

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:

WE ARE FROM *the Central Organisation for Statistics (CSO) and the Ministry of Health.*

WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. 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*

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

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 30 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.

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>) _____ 96
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UF10. Field editor (Name and number): Name _____	UF11. Local editor (Name and number): Name _____
UF11A. Central supervisor (Name and number): Name _____	UF11B. Data entry clerk (Name and number): Name _____

UF12. <i>Record the time.</i>	1.....AM 2.....PM Hour..... 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>	Date of birth Day DK day.....98 Month..... Year
<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>	Age (in completed years)

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>IF BIRTH CERTIFICATE IS PRESENTED, CHECK THE DATE IN AG1. IF SUCH CERTIFICATE IS NOT SEEN, TRY TO CHECK THE DATE USING ANOTHER DOCUMENT (THE CHILD'S VACCINATION CARD OR HEALTH CARD, ETC). CORRECT THE AGE GIVEN IN EC4 IF NECESSARY.</p>	<p>Yes, seen.....1</p> <p>Yes, not seen.....2</p> <p>No3</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>No2</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>No2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children's books0 __</p> <p>Ten or more books 10</p>																	
<p>EC2. 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 border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>Homemade toys</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </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>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <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>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>																		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, WHETHER IN THE PRIVATE OR GOVERNMENT SECTORS, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE? (IF ANY)</p>	<p>Yes 1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>																

EARLY CHILDHOOD DEVELOPMENT						EC
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND IN THESE EDUCATIONAL INSTITUTIONS??	Number of hours.....__ __					
EC7. 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 (name)?</i> <i>CIRCLE ALL THAT APPLY.</i>		Mother	Father	Other	No one	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Read books	A	B	X	Y	
[B] TOLD STORIES TO (name)?	Told stories	A	B	X	Y	
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	Sang songs	A	B	X	Y	
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND OR YARD?	Took outside	A	B	X	Y	
[E] PLAYED WITH (name)?	Played with	A	B	X	Y	
[F] NAMED, COUNTED, OR DREW THINGS to or with (NAME)?	Named/counted	A	B	X	Y	
[G] HELPED HIM / HER MEMORIZE / RECITE RELIGIOUS VERSES?	Helped memorize / recite religious verses	A	B	X	Y	
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. 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 YOUR CHILD'S DEVELOPMENT. CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes 1 No 2 DK..... 8					
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes 1 No 2 DK..... 8					
EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes 1 No 2 DK..... 8					
EC11. CAN (name) PICK UP A SMALL OBJECT WITH	Yes 1					

EARLY CHILDHOOD DEVELOPMENT		EC
TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	No2 DK.....8	
EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes1 No2 DK.....8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes1 No2 DK.....8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes1 No2 DK.....8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No2 DK.....8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No2 DK.....8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes1 No2 DK.....8	

BREASTFEEDING		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	
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.		
BF3. 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 No 2 DK..... 8	2⇒BF6 8⇒BF6
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 No 2 DK..... 8	2⇒BF8 8⇒BF8
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 soup 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>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	

BREASTFEEDING		BF
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	

CARE OF ILLNESS		
<p>CA1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD DIARRHOEA?</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 No 2 DK 8</p>	<p>2⇒CA6A 8⇒CA6A</p>
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH <i>(name)</i> WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</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>CA3. 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 1 Somewhat less 2 About the same 3 More..... 4 Stopped food 5 Never given food due to age 6 DK 8</p>	
<p>CA4. DURING THE EPISODE OF DIARRHOEA, WAS <i>(name)</i> GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] ORS ORAL DEHYDRATION SALTS?</p> <p>[B] FLUID MADE FROM A PACKET CALLED ORAL DEHYDRATION SOLUTION OR DEXTROLYXTE?</p>	<p style="text-align: right;">Y N DK</p> <p>ORS 1 2 8 Oral dehydration fluid..... 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA7 8⇒CA7</p>

CARE OF ILLNESS		
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____ (Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc (anti-diarrhea tablets) C</p> <p>Other (Not antibiotic, antimotility or zinc) 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 / Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA6A. HAVE YOU EVER HEARD OF A SPECIAL MEDICINE CALLED "ORAL DEHYDRATION SOLUTION" (DEXTROLYTE) FOR DIARRHOEA TREATMENT?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CA7
<p>CA6B. HAVE YOU EVER PREPARED IT?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CA7
<p>CA6C. HOW MUCH WATER DID YOU USE TO PREPARE DEXTROLYTE?</p>	<p>Half a litre 1</p> <p>One litre 2</p> <p>2 litres 3</p> <p>Other 4</p> <p>DK 8</p>	
<p>CA6D. WHAT TYPE OF WATER DID YOU USE TO DISSOLVE DEXTROLYTE?</p>	<p>Piped water 1</p> <p>Boiled water 2</p> <p>Bottled water 3</p> <p>Other 4</p> <p>DK 8</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	2⇒CA14 8⇒CA14
<p>CA8. 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?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	2⇒CA14 8⇒CA14
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK 8</p>	2⇒CA14 6⇒CA14
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	2⇒CA12 8⇒CA12

CARE OF ILLNESS

<p>CA11. 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>(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>Health worker D</p> <p>Team during health campaignsE</p> <p>Other public (<i>specify</i>)..... F</p> <p>Private medical sector</p> <p>Private hospital / clinic G</p> <p>Private physician H</p> <p>Private pharmacyI</p> <p>Other private medical (<i>specify</i>)J</p> <p>Other source</p> <p>Relative / FriendP</p> <p>Herbal medicine shop/ attar Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>)..... X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic</p> <p>Pill / Syrup..... A</p> <p>Injection..... B</p> <p>Antipyretics..... C</p> <p>Decongestant..... D</p> <p>Antitusive... ..E</p> <p>Paracetamol / Panadol / AcetaminophenP</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (<i>specify</i>)..... X</p> <p>DKZ</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used sanitation utilities.....01</p> <p>Put / Rinsed into 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>	

IMMUNIZATION MODULE							IM																																																																																																																														
<p>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM5-IM17 are for registering vaccinations that are not recorded on the card.</p>																																																																																																																																					
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																																																																																																																															
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?		Yes 1 No 2				1⇒IM6 2⇒IM6																																																																																																																															
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.		<table border="1"> <thead> <tr> <th colspan="6">Date of Immunization</th> </tr> <tr> <th>Day</th> <th>Month</th> <th colspan="4">Year</th> </tr> </thead> <tbody> <tr> <td colspan="6">DURING THE FIRST WEEK OF THE CHILD'S BIRTH</td> </tr> <tr> <td>BACILLUS CALMETTE-GUERIN (OR BACILLE CALMETTE-GUERIN) BCG</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ORAL POLIOVIRUS VACCINE AT BIRTH (POLIO 0) OPV 0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HEPATITIS B1 (HB1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">WHEN THE CHILD COMPLETES TWO MONTHS OF AGE</td> </tr> <tr> <td>POLIO 1 OPV 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 1) DPT1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HEPATITIS B2 HB2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">WHEN THE CHILD COMPLETES FOUR MONTHS OF AGE</td> </tr> <tr> <td>POLIO 2 OPV 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 2) DPT2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">WHEN THE CHILD COMPLETES OF SIX MONTHS OF AGE</td> </tr> <tr> <td>POLIO 3 OPV 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 3) DPT3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HEPATITIS B3 HB3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">WHEN THE CHILD COMPLETES NINE MONTHS OF AGE</td> </tr> <tr> <td>SINGLE MEASLES DOSE MEASLES</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VITAMIN A SUPPLEMENTATION (ONE ORAL DOSE) 100000 INTERNATIONAL UNITS (THE BLUE CAPSULE) VITAMIN A</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">WHEN THE CHILD COMPLETES 15 MONTHS OF AGE</td> </tr> </tbody> </table>						Date of Immunization						Day	Month	Year				DURING THE FIRST WEEK OF THE CHILD'S BIRTH						BACILLUS CALMETTE-GUERIN (OR BACILLE CALMETTE-GUERIN) BCG						ORAL POLIOVIRUS VACCINE AT BIRTH (POLIO 0) OPV 0						HEPATITIS B1 (HB1)						WHEN THE CHILD COMPLETES TWO MONTHS OF AGE						POLIO 1 OPV 1						DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 1) DPT1						HEPATITIS B2 HB2						WHEN THE CHILD COMPLETES FOUR MONTHS OF AGE						POLIO 2 OPV 2						DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 2) DPT2						WHEN THE CHILD COMPLETES OF SIX MONTHS OF AGE						POLIO 3 OPV 3						DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 3) DPT3						HEPATITIS B3 HB3						WHEN THE CHILD COMPLETES NINE MONTHS OF AGE						SINGLE MEASLES DOSE MEASLES						VITAMIN A SUPPLEMENTATION (ONE ORAL DOSE) 100000 INTERNATIONAL UNITS (THE BLUE CAPSULE) VITAMIN A						WHEN THE CHILD COMPLETES 15 MONTHS OF AGE					
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IMMUNIZATION MODULE										IM
MEASLES COMBINED WITH OTHER VACCINES (MUMPS, MEASLES AND RUBELLA)	MMR									
WHEN CHILD COMPLETES 18 MONTHS OF AGE										
POLIO (FIRST BOOSTER DOSE)	OPV									
DPT (FIRST BOOSTER DOSE)	DPT									
VITAMIN A SUPPLEMENTATION (ONE DOSE), 200000 INTERNATIONAL UNITS	Vit A									
IM4. Check IM3. Are all vaccines (Starting from BCG to DPT (FIRST BOOSTER DOSE)) recorded? <input type="checkbox"/> Yes ⇒ Continue with IM18.										
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED DURING NATIONAL IMMUNIZATION CAMPAIGNS OR OTHER HEALTH CAMPAIGNS? <i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i>		Yes 1 <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i> No 2 DK..... 8	2⇒IM18 8⇒IM18							
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN NATIONAL IMMUNIZATION CAMPAIGNS OR OTHER HEALTH CAMPAIGNS?		Yes 1 No 2 DK..... 8	2⇒IM18 8⇒IM18							
IM7. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR (ON THE SPOT WHERE INJECTION IS GIVEN)?		Yes 1 No 2 DK..... 8								
IM8. HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM / HER FROM GETTING DISEASES – THAT IS, POLIO?		Yes 1 No 2 DK..... 8	2⇒IM11 8⇒IM11							
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?		First two weeks..... 1 Later 2								
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?		Number of times__								
IM11. HAS (name) EVER BEEN GIVEN "DPT VACCINATION" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM / HER FROM GETTING TETANUS, WHOOPING COUGH AND DIPHTHERIA? <i>Probe by indicating that DPT vaccination is often given at the same time as Polio</i>		Yes 1 No 2 DK..... 8	2⇒IM13 8⇒IM13							
IM12. HOW MANY TIMES WAS (name) THE DPT VACCINE RECEIVED?		Number of times__								

IMMUNIZATION MODULE		IM
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM / HER FROM GETTING HEPATITIS B? THE FIRST DOSE OF HEPATITIS B IS USUALLY GIVEN AT THE SAME TIME AS THE ORAL OPV 0 AND BCG, WHEREAS THE SECOND AND THIRD DOSES OF HEPATITIS B ARE GIVEN AT THE SAME TIME AS DPT AND ORAL POLIO VACCINATION.</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>	Yes 1 No..... 2 DK..... 8	2⇒IM16 8⇒IM16
<p>IM14. WAS THE FIRST HEPATITIS VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	Within 24 hours 1 Later 2	
<p>IM15. HOW MANY TIMES WAS THE HEPATITIS B VACCINE RECEIVED</p>	Number of times__	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED “SINGLE MEASLES VACCINATION INJECTION”– THAT IS, A SHOT IN THE ARM GIVEN AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM / HER FROM GETTING MEASLES?</p>	Yes 1 No..... 2 DK..... 8	
<p>IM17. HAS (<i>name</i>) EVER RECEIVED THE MEASLES VACCINATION MIXED WITH OTHER VACCINES (MMR) – THAT IS A SHOT IN THE ARM WHEN THE CHILD COMPLETES 15 MONTHS OR OLDER - TO PREVENT HIM / HER FROM GETTING MEASLES?</p>	Yes 1 No..... 2 DK..... 8	
<p>IM18. HAS (<i>name</i>) RECEIVED A PREVENTIVE VITAMIN A SUPPLEMENTATION DOSE LIKE (THIS / ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p> <p><i>Show common types of ampoules / capsules / syrups</i></p>	Yes 1 No..... 2 DK..... 8	
<p>IM19. Please tell me if (<i>name</i>) has participated in any of the following national immunization campaigns, other health campaigns or child health days:</p> <p>Polio spring campaign (0-59 months) [A] First campaign 2-6/5/2010 [B] First campaign 6-10/6/2010</p> <p>Polio autumn campaign (0-59 months) [D] First campaign 3-7/10/2010 [E] First campaign 7-11/11/2010</p> <p>Measles campaign [F] Measles campaign (6–36 months) 5-21/12/2010</p>	<p style="text-align: right;">Y N DK</p> Campaign A..... 1 2 8 Campaign B..... 1 2 8 Campaign D 1 2 8 Campaign E..... 1 2 8 Campaign F..... 1 2 8	

IMMUNIZATION MODULE		IM
IM20. Was a growth chart drawn to check on your child's development? <i>Interviewer: help the respondent in checking if there is a growth chart on the card, if any.</i>	Yes, drawn chart seen.....1 No, drawn chart seen2 Yes, no card.....3 No, no card.....4 DK.....8	
IM21. In the last six months, was (name) weighed during your visit to a health facility?	Yes, weighed regularly1 Yes, weighed once, but not regularly.....2 No, never weighed.....3 Did not visit a health facility.....4 DK.....8	

UF13. Record the time.	1.....AM 2.....PM Hour.....__ __ 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 or under-5 questionnaires to be administered in this household.

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

ANTHROPOMETRY		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. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or caretaker refused 3 Other (specify) _____ 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) Weight not measured 99.9	
AN4. Child's length or height	Check age of child in AG2: <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 Length / Height not measured 999.9
AN5a. Check left shoulder (which is the right place for BCG vaccination) to identify the scar resulting from vaccination.	Checked Scar present 1 Scar not present 2 Unsure if scar is present 3 Not checked (specify reason) 7	
OBSERVE AND RECORD		

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

Yes ⇒ Record measurements for next child.

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.