

| UNDER-FIVE CHILD INFORMATION PANEL | | UF | | | | | | | | | | | | |
|--|---|-----------|-----------------|---|-------------------|---|---------------|---|-----------------------|---|---------------------|---|--------------------------------|---|
| <p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child.</p> <p>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</p> | | | | | | | | | | | | | | |
| UF1. Cluster number: _____ | UF2. Household number: _____ | | | | | | | | | | | | | |
| UF3. Child's Name: _____ | UF4. Child's Line Number: _____ | | | | | | | | | | | | | |
| UF5. Mother's/Caretaker's Name: _____ | UF6. Mother's/Caretaker's Line Number: _____ | | | | | | | | | | | | | |
| UF7. Interviewer name and number: _____ | UF8. Day/Month/Year of interview: _____/_____/_____ | | | | | | | | | | | | | |
| <p>Repeat greeting if not already read to this respondent: WE ARE FROM KENYA NATIONAL BUREAU OF STATISTICS (KNBS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW USUALLY TAKES AROUND 20-25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?</p> <p>If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.</p> | | | | | | | | | | | | | | |
| UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Completed</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Not at home</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Refused</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">Partly completed.....</td> <td style="text-align: right; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">Incapacitated</td> <td style="text-align: right; padding: 2px;">5</td> </tr> <tr> <td style="padding: 2px;">Other (<i>specify</i>) _____</td> <td style="text-align: right; padding: 2px;">6</td> </tr> </table> | | Completed | 1 | Not at home | 2 | Refused | 3 | Partly completed..... | 4 | Incapacitated | 5 | Other (<i>specify</i>) _____ | 6 |
| Completed | 1 | | | | | | | | | | | | | |
| Not at home | 2 | | | | | | | | | | | | | |
| Refused | 3 | | | | | | | | | | | | | |
| Partly completed..... | 4 | | | | | | | | | | | | | |
| Incapacitated | 5 | | | | | | | | | | | | | |
| Other (<i>specify</i>) _____ | 6 | | | | | | | | | | | | | |
| <p>Interviewer/editor/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i></p> | | | | | | | | | | | | | | |
| UF91. Supervisor: Name _____ | UF92. Field edited by (name and number): Name _____ | | | | | | | | | | | | | |

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| UF9A. <i>Record the time.</i> | Hour and minutes : .. | |
| <p>UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (<i>name</i>). IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>MONTH AND YEAR MUST BE RECORDED.</p> | <p>Date of birth:</p> <p>Day 98</p> <p>DK day..... 98</p> <p>Month.....</p> <p>Year</p> | |
| <p>UF11. HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> | Age in completed years..... | |

| BIRTH REGISTRATION AND EARLY LEARNING | | BR |
|--|--|---|
| BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? | Yes, seen 1 Yes, not seen 2 No 3 DK 8 | 1⇒BR5 |
| BR2. HAS (<i>name's</i>) BIRTH BEEN NOTIFIED OR REGISTERED WITH THE CIVIL AUTHORITIES? | Yes 1 No 2 DK 8 | 1⇒BR5 8⇒BR4 |
| BR3. WHY IS (<i>name's</i>) BIRTH NOT REGISTERED? | Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register 5 Other (<i>specify</i>) 6 DK 8 | |
| BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH? | Yes 1 No 2 | |
| BR5. Check age of child in UF11: Child is 3 or 4 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8 | | |
| BR6. 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? | Yes 1 No 2 DK 8 | 2⇒BR8 8⇒BR8 |
| BR7. SINCE (<i>day of the week</i>), EXCLUDING TODAY, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND? | No. of hours _ _ | |
| BR8. 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>): <i>For each item:</i> <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>) - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i> | | |
| BR8A. READ BOOKS, LOOK AT PICTURE BOOKS, OR TELL STORIES TO/WITH (<i>name</i>)? | Books/Stories | Mother Father Other No one A B X Y |
| BR8D. TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? | Take outside | A B X Y |
| BR8E. PLAY WITH (<i>name</i>)? | Play with | A B X Y |
| BR8F. NAME, COUNT, OR DRAW THINGS TO/WITH (<i>name</i>)? | Name/count | A B X Y |

| CHILD DEVELOPMENT | | CE |
|--|--|----|
| <p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (<i>name</i>)?</p> <p>If 'none' enter 0</p> | <p>Number of children's books 0 __</p> <p>Ten or more books 10</p> | |
| <p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (<i>name</i>) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH? Y N DK</p> <p>HOUSEHOLD OBJECTS OR OBJECTS FOUND OUTSIDE (SUCH AS BOWLS OR POTS, STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>TOYS THAT CAME FROM A SHOP?</p> <p>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p> | <p>Household objects or outside objects 1 2 8</p> <p>Homemade toys 1 2 8</p> <p>Toys that came from a shop 1 2 8</p> | |
| <p>CE4. 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>LEFT ALONE?</p> <p>LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 0</p> | <p>Number of days left alone __</p> <p>Number of days left with other child..... __</p> | |
| <p>CE5. Check UF11: Age of child 3 or 4?</p> <p><input type="checkbox"/> Age 0, 1 or 2 ⇒ Go to Next Module</p> <p><input type="checkbox"/> Age 3 or 4 ⇒ Continue with CE6</p> | | |
| <p>CE6. 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.</p> <p>CAN (<i>name</i>) IDENTIFY/NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | |

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| CE7. CAN (<i>name</i>) ATTACH SOUNDS TO MOST OR MORE THAN HALF OF THE LETTERS? | Yes..... 1 No..... 2 DK..... 8 | |
| CE8. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, ONE-SYLLABLE, POPULAR WORDS? | Yes..... 1 No..... 2 DK..... 8 | |
| CE9. IS (<i>name</i>) INTERESTED IN NUMBERS, COUNTING, SORTING OR ADDING? | Yes..... 1 No..... 2 DK..... 8 | |
| CE10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10 MOST OF THE TIME? | Yes..... 1 No..... 2 DK..... 8 | |
| CE11. WHEN YOU COMPARE TWO NUMBERS UP TO 10, DOES (<i>name</i>) KNOW WHICH ONE IS BIGGER MOST OF THE TIME? | Yes..... 1 No..... 2 DK..... 8 | |
| CE12. IS (<i>name</i>) ABLE TO USE AND MANIPULATE SMALL OBJECTS AND TOYS? | Yes..... 1 No..... 2 DK..... 8 | |
| CE13. IS (<i>name</i>) SOMETIMES TOO TIRED, SLEEPY OR SICK TO PLAY? | Yes..... 1 No..... 2 DK..... 8 | |
| CE14. IS (<i>name</i>) SOMETIMES TOO HUNGRY TO PLAY? | Yes..... 1 No..... 2 DK..... 8 | |
| CE15. DOES (<i>name</i>) DO EVERYDAY ROUTINE ACTIVITIES WITHOUT BEING REMINDED? ACTIVITIES SUCH AS BRUSHING TEETH, TIDYING UP AFTER PLAY OR A MEAL, OR HELPING WITH CHORES? If yes: <i>WOULD YOU SAY OFTEN OR SOMETIMES?</i> | Often/Most of the time..... 1 Sometimes 2 Rarely or never 3 DK..... 8 | |
| CE16. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY? If yes: <i>WOULD YOU SAY OFTEN OR SOMETIMES?</i> | Often/Most of the time..... 1 Sometimes 2 Rarely or never 3 DK..... 8 | |
| CE17. IS (<i>name</i>) ABLE TO WORK ON A TASK, INCLUDING PLAY TASKS, BY HIMSELF/HERSELF? If yes: <i>WOULD YOU SAY OFTEN OR SOMETIMES?</i> | Often/Most of the time..... 1 Sometimes 2 Rarely or never 3 DK..... 8 | |
| CE18. DOES (<i>name</i>) PLAY WITH SIBLINGS OR OTHER CHILDREN FOR A CONSIDERABLE TIME WITHOUT GETTING INTO TROUBLE? If yes: <i>WOULD YOU SAY OFTEN OR</i> | Often/Most of the time..... 1 Sometimes 2 Rarely or never 3 DK..... 8 | |

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| SOMETIMES? | | |
| <p>CE19. DOES <i>(name)</i> SHOW RESPECT FOR OTHER CHILDREN?</p> <p>Probe: DOES <i>(name)</i> LISTEN TO WHAT ANOTHER CHILD HAS TO SAY AND RECOGNIZE THAT HE OR SHE MAY BE DIFFERENT OR WANT DIFFERENT THINGS?</p> <p>If yes: <i>WOULD YOU SAY OFTEN OR SOMETIMES?</i></p> | <p>Often/Most of the time..... 1 Sometimes 2 Rarely or never 3</p> <p>DK 8</p> | |
| <p>CE20. WHAT IS <i>(name)</i>'S ABILITY TO GET ALONG WITH OTHER CHILDREN? WOULD YOU SAY IT IS VERY GOOD, AVERAGE, OR POOR/BAD?</p> | <p>Very good..... 1 Average..... 2 Poor/Bad 3</p> <p>DK 8</p> | |
| <p>CE21. HOW OFTEN DOES <i>(name)</i> BULLY OTHER CHILDREN OR IS MEAN TO OTHER CHILDREN?</p> <p>Probe: DOES <i>(name)</i> OFTEN MAKE OTHER CHILDREN AFRAID OF HIM/HER, OR SAY MEAN/BAD WORDS TO OTHER CHILDREN?</p> <p>IF YES: WOULD YOU SAY OFTEN OR SOMETIMES?</p> | <p>Often/Most of the time..... 1 Sometimes 2 Rarely or never 3</p> <p>DK 8</p> | |
| <p>CE22. HOW OFTEN DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?</p> <p>IF YES: WOULD YOU SAY OFTEN OR SOMETIMES?</p> | <p>Often/Most of the time..... 1 Sometimes 2 Rarely or never 3</p> <p>DK 8</p> | |
| <p>CE23. DOES <i>(name)</i> OFTEN GET VERY EASILY/QUICKLY DISTRACTED?</p> <p>If yes: <i>WOULD YOU SAY OFTEN OR SOMETIMES?</i></p> | <p>Often/Most of the time..... 1 Sometimes 2 Rarely or never 3</p> <p>DK 8</p> | |

| VITAMIN A | | VA |
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| VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? | Yes 1 No 2 | 2⇒NEXT MODULE |
| Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old (Blue), 200,000 IU for those 12-59 months old.(Red) | DK 8 | 8⇒NEXT MODULE |
| VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE? | Months ago __ __ DK 98 | |
| VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE? | On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 Other (<i>specify</i>) 6 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 | |
| <p>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.</p> <p>DID (<i>name</i>) DRINK OR EAT ANY (<i>item from list</i>):YESTERDAY, DURING THE DAY OR NIGHT?</p> <p>Read each item aloud and record response before proceeding to the next item. Ask the number of times the child had infant formula, milk, yogurt and solid,, semi-solid foods.</p> | <p style="text-align: right;">Y N DK</p> <p>Vitamin supplements..... 1 2 8 ORS 1 2 8 Plain water 1 2 8 Infant formula 1 2 8</p> <p>Number of times..... — —</p> <p>Milk..... 1 2 8 Number of times..... — —</p> <p>Juice..... 1 2 8 Soup..... 1 2 8 Any other liquid 1 2 8 Yogurt..... 1 2 8</p> <p>Number of times..... — —</p> <p>Porridge..... 1 2 8 Solid or semi-solid food..... 1 2 8</p> <p>Number of times..... — —</p> | <p>2 OR 8 ⇒BF3E</p> <p>2 OR 8 ⇒BF3F</p> <p>2 OR 8 ⇒BF3J</p> <p>2 OR 8 ⇒BF3L</p> |
| BF3A. VITAMIN OR MINERAL SUPPLEMENTS? BF3B. ORS (ORAL REHYDRATION SOLUTION)? BF3C. PLAIN WATER? BF3D. INFANT FORMULA? | | |
| BF3D1. HOW MANY TIMES DID (<i>name</i>) HAVE INFANT FORMULA? | | |
| BF3E. MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK? | | |
| BF3E1. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK? | | |
| BF3F. JUICE OR JUICE DRINKS? BF3G. SOUP? BF3H. ANY OTHER LIQUIDS? BF3I. YOGURT? | | |
| BF3I1. HOW MANY TIMES DID (<i>name</i>) HAVE YOGURT? | | |
| BF3J. THIN PORRIDGE? BF3K. SOLID OR SEMI-SOLID (MUSHY) FOOD? | | |
| BF3K1. HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMI-SOLID (MUSHY) FOODS? | | |
| BF3L. DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE YESTERDAY DURING THE DAY OR NIGHT? | Yes..... 1 No..... 2 DK..... 8 | |

| CARE OF ILLNESS | | CA |
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| <p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p> | Yes 1 No..... 2 DK 8 | 2⇒CA5 8⇒CA5 |
| <p>CA1A. WAS THERE BLOOD IN THE STOOLS?</p> | Yes 1 No..... 2 DK 8 | |
| <p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS? CA2B. HOMEMADE SUGAR AND SALT SOLUTION? CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p> | <p style="text-align: right;">Yes No DK</p> A. Fluid from ORS packet 1 2 8 B. Sugar and salt solution 1 2 8 C. Pre-packaged ORS fluid 1 2 8 | |
| <p>CA2D. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p> | Yes 1 No..... 2 DK 8 | 2⇒CA3 8⇒CA3 |
| <p>CA2E. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p>Probe: ANYTHING ELSE?</p> <p>Record all treatments given</p> | Pill or Syrup Antibiotic.....A Antimotility.....B ZincC Other (Not antibiotic, antimotility or zinc)D Unknown pill or syrup.....E Injection Antibiotic.....F Non-antibioticG Unknown injectionH IntravenousI Home remedy/herbal medicine.....J Other (<i>specify</i>) X | |
| <p>CA2F. Check CA2E: Zinc given?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA2G</p> <p><input type="checkbox"/> No. ⇒ Go to CA3</p> | | |
| <p>CA2G. HOW MANY TIME WAS (<i>name</i>) GIVEN ZINC?</p> | Number of times..... ____ | |

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| CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL? | Much less or none..... 1 About the same (or somewhat less) 2 More 3 DK 8 | |
| CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS? | None..... 1 Much less 2 Somewhat less..... 3 About the same 4 More 5 DK 8 | |
| CA4A. Check CA2A: ORS packet used? <input type="checkbox"/> Yes.⇒ Continue with CA4B <input type="checkbox"/> No.⇒ Go to CA5 | | |
| CA4B. WHERE DID YOU GET THE ORS PACKET FROM? _____ (Name of place) | Public Sector Government hospital 21 Government health center 22 Government dispensary 23 Other public (<i>specify</i>) _____ 26 Private medical sector Mission hospital/clinic 31 Private hospital/clinic 32 Nursing/maternity home 33 Pharmacy 34 Other private medical (<i>specify</i>) _____ 36 Mobile clinic 41 Community health worker 42 Other source Shop 51 Traditional practitioner 52 Relative/friend..... 53 Other (<i>specify</i>) _____ 96 DK 98 | |
| CA4C. HOW MUCH DID YOU PAY FOR THE (<i>local name for ORS packet from CA2A</i>)? | Shillings..... _____ Free 9995 DK 9998 | |
| CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST? | Yes 1 No..... 2 DK 8 | 2⇒CA12 8⇒CA12 |
| CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING? | Yes 1 No..... 2 DK 8 | 2⇒CA12 8⇒CA12 |
| CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE? | Problem in chest 1 Blocked nose 2 Both..... 3 Other (<i>specify</i>) _____ 6 | 2⇒CA12 6⇒CA12 |

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| | DK 8 | |
| CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME? | Yes 1 No 2 DK 8 | 2⇒CA10 8⇒CA10 |
| CA9. FROM WHERE DID YOU SEEK CARE? <i>Probe:</i> ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. _____ (Name of place) | Public Sector Government hospital C Government health center D Government dispensary E Other public (<i>specify</i>) F Private medical sector Mission hospital/clinic G Private hospital/clinic H Nursing/maternity home I Pharmacy J Other private medical (<i>specify</i>) K Mobile clinic L Community health worker M Other source Shop O Traditional practitioner P Relative/friend Q Other (<i>specify</i>) X | |
| CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS? | Yes 1 No 2 DK 8 | 2⇒CA12 8⇒CA12 |
| CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANYTHING ELSE? Circle all medicines given. | Antibiotic A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z | |
| CA11A. Check CA11: Antibiotic given? <input type="checkbox"/> Yes.⇒ Continue with CA11B <input type="checkbox"/> No.⇒ Go to CA12 | | |

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| <p>CA11B. WHERE DID YOU GET THE ANTIBIOTIC?</p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> | <p>Public Sector</p> <p>Government hospital 21</p> <p>Government health center..... 22</p> <p>Government dispensary 23</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector</p> <p>Mission hospital/clinic..... 31</p> <p>Private hospital/clinic..... 32</p> <p>Nursing/maternity home 33</p> <p>Pharmacy 34</p> <p>Other private medical (<i>specify</i>)_____ 36</p> <p>Mobile clinic 41</p> <p>Community health worker 42</p> <p>Other source</p> <p>Shop 51</p> <p>Traditional practitioner..... 52</p> <p>Relative/friend..... 53</p> <p>Other (<i>specify</i>)_____ 96</p> <p>DK 98</p> | |
| <p>CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?</p> | <p>Shillings..... _ _ _ _</p> <p>Free..... 9995</p> <p>DK..... 9998</p> | |
| <p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p> | | |
| <p>CA13. 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 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> | |

| MALARIA | | ML |
|---|--|--------------------------------|
| ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER? | Yes 1 No..... 2 DK 8 | 2⇒NEXT MODULE 8⇒NEXT MODULE |
| ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS? | Yes 1 No..... 2 DK 8 | 2⇒ML6 8⇒ML6 |
| ML3. DID (<i>name</i>) TAKE MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? | Yes 1 No..... 2 DK 8 | 2⇒ML5 8⇒ML5 |
| ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? Probe: ANYTHING ELSE? <i>Circle all medicines mentioned.</i> | Anti-malarials: SP/Fansidar A Chloroquine..... B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z | |
| ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY? | Yes 1 No..... 2 DK 8 | 1⇒ML7 2⇒ML8 8⇒ML8 |
| ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS? | Yes 1 No..... 2 DK 8 | 2⇒ML8 8⇒ML8 |
| ML7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i> | Anti-malarials: SP/Fansidar A Chloroquine..... B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z | |
| ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)? <input type="checkbox"/> Yes. ⇒ Continue with ML9 <input type="checkbox"/> No. ⇒ Go to Next Module | | |
| ML9. HOW LONG AFTER THE FEVER STARTED DID | Same day 0 | |

| | | |
|--|--|--|
| <p>(name) FIRST TAKE (name of anti-malarial from ML4 or ML7)?</p> <p>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</p> <p>Record the code for the day on which the first anti-malarial was given.</p> | <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever..... 4</p> <p>DK 8</p> | |
| <p>ML9A. WHERE DID YOU GET THE (name of anti-malarial from ML4 or ML7)?</p> <p>If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).</p> <p>_____</p> <p>(Name of place)</p> | <p>Public Sector</p> <p>Government hospital 21</p> <p>Government health center 22</p> <p>Government dispensary 23</p> <p>Other public (specify) _____ 26</p> <p>Private medical sector</p> <p>Mission hospital/clinic 31</p> <p>Private hospital/clinic 32</p> <p>Nursing/maternity home 33</p> <p>Pharmacy 34</p> <p>Other private medical (specify) _____ 36</p> <p>Mobile clinic 41</p> <p>Community health worker 42</p> <p>Other source</p> <p>Shop 51</p> <p>Traditional practitioner 52</p> <p>Relative/friend..... 53</p> <p>Other (specify) _____ 96</p> <p>DK 98</p> | |
| <p>ML9B. HOW MUCH DID YOU PAY FOR THE (name of anti-malarial from ML4 or ML7)?</p> <p>Refer to the same anti-malarial as in ML9A above</p> | <p>Shillings..... _____</p> <p>Free..... 9996</p> <p>DK 9998</p> | |

| IMMUNIZATION | | | | | | | | | | | | IM |
|---|---------|---|--|-------|--|--|------|--|--|--|--|----------------------------|
| If an immunization card is available, copy the dates in IM2-IM8B for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 will only be asked when a card is not available or not shown. | | | | | | | | | | | | |
| IM1. IS THERE A VACCINATION CARD FOR (<i>name</i>)? | | Yes, seen 1 Yes, not seen 2 No 3 | | | | | | | | | | 2⇒IM10 3⇒IM10 |
| (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 | | | | | |
| IM2. BCG | BCG | | | | | | | | | | | |
| IM3A. POLIO AT BIRTH | OPV0 | | | | | | | | | | | |
| IM3B. POLIO 1 | OPV1 | | | | | | | | | | | |
| IM3C. POLIO 2 | OPV2 | | | | | | | | | | | |
| IM3D. POLIO 3 | OPV3 | | | | | | | | | | | |
| IM4A. DPT1–HepB + Hib: 1 (Pentavalent-1) | DPT1 | | | | | | | | | | | |
| IM4B. DPT1–HepB + Hib: 2 (Pentavalent-2) | DPT2 | | | | | | | | | | | |
| IM4C. DPT1–HepB + Hib: 3 (Pentavalent-3) | DPT3 | | | | | | | | | | | |
| IM6. MEASLES | MEASLES | | | | | | | | | | | |
| IM7. YELLOW FEVER | YF | | | | | | | | | | | |
| IM8A. VITAMIN A (1) (<i>Last but one</i>) | VITA1 | | | | | | | | | | | |
| IM8B. VITAMIN A (2) (<i>Most recent</i>) | VITA2 | | | | | | | | | | | |
| IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements. | | Yes 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No 2 DK 8 | | | | | | | | | | 1⇒IM19 2⇒IM19 8⇒IM19 |
| IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY? | | Yes 1 No 2 DK 8 | | | | | | | | | | 2⇒IM19 8⇒IM19 |
| IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR? | | Yes 1 No 2 DK 8 | | | | | | | | | | |
| IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY POLIO VACCINATION, THAT IS, VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM GETTING DISEASES? | | Yes 1 No 2 DK 8 | | | | | | | | | | 2⇒IM15 8⇒IM15 |

| | | |
|--|--|--|
| IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – WITHIN THE TWO WEEKS AFTER BIRTH OR LATER? | Just after birth (within two weeks) 1 Later 2 | |
| IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS? | No. of times _ _ | |
| IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO) | Yes 1 No 2 DK..... 8 | 2⇒IM17 8⇒IM17 |
| IM16. HOW MANY TIMES? | No. of times _ _ | |
| IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” – 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>) EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES) | 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: | | |
| IM19A. National Immunization Day in 2006? | | Y N DK National Imm Day 2006..... 1 2 8 |
| IM19B. Malezibora, in May 2008? | | Malezibora May 2008..... 1 2 8 |
| IM19C. Malezibora, in November 2008? | | Malezibora Nov 2008 1 2 8 |

| | | |
|-----------------------|---------------------------------|--|
| UT2. Record the time. | Hour and minutes..... _ _ : _ _ | |
|-----------------------|---------------------------------|--|

IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.

Yes. ⇒ End the current questionnaire and then Go to Under-5 Questionnaire to administer the questionnaire for the next eligible child.

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

| ANTHROPOMETRY MODULE | | 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> | | |
| AN0A. Measurer's identification code. | Measurer code | ___ |
| AN0B. Result of measurement. | Measured | 1 |
| | Not present | 2 |
| | Refused..... | 3 |
| | Other (<i>specify</i>) | 6 |
| | | 2⇒AN5 |
| | | 3⇒AN5 |
| | | 6⇒AN5 |
| AN1. Child's weight. | Kilograms (kg) | <input type="text"/> <input type="text"/> . <input type="text"/> |
| AN2. Child's length or height. | Length (cm) | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| Check age of child in UF11: | Lying down | 1 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). | Height (cm) | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up). | Standing up | 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| AN3. WHETHER THE CHILD IS HAVING OEDEMA? (OBSERVE AND RECORD) | Yes, child is having oedema | 1 |
| | No, child is not having oedema..... | 2 |

| |
|--|
| <p>AN5. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.</p> <p>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.</p> |
|--|