F3. Questionnaire for Children Under Five

MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Multiple Indicators Clusters Survey in Kyrgyzstan

UNDER-FIVE CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).
A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ___ ___ ___	**UF2**. Household number: ___ ___
UF3. Child's name: Name_____	**UF4**. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name_____	**UF6**. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer's name and number: Name_____ ___ ___	**UF8**. Day / Month / Year of interview: ___ ___ /___ ___ / 2 0 1 4

Repeat greeting if not already read to this respondent: WE ARE FROM **National Statistical Committee** . WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (*child's name from UF3*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	*If greeting at the beginning of the household questionnaire has already been read to this person, 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 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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* ⇨ *Circle '03' in UF9. Discuss this result with your supervisor.*

UF9. Result of interview for children under 5 *Codes refer to mother/caretaker.*	Completed ....01 Not at home ....02 Refused ....03 Partly completed...................................04 Incapacitated ....05 Other (*specify*) _____ 96

UF10. Field editor's name and number: Name_____ __ __	**UF11**. Main data entry clerk's name and number: Name_____ __ __

| **UF12**. *Record the time.* | Hour and minutes...................... __ __ : __ __ | |

AGE		**AG**
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (*name*). ON WHAT DAY, MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS / HER BIRTHDAY? *If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.* *Month and year must be recorded.*	Date of birth Day .... __ __ DK day..98 Month.. __ __ Year .... 2 0 __ __	
AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? *Record age in completed years.* *Record '0' if less than 1 year.* *Compare and correct AG1 and/or AG2 if inconsistent.*	Age (in completed years) .... __	

BIRTH REGISTRATION		BR
BR1. DOES *(name)* HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen..1 Yes, not seen...2 No ....3 DK..8	1⇨Next Module 2⇨Next Module
BR2. HAS *(name)*'S BIRTH BEEN REGISTERED WITH *the civil authorities (ZAGS, local authorities office) ?*	Yes..1 No ....2 DK..8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER *(name)*'S BIRTH?	Yes..1 No 2	

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...................0 __ 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: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? *If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.*	Y N DK Homemade toys ....1 2 8 Toys from a shop...........................1 2 8 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? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? *If 'none' enter' 0'. If 'don't know' enter'8'.*	Number of days left alone for more than an hour ....__ Number of days left with other child for more than an hour ....__	
EC5. 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 No ....2 DK..8	

EC4. *Check AG2: Age of child.*
☐   *Child age 0, 1 or 2 ⇨ Go to Next Module.*
☐   *Child age 3 or 4 ⇨ Continue with EC7.*

		Mother	Father	Other	No one
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*					
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	Read books	A	B	X	Y
[B] TOLD STORIES TO (*name*)?	Told stories	A	B	X	Y
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?	Sang songs	A	B	X	Y
[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y
[E] PLAYED WITH (*name*)?	Played with	A	B	X	Y
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	Named/counted	A	B	X	Y

EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). 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 (*name*)'S DEVELOPMENT. CAN (*name*) IDENTIFY OR NAME TEN OR MORE LETTERS OF THE ALPHABET?	Yes ....1 No ....2 DK..8
EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes ....1 No ....2 DK..8
EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes ....1 No ....2 DK..8
EC11. CAN (*name*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes ....1 No ....2 DK..8
EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY?	Yes ....1 No ....2 DK..8
EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes ....1 No ....2 DK..8

EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes ....1 No ....2 DK...8	
EC15. DOES (*name*) GET ALONG WELL WITH OTHER CHILDREN?	Yes ....1 No ....2 DK...8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes ....1 No ....2 DK...8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes ....1 No ....2 DK...8	

BREASTFEEDING AND DIETARY INTAKE		BD

BD2. HAS (*name*) EVER BEEN BREASTFED?	Yes ....1 No...2 DK 8	2⇨BD4 8⇨BD4
BD3. IS (*name*) STILL BEING BREASTFED?	Yes ....1 No...2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE</u>?	Yes ....1 No...2 DK 8	
BD5. DID (*name*) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ....1 No...2 DK 8	
BD6. DID (*name*) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ....1 No...2 DK 8	

BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.

PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.

DID (*name*) DRINK (*Name of item*) YESTERDAY DURING THE DAY OR THE NIGHT:

		Yes	No	DK
[A] PLAIN WATER?	Plain water	1	2	8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1	2	8
[C] SHORPO, CLEAR BROTH OR CLEAR SOUP?	Soup	1	2	8
[D] MILK SUCH AS TINNED, POWDERED, OR PURE ANIMAL MILK?	Milk	1	2	8
If yes: HOW MANY TIMES DID (*name)* DRINK MILK? *If 7 or more times, record '7'.* *If unknown, record '8'.*	Number of times drank milk ....___			
[E] INFANT FORMULA?	Infant formula	1	2	8
If yes: HOW MANY TIMES DID (*name)* DRINK INFANT FORMULA? *If 7 or more times, record '7'.* *If unknown, record '8'.*	Number of times drank infant formula ....___			
[F] ANY OTHER LIQUIDS? (*Specify*)_____	Other liquids	1	2	8

		Yes	No	DK
BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) EAT (*Name of food*) YESTERDAY DURING THE DAY OR THE NIGHT:				
[A] YOGURT, KEFIR, AIRAN, BIOLAKT?	Yogurt, kefir, airan, biolakt	1	2	8
If yes: HOW MANY TIMES DID (*name*) DRINK OR EAT YOGURT? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank/ate yogurt .... __			
[B] ANY *commercially fortified baby food like Nestle, NAN, malysh* ?	Nestle, NAN, Malysh, Malutka, etc	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS?	Pumpkin, carrots.	1	2	8
[E] WHITE POTATOES, CULTIVATED CABBAGE, TURNIP (RADISH),OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, cultivated cabbage, turnip (radish), etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] DRIED APRICOTS, PERSIMMON?	dried apricots, persimmon	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (*Specify*)_____	Other solid, semi-solid, or soft food	1	2	8

BD9. *Check BD8 (Categories "A" through "O").*

☐ *At least one "Yes" or all "DK"* ⇨ *Go to BD11.*
☐ *Else* ⇨ *Continue with BD10.*

BD10. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night .*

☐ *The child did not eat or the respondent does not know* ⇨ *Go to Next Module.*
☐ *The child ate at least one solid, semi-solid or soft food item mentioned by the respondent* ⇨ *Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.*

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? *If 7 or more times, record '7'.*	Number of times.............................. __ DK 8

IMMUNIZATION								IM

If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 will only be asked if a card is not available.

IM1. DO YOU HAVE A CARD AT HOME 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 *(child health)* 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**							
HEPB AT BIRTH	**HEP0**							
POLIO AT BIRTH	**OPV0**							
POLIO 1	**OPV1**							
POLIO 2	**OPV2**							
POLIO 3	**OPV3**							
VACCINATION AGAINST WHOOPING COUGH, DIPHTHERIA AND TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B -	**PENTA-1**							
VACCINATION AGAINST WHOOPING COUGH, DIPHTHERIA AND TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B -	**PENTA-2**							
VACCINATION AGAINST WHOOPING COUGH, DIPHTHERIA AND TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B -	**PENTA-3**							
MEASLES (OR MMR OR MR)	**MEASLES**							

IM4. *Check IM3. Are all vaccines (**BCG to Measles**) recorded?*

☐ *Yes* ⇨ *Go to Next Module.*

☐ *No* ⇨ *Continue with IM5.*

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS? ☐ *Yes ⇨ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to Next Module.* ☐ *No/DK ⇨ Go to Next Module.*		
IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes .... 1 No... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes .... 1 No... 2 DK 8	
IM8. HAS (*name*) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes .... 1 No... 2 DK 8	2⇨IM11 8⇨IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes .... 1 No... 2 DK 8	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times.. __	
IM11. HAS (*name*) EVER RECEIVED A PENTA VACCINATION (AKDS+VGV+HIB) – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B AND HAEMOPHILUS INFLUENZAE? *Probe by indicating that Penta vaccination* (AKDS+VGV+HIB) *is sometimes given at the same time as Polio.* *English acronyms:* *(*AKDS+VGV+HIB) = *DPT Vaccine*	Yes .... 1 No... 2 DK 8	2⇨IM14 8⇨IM14
IM12. HOW MANY TIMES WAS THE PENTA VACCINE RECEIVED?	Number of times.. __	
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH	Yes .... 1 No... 2 DK 8	
IM16. HAS (*name*) EVER RECEIVED A MEASLES CONTAINING INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES.	Yes .... 1 No... 2 DK 8	
IM20. *Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the Information Panel on that Questionnaire and go to Next Module.*		

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes ....1 No...2 DK 8	2⇨CA6A 8⇨CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If 'less', probe*: 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 (*name*) 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	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes ....1 No...2 DK 8	2⇨CA4 8⇨CA4

CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?
 	
Probe:
ANYWHERE ELSE?
 	
Circle all providers mentioned,
but do NOT prompt with any suggestions.
 	
Probe to identify each type of source.
 	
If unable to determine if public or private sector, write the name of the place.
 	
_____
(*Name of place*)
	Public sector
	   Government hospital .... A
	   Family medicine centre .... B
	   Family group practitioners C
	   Feldsher Accoucher Point D
	   Mobile / Outreach clinic .... E
	   Other public (*specify*) _____ H
	
	Private medical sector
	   Private hospital / clinic.............................I
	   Private physician .... J
	   Private pharmacy .... K
	   Mobile clinic L
	   Other private medical (*specify*) _____ O
	
	Other source
	   Relative / Friend .... P
	   Shop ....Q
	   Traditional practitioner .... R
	
	Other (*specify*) _____X	

CA4. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK: [A] A FLUID MADE FROM A SPECIAL PACKET CALLED REGIDRON OR REGIVIT? (HERE A RUSSIAN TRANSLATION IS ALSO ADDED IN ORDER TO MAKE THE QUESTION CLEARER)	Y N DK Regidron or Regivi*t* based fluid 1 2 8	

CA4B. WHERE DID YOU GET THE ORS?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Public sector
	    Government hospital 11
	    Family medicine centre 12
	    Family group practitioners 13
	    Feldsher Accoucher Point………… 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 / Friend 31
	    Shop 32
	    Traditional practitioner 33
	
	Already had at home 40
	
	Other (*specify*) _____ 96	

CA4C. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN: [A] ZINC TABLETS? [B] ZINC SYRUP?	Y N DK Zinc tablets ....1 2 8 Zinc syrup..1 2 8	

CA4E. WHERE DID YOU GET THE ZINC? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector 　Government hospital ....11 　Family medicine centre ....12 　Family group practitioners ....13 　Feldsher Accoucher Point ....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 / Friend ....31 　Shop ....32 　Traditional practitioner ....33 Already had at home ....40 Other (*specify*) _____96	
CA4F. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.* [A]　Boiled water? [B]　Rice water? [C]　Cultured milk foods (airan, kefir)?	 　　　　　　　　　　　　　　　　Y　N　DK *A*) Boiled water?.................................1　2　8 B) Rice water?...................................1　2　8 C) Airan, kefir? ....1　2　8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ....1 No..2 DK 8	 2⇨CA6A 8⇨CA6A
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? *Probe*: ANYTHING ELSE? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ *(Name)*	Pill or Syrup 　Antibiotic.. A 　Antimotility (antiemetic) .... B 　Other pill or syrup (bifidumbakterin, 　laktovit-forte, lyneks, laktogy)................. G 　Unknown pill or syrup .... H Injection 　Antibiotic...L 　Non-antibiotic ....M 　Unknown injection .... N Intravenous.. O Home remedy / Herbal medicine................ Q Other (*specify*) _____ X	

CA6A. IN THE LAST TWO WEEKS, HAS (*name*) BEEN ILL WITH A FEVER AT ANY TIME?	Yes .... 1 No.. 2 DK 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes .... 1 No.. 2 DK 8	 2⇨CA9A 8⇨CA9A
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes .... 1 No.. 2 DK 8	 2⇨CA10 8⇨CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only .... 1 Blocked or runny nose only .... 2 Both .... 3 Other (*specify*) _____ 6 DK 8	1⇨CA10 2⇨CA10 3⇨CA10 6⇨CA10 8⇨CA10
CA9A. *Check CA6A: Had fever?* ☐ *Child had fever ⇨ Continue with CA10.* ☐ *Child did not have fever ⇨ Go to CA14.*		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes .... 1 No.. 2 DK 8	 2⇨CA12 8⇨CA12

CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?
 	
 Probe:
 ANYWHERE ELSE?
 	
 Circle all providers mentioned,
 but do NOT prompt with any suggestions.
 	
 Probe to identify each type of source.
 	
 If unable to determine if public or private sector, write the name of the place.
 	
 _____
 (Name of place)
	Public sector
	   Government hospital .... A
	   Family medicine centre .... B
	   Family group practitioners C
	   Feldsher Accoucher Point .... D
	   Mobile / Outreach clinic .... E
	   Other public (*specify*) _____H
	
	 Private medical sector
	   Private hospital / clinic............................I
	   Private physician .... J
	   Private pharmacy .... K
	   Mobile clinic L
	   Other private medical (*specify*) _____ O
	
	 Other source
	   Relative / Friend .... P
	   Shop .... Q
	   Traditional practitioner .... R
	
	 Other (*specify*) _____X	

CA12. AT ANY TIME DURING THE ILLNESS, WAS (*name*) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes .... 1 No.. 2 DK 8	 2⇨CA14 8⇨CA14

CA13. WHAT MEDICINE WAS (*name*) GIVEN?
 	
Probe:
 	
ANY OTHER MEDICINE?
 	
Circle all medicines given. Write brand name(s) of all medicines mentioned.
 	
_____
(Names of medicines)
	Antibiotics:
	  Pill / Syrup I
	  Injection ....J
	
	Other medications:
	  Paracetamol/ Panadol /Acetaminophen . P
	  Aspirin... Q
	  Ibuprofen .... R
	Lytic mixture .... S
	(analgin+iphenhydramine
	   hydrochloride+novocaine)
	
	Other (*specify*) _____X
	DK ....Z	

| CA13B. WHERE DID YOU GET THE (*name of medicine from CA13*)?

Probe to identify the type of source.

If unable to determine whether public or private, write the name of the place.

_____
(Name of place) | Public sector
  Government hospital 11
  Family medicine center 12
  Failty Group practitioners 13
  Feldsher Accoucher Point 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 / Friend 31
  Shop 32
  Traditional practitioner 33

Already had at home 40

Other (*specify*) _____ 96 | |

| CA15. THE LAST TIME (*name*) 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 (*specify*) _____ 96
DK ....98 | |

UF13. *Record the time.*	Hour and minutes ....__ __ : __ __

UF14. *Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *Yes* ⇨ *Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.*

☐ *No* ⇨ *End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.*

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

ANTHROPOMETRY		AN

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 in the List of Household Members before recording measurements.

AN1. *Measurer's name and code*	Name_____ ___ ___	
AN2. *Result of height / length and weight measurement:*	Either or both measured 1	
	Child not present... 2	2⇨AN6
	Child or mother/caretaker refused 3	3⇨AN6
	Other (*specify*) _____ 6	6⇨AN6
AN3. *Child's weight:*	Kilograms (kg)............................... __ __ . __	
	Weight not measured............................. 99.9	

AN3A. *Was the child undressed to the minimum?*
☐ *Yes.*
☐ *No, the child could not be undressed to the minimum.*

AN3B. *Check age of child in AG2:*
☐ *Child under 2 years old* ⇨ *Measure length (lying down).*
☐ *Child age 2 or more years* ⇨ *Measure height (standing up).*

AN4. *Child's length or height:*	Length / Height (cm) .... __ __ __ . __	
	Length / Height not measured 999.9	⇨ AN6
AN4A. *How was the child actually measured? Lying down or standing up?*	Lying down.. 1	
	Standing up.. 2	

AN6. Is there another child in the household who is eligible for measurement?
☐ *Yes ⇨ Record measurements for next child.*
☐ *No ⇨ Check if there are any other individual questionnaires to be completed in the household.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

F4. Questionnaire Form for Vaccinati on Records at Health Facility

MICS

QUESTIONNAIRE FORM FOR

VACCINATION RECORDS AT HEALTH FACILITY

Kyrgyzstan 2014

UNDER-FIVE CHILD INFORMATION PANEL	HF

This questionnaire form is to be used at health facilities to record information on the vaccinations and Vitamin A supplementation for children age 0-2 years. A separate questionnaire form should be used for each eligible child.

The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.

This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.

HF1. Cluster number: ___ ___ ___	**HF2**. Household number: ___ ___
HF3. Child's name: Name_____	**HF4**. Child's line number: ___ ___
HF5. Mother's / Caretaker's name: Name_____	**HF6**. Mother's / Caretaker's line number: ___ ___
HF7. Interviewer's name and number: Name_____ ___ ___	**HF8**. Day / Month / Year of facility visit: ___ ___ / ___ ___ / 2 0 1 ___
HF9. Day, month and year of birth *(From AG1 in Questionnaire for Children Under-5)* ___ ___ / ___ ___ / 2 0 1 ___	**HF10**. Name of health facility: _____

HF11. Result of health facility visit	Vaccination record seen 01
	Vaccination record not seen 02
	Other (*specify*) _____ 96

HF11A. Field editor's name and number: Name_____ ___ ___	**HF11B**. Main data entry clerk's name and number: Name_____ ___ ___

IMMUNIZATION									HF

HF12. *Record day, month and year of birth as written on vaccination record*	__ __ / __ __ / 2 0 1 __	

HF13.	Date of Immunization							
(c) *Copy dates for each vaccination from the card.* (d) *Write '44' in day column if card shows that vaccination was given but no date recorded.*	Day		Month		Year			
BCG — BCG								
HEPB AT BIRTH — HEP0								
POLIO AT BIRTH — OPV0								
POLIO 1 — OPV1								
POLIO 2 — OPV2								
POLIO 3 — OPV3								
AGAINST PERTUSSIS, DIPHTHERIA, TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZA TYPE-B (AS PART OF PENTAVALENT VACCINE) — PENTA-1								
AGAINST PERTUSSIS, DIPHTHERIA, TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZA TYPE-B (AS PART OF PENTAVALENT VACCINE) — PENTA-2								
AGAINST PERTUSSIS, DIPHTHERIA, TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZA TYPE-B (AS PART OF PENTAVALENT VACCINE) — PENTA-3								
MEASLES (MEASLES, MUMPS AND RUBELLA) — MEASLES								