

# Appendix F. Questionnaires



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE [JAMAICA]

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. Parish..... _____ Constituency..... _____ Enumeration District..... _____	UF2. Dwelling Number: ..... _____ Household number..... _____	
UF3. Child's 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:

I AM FROM THE STATISTICAL INSTITUTE OF JAMAICA. 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 15 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 15 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>	Completed .....01 Not at home .....02 Refused .....03 Partly completed .....04 Incapacitated .....05 Other ( <i>specify</i> ) _____ 96
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UF10. Field Editor (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>Record '0' if less than 1 year.</p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) .....__</p>	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. 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>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>	<p style="text-align: right;">Y N DK</p> <p>Homemade toys ..... 1 2 8</p> <p>Toys from a shop ..... 1 2 8</p> <p>Household objects or outside objects ..... 1 2 8</p>	
<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. <i>Check AG2: Age of child</i></p> <p><input checked="" type="checkbox"/> <i>Child age 3 or 4 Continue with EC5</i>      <input checked="" type="checkbox"/> <i>Child age 0, 1 or 2 Go to Next Module</i></p>		
<p>EC5. 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>2 EC7</p> <p>8 EC7</p>
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	<p>Number of hours ..... __ __</p>	
<p>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 <i>(name)</i>:</p> <p><i>If yes, ask:</i></p> <p>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 style="text-align: right;">Mother    Father    Other    No one</p> <p>Read books            A            B            X            Y</p>	

[B] TOLD STORIES TO <i>(name)</i> ?	Told stories	A	B	X	Y
[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i> , INCLUDING LULLABIES?	Sang songs	A	B	X	Y
[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y
[E] PLAYED WITH <i>(name)</i> ?	Played with	A	B	X	Y
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i> ?	Named/counted	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 <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....	1			
	No.....	2			
	DK .....	8			
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes .....	1			
	No.....	2			
	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	
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> ) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF4. DID ( <i>name</i> ) DRINK INFANT FORMULA 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> ) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK 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> ) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF9. DID ( <i>name</i> ) DRINK ( <b>CLEAR BROTH/SOUP</b> ) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF10. DID ( <i>name</i> ) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF11. DID ( <i>name</i> ) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF12. DID ( <i>name</i> ) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF13. DID ( <i>name</i> ) DRINK OR EAT YOGURT 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⇒BF1 8 8⇒BF1 8
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		CA
CA1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK..... 8	2 CA7 8 CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).  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?  <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 DK..... 8	
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?  If "less", probe : WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS ( <i>name</i> ) GIVEN TO DRINK ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>		
[A] A FLUID MADE FROM A SPECIAL ORSPACKET?	Fluid from ORS packet ..... 1 2 8	Y N DK
[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Pre-packaged ORS fluid ..... 1 2 8	
	<i>Specify</i> _____	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No ..... 2 DK..... 8	2 CA7 8 CA7

<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>_____</p> <p style="text-align: center;"><i>(Name)</i></p>	<p>Pill or Syrup</p> <p>Antibiotic</p> <p>Amoxil..... A1</p> <p>Ampicillin ..... A2</p> <p>Bactrim ..... A3</p> <p>Evithromucin..... A4</p> <p>Other Antibiotic..... A5</p> <p>Antimotility ..... B</p> <p>Zinc..... C</p> <p>Other (Not antibiotic, antimotility or zinc) ... G (Specify).....</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 (specify) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (name) 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>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<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 (specify) _____ 6</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<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>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<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>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre ..... B</p> <p>Govt. health post ..... C</p> <p>Village health worker ..... D</p> <p>Mobile / Outreach clinic ..... E</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Mobile clinic ..... L</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative / Friend ..... P</p>	



_____ <i>(Name of place)</i>	Shop ..... Q Traditional practitioner ..... R Other ( <i>specify</i> ) ..... X	
CA12. WAS ( <i>name</i> ) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i>  _____ <i>(Names of medicines)</i>	Antibiotic Pill / Syrup Amoxil ..... A1 Ampicillin ..... A2 Bactrim ..... A3 Evithromucin..... A4 Other Antibiotic..... A5  Injection ..... B  Anti-malarials..... M  Paracetamol / Panadol / Acetaminophen... P Aspirin ..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) ..... X DK..... Z	
CA14. Check AG2: Child aged under 3?  <input type="checkbox"/> Yes ⇒ Continue with CA15  <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME ( <i>name</i> ) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open..... 06  Other ( <i>specify</i> ) ..... 96 DK..... 98	

IMMUNIZATION		IM			
<p><i>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available.</i></p>					
IM1. DO YOU HAVE A CARD OR CHILD HEALTH PASSPORT 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.		Date of Immunization			
		Day	Month	Year	
BCG	BCG				
POLIO 1	OPV1				
POLIO 2	OPV2				
POLIO 3	OPV3				
DPT1	DPT1				
DPT2	DPT2				
DPT3	DPT3				
HEPB1	H1				
HEPB2	H2				
HEPB3	H3				
HIB1	HIB1				
HIB2	HIB2				
HIB3	HIB3				
MEASLES (OR MMR)	MEASLES				
IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?  <input type="checkbox"/> Yes ⇒ Go to IM19  <input type="checkbox"/> No ⇒ Continue with IM5					

<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 IM19)</i></p> <p>No ..... 2  DK..... 8</p>	<p>2⇒IM19  8⇒IM19</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⇒IM19  8⇒IM19</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>IM10. HOW MANY TIMES WAS THE POLIO VACCINE 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>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours ..... 1  Later ..... 2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>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?</p>	<p>Yes ..... 1</p> <p>No ..... 2  DK..... 8</p>	

IM19. Please tell me if ( <i>name</i> ) has participated in any of the following campaigns, national immunization days or child health days:  _____ (Name of campaign)	Y N DK Campaign .....1 2 8	
IM20. WHERE DID ( <b>NAME</b> ) RECEIVE MOST OF HIS/HER VACCINATION?	Public clinic ..... 1 Private facility ..... 2	

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* ⇒ *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*

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

*If Yes, move to another woman's or under-5 questionnaire.*  
*If No, 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.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations