

QUESTIONNAIRE FOR CHILDREN UNDER-5

| UNDER-5 INFORMATION | | UF |
|--|---|----|
| <p>This questionnaire should be filled for all women (see household listing, column HL8), who takes care of children aged under-5 living with them (see household listing, column HL5).</p> <p>Separate Questionnaire should be filled for each child.</p> <p>Write down cluster and household number, name and line number of the child and his/her mother or caretaker. Write down your name, number and day of interview</p> | | |
| UF1. Cluster number: | UF2. Household number: | |
| ----- | ----- | |
| UF3. Name of child: | UF4. Line number of child: | |
| ----- | ----- | |
| UF5. Name of mother/caretaker: | UF6. Line number of mother/caretaker: | |
| ----- | ----- | |
| UF7. Name and number of interviewer: | UF8. Day/month /year of interview: | |
| ----- | _____ / _____ / _____ | |
| UF9. Outcome of Under-5 interview (Codes relate mothers/caretaker) | Interviewed | 1 |
| | Missing | 2 |
| | Refused | 3 |
| | Partially interviewed | 4 |
| | Recognized unfit | 5 |
| | Other (Specify) | 6 |
| <p>Repeat welcome if not read for woman earlier:</p> <p>WE ARE FROM THE STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN. WE WORK WITHIN THE FAMILY HEALTH AND EDUCATION PROJECT. I WANT TO DISCUSS THIS WITH YOU. ALL RECEIVED INFORMATION IS STRICTLY CONFIDENTIAL; NO ONE WILL LEARN BELOW ANSWERS ARE YOURS. SHALL I START?</p> <p>If agreed start interview.</p> <p>If respondent disagrees with interview, thank him/her, and go to the next interview. Discuss the result with your supervisor for further additional visit to household for getting information about the child.</p> | | |
| UF10. NOW I WILL INQUIRE YOU ABOUT HEALTH OF EACH UNDER-5 CHILD WHO YOU TAKE CARE OF AND WHO LIVES WITH YOU. PLEASE, TELL HIS/HER (name). WHAT IS HIS/HER MONTHS AND YEAR OF BIRTH (NAME)? Continue: WHAT IS HIS/HER BIRTHDAY? If mother/caretaker knows exact date of birth, write it down; otherwise circle number 98 for birthday. | Birthday: Day ___ ___ DK day Month ___ ___ Year ___ ___ ___ ___ | 98 |
| UF11. HOW OLD BECAME (name) AT HER/HIS LAST BIRTHDAY? Write down age in full years. | Age in full years ___ | |

| BIRTH REGISTRATION AND EARLY LEARNING | | | BR | | |
|---|----------------------------|--------|---------|-----------------|--------|
| BR1. HAS (name) BIRTH CERTIFICATE? MAY I SEE IT? | Yes, certificate was shown | 1 | 1 ↻ BR5 | | |
| | Yes, no certificate shown | 2 | | | |
| | No..... | 3 | | | |
| | DK | 8 | | | |
| BR2. WAS BIRTH OF (name) REGISTERED IN THE REGISTRY OFFICE? | Yes | 1 | 1 ↻ BR5 | | |
| | No | 2 | 2 ↻ BR3 | | |
| | DK | 8 | 8 ↻ BR4 | | |
| BR3. WHY BIRTH OF (name) WAS NOT REGISTERED? | Too expensive | 1 | | | |
| | Too far to go | 2 | | | |
| | Did not know | 3 | | | |
| | Did not want to pay fine | 4 | | | |
| | Did not know where to go | 5 | | | |
| | Other (specify) | 6 | | | |
| | DK | 8 | | | |
| BR4. DO YOU KNOW HOW TO REGISTER BIRTH? | Yes | 1 | | | |
| | No | 2 | | | |
| BR5. Check age of the child in UF1 1: IS CHILD 3 – 4 YEARS? <input type="checkbox"/> Yes. ↻ Continue with BR6 <input type="checkbox"/> No. ↻ Go to BR8 | | | | | |
| BR6. DOES (name) ATTEND ANY FORM OF EARLY CHILDHOOD EDUCATION PROGRAM IN PRIVATE OR PUBLIC INSTITUTION, SUCH AS KINDERGARTEN OR OTHER CHILD CARE GROUP? | Yes | 1 | | | |
| | No | 2 | 2 ↻ BR8 | | |
| | DK | 8 | 8 ↻ BR8 | | |
| BR7. HOW MANY HOURS (APPROXIMATELY) OF THIS PROGRAM HAS (name) ATTENDED IN THE PAST WEEK? | Number of hours | ---- | | | |
| BR8. WERE YOU OR ANY HOUSEHOLD MEMBER OLDER 15 YEARS ENGAGED IN THE FOLLOWING ACTIVITIES WITH (name) DURING LAST 3 DAYS: If Yes, ask: WHO WAS ENGAGED IN THESE ACTIVITIES – MOTHER, FATHER OR OTHER ADULT HOUSEHOLD MEMBER (INCLUDING ADULT CARETAKER/RESPONDENT)? Circle appropriate. | | Mother | Father | Other HH member | Nobody |
| BR8A. READ BOOKS OR WATCHED PICTURES IN THE BOOKS WITH (name) | Read books | A | B | X | Y |
| BR8B. TOLD STORIES TO (name) | Told stories | A | B | X | Y |
| BR8C. SANG SONGS WITH (NAME) | Sang songs | A | B | X | Y |
| BR8D WENT OUT WITH (name) | Went out | A | B | X | Y |
| BR8E. PLAYED C (имя) | Played | A | B | X | Y |
| BR8F. SPENT TIME WITH (name) NAMING WORDS, COUNTING AND/OR DRAWING | Spent time | A | B | X | Y |

| CHILD DEVELOPMENT | | CE |
|---|---|------|
| Ask question CE1 to each caretaker only once | | |
| CE1. HOW MANY BOOKS ARE THERE IN YOUR HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER, FOR INSTANCE, ILLUSTRATED CHILDREN'S BOOKS. If no, write down 00 | Number on non-children's books (< 10) | 0__ |
| | 10 + non-children's books | 10__ |
| CE2. HOW MANY CHILDREN'S BOOKS OR ILLUSTRATED BOOKS DO YOU HAVE FOR (имя)? If no, write down 00 | Number on non-children's books (< 10) | 0__ |
| | 10 + non-children's books | 10__ |
| CE3. I AM INTERESTED TO LEARN WITH WHAT (name) PLAYS WHEN (S)HE IS AT HOME. WITH WHAT DOES (name) PLAY? DOES (S)HE PLAY WITH HOUSEHOLD OBJECTS, SUCH AS BOWLS, DISHES, CUPS AND PANS OBJECTS AND MATERIALS FOUND OUTSIDE THE HOME, SUCH AS STICKS, STONES, SEASHELLS OR LEAVES HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS THAT COME FROM STORE DOMESTIC ANIMALS If respondent answers 'YES' to mentioned category, try to specify the object with that the child plays. Circle Y, if child plays with neither listed item. | | |
| | | |
| | | |
| | | |
| | Household objects (bowls, dishes, cups, pots) | A |
| | Objects and materials found outside the home (sticks, stones, sea-shells, leaves) | B |
| | Homemade toys (dolls, cars and other toys) | C |
| | Toys that come from store | D |
| Domestic animals | E | |
| No toys listed | Y | |
| CE4. SOMETIMES ADULT CARETAKERS SHOULD GO SHOPPING, FOR LAUNDRY OR SOME OTHER BUSINESS LEAVING LITTLE CHILDREN IN CARE OF OTHERS. HOW MANY TIMES IN THE PAST WEEK (name) WAS LEFT IN CARE OF ANOTHER CHILD (BELOW 10 YEARS)? If 'no', write down 00 | Number of times | --- |
| | | |
| CE5. HOW MANY TIMES (name) WAS LEFT ALONE IN THE PAST WEEK? If 'no', write down 00 | Number of times | --- |
| | | |

| BREASTFEEDING | | BF | | |
|---|---|-----------|----|---|
| BF1. WAS (name) EVER BREASTFED? | Yes | 1 | | |
| | No | 2 2 ⇨ BF3 | | |
| | DK | 8 8 ⇨ BF3 | | |
| BF2. IS THE BABY STILL BREASTFED? | Yes | 1 | | |
| | No | 2 | | |
| | DK | 8 | | |
| BF3. WAS ANY OF THE BELOW GIVEN TO THE CHILD SINCE THE SAME HOUR YESTERDAY: Name loudly each product and write down the answer before going to the next item. | Yes | No | DK | |
| | | | | |
| BF3A. VITAMINS, MINERAL SUPPLEMENTS OR MEDICINES? | A. Vitamins, mineral supplements or medicines | 1 | 2 | 8 |
| BF3B. PLAIN WATER? | B. Plain water | 1 | 2 | 8 |
| BF3C. SWEETENED, AROMATIZED WATER OR FRUIT JUICE, TEA OR EXTRACT? | C. Sweetened water, tea or juice | 1 | 2 | 8 |
| BF3D. ORAL REHYDRATION SOLUTION (ORS)? | D. ORS (oral rehydration solution) | 1 | 2 | 8 |
| BF3E. INFANT FORMULA? | E. Infant formula | 1 | 2 | 8 |
| BF3F. TINNED, POWDER OR FRESH MILK? | F. Milk and dairy products | 1 | 2 | 8 |
| BF3G. OTHER FLUIDS? | G. Other fluids (soup, broth) | 1 | 2 | 8 |
| BF3H. SOLID/SEMI-SOLID (SHABBY) FOOD? | H. Solid/semi-solid (shabby) food | 1 | 2 | 8 |
| BF4. Check BF3H: WAS THE CHILD RECEIVING SOLID/SEMI-SOLID (SHABBY) FOOD? <input type="checkbox"/> Yes. ⇨ Go to BF5 <input type="checkbox"/> No or DK. ⇨ Go to the next Module | | | | |
| BF5. SINCE THE SAME HOUR YESTERDAY, HOW MANY TIMES (name) RECEIVED SOLID/SEMI-SOLID (SHABBY) FOOD, EXCLUDING FLUIDS? If 7 or more times, write own '7'. | Number of times | --- | | |
| | DK | | 8 | |

| CARE OF ILLNESS | | | | CA |
|---|---|-----|----|------------|
| CA1. DID (name) HAD DIARRHOEA LAST TWO WEEKS, I.E. STARTING FROM (DAY OF WEEK) BEFORE LAST WEEK? Diarrhoea is identified in a way mother/caretaker understands it, or if a child had three watery stools per day or blood in stool. | Yes | | | 1 |
| | No | | | 2 2 ⇨ CA5 |
| | DK | | | 8 8 ⇨ CA5 |
| CA2. DID (name) DRINK THE FOLLOWING DURING THE LAST EPISODE OF DIARRHOEA: Read out loudly and write down answer before going to next. | | Yes | No | DK |
| CA2A. FLUID FROM ORS PACKET, CALLED REGIDRON, SMEKTA? | A. Fluid from ORS packet (Regidron, Smekta) | 1 | 2 | 8 |
| CA2B. RECOMMENDED BY MOH HOMEMADE FLUID? | B. Recommended by MoH fluid | 1 | 2 | 8 |
| CA2C. PRE-PACKED ORS FLUID? | C. Pre-packed ORS fluid | 1 | 2 | 8 |
| CA3. DURING LAST EPISODE DID (name) DRINK LESS, THE SAME OR MORE? | Much less or nothing | | | 1 |
| | The same (or somewhat less) | | | 2 |
| | More | | | 3 |
| | DK | | | 8 |
| CA4. DURING LAST EPISODE DID (name) EAT LESS, THE SAME OR MORE? If "LESS", specify: MUCH LESS OR SOMEWHAT LESS? | Not at all | | | 1 |
| | Much less | | | 2 |
| | Somewhat less | | | 3 |
| | Same | | | 4 |
| | More | | | 5 |
| | DK | | | 8 |
| CA5. DID (name) HAD ILLNESS WITH COUGH IN THE PAST TWO WEEKS, I.E. STARTING FROM (DAY OF WEEK) OF PRE PAST WEEK? | Yes | | | 1 |
| | No | | | 2 2 ⇨ CA12 |
| | DK | | | 8 8 ⇨ CA12 |
| CA6. DURING LAST EPISODE WAS BREATHING FASTER THAN USUAL, WITH SHORT FAST DEEP BREATHS, OR WAS IT DIFFICULT? | Yes | | | 1 |
| | No | | | 2 2 ⇨ CA12 |
| | DK | | | 8 8 ⇨ CA12 |
| CA7. WERE THESE SYMPTOMS RELATED TO CHEST OF STUFFY NOSE? | Stuffy nose | | | 1 1 ⇨ CA12 |
| | Chest | | | 2 |
| | Other (specify) | | | 6 6 ⇨ CA12 |
| | DK | | | 8 |
| CA8. DID YOU SEEK HEALTH ASSISTANCE OR ADVICE OUTSIDE FOR ILLNESS MANAGEMENT? | Yes | | | 1 |
| | No | | | 2 2 ⇨ CA10 |
| | DK | | | 8 8 ⇨ CA10 |
| CA9. WHERE DID YOU GET ASSISTANCE? HAVE ANYBODY ELSE ASSISTED YOU? Circle all mentioned, but do NOT suggest answers If the source is hospital, health center or clinic, write down the name of institution on below line. Ask the type of institution and circle correspondent code. ----- (name of institution) | Public sector | | | |
| | Hospital | | | A |
| | Health point | | | B |
| | Policlinic/RDA | | | C |
| | Feldsher | | | D |
| | Mobile/field team (Ambulance) | | | E |
| | Other public health institutions (specify) | | | H |

| | | | |
|--|---|----|----------|
| | Private health sector | | |
| | Private hospital/ambulance | I | |
| | Private doctor | J | |
| | Private drug store | K | |
| | Mobile team | L | |
| | Other private health institutions (specify) | O | |
| | Another source | | |
| | Relatives or friends | P | |
| | Traditional healer | R | |
| | Other (specify) | X | |
| CA10. DID (name) RECEIVE ANY MEDICINE FOR THIS ILLNESS? | Yes | 1 | |
| | No | 2 | 2 ↗ CA12 |
| | DK | 8 | 8 ↗ CA12 |
| CA11. WHAT MEDICINE DID (name) RECEIVE? Circle all mentioned medicines. | Ampicillini | A | |
| | Paracetamol//Panadol | P | |
| | Aspirin | Q | |
| | Ibuprofen | R | |
| | Other (specify) | X | |
| | DK | Z | |
| CA12. Check UF11: IS CHILD AGED BELOW 3 YEARS? <input type="checkbox"/> Yes. ↗ Continue with CA13 <input type="checkbox"/> No. ↗ Go to CA14 | | | |
| CA13. WHEN (name) HAD WATERY STOOL LAST TIME HOW WAS EXCRETA DISPOSED? | Child used toilet | 01 | |
| | Flush toilet | 02 | |
| | Flushed to pit/ditch | 03 | |
| | Thrown in garbage | 04 | |
| | Buried | 05 | |
| | Left open | 06 | |
| | Other (specify) | 96 | |
| | DK | 98 | |
| Ask this question (CA14) only once to each caretaker. CA14. SOMETIMES YOU SHOULD TAKE THE CHILD WHO IS SERIOUSLY SICK TO HEALTH FACILITY IMMEDIATELY. WHAT SYMPTOMS WILL MAKE YOU TAKING THE CHILD TO SUCH FACILITY? Continue asking about other symptoms until all additional symptoms mentioned. Circle all mentioned symptoms, DO NOT SUGGEST ANSWERS. | Child in to able to eat or breastfeed | A | |
| | Becomes sicker | B | |
| | Developed fever | C | |
| | Has fast breathing | D | |
| | Has difficult breathing | E | |
| | Has blood in stool | F | |
| | Is drinking poorly | G | |
| | Other (specify) | X | |
| | Other (specify) | Y | |
| Other (specify) | Z | | |

IMMUNIZATION

IM

If the child has immunization card, copy from IM2- IM6 dates of immunization given in the card.

IM10- IM17 cover vaccination not in the card.

IM10- IM17 should be asked if child has no immunization card.

| | | | |
|--|--|----------------------|----------|
| IM1. DO YOU HAVE IMMUNIZATION CARD FOR (name)? | Yes, presented | 1 | |
| | No, not presented | 2 | 2 ⇨ IM10 |
| | No | 3 | 3 ⇨ IM10 |
| A. Copy dates of every vaccination from card. B. Put '44' in the 'Day' column if date of vaccination is not available, but there is note about vaccination. | | Date of immunization | |
| | | DAY | MONTH |
| | | YEAR | |
| IM2. BCG (TUBERCULOSIS) | BCG | | |
| IM3A. POLIO O (POLIOMYELITIS) | POLIO O | | |
| IM3B. POLIO 1 ((POLIOMYELITIS) | POLIO 1 | | |
| IM3C. POLIO 2 ((POLIOMYELITIS) | POLIO 2 | | |
| IM3D. POLIO 3 ((POLIOMYELITIS) | POLIO 3 | | |
| IM4A. DPT1 (PERTUSIS, DIPHTHERIA, TETANUS) | DPT 1 | | |
| IM4B. DPT2 (PERTUSIS, DIPHTHERIA, TETANUS) | DPT 2 | | |
| IM4C. DPT3 (PERTUSIS, DIPHTHERIA, TETANUS) | DPT 3 | | |
| IM5A. HEP B1 (OR DPTHEPB 1) | (DPT)H1 | | |
| IM5B. HEP B2 (OR DPTHEPB 2) | (DPT)H 2 | | |
| IM5C. HEP (OR DPTHEPB 3) | (DPT)H 3 | | |
| IM6. MEASLES (OR MUMPS) | MEASLES | | |
| IM6.1. MMR (MEASLES, MUMPS, RUBELLA) | MMR | | |
| IM9. IN ADDITION TO VACCINES MENTIONED IN THE CARD, DID (name) RECEIVE ANY OTHER VACCINATION INCLUDING THOSE DURING NATIONAL DAYS OF IMMUNIZATION? Write down 'Yes' only if respondent names BCG, Polio 0-3, DPT 1-3, and/or Hep B 1-3, Measles | Yes (Continue asking about vaccines and put '66' in correspondent column 'Day' in IM2 – IM6B.) | 1 | 1 ⇨ IM20 |
| | No | 2 | 2 ⇨ IM20 |
| | DK | 8 | 8 ⇨ IM20 |
| IM10. WAS (name) VACCINATED AGAINST DISEASES, INCLUDING VACCINATION DURING NATIONAL IMMUNIZATION DAYS? | Yes | 1 | |
| | No | 2 | 2 ⇨ IM20 |
| | DK | 8 | 8 ⇨ IM20 |
| IM11. HAS (name) EVER RECEIVED BCG AGAINST TUBERCULOSIS, WHICH IS INJECTED INTO THE LEFT SHOULDER LEAVING SCAR? | Yes | 1 | |
| | No | 2 | |
| | DK | 8 | |
| IM12. HAS (name) EVER RECEIVED "VACCINE IN A FORM OF DROPS" TO PREVENT POLIOMYELITIS? | Yes | 1 | |
| | No | 2 | 2 ⇨ IM15 |
| | DK | 8 | 8 ⇨ IM15 |

| | | | |
|--|--|------|----------|
| IM13. DID THE BABY RECEIVE THESE DROPS IMMEDIATELY AFTER BIRTH (WITHIN 2 WEEKS) OR LATER? | Immediately after birth (within 2 weeks) | 1 | |
| | Later | 2 | |
| | DK | 8 | 8 ↗ IM15 |
| IM14. HOW MANY TIMES DID (S)HE RECEIVE DROPS? | Number of times | --- | |
| | DK | 8 | |
| IM15. DID (name) RECEIVE DPT VACCINE INJECTION INTO HIP OR BUTTOCK TO PREVENT TETANUS, PERTUSIS AND DIPHTHERIA? (SOMETIMES THESE VACCINES ARE ADMINISTERED ALONG WITH POLIO VACCINE) | Yes | 1 | |
| | No | 2 | 2 ↗ IM17 |
| | DK | 8 | 8 ↗ IM17 |
| IM16. HOW MANY TIMES? | Number of times | ---- | |
| | DK | 8 | |
| IM17. DID (name) EVER RECEIVE "INJECTION OF MEASLES VACCINE", MEANS, INJECTION INTO ARM AT THE AGE OF 9 MONTHS AND OLDER TO PREVENT MEASLES? | Yes | 1 | |
| | No | 2 | |
| | DK | 8 | |
| <p>IM20. IS THERE ANY OTHER CHILD LIVING IN THE HOUSEHOLD UNDER CARE OF RESPONDENT? Check Household Listing, column HL8. <input type="checkbox"/> Yes. ↗ Complete this questionnaire, then Go to UNDER-5 QUESTIONNAIRE for another child. <input type="checkbox"/> No. ↗ Complete interview with respondent thanking for help. If this is the last child in interviewed household go to ANTHROPOMETRY MODULE.</p> | | | |

ANTHROPOMETRY

AN

After completing questionnaires for all children, weight and measure each child.
Write down weight and height, check accuracy of notes. Check name and serial number with the Household Listing before recording measures.

| | | | |
|---|----------------------|------|--|
| AN1. Weight of child | Kilograms (kg) | | |
| AN2. HEIGHT OF CHILD Check age of child in UF11: <input type="checkbox"/> Child < 2 years. ↗ Measure height (when lying). <input type="checkbox"/> Child 2 years +. ↗ Measure height (standing). | Height (cm) Lying | 1 | |
| | Height (cm) Standing | 2 | |
| | | | |
| AN3. Identification code of person taken measures. | Code | ---- | |
| AN4. RESULT. | Measured | 1 | |
| | Missing | 2 | |
| | Refused | 3 | |
| | Other (specify) | 6 | |

AN5. IS THERE ANOTHER ELIGIBLE CHILD IN THE FAMILY?

Yes. ↗ Write down measures for the next child.

No. ↗ Finish interview with household. Thank all participants for their assistance.

Collect all questionnaires of this household and make sure identification numbers are available on the top of each page

Write down the number of completed interviews in the Household Characteristics Module.