

E.1.3 Questionnaire for children under five



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Jamaica, 2022



UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: ____ / ____ / 20__	UF8. Record the time:	HOURS : MINUTES ____ : ____

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
If age 15-17, verify that adult consent for interview is obtained (HH33) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.

UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇒UF10B 2 ⇒UF10A
UF10A. Hello, my name is (<i>your name</i>). We are conducting a survey about the situation of children, families and households in Jamaica, on behalf of the Planning Institute of Jamaica. I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being. This interview will take about 20 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or if you wish to stop the interview, please let me know. For independent advice about this survey, you may contact the Chairman of the Advisory Panel on Ethics & Medico-Legal Affairs at the Ministry of Health and Wellness, Professor Archibald McDonald. May I start now?	UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or if you wish to stop the interview, please let me know. For independent advice about this survey, you may contact the Chairman of the Advisory Panel on Ethics & Medico-Legal Affairs at the Ministry of Health and Wellness, Professor Archibald McDonald. May I start now?	
YES 1 NO / NOT ASKED 2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

UF17. Result of interview for children under 5 Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.	COMPLETED.....01 NOT AT HOME02 REFUSED.....03 PARTLY COMPLETED04 INCAPACITATED (<i>specify</i>)05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-1706 OTHER (<i>specify</i>)96
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MICS6.UF.1

UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (name) 's Birth Certificate, Child Health and Development Passport, and any immunisation record from a private health provider? We will need to refer to those documents.		
UB1. On what day, month and year was (name) born? <i>Probe:</i> What is (his/her) birthday? <i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i> <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY DK DAY98 MONTH..... YEAR <u>2</u> <u>0</u>	
UB2. How old is (name) ? <i>Probe:</i> How old was (name) at (his/her) last birthday? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS)	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2..... 1 AGE 3 OR 4 2	1 ⇒ UB9
UB4. Check the respondent's line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, UF4=HH47 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 ⇒ UB6
UB5. Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?	YES, ED10=0 1 NO, ED10≠0 OR BLANK 2	1 ⇒ UB8B 2 ⇒ UB9
UB6. Has (name) ever attended any early childhood education programme, such as kindergarten, basic or infant school?	YES 1 NO 2	2 ⇒ UB9
UB7. At any time since September 2021, did (he/she) attend (programmes mentioned in UB6)?	YES 1 NO 2	1 ⇒ UB8A 2 ⇒ UB9
UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?	YES 1	
UB8B. You have mentioned that (name) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	NO 2	
UB9. Is (name) covered by any health insurance?	YES 1 NO 2	2 ⇒ End

<p>UB10. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D</p> <p>OTHER (<i>specify</i>) _____ X</p>	
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MICS6.UF.3

BIRTH REGISTRATION		BR
BR1. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it?	YES, SEEN.....1 YES, NOT SEEN2 NO3 DK8	1 ⇒End 2 ⇒End
BR2. Has (<i>name</i>)'s birth been registered with the Registrar General's Department?	YES1 NO2 DK8	1 ⇒End
BR3. Do you know how to register (<i>name</i>)'s birth?	YES1 NO2	

MICS6.UF.4

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (name) ?	NONE 00 NUMBER OF CHILDREN'S BOOKS <u>0</u> TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that (name) plays with when (he/she) is at home. Does (he/she) play with:	<div style="text-align: right;">Y N DK</div> [A] Homemade toys, such as dolls, cars, or other toys made at home? HOMEMADE TOYS 1 2 8 [B] Toys from a shop or manufactured toys? TOYS FROM A SHOP 1 2 8 [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	
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. On how many days in the past week was (name) :	 [A] Left alone for more than an hour? NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR ____ [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR ____ <i>If 'None' record '0'. If 'Don't know' record '8'.</i>	
EC4. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End

MICS6.UF.5

<p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name):</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with (name)?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (name)?</p> <p>[B] Told stories to (name)?</p> <p>[C] Sang songs to or with (name), including lullabies?</p> <p>[D] Took (name) outside the home?</p> <p>[E] Played with (name)?</p> <p>[F] Named, counted, or drew things for or with (name)?</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</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	A	B	X	Y	
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<p>EC21. I would like to ask you about certain things (name) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.</p> <p>Can (name) walk on an uneven surface, for example, a bumpy or steep road, without falling?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC22. Can (name) jump up with both feet leaving the ground?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC23. Can (name) dress (him/herself), that is, put on shorts and a t-shirt, without help?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC24. Can (name) fasten and unfasten buttons without help?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				

EC25. Can (name) say 10 or more words, like “mama” or “ball”?	YES..... 1 NO 2 DK 8	
EC26. Can (name) speak using sentences of 3 or more words that go together, for example, “I want water” or “The house is big”?	YES..... 1 NO 2 DK 8	2 ⇒ EC28 8 ⇒ EC28
EC27. Can (name) speak using sentences of 5 or more words that go together, for example, “The house is very big”?	YES..... 1 NO 2 DK 8	
EC28. Can (name) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?	YES..... 1 NO 2 DK 8	
EC29. If you show (name) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it? By consistently we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.	YES..... 1 NO 2 DK 8	
EC30. Can (name) recognise at least 5 letters of the alphabet?	YES..... 1 NO 2 DK 8	
EC31. Can (name) write (his/her) name?	YES..... 1 NO 2 DK 8	
EC32. Does (name) recognise all numbers from 1 to 5?	YES..... 1 NO 2 DK 8	
EC33. If you ask (name) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?	YES..... 1 NO 2 DK 8	
EC34. Can (name) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES..... 1 NO 2 DK 8	
EC35. Can (name) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES..... 1 NO 2 DK 8	

EC36. Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example, “Where is Grandma?”?	YES..... 1 NO 2 DK 8	
EC37. Does (<i>name</i>) offer to help someone who seems to need help?	YES..... 1 NO 2 DK 8	
EC38. Does (<i>name</i>) get along well with other children?	YES..... 1 NO 2 DK 8	
EC39. How often does (<i>name</i>) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER..... 5 DK 8	
EC40. Compared with children of the same age, how much does (<i>name</i>) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL 1 THE SAME OR LESS..... 2 MORE..... 3 A LOT MORE 4 DK 8	

MICS6.UF.8

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0 1 AGE 1, 2, 3 OR 4 2	1 ⇒ End
UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <i>(name)</i> <u>in the past month</u> . <div style="text-align: right;">YES NO</div> [A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house. TOOK AWAY PRIVILEGES 1 2 [B] Explained why <i>(name)</i> 's behavior was wrong. EXPLAINED WRONG BEHAVIOR 1 2 [C] Shook (him/her). SHOOK HIM/HER 1 2 [D] Shouted, yelled at or screamed at (him/her). SHOUTED, YELLED, SCREAMED 1 2 [E] Gave (him/her) something else to do. GAVE SOMETHING ELSE TO DO 1 2 [F] Spanked, hit or slapped (him/her) on the bottom with bare hand. SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2 [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2 [H] Called (him/her) dumb, lazy, idiot, wutliss or another name like that. CALLED DUMB, LAZY, IDIOT, WUTLISS OR ANOTHER NAME 1 2 [I] Hit or slapped (him/her) on the face, head or ears. HIT / SLAPPED ON FACE, HEAD OR EARS 1 2 [J] Hit or slapped (him/her) on the hand, arm, or leg. HIT / SLAPPED ON HAND, ARM OR LEG 1 2 [J1] Pinched (him/her). PINCHED 1 2 [J2] Twisted (his/her) ear. TWISTED EAR 1 2 [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could. BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2		
UCD2L. Check UCD2 [D] and [H]: Did any adult household member shout at <i>(name)</i> or call him names?	AT LEAST ONE 'YES' 1 ALL ANSWERS ARE 'NO' 2	2 ⇒ UCD2N
UCD2M. Since COVID-19 restrictions, has there been an increase in the number of times that <u>you or any other adult in your household</u> has shouted, yelled or screamed at <i>(name)</i> , or called (him/her) names such as dumb, lazy, idiot or wutliss?	YES 1 NO 2	

UCD2N. Check UCD2 [C], [F], [G], [I], [J], [JI]. [J2] and [K]: Did any adult household member use any type of physical disciplinary method with (name)?	AT LEAST ONE 'YES' 1 ALL ANSWERS ARE 'NO' 2	2 ⇒ UCD3
UCD2O. Since COVID-19 restrictions, has there been an increase in the number of times that <u>you or any</u> <u>other adult in your household</u> has shaken, hit, slapped or beaten (name)?	YES.....1 NO.....2	
UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the QUESTIONNAIRE FOR CHILDREN AGE 5-17?	YES..... 1 NO..... 2	2 ⇒ UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES..... 1 NO..... 2	1 ⇒ End
UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES..... 1 NO..... 2 DK / NO OPINION..... 8	

MICS6.UF.10

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End
UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses?	YES 1 NO 2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2 2	1 ⇒ UCF7A 2 ⇒ UCF7B
UCF7A. When wearing (his/her) glasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 ⇒ UCF9A 2 ⇒ UCF9B
UCF9A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 ⇒ UCF11 2 ⇒ UCF13
UCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14

UCF13. Compared with children of the same age, does <i>(name)</i> have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF14. Compared with children of the same age, does <i>(name)</i> have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4	
UCF15. Does <i>(name)</i> have difficulty understanding you?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When <i>(name)</i> speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4	
UCF17. Compared with children of the same age, does <i>(name)</i> have difficulty learning things?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4	
UCF18. Compared with children of the same age, does <i>(name)</i> have difficulty playing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4	

MICS6.UF.12

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2.....1	2⇒End
	AGE 3 OR 4.....2	
BD2. Has (<i>name</i>) ever been breastfed?	YES.....1	2⇒BD3A
	NO2	
	DK8	8⇒BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES.....1	
	NO2	
	DK8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1	2⇒End
	AGE 22	
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES.....1	
	NO2	
	DK8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.....1	
	NO2	
	DK8	
BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES.....1	
	NO2	
	DK8	

MICS6.UF.13

<p>BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>				
		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Clear broth?	CLEAR BROTH	1	2	8
[D] Infant formula, such as Enfamil, Similac, Alacta, Lasco Step 1 or Enfagrow?	INFANT FORMULA	1	2 ∇ BD7[E]	8 ∇ BD7[E]
[D1] How many times did (<i>name</i>) drink infant formula?	NUMBER OF TIMES DRANK INFANT FORMULA8			
<i>If 7 or more times, record '7'.</i>	DK.....8			
[E] Milk from animals, such as fresh, tinned, or powdered milk? This does not include non-dairy products such as soymilk or almond milk.	MILK	1	2 ∇ BD7[E2]	8 ∇ BD7[E2]
[E1] How many times did (<i>name</i>) drink milk?	NUMBER OF TIMES DRANK MILK8			
<i>If 7 or more times, record '7'.</i>	DK.....8			
[E2] Soymilk such as Lasco Food drink or any other non-dairy milk-like product such as almond milk?	NON-DAIRY MILK	1	2	8
[X] Any other liquids, such as sweetened teas, sodas or bag juice?	OTHER LIQUIDS	1	2 ∇ BD8	8 ∇ BD8
[X1] Record all other liquids mentioned.	(Specify) _____			

MICS6.UF.14

<p>BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (name) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else?</i> <i>Record answers using the food groups below.</i></p> <p>- What did (name) do after that? Did (he/she) eat anything at that time? <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>				
<p>For each food group not mentioned after completing the above ask: Just to make sure, did (name) eat (food group items) yesterday during the day or the night</p>				
		YES	NO	DK
<p>[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i></p>	YOGURT	1	2 [☆]	8 [☆] BD8[B] BD8[B]
<p>[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES ATE YOGURT _</p> <p>DK.....8</p>			
<p>[B] Any baby food, such as Cerelac, Gerber or Nestum?</p>	FORTIFIED BABY FOOD	1	2	8
<p>[C] Bread, rice, noodles, porridge, or other foods made from grains?</p>	FOODS MADE FROM GRAINS	1	2	8
<p>[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</p>	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
<p>[E] Irish potatoes, yams, cassava, or any other foods made from roots?</p>	FOODS MADE FROM ROOTS	1	2	8
<p>[E1] Green bananas, green plantains, or breadfruit?</p>	GREEN BANANAS, GREEN PLANTAINS, BREADFRUIT.	1	2	8
<p>[F] Any dark green, leafy vegetables, such as callaloo, broccoli, kale, pak choy or spinach?</p>	DARK GREEN, LEAFY VEGETABLES	1	2	8
<p>[G] Ripe mangoes or ripe papayas?</p>	RIPE MANGO, RIPE PAPAYA	1	2	8
<p>[H] Any other fruits or vegetables, such as ripe bananas, watermelon, oranges, tangerines, jackfruit, Jamaican apples, naseberries, tomatoes, lettuce or cabbage?</p>	OTHER FRUITS OR VEGETABLES	1	2	8
<p>[I] Liver, kidney, heart or other organ meats?</p>	ORGAN MEATS	1	2	8
<p>[J] Any other meat, such as beef, pork, lamb, goat, chicken or duck; or sausages, salami, bologna made from these meats?</p>	OTHER MEATS	1	2	8
<p>[K] Eggs?</p>	EGGS	1	2	8
<p>[L] Fish or shellfish, either fresh, dried or canned?</p>	FRESH OR DRIED FISH	1	2	8
<p>[M] Beans, peas, lentils, soya beans or nuts, including any foods made from these?</p>	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8

[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1 2 8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1 2 ∇ 8 ∇ BD9 BD9
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	<i>(Specify)</i> _____	
BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night? <i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i> <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DK8	

MICS6.UF.16

IMMUNISATION										IM
IM1. Check UB2: Child's age?				AGE 0, 1, OR 2..... 1 AGE 3 OR 4..... 2						2 ⇒ End
IM2. Do you have a Child Health and Development Passport, immunisation records from a private health provider or any other document where <i>(name)</i> 's vaccinations are written down?				YES, HAS ONLY CHILD HEALTH PASSPORT..... 1 YES, HAS ONLY OTHER DOCUMENT 2 YES, HAS CHILD HEALTH PASSPORT AND OTHER DOCUMENT 3 NO, HAS NO CHILD HEALTH PASSPORT AND NO OTHER DOCUMENT 4						1 ⇒ IM5 3 ⇒ IM5
IM3. Did you ever have a Child Health and Development Passport or immunisation records from a private health provider for <i>(name)</i> ?				YES..... 1 NO 2						
IM4. Check IM2:				HAS ONLY OTHER DOCUMENT, IM2=2 1 HAS NO CHILD HEALTH PASSPORT AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2						2 ⇒ IM11
IM5. May I see the Child Health and Development Passport (and/or) other document?				YES, ONLY CHILD HEALTH PASSPORT SEEN 1 YES, ONLY OTHER DOCUMENT SEEN.. 2 YES, CHILD HEALTH PASSPORT AND OTHER DOCUMENT SEEN..... 3 NO CHILD HEALTH PASSPORT AND NO OTHER DOCUMENT SEEN..... 4						4 ⇒ IM11
IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.				DATE OF IMMUNISATION						
				DAY		MONTH		YEAR		
BCG	BCG					2	0			
Polio 1 (IPV) (6 weeks)	Polio1					2	0			
Pentavalent 1 (DPTHePBHib) (6 weeks)	Penta1					2	0			
Polio 2 (OPV/IPV) (3 months)	Polio2					2	0			
Pentavalent 2 (DPTHePBHib) (3 months)	Penta2					2	0			
Polio 3 (OPV/IPV) (6 months)	Polio3					2	0			
Pentavalent 3 (DPTHePBHib) (6 months)	Penta3					2	0			
MMR 1	MMR1					2	0			
DPT 1 st Booster (18 months)	DPT Booster					2	0			
Polio (OPV/IPV) (1 st Booster)	Polio Booster					2	0			
MMR 2	MMR2					2	0			
IM7. Check IM6: Are all vaccines (BCG to MMR2) recorded?				YES..... 1 NO 2						1 ⇒ End

IM9. In addition to what is recorded on the document(s) you have shown me, did (name) receive any other vaccinations?	YES..... 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End
IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i> <i>When <u>finished</u>, go to next module.</i>		⇒ End
IM11. Has (name) ever received any vaccinations to prevent (him/her) from getting diseases?	YES..... 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End
IM14. Has (name) ever received a BCG vaccination against tuberculosis – that is, an injection in the upper right arm that usually causes a scar?	YES..... 1 NO 2 DK 8	
IM16. Has (name) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the drop is usually given at the same time as injections to prevent other diseases.</i>	YES..... 1 NO 2 DK 8	2 ⇒ IM19A 8 ⇒ IM19A
IM18. How many times were the polio drops received?	NUMBER OF TIMES DK 8	
IM19A. Has (name) ever received an injection to protect (him/her) from polio? <i>Probe by indicating that the injection is usually given at the same time as other injections to prevent other diseases.</i>	YES..... 1 NO 2 DK 8	2 ⇒ IM20 8 ⇒ IM20
IM19B. How many times were the polio injections received?	NUMBER OF TIMES DK 8	
IM20. Has (name) ever received a Pentavalent vaccination – that is, an injection in the upper arm to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type B? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops or injection.</i>	YES..... 1 NO 2 DK 8	2 ⇒ IM26 8 ⇒ IM26
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES DK 8	
IM26. Has (name) ever received a MMR vaccine – that is, a shot in the upper arm at the age of 1 year - to prevent (him/her) from getting measles, mumps and rubella?	YES..... 1 NO 2 DK 8	2 ⇒ IM27A 8 ⇒ IM27A
IM26A. How many times was the MMR vaccine received?	NUMBER OF TIMES DK 8	

<p>IM27A. Has (<i>name</i>) ever received the DPT Booster – that is, an injection in the upper arm at the age of 18 months - to boost (his/her) immunity against diphtheria and tetanus?</p> <p><i>Probe by indicating that the first DPT booster is sometimes given at the same time as the second MMR dose.</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	
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MICS6.UF.19

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES..... 1	2 ⇒ CA14
	NO..... 2	
	DK..... 8	8 ⇒ CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK..... 1	1 ⇒ CA3A
	NO OR DK, BD3=2 OR 8..... 2	2 ⇒ CA3B
<p>CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</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</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DK..... 8</p>	
<p>CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</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>CA4. 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</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 7</p> <p>DK..... 8</p>	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES..... 1	2 ⇒ CA7
	NO..... 2	
	DK..... 8	8 ⇒ CA7

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i><u>If unable to determine if public or private sector,</u> write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>OTHER PUBLIC MEDICAL (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>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called Oral Rehydration Salt (ORS)?</p> <p>[B] A pre-packaged ORS fluid called Pedialyte?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Any home-made fluids or herbal medicine?</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>ZINC TABLETS OR SYRUP 1 2 8</p> <p>HOME-MADE FLUID OR HERBAL MEDICINE 1 2 8</p>	
<p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B]..... 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B] 2</p>	<p>2 ⇒ CA10</p>

MICS6.UF.21

<p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>OTHER PUBLIC MEDICAL (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>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA10. Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 1</p> <p>NO, CA7[C] ≠1 2</p>	<p>2⇒CA12</p>
<p>CA11. Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>OTHER PUBLIC MEDICAL (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>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>

<p>CA13. 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;">(Name of brand)</p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) B</p> <p>OTHER PILL OR SYRUP 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 (IV) O</p> <p>HOME REMEDY / HERBAL MEDICINE Q</p> <p>OTHER (<i>specify</i>) X</p>	
<p>CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>CA16. 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>	
<p>CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA19</p> <p>8 ⇒ CA19</p>
<p>CA18. 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>	<p>1 ⇒ CA20</p> <p>2 ⇒ CA20</p> <p>3 ⇒ CA20</p> <p>6 ⇒ CA20</p> <p>8 ⇒ CA20</p>
<p>CA19. Check CA14: Did child have fever?</p>	<p>YES, CA14=1 1</p> <p>NO OR DK, CA14=2 OR 8 2</p>	<p>2 ⇒ CA30</p>
<p>CA20. 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 ⇒ CA22</p> <p>8 ⇒ CA22</p>

<p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>OTHER PUBLIC MEDICAL (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>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA22. At any time during the illness, was (name) given any medicine for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA30</p> <p>8 ⇒ CA30</p>
<p>CA23. What medicine was (name) given?</p> <p><i>Probe:</i></p> <p><i>Any other medicine?</i></p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p>	<p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>ZINNAT M</p> <p>OTHER ANTIBIOTIC PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC INJECTION/IV O</p> <p>KLARICID P</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN R</p> <p>ASPIRIN S</p> <p>IBUPROFEN T</p> <p>ONLY BRAND NAME RECORDED W</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-P 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED 2</p>	<p>2 ⇒ CA30</p>

<p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to P</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>OTHER PUBLIC MEDICAL</p> <p>(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>OTHER PRIVATE MEDICAL</p> <p>(specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA30. Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p>	<p>2 ⇒ End</p>
<p>CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET / LATRINE 01</p> <p>PUT / RINSED INTO TOILET</p> <p>OR LATRINE 02</p> <p>PUT / RINSED INTO DRAIN OR DITCH..... 03</p> <p>THROWN INTO GARBAGE</p> <p>(SOLID WASTE)..... 04</p> <p>BURIED..... 05</p> <p>LEFT IN THE OPEN..... 06</p> <p>OTHER (specify) _____ 96</p> <p>DK..... 98</p>	

UF11. <i>Record the time.</i>	HOURS AND MINUTES _ _ : _ _	
UF12. <i>Language of the Questionnaire.</i>	ENGLISH 1	
UF13. <i>Language of the Interview.</i>	ENGLISH 1	
UF14. <i>Native language of the Respondent.</i>	ENGLISH 1 SPANISH 2 MANDARIN/CHINESE 3 OTHER LANGUAGE (specify) 6	
UF15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	

MICS6.UF.26

MICS PLUS CONSENT

UF15A. Check the name and line number of this questionnaire's respondent (UF4). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), WOMAN QUESTIONNAIRE (WM3), UNDER 5 QUESTIONNAIRE (UF4) and 5-17 QUESTIONNAIRE (FS4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?	YES, ALREADY INTERVIEWED (UF4=HH47 OR UF4=WM3 OR UF4=FS4 OR RESPONDENT ALREADY INTERVIEWED WITH ANOTHER U5 QUESTIONNAIRE)1 NO, FIRST INTERVIEW (UF4≠HH47 AND UF4≠WM3 AND UF4≠FS4 AND RESPONDENT HAS NOT BEEN INTERVIEWED WITH ANOTHER U5 QUESTIONNAIRE)2	1 ⇒ UF16
UF15B. Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?	YES, HC7[A]=1 OR HC12=11 NO, HC7[A]=2 AND HC12=22	2 ⇒ UF16

UF15C. Thank you for your participation.

The Planning Institute of Jamaica will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 15 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES1 NO2	2 ⇒ UF16
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UF15D. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES1 NO2	2 ⇒ UF16
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UF15E. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
UF15F. Ask for and record phone number.	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
UF15G. Just to confirm, the number is (<i>number from UF15F</i>)? <i>If no, return to UF15F and correct entry.</i>	YES1 NO2 ⇒ UF15F	YES1 NO2 ⇒ UF15F	YES1 NO2 ⇒ UF15F
UF15H. Is this a fixed line or a mobile phone number?	FIXED LINE1 MOBILE2	FIXED LINE1 MOBILE2	FIXED LINE1 MOBILE2

MICS6.UF.27

<p>UF15I. What is the best day of the week and time of the day to call you on this number?</p> <p><i>Probe: Any other day or time?</i></p> <p><i>Record all mentioned.</i></p>	<p>WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X</p>	<p>WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X</p>	<p>WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X</p>
<p>UF15J. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?</p>	<p>YES 1 <input type="checkbox"/> [P2] NO 2 <input type="checkbox"/> UF16</p>	<p>YES 1 <input type="checkbox"/> [P3] NO 2 <input type="checkbox"/> UF16</p>	<p>YES 1 <input type="checkbox"/> [P4] NO 2 <input type="checkbox"/> UF16</p>
<p><i>Tick here if additional questionnaire used:..... <input type="checkbox"/></i></p>			

UF16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of another child age 0-4 living in this household?


☐ Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.

☐ No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?

☐ Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.

☐ No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS



SUPERVISOR'S OBSERVATIONS

[illegible]

MICS6.UF.29