

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: _____ / _____ / <u>2</u> <u>0</u> <u>2</u> <u>3</u>	UF8. Record the time:	HOURS : MINUTES _____ : _____

<p>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 HH39) 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.</p>		
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 (your name). We are from the 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. 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 wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about (child's name from UF3)'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 wish to stop the interview, please let me know. 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 HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17..... 06 OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (name) 's Birth Certificate and Vaccination Certificate/Card, or any other document from state or private medical entity where (name) 's vaccinations are registered? 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> <u>1</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 ⇒ End
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 ⇒ End
UB6. Has (name) ever attended any early childhood education programme a private or public kindergarten, including community-based kindergartens?	YES.....1 NO.....2	2 ⇒ End
UB7. At any time since September 2022, did (he/she) attend (programmes mentioned in UB6)?	YES.....1 NO.....2	1 ⇒ UB8A 2 ⇒ End
UB8A. Does (he/she) currently attend (programmes mentioned in UB6)? UB8B. You have mentioned that (name) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	YES.....1 NO.....2	

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 SEEN 2 NO 3 DK 8	1 ⇨ <i>End</i> 2 ⇨ <i>End</i>
BR2. Has <i>(name)</i> 's birth been registered with the civil registration authorities in ZAGS or the local self-governance office?	YES 1 NO 2 DK 8	1 ⇨ <i>End</i>
BR3. Do you know how to register <i>(name)</i> 's birth?	YES 1 NO 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (<i>name</i>)?	NONE00 NUMBER OF CHILDREN'S BOOKS <u>0</u> ____ TEN OR MORE BOOKS10	
EC2. I am interested in learning about the things that (<i>name</i>) 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? <div> HOMEMADE TOYS.....1 2 8 </div>	
[B] Toys from a shop or manufactured toys?	<div> TOYS FROM A SHOP.....1 2 8 </div>	
[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?	<div> HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS1 2 8 </div>	
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 (<i>name</i>):		
[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 11 AGE 2, 3 OR 4.....2	1 ⇨ End

<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 (<i>name</i>):</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with (<i>name</i>)?</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 (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for or with (<i>name</i>)?</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 (<i>name</i>) 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 (<i>name</i>) 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 (<i>name</i>) jump up with both feet leaving the ground?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				
<p>EC23. Can (<i>name</i>) dress (<i>him/herself</i>), that is, put on pants and a shirt without help?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				
<p>EC24. Can (<i>name</i>) fasten and unfasten buttons without help?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				

EC25. Can (<i>name</i>) say 10 or more words like “mama” or “ball”?	YES.....1 NO.....2 DK.....8	
EC26. Can (<i>name</i>) 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 (<i>name</i>) 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 (<i>name</i>) 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 (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or animal, can (<i>he/she</i>) consistently name it? <i>Probe:</i> By consistently I mean that (<i>he/she</i>) 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 (<i>name</i>) recognise at least 5 letters of the alphabet?	YES.....1 NO.....2 DK.....8	
EC31. Can (<i>name</i>) write (<i>his/her</i>) own name?	YES.....1 NO.....2 DK.....8	
EC32. Does (<i>name</i>) recognise all numbers from 1 to 5?	YES.....1 NO.....2 DK.....8	
EC33. If you ask (<i>name</i>) to give you 3 objects, such as 3 stones or 3 beans, does (<i>he/she</i>) give you the correct amount?	YES.....1 NO.....2 DK.....8	
EC34. Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES.....1 NO.....2 DK.....8	
EC35. Can (<i>name</i>) 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. The next two questions have five different options for answers. I am going to read these to you after each question. 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?	 DAILY1 WEEKLY2 MONTHLY.....3 A FEW TIMES A YEAR.....4 NEVER5 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, less, the same, more, or a lot more?	 NOT AT ALL 1 LESS 2 THE SAME..... 3 MORE 4 A LOT MORE 5 DK..... 8	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0.....1 AGE 1, 2, 3 OR 42	1 ⇒End
UCD2. Adults use certain ways to teach children the right behaviour or to address a behaviour 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 (name) <u>in the past month</u> . <div style="text-align: right;">YES NO</div> [A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house. [B] Explained why (name) 's behaviour was wrong. [C] Shook (him/her). [D] Shouted, yelled at or screamed at (him/her). [E] Gave (him/her) something else to do. [F] Spanked, hit or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. [H] Called (him/her) dumb, lazy or another name like that. [I] Hit or slapped (him/her) on the face, head or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	TOOK AWAY PRIVILEGES.....1 2 EXPLAINED WRONG BEHAVIOR1 2 SHOOK HIM/HER1 2 SHOUTED, YELLED, SCREAMED1 2 GAVE SOMETHING ELSE TO DO1 2 SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1 2 HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT1 2 CALLED DUMB, LAZY OR ANOTHER NAME1 2 HIT / SLAPPED ON THE FACE, HEAD OR EARS1 2 HIT / SLAPPED ON HAND, ARM OR LEG1 2 BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD.....1 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?	YES1 NO2	2 ⇒UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES1 NO2	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?	YES1 NO2 DK / NO OPINION8	

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 11 AGE 2, 3 OR 42	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 NO2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES.....1 NO2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES.....1 NO2	
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=22	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 DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT SEE AT ALL4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1.....1 NO, UCF3=22	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 DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT HEAR AT ALL.....4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1.....1 NO, UCF4=22	1 ⇒ UCF11 2 ⇒ UCF13
UCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK AT ALL.....4	
UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 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 DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 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 DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PICK UP AT ALL4	
UCF15. Does (<i>name</i>) have difficulty understanding you?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT UNDERSTAND AT ALL.....4	
UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT BE UNDERSTOOD AT ALL.....4	
UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT LEARN THINGS AT ALL.....4	
UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PLAY AT ALL4	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	2 ⇒ End
BD2. Has (<i>name</i>) ever been breastfed?	YES 1 NO 2 DK 8	2 ⇒ BD3A 8 ⇒ BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES 1 NO 2 DK 8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2 2	2 ⇒ End
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES 1 NO 2 DK 8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES 1 NO 2 DK 8	
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 NO 2 DK 8	

BD7. Now I would like to ask you about all other liquids that (name) may have had yesterday during the day or the night. 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]	Fruit juice, kompot or fruit-flavoured drinks including those made from syrups or powders?	JUICE OR JUICE DRINKS	1	2	8
[C]	Shorpo, clear broth or clear soup?	CLEAR BROTH	1	2	8
[D]	Infant formula, such as Malyutka, Vinni, Agusha, Nan or Nestle?	INFANT FORMULA	1	2 \varnothing BD7[E]	8 \varnothing BD7[E]
[D1]	How many times did (name) drink infant formula? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA.....	_____		
		DON'T KNOW.....	8		
[E]	Milk from animals, such as fresh, tinned or powdered milk?	MILK	1	2 \varnothing BD7[F]	8 \varnothing BD7[F]
[E1]	How many times did (name) drink milk? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK MILK	_____		
		DON'T KNOW.....	8		
[E2]	Was the milk or were any of the milk drinks a sweet or flavoured type of milk?	SWEET MILK	1	2	8
[F]	Yogurt drinks such as liquid kefir, ayran, biolact, or kymyz?	YOGURT DRINKS	1	2 \varnothing BD7[G]	8 \varnothing BD7[G]
[F1]	How many times did (name) drink yogurt? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK YOGURT	_____		
		DON'T KNOW.....	8		
[F2]	Was the yogurt or were any of the yogurt drinks a sweet or flavoured type of yogurt drink?	SWEET YOGURT DRINKS	1	2	8
[G]	Chocolate-flavoured drinks including those made from syrups or powders?	CHOCOLATE DRINKS	1	2	8
[H]	Sodas, malt drinks, sports drinks or energy drinks?	SODA, MALT, ENERGY	1	2	8
[I]	Tea, coffee, or herbal drinks?	TEA, COFFEE, HERBAL	1	2 \varnothing BD7[X]	8 \varnothing BD7[X]
[I1]	Was the drink or were any of these drinks sweetened?	SWEET TEA, COFFEE, HERBAL	1	2	8
[X]	Any other liquids?	OTHER LIQUIDS	1	2 \varnothing BD8	8 \varnothing BD8
[X1]	Record all other liquids mentioned.	(Specify) _____			
[X2]	Was the drink or were any of these drinks sweetened?	SWEET OTHER LIQUID	1	2	8

<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, other than yogurt drinks? <i>Note that liquid/drinking yogurt should be captured in BD7[F].</i></p>		YOGURT	1	2 Δ BD8[B]	8 Δ 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 DON'T KNOW8</p>			
<p>[B] Any industrially fortified baby food made from grains, such as Malish, Vinni, Cerelac, Agusha?</p>		FORTIFIED BABY FOOD	1	2	8
<p>[C] Porridge, bread, rice, noodles, bulamak, vermicelli, pasta, or other foods made from grains?</p>		FOODS MADE FROM GRAINS	1	2	8
<p>[D] Pumpkin, carrots, squash, sweet potatoes or sweet red peppers?</p>		PUMPKIN, CARROTS, SWEET RED PEPPERS.	1	2	8
<p>[E] White potatoes or turnips?</p>		POTATOES, TURNIPS	1	2	8
<p>[F] Dark green, leafy vegetables, such as Chinese cabbage, spinach, broccoli, arugula or sorrel?</p>		DARK GREEN, LEAFY VEGETABLES	1	2	8
<p>[F1] Any other vegetables, such as tomatoes, cucumbers, eggplants, green peppers, cauliflower, radish, garden radish or beetroot?</p>		OTHER VEGETABLES	1	2	8
<p>[G] Apricots, dried apricots, ripe persimmon or melon that is orange inside?</p>		APRICOTS, MELON	1	2	8
<p>[H] Any other fruits such as apples, pears, peaches, bananas, grapes, raspberry, strawberry, watermelon or oranges?</p>		OTHER FRUIT	1	2	8
<p>[I] Liver, kidney, heart or other organ meats?</p>		ORGAN MEATS	1	2	8
<p>[I1] Sausages, hot dogs, ham, bacon, salami or canned meat?</p>		PROCESSED MEATS	1	2	8
<p>[J] Any other meat, such as beef, pork, lamb, goat, horse, chicken, duck or goose?</p>		OTHER MEATS	1	2	8
<p>[K] Eggs?</p>		EGGS	1	2	8
<p>[L] Fish, either fresh or dried, or shellfish?</p>		FRESH OR DRIED FISH	1	2	8

[M] Beans, peas, chickpeas, lentils, seeds, or nuts, such as walnuts, hazelnuts, almonds or peanuts?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8	
[N] Hard or soft cheese such as parmesan, Dutch cheese, tilsit, suluguni, feta, mozzarella. cottage cheese or kooroot?	CHEESE	1	2	8	
[N1] Sour cream, butter and other dairy products?	OTHER DAIRY PRODUCTS	1	2	8	
[O] Sweet foods such as chocolates, candies, pastries, cakes, biscuits or ice cream?	SWEET FOODS	1	2	8	
[P] Chips, crisps, puffs, French fries, boorstogi, instant noodles, pies, samosas or belyashi?	SALTY FOODS	1	2	8	
[X] Other solid, semi-solid or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ∇ BD9	8 ∇ BD9	
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	(Specify) _____				
BD9. How many times did (name) 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				

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 certificate or a preventive vaccination card, or immunisation records from a state or private medical entity or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CERTIFICATE/CARD..... 1 YES, HAS ONLY OTHER DOCUMENT 2 YES, HAS CERTIFICATE/CARD AND OTHER DOCUMENT 3 NO, HAS NO CERTIFICATE/CARD AND NO OTHER DOCUMENT 4							1 ⇒ IM5 3 ⇒ IM5		
IM3. Did you ever have a certificate or a preventive vaccination card, or immunisation records from a state or private medical entity for (<i>name</i>)?		YES 1 NO 2									
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2..... 1 HAS NO CERTIFICATE/CARD AND NO OTHER DOCUMENT AVAILABLE, IM2=4.. 2							2 ⇒ IM10A		
IM5. May I see the card(s) (and/or) other document?		YES, ONLY CERTIFICATE/CARD SEEN..... 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CERTIFICATE/CARD AND OTHER DOCUMENT SEEN..... 3 NO CERTIFICATE/CARD AND NO OTHER DOCUMENT SEEN 4							4 ⇒ IM10A		
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	2			
HepB (at birth)	HepB0					2	0	2			
Polio (OPV) 1	OPV1					2	0	2			
Polio (OPV) 2	OPV2					2	0	2			
Polio (OPV) 3	OPV3					2	0	2			
Polio (IPV1)	IPV1					2	0	2			
Pentavalent (DPTHePBHib) 1	Penta1					2	0	2			
Pentavalent (DPTHePBHib) 2	Penta2					2	0	2			
Pentavalent (DPTHePBHib) 3	Penta3					2	0	2			
Pneumococcal (Conjugate) 1	PCV1					2	0	2			
Pneumococcal (Conjugate) 2	PCV2					2	0	2			
Pneumococcal (Conjugate) 3	PCV3					2	0	2			
Rotavirus 1	Rota1					2	0	2			
Rotavirus 2	Rota2					2	0	2			

Rotavirus 3	Rota3					2	0	2		
MMR1	MMR1					2	0	2		
IM7. Check IM6: Are all vaccines (BCG to MMR1) recorded?		YES1 NO2								1 ⇨End
IM8. Did (<i>name</i>) participate in any of the following campaigns or national immunisation days:		Y N DK								
[A] EUROPEAN IMMUNIZATION WEEK, APRIL 2021		EUROPEAN IMMUNIZATION WEEK 20211 2 8								
[B] EUROPEAN IMMUNIZATION WEEK, APRIL 2022		EUROPEAN IMMUNIZATION WEEK 20221 2 8								
[C] EUROPEAN IMMUNIZATION WEEK, APRIL 2023		EUROPEAN IMMUNIZATION WEEK 20231 2 8								
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the campaigns or national immunisation days just mentioned?		YES1 NO2 DK8								2 ⇨End 8 ⇨End
IM10. Go back to IM6 and probe for these vaccinations. Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column. When <u>finished</u> , go to next of module.										⇨End
IM10A. What is the <u>main</u> reason that you have no certificate or a preventive vaccination card, or any other document from a state or private medical entity where vaccinations were registered for (<i>name</i>)?		CARD IS STORED IN POLICLINIC1 CERTIFICATE/CARD IS STORED IN OTHER DISTRICT OF THIS OBLAST2 CERTIFICATE/CARD IS STORED IN ANOTHER OBLAST3 CERTIFICATE/CARD IS STORED THE OTHER COUNTRY4 REFUSAL OF VACCINATION5 OTHER (<i>specify</i>)6 DK8								
IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign or national immunisation day?		YES1 NO2 DK8								

<p>IM12. Did (<i>name</i>) participate in any of the following campaigns or national immunisation days?</p> <p>[A] EUROPEAN IMMUNIZATION WEEK, APRIL 2021</p> <p>[B] EUROPEAN IMMUNIZATION WEEK, APRIL 2022</p> <p>[C] EUROPEAN IMMUNIZATION WEEK, APRIL 2023</p>	<p style="text-align: right;">Y N DK</p> <p>EUROPEAN IMMUNIZATION WEEK 20211 2 8</p> <p>EUROPEAN IMMUNIZATION WEEK 20221 2 8</p> <p>EUROPEAN IMMUNIZATION WEEK 20231 2 8</p>	
<p>IM13. Check IM11 and IM12[A-C]:</p>	<p>ALL NO OR DK 1</p> <p>AT LEAST ONE YES 2</p>	<p>1 ⇒ End</p>
<p>IM14. Has (<i>name</i>) ever received a BCG vaccination against tuberculosis – that is, an injection in the left arm or shoulder that usually causes a scar?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?</p>	<p>YES, WITHIN 24 HOURS 1</p> <p>YES, BUT NOT WITHIN 24 HOURS 2</p> <p>NO 3</p> <p>DK 8</p>	
<p>IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio?</p> <p><i>Probe that the vaccine is usually given at the same time as vaccinations against other diseases.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ IM20</p> <p>8 ⇒ IM20</p>
<p>IM18. How many times were the polio drops received?</p>	<p>NUMBER OF TIMES _</p> <p>DK 8</p>	
<p>IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio?</p> <p><i>Probe to ensure that both were given, drops and injection.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the right thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ IM22</p> <p>8 ⇒ IM22</p>
<p>IM21. How many times was the Pentavalent vaccine received?</p>	<p>NUMBER OF TIMES _</p> <p>DK 8</p>	

<p>IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection in the left thigh to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ IM24</p> <p>8 ⇨ IM24</p>
<p>IM23. How many times was the Pneumococcal vaccine received?</p>	<p>NUMBER OF TIMES.....</p> <p>DK 8</p>	
<p>IM24. Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea?</p> <p><i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ IM26</p> <p>8 ⇨ IM26</p>
<p>IM25. How many times was the rotavirus vaccine received?</p>	<p>NUMBER OF TIMES.....</p> <p>DK 8</p>	
<p>IM26. Has (<i>name</i>) ever received an MMR1 vaccine – that is, a shot in the left arm at the age of 12 months or older – to prevent (him/her) from getting measles, mumps and rubella?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM28. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire</p>		

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES 1 NO 2 DK 8	2 ⇨ CA14 8 ⇨ CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8 2	1 ⇨ CA3A 2 ⇨ CA3B
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. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less? 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. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DK 8	
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? <i>If 'less', probe:</i> 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 7 DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES 1 NO 2 DK 8	2 ⇨ CA7 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>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>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>FAMILY MEDICINE CENTRE..... B</p> <p>FAMILY GROUP PRACTITIONERS/ FELDSHER ACCOUCHER POINT C</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>MOBILE CLINIC M</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 REMEMBERZ</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 Regidron?</p> <p>[B] A pre-packaged ORS fluid called Resomal?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Rice water?</p> <p>[E] Kefir or airan?</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>RICE WATER 1 2 8</p> <p>KEFIR, AIRAN..... 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>

<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>FAMILY MEDICINE CENTRE..... B</p> <p>FAMILY GROUP PRACTITIONERS/ FELDSHER ACCOUCHER POINT C</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>MOBILE CLINIC M</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 REMEMBERZ</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>FAMILY MEDICINE CENTRE..... B</p> <p>FAMILY GROUP PRACTITIONERS/ FELDSHER ACCOUCHER POINT C</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>MOBILE CLINIC M</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 REMEMBERZ</p>	

CA12. Was anything else given to treat the diarrhoea?	YES 1 NO..... 2 DK..... 8	2 ⇨ CA14 8 ⇨ CA14
CA13. What else was given to treat the diarrhoea? <i>Probe:</i> Anything else? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ (Name of brand) _____ (Name of brand)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY (ANTI-DIARRHOEA) B OTHER PILL OR SYRUP G UNKNOWN PILL OR SYRUP H INJECTION ANTIBIOTIC L NON-ANTIBIOTIC M UNKNOWN INJECTION N INTRAVENOUS (IV) O HOME REMEDY / HERBAL MEDICINE Q OTHER (specify) _____ X	
CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?	YES 1 NO..... 2 DK..... 8	
CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES 1 NO..... 2 DK..... 8	
CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?	YES 1 NO..... 2 DK..... 8	2 ⇨ CA19 8 ⇨ CA19
CA18. 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 ⇨ CA20 2 ⇨ CA20 3 ⇨ CA20 6 ⇨ CA20 8 ⇨ CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2	2 ⇨ CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES 1 NO..... 2 DK..... 8	2 ⇨ CA22 8 ⇨ CA22

<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>FAMILY MEDICINE CENTRE..... B</p> <p>FAMILY GROUP PRACTITIONERS/ FELDSHER ACCOUCHER POINT C</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>MOBILE CLINIC M</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 REMEMBERZ</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>AMOXICILLINL</p> <p>OTHER ANTIBIOTIC PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN..... R</p> <p>ASPIRINS</p> <p>IBUPROFEN.....T</p> <p>ONLY BRAND NAME RECORDED..... W</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBERZ</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-O 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 O</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;">(<i>Name of place</i>)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>FAMILY MEDICINE CENTRE..... B</p> <p>FAMILY GROUP PRACTITIONERS/ FELDSHER ACCOUCHER POINT C</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>MOBILE CLINIC M</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 REMEMBERZ</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 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 (specify) _____ 96</p> <p>DK..... 98</p>	

UF11. Record the time.	HOURS AND MINUTES : ..	
UF12. Language of the Questionnaire.	KYRGYZ 1 RUSSIAN 2	
UF13. Language of the Interview.	KYRGYZ 1 RUSSIAN 2 OTHER LANGUAGE (specify) 6	
UF14. Native language of the Respondent.	KYRGYZ 01 RUSSIAN 02 UZBEK 03 KAZAKH 04 TAJIK 05 DUNGAN 06 UYGUR 07 OTHER LANGUAGE (specify) 96	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	
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), MAN QUESTIONNAIRE (MWM3), 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=MWM3 OR UF4=FS4 OR RESPONDENT ALREADY INTERVIEWED WITH ANOTHER U5 QUESTIONNAIRE) 1 NO, FIRST INTERVIEW (UF4≠HH47 AND UF4≠WM3 AND UF4≠MWM3 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 have a mobile phone?	YES, HC7[A]=1 OR HC12=1 1 NO, HC7[A]=2 AND HC12=2 2	2 ⇒ UF16
UF15C. Thank you for your participation.		
<p>The National Statistical Committee 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 5 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?</p>		
YES 1 NO 2		2 ⇒ UF16

UF15D. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES 1 NO 2	2 ⇨ UF16
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 recorded in UF15F</i>)? <i>If no, return to UF15F and correct entry.</i>	YES 1 NO 2 ⇨ UF15F	YES 1 NO 2 ⇨ UF15F	YES 1 NO 2 ⇨ UF15F
UF15H. Is this a fixed line or a mobile phone number?	FIXED LINE 1 MOBILE 2	FIXED LINE 1 MOBILE 2	FIXED LINE 1 MOBILE 2
UF15I1. Usually, what time of the day would be best to call you on this number?	PERIOD BETWEEN AND ANY TIME 95 OTHER (specify) 96	PERIOD BETWEEN AND ANY TIME 95 OTHER (specify) 96	PERIOD BETWEEN AND ANY TIME 95 OTHER (specify) 96
UF15I2. Usually, what days of the week are best to call you on this number? <i>Probe: Any other day?</i> <i>If X is recorded, no other answer is possible.</i>	MONDAY A TUESDAY B WEDNESDAY C THURSDAY D FRIDAY E SATURDAY F SUNDAY G DK/NO PREF X	MONDAY A TUESDAY B WEDNESDAY C THURSDAY D FRIDAY E SATURDAY F SUNDAY G DK/NO PREF X	MONDAY A TUESDAY B WEDNESDAY C THURSDAY D FRIDAY E SATURDAY F SUNDAY G DK/NO PREF X
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?	YES 1 ⇨ [P2] NO 2 ⇨ UF16	YES 1 ⇨ [P3] NO 2 ⇨ UF16	YES 1 ⇨ [P4] NO 2 ⇨ UF16
			Tick here if additional questionnaire used: <input type="checkbox"/>

UF16. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.

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

[illegible]**SUPERVISOR'S OBSERVATIONS**

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS)	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG)..... ____ . ____ CHILD NOT PRESENT AFTER REVISITS 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED 99.5 OTHER (specify) _____ 99.6	99.3 ⇨ AN13 99.4 ⇨ AN10 99.5 ⇨ AN10 99.6 ⇨ AN10
AN9. Was the child undressed to the minimum?	YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨ AN11A 2 ⇨ AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) ____ . ____ CHILD REFUSED 999.4 RESPONDENT REFUSED 999.5 OTHER (specify) _____ 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP 2	
AN13. Day / Month / Year of measurement: _____ / _____ / <u>202</u> _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES 1 NO 2	1 ⇨ Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

[illegible]

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

UNDER-FIVE CHILD INFORMATION PANEL		HF
<i>This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name and line number: NAME _____	HF4. Mother's / Caretaker's name and line number: NAME _____	
HF9. Child's day, month and year of birth: Copy from UB2 in the UNDER-FIVE'S BACKGROUND Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE _____ / _____ / <u>2</u> <u>0</u> <u>2</u> _____	HF6. Interviewer's name and line number: NAME _____	
HF10. Write the name of the health facility: _____		

HF5. Name and number of field staff recording at facility: NAME _____	HF7. Day / Month / Year of facility visit: _____ / _____ / <u>2</u> <u>0</u> <u>2</u> <u>3</u>
HF8. Record the time: HOURS : MINUTES ____ : _____	⇨HF11

HF15. Result of health facility visit:	RECORDS AVAILABLE AT FACILITY COPIED.....01 NOT COPIED (specify) _____ 02 RECORDS NOT AVAILABLE AT FACILITY (specify) _____ 03 OTHER (specify) _____ 96
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IMMUNIZATION										HF
HF11. Record day, month and year of birth as written on vaccination record/card:			____ / ____ / <u>2 0 2</u> ____							
HF12. (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.			DATE OF IMMUNIZATION							
			DAY		MONTH		YEAR			
BCG	BCG					2	0	2		
HepB (at birth)	HepB0					2	0	2		
Polio (OPV) 1	OPV1					2	0	2		
Polio (OPV) 2	OPV2					2	0	2		
Polio (OPV) 3	OPV3					2	0	2		
Polio (IPV) 1	IPV1					2	0	2		
Pentavalent (DPT-Hepb-Hib) 1	Penta1					2	0	2		
Pentavalent (DPT-HepB-Hib) 2	Penta2					2	0	2		
Pentavalent (DPT-HepB-Hib) 3	Penta3					2	0	2		
Pneumococcal (Conjugate) 1	PCV1					2	0	2		
Pneumococcal (Conjugate) 2	PCV2					2	0	2		
Pneumococcal (Conjugate) 3	PCV3					2	0	2		
Rotavirus 1	Rota1					2	0	2		
Rotavirus 2	Rota2					2	0	2		
Rotavirus 3	Rota3					2	0	2		
MMR1	MMR1					2	0	2		
HF13. For each vaccination <u>not</u> recorded enter '00' in day column.										
HF14. Record the time.			HOURS AND MINUTES ____ : ____							⇒HF15

DATA COLLECTOR'S OBSERVATIONS	

SUPERVISOR'S OBSERVATIONS	