

**UNDER-FIVE CHILD INFORMATION PANEL**

**UF**

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.

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.

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:

UF9. Result of interview for children under 5

Completed..... 1

(Codes refer to mother/caretaker.)

Not at home ..... 2

Refused ..... 3

Partly completed ..... 4

Incapacitated..... 5

Other (specify) ..... 6

Repeat greeting if not already read to this respondent:

We are from the National Statistics Committee. We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about 20 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?

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.

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.

Date of birth:

Now I want to ask you about (name).

Day ..... \_\_\_

In what month and year was (name) born?

DK day ..... 98

Probe:

Month ..... \_\_\_

What is his/her birthday?

Year ..... \_\_\_

If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.

UF11. How old was (name) at his/her last birthday? Record age in completed years.

Age in completed years..... \_\_\_

BR1. Does (*name*) have a birth certificate? Yes, seen ..... 1 1⇒BR5  
 Yes, not seen..... 2  
 May I see it? No ..... 3  
 DK..... 8

BR2. Has (*name's*) birth been registered with the civil authorities? Yes ..... 1 1⇒BR5  
 No ..... 2  
 DK..... 8 8⇒BR4

BR3. Why is (*name's*) 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  
 Marriage wasn't registered..... 7  
 Other (*specify*)..... 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?

Yes. ⇒ Continue with BR6

No. ⇒ Go to BR8

BR6. Does (*name*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care? Yes ..... 1 2⇒BR8  
 No ..... 2  
 DK..... 8 8⇒BR8

BR7. Within the last seven days, about how many hours did (*name*) 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 (*name*):

*If yes, ask: who engaged in this activity with the child – the mother, the child's father or another adult member of the household (including the caretaker/respondent)?*

*Circle all that apply.*

		Mother	Father	Other	No one
BR8a. Read books or look at picture books with ( <i>name</i> )?	Books	A	B	X	Y
BR8b. Tell stories to ( <i>name</i> )?	Stories	A	B	X	Y
BR8c. Sing songs with ( <i>name</i> )?	Songs	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. Spend time with ( <i>name</i> ) naming, counting, and/or drawing things?	Spend time with	A	B	X	Y

Question CE1 is to be administered only once to each caretaker

CE1. How many children's books or picture books do you have for (*name*)? Number of non-children's books..... 0 \_\_

If 'none' enter 00 Ten or more non-children's books ..... 10

CE2. How many other books are there in the household? Please include school-books, but not other books meant for children, such as picture books Number of non-children's books..... 0 \_\_  
Ten or more non-children's books ..... 10

If 'none' enter 00

CE3. I am interested in learning about the things that (*name*) plays with when he/she is at home.

What does (*name*) play with?

Does he/she play with

Household objects, such as bowls, plates, cups or pots? Household objects (bowls, plates, cups, pots) ..... A

Objects and materials found outside the living quarters, such as sticks, rocks, animals, shells, or leaves? Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) ..... B

Homemade toys, such as dolls, cars and other toys made at home? Homemade toys (dolls, cars and other toys made at home) ..C

Toys that came from a store? Toys that came from a store ..... D

Code Y if child does not play with any of the items mentioned. No playthings mentioned ..... Y

CE4. since last (*day of the week*) how many times was (*name*) left in the care of another child (that is, someone less than 10 years old)? Number of times ..... \_\_ \_\_

If 'none' enter 00

CE5. In the past week, how many times was (*name*) left alone? Number of times ..... \_\_ \_\_

If 'none' enter 00

CE5.a Have you any special place reserved for kids' games? Yes - 1, No - 2.

## VITAMIN A MODULE

VA

VA1. Has (*name*) ever received a vitamin A capsule (supplement) like this one?

Yes ..... 1  
 No ..... 2     2⇒next module

8⇒next module

Show capsule or dispenser for different doses - 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.

DK..... 8

VA2. How many months ago did (*name*) take the last dose?

Months ago..... — —  
 DK..... 98

VA3. Where did (*name*) get this last dose?

On routine visit to health facility ..... 1  
 Sick child visit to health facility ..... 2  
 National Immunization Day campaign ..... 3  
 Other (*specify*)..... 6  
 DK..... 8

BF1. Has (*name*) ever been breastfed? Yes ..... 1 2⇒BF3  
 No ..... 2  
 DK..... 8 8⇒BF3

BF2. Is he/she still being breastfed? Yes ..... 1  
 No ..... 2  
 DK..... 8

BF3. Since this time yesterday, did he/she receive any of the following:

Read each item aloud and record response before proceeding to the next item.

	Y N DK
BF3a. vitamin, mineral supplements or medicine?	A. Vitamin supplements..... 1 2 8
BF3b. plain water?	B. Plain water ..... 1 2 8
BF3c. sweetened, flavoured water or fruit juice or tea or infusion?	C. Sweetened water or juice ..... 1 2 8
BF3d. oral rehydration solution (ORS)?	D. ORS ..... 1 2 8
BF3e. infant formula?	E. Infant formula..... 1 2 8
BF3f. tinned, powdered or fresh milk?	F. Milk..... 1 2 8
BF3g. any other liquids?	G. Other liquids..... 1 2 8
BF3h. solid or semi-solid (mushy) food?	H. Grated food ..... 1 2 8
	I. Solid or semi-solid food..... 1 2 8

BF4. Check BF3H: Child received solid or semi-solid (mushy) food?

- Yes. ⇒ Continue with BF5
- No or DK. ⇒ Go to Next Module

BF5. Since this time yesterday, how many times did (*name*) eat solid, semisolid, or soft foods other than liquids? No. of times..... \_\_\_\_  
 Don't know ..... 8

If 7 or more times, record '7'.

CA1. Has (*name*) had diarrhoea in the last two weeks, that is, since (*day of the week*) of the week before last?

Yes ..... 1  
 No ..... 2    2⇒CA5  
 DK..... 8    8⇒CA5

Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.

CA2. During this last episode of diarrhoea, did (*name*) drink any of the following:

Read each item aloud and record response before proceeding to the next item.

	Yes	No	DK
CA2a. A fluid made from a special packet called ( <i>local name for ORS packet solution</i> )?	A. Fluid from ORS packet 1 2.....		8
CA2b. Government-recommended homemade fluid?	B. Recommended homemade fluid 1 2.....		8
CA2c. A pre-packaged ORS fluid for diarrhoea?	C. Pre-packaged ORS fluid 1 2 .....		8
CA2D. Antibiotics?	D. Antibiotics 1 2.....		8

CA3. During (*name's*) 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 (*name's*) illness, did he/she eat less, about the same, or more food than usual?

None..... 1  
 Much less..... 2  
 Somewhat less ..... 3  
 About the same..... 4  
 More ..... 5  
 DK..... 8

If "less", probe:  
 much less or a little less?

CA4A. Check CA2A: ORS packet used?  
 Yes.⇒ Continue with CA4B  
 No.⇒ Go to CA5

CA4b. Where did you get the (*local name for ORS packet from CA2A*)?

Public sector  
 Govt. hospital ..... 11  
 Govt. health centre ..... 12  
 Govt. health post..... 13  
 Village health worker..... 14  
 Mobile/outreach clinic ..... 15  
 Other public (*specify*) ..... 16

Private medical sector  
 Private hospital/clinic ..... 21  
 Private physician ..... 22  
 Private pharmacy ..... 23  
 Mobile clinic ..... 24  
 Other private medical (*specify*)..... 26

Other source  
 Relative or friend ..... 31  
 Shop ..... 32

	Traditional practitioner .....	33	
	Other ( <i>specify</i> ).....	96	
	DK.....	98	
CA4c. How much did you pay for the (local name for ORS packet from CA2A)?	Local currency .....	_____	
	Free.....	9996	
	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	2⇒CA12
	DK.....	8	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	2⇒CA12
	DK.....	8	8⇒CA12
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest.....	1	
	Blocked nose .....	2	2⇒CA12
	Both .....	3	
	Other ( <i>specify</i> ).....	6	6⇒CA12
	DK.....	8	
CA8. Did you seek advice or treatment for the illness outside the home?	Yes .....	1	
	No .....	2	2⇒CA10
	DK.....	8	8⇒CA10
CA9. From where did you seek care?  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.  _____	Public sector Govt. hospital .....	A	
	Govt. health centre .....	B	
	Govt. health post.....	C	
	Village health worker.....	D	
	Mobile/outreach clinic .....	E	
	Pharmacy .....	F	
	Other public ( <i>specify</i> ).....	H	
	Private medical sector Private hospital/clinic .....	I	
	Private physician .....	J	
	Private pharmacy .....	K	
	Mobile clinic .....	L	
	Other private medical ( <i>specify</i> ).....	O	
	Other source Relative or friend .....	P	
	Shop .....	Q	
	Traditional practitioner .....	R	
	Other ( <i>specify</i> ).....	X	
	(Name of place)		
CA10. Was ( <i>name</i> ) given medicine to treat this illness?	Yes .....	1	2⇒CA12
	No .....	2	
	DK.....	8	8⇒CA12
CA11. What medicine was ( <i>name</i> ) given?  Circle all medicines given.	Antibiotic.....	A	
	Paracetamol/Panadol/Acetaminophen.....	P	
	Aspirin.....	Q	
	Ibuprofen .....	R	
	Other ( <i>specify</i> ).....	X	
	DK.....	Z	

CA11a. Was medicine given according to prescription	Yes .....	1
	No .....	2
	DK.....	8

CA11b. Check CA11: Antibiotic given?  
 Yes. ⇒ Continue with CA11B  
 No. ⇒ Go to CA12

CA11c. Where did you get the antibiotic?	Public sector	
	Govt. hospital .....	11
	Govt. health centre .....	12
	Govt. health post.....	13
	Village health worker.....	14
	Mobile/outreach clinic .....	15
	Other public ( <i>specify</i> ) .....	16
	Private medical sector	
	Private hospital/clinic .....	21
	Private physician .....	22
	Private pharmacy .....	23
	Mobile clinic .....	24
	Other private medical ( <i>specify</i> ).....	26
	Other source	
	Relative or friend .....	31
	Shop .....	32
	Traditional practitioner .....	33
	Other ( <i>specify</i> ).....	96
	DK.....	98

CA11d. How much did you pay for the antibiotic?	Local currency .....	— — —
	Free.....	9996
	DK.....	9998

CA12. Check UF11: Child aged under 3?  
 Yes. ⇒ Continue with CA13  
 No. ⇒ Go to CA14

CA13. 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

Ask the following question (CA14) only once for each mother/caretaker.	Child not able to drink or breastfeed .....	A
CA14. Sometimes children have severe illnesses and should be taken immediately to a health facility.	Child becomes sicker .....	B
What types of symptoms would cause you to take your child to a health facility right away?	Child develops a fever.....	C
Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.	Child has fast breathing .....	D
Circle all symptoms mentioned, But do NOT prompt with any suggestions.	Child has difficult breathing.....	E
	Child has blood in stool .....	F
	Child is drinking poorly.....	G
	Other ( <i>specify</i> ).....	X
	Other ( <i>specify</i> ).....	Y
	Other ( <i>specify</i> ).....	Z



If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. Is there a vaccination card for (*name*)? Yes, seen ..... 1  
 Yes, not seen..... 2 2⇒IM10  
 No ..... 3 3⇒IM10

(a) Copy dates for each vaccination from the card.

Date of Immunization

(b) Write '44' in day column if card shows that vaccination was given but no date recorded.

DAY	MONTH	YEAR
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IM2. BCG BCG

IM3a. Polio at birth OPV0

IM3b. Polio 1 OPV1

IM3c. Polio 2 OPV2

IM3d. Polio 3 OPV3

IM4a. DPT1 DPT1

IM4b. DPT2 DPT2

IM4c. DPT3 DPT3

IM5a. HepB1 (or DPTHepB1) (DPT)H1

IM5b. HepB2 (or DPTHepB2) (DPT)H2

IM5c. HepB3 (or DPTHepB3) (DPT)H3

IM6. Measles (or MMR) Measles

IM8a. Vitamin A (1) VitA1

IM8b. Vitamin A (2) VitA2

IM9. In addition to the vaccinations and vitamin A capsules shown on this card, did (*name*) receive any other vaccinations – including vaccinations received in campaigns or immunization days? Yes ..... 1 1⇒IM19  
 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) 2⇒IM19  
 No ..... 2  
 DK..... 8 8⇒IM19  
 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.

IM10. Has (*name*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day? Yes ..... 1 2⇒IM19  
 No ..... 2  
 DK..... 8 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 “vaccination drops in the mouth” to protect him/her from getting diseases – that is, polio?	Yes ..... 1 No ..... 2 DK..... 8	2⇒IM15 8⇒IM15
IM13. How old was he/she when the first dose was given – just after birth (within two weeks) 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” or MMR – 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	
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:		Y N DK
IM19a. Date/type of campaign A	Campaign A ..... 1 2 8	
IM19b. Date/type of campaign B	Campaign B ..... 1 2 8	
IM19c. Date/type of campaign C	Campaign C ..... 1 2 8	
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> 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.</p>		

