUA AND WEST PAPUA PROVINCE**  
**QUESTIONNAIRE FOR CHILDREN UNDER FIVE**

**CONFIDENTIAL**

UNDER-FIVE CHILD INFORMATION PANEL		UF
<i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i>		
UF1. Cluster number:    ___ ___ ___ ___ ___	UF2. Household number:                   ___ ___ ___	
UF3. Child's name: Name _____	UF4. Child's line number:   _                -----	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: ___ ___	
UF7. Interviewer name and number: Name .....                                ___ ___	UF8. Day / Month / Year of interview: ___ / ___ / _____	

Repeat greeting if not already read to this respondent:

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

WE ARE FROM LOCAL GOVERNMENT/BPS WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5  <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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UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
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UF12. Record the time.	Hour and minutes.....__ : __	
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AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT 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.....__</p>	
<p>AG2. 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>	

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

BREASTFEEDING		BF
BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes.....1	2⇒BF3
	No.....2	
	DK.....8	
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1	
	No.....2	
	DK.....8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT ( <i>name</i> ) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER ( <i>name</i> ) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  DID ( <i>name</i> ) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1	
	No.....2	
	DK.....8	
BF4. DID ( <i>name</i> ) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1	2⇒BF6
	No.....2	
	DK.....8	
BF5. HOW MANY TIMES DID ( <i>name</i> ) DRINK INFANT FORMULA?	Number of times.....__ __	
BF6. DID ( <i>name</i> ) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1	2⇒BF8
	No.....2	
	DK.....8	
BF7. HOW MANY TIMES DID ( <i>name</i> ) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times.....__ __	
BF8. DID ( <i>name</i> ) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1	
	No.....2	
	DK.....8	
BF9. DID ( <i>name</i> ) DRINK <u>CLEAR BROTH/CLEAR SOUP</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1	
	No.....2	
	DK.....8	
BF10. DID ( <i>name</i> ) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1	
	No.....2	
	DK.....8	
BF11. DID ( <i>name</i> ) DRINK <u>ORALIT (SUGAR SALT SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1	
	No.....2	
	DK.....8	

BF12. DID ( <i>name</i> ) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No.....2  DK .....8	
BF13. DID ( <i>name</i> ) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No.....2  DK .....8	2⇒BF15  8⇒BF15
BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF15. DID ( <i>name</i> ) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No.....2  DK .....8	
BF16. DID ( <i>name</i> ) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No.....2  DK .....8	2⇒BF18  8⇒BF18
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes ..... 1 No.....2  DK .....8	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) BEEN ILL WITH A FEVER AT ANY TIME?	Yes .....1 No.....2 DK .....8	2⇒Next Module 8⇒Next Module
ML2. 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	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes .....1 No.....2 DK .....8	2⇒ML8 8⇒ML8
ML4. WAS ( <i>name</i> ) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes .....1 No.....2 DK .....8	2⇒ML8 8⇒ML8
ML5. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes .....1 No.....2 DK .....8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i>  _____ (Name)	Anti-malarials: SP / Fansidar ..... A Chloroquine ..... B Quinine / Kina ..... D Artesdiaquine ..... E Arsuamon ..... F Arterakin/Artekin ..... G Other anti-malarial (specify) _____ H  Antibiotic drugs Pill / Syrup ..... I Injection ..... J  Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin ..... Q Ibuprofen ..... R  Other (specify) _____ X DK ..... Z	
ML7. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes .....1 No.....2 DK .....8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes .....1 No.....2 DK .....8	2⇒ML10 8⇒ML10

<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name</i>)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar..... A</p> <p>Chloroquine ..... B</p> <p>Quinine / Kina ..... D</p> <p>Artesdiaquine ..... E</p> <p>Arsuamon ..... F</p> <p>Arterakin/Artekin..... G</p> <p>Other anti-malarial (<i>specify</i>) _____ H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup ..... I</p> <p>Injection ..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK ..... Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, 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>	

**IMMUNIZATION** **IM**

*If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.*

IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?  (If yes) MAY I SEE IT PLEASE?	Yes, seen ..... 1 Yes, not seen ..... 2 No card ..... 3	1⇒IM3 2⇒IM6
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IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?	Yes ..... 1 No ..... 2	1⇒IM6 2⇒IM6
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IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization		
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		Date of Immunization						
		Day		Month		Year		
BCG	BCG							
POLIO 1	OPV1							
POLIO 2	OPV2							
POLIO 3	OPV3							
POLIO 4	OPV4							
DPT/HB 1	DPT/HB 1							
DPT/HB 2	DPT/HB 2							
DPT/HB 3	DPT/HB 3							
DPT1	DPT1							
DPT2	DPT2							
DPT3	DPT3							
HEPB AT BIRTH	H0							
HEPB1	H1							
HEPB2	H2							
HEPB3	H3							
MEASLES (OR MMR)	MEASLES							
VITAMIN A (MOST RECENT)	VITA							

IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?  <input type="checkbox"/> Yes ⇒ Go to IM18  <input type="checkbox"/> No ⇒ Continue with IM5
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<p>IM5. 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?</p> <p><i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i></p>	<p>Yes ..... 1  <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i></p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM18  8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM18  8⇒IM18</p>
<p>IM7. 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  DK ..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM11  8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST MONTH AFTER BIRTH OR LATER?</p>	<p>First two weeks ..... 1  Later ..... 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM10A. HAS (<i>name</i>) EVER RECEIVED A COMBO VACCINATION (COMBINATION OF DPT AND HEPATITIS B VACCINES) – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA AND HEPATITIS B?</p> <p><i>Probe by indicating that the Combo vaccine is sometimes given at the same time as Polio vaccines</i></p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM11  8⇒IM11</p>
<p>IM10B. HOW MANY TIMES WAS A COMBO VACCINE (COMBINATION OF DPT AND HEPATITIS B VACCINES) RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM13  8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM16  8⇒IM16</p>



IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours ..... 1 Later ..... 2	
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times.....__	
IM16. HAS ( <i>name</i> ) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No ..... 2 DK ..... 8	
IM18. HAS ( <i>name</i> ) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?  <i>Show common types of ampules / capsules / syrups</i>	Yes ..... 1 No ..... 2 DK ..... 8	
IM19. PLEASE TELL ME IF ( <i>name</i> ) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:  [A] POLIO AND MEASLES CAMPAIGN, DURING JULY-AUGUST 2011	Y N DK  <i>Polio and Measles campaign</i> ..... 1 2 8	

UF13. Record the time.	Hour and minutes.....__ : __	
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UF14. *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 him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child*

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

*Move to another woman's, man's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.*

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.*