

## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).</i></p> <p><i>A separate questionnaire should be used <u>for each eligible child</u>.</i></p>		
UF1. Cluster number:	UF2. Household number:	
___ ___ ___	___ ___	
UF3. Child's name:	UF4. Child's line number:	
Name.....	___ ___	
UF5. Mother's / Caretaker's name:	UF6. Mother's / Caretaker's line number:	
Name.....	___ ___	
UF7. Interviewer name and number:	UF8. Day / Month / Year of interview:	
Name..... ___ ___	___ ___ / ___ ___ / ___ ___	
<p>Repeat greeting if not already read to this respondent:</p> <p>We are from Agency of Statistics, the Republic of Kazakhstan. We are working on a project concerned with family health, education, status of women and children. I would like to talk to you about these subjects. The interview will take about 15 minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>Now I would like to talk to you more about health (child's name from UF3) and other topics. This interview will take about 15 minutes. Again, all the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.</p>	
<p>May I start now?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor</p>		
UF9. Result of interview for children under 5	Completed .....01 Not at home .....02 Refused .....03 Partly completed.....04 Incapacitated.....05 Other (specify) .....96	
Codes refer to mother/caretaker.		
UF10. File edited by (Name and number):	UF11. Data entry clerk (Name and number):	
Name..... ___ ___	Name..... ___ ___	
UF12. Record the time.	Hour and minutes ..... ___ : ___	

AGE		AG
<p>AG1. Now I would like to ask you some questions about the health of <i>(name)</i>. In what month and year was <i>(name)</i> born?</p> <p><i>Probe:</i> What is his / her birthday? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i> <i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... _ _</p> <p>DK day ..... 98</p> <p>Month..... _ _</p> <p>Year ..... _ _ _ _</p>	
<p>AG2. How old is <i>(name)</i>?</p> <p><i>Probe:</i> How old was <i>(name)</i> at his / her last birthday? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years)..... _</p>	

BIRTH REGISTRATION		BR
<p>BR1. Does <i>(name)</i> have a birth certificate?</p> <p><i>If yes, ask:</i> May i see it?</p>	<p>Yes, seen..... 1</p> <p>Yes, not seen..... 2</p> <p>No ..... 3</p> <p>DK..... 8</p>	<p>1⇒ Next Module</p> <p>2⇒ Next Module</p>
<p>BR2. Has <i>(name)</i>'s birth been registered with the civil authorities?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>1⇒ NEXT MODULE</p>
<p>BR3. Do you know how to register your child's birth?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. How many children's books or picture books do you have for <i>(name)</i>?</p>	<p>None ..... 00</p> <p>Number of children's books ..... 0 _</p> <p>Ten or more books ..... 10</p>																	
<p>EC2. I am interested in learning about the things that <i>(name)</i> plays with when he/she is at home.</p> <p>Does he/she play with:</p> <p>[A] homemade toys (such as dolls, cars, or other toys made at home)?</p> <p>[B] toys from a shop or manufactured toys?</p> <p>[C] household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys .....	1	2	8	Toys from a shop .....	1	2	8	Household objects or outside objects .....	1	2	8	
	Y	N	DK															
Homemade toys .....	1	2	8															
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Household objects or outside objects .....	1	2	8															

<p>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.</p> <p>On how many days in the past week was (<i>name</i>):</p> <p>[A] left alone for more than an hour?</p> <p>[B] left in the care of another child, that is, someone less than 10 years old, for more than an hour? <i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour ..... _ _</p> <p>Number of days left with other child less than 10 years old for more than an hour ..... _ _</p>					
<p><b>EC4. Check AG2: Age of child</b></p> <p><input type="checkbox"/> <b>Child age 3 or 4</b> ⇒ Continue with EC5</p> <p><input type="checkbox"/> <b>Child age 0, 1 or 2</b> ⇒ Go to Next Module</p>						
<p>EC5. Does (<i>name</i>) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care/mini centres?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>				
<p>EC6. Within the last seven days, about how many hours did (<i>name</i>) attend?</p>	<p>Number of hours..... _ _</p>					
<p>EC7. In the past <u>3 days</u>, did you or any household member over 15 years of age 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>Circle all that apply.</i></p>						
		Mother	Father	Other	No one	
<p>[A] Read books to or looked at picture books with (<i>name</i>)?</p>	Read books	A	B	X	Y	
<p>[B] Told stories to (<i>name</i>)?</p>	Told stories	A	B	X	Y	
<p>[C] Sang songs to (<i>name</i>) or with (<i>name</i>), including lullabies?</p>	Sang songs	A	B	X	Y	
<p>[D] Took (<i>name</i>) outside the home, compound, yard or enclosure?</p>	Took outside	A	B	X	Y	
<p>[E] Played with (<i>name</i>)?</p>	Played with	A	B	X	Y	
<p>[F] Named, counted, or drew things to or with (<i>name</i>)?</p>	Named/ counted	A	B	X	Y	

EC8. I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of your child's development.  Can ( <i>name</i> ) identify or name at least ten letters of the alphabet?	Yes..... 1 No..... 2 DK..... 8	
EC9. Can ( <i>name</i> ) read at least four simple, popular words?	Yes..... 1 No..... 2 DK..... 8	
EC10. Does ( <i>name</i> ) know the name and recognize the symbol of all numbers from 1 to 10?	Yes..... 1 No..... 2 DK..... 8	
EC11. Can ( <i>name</i> ) 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 ( <i>name</i> ) sometimes too sick to play?	Yes..... 1 No..... 2 DK..... 8	
EC13. Does ( <i>name</i> ) follow simple directions on how to do something correctly?	Yes..... 1 No..... 2 DK..... 8	
EC14. When given something to do, is ( <i>name</i> ) able to do it independently?	Yes..... 1 No..... 2 DK..... 8	
EC15. Does ( <i>name</i> ) get along well with other children?	Yes..... 1 No..... 2 DK..... 8	
EC16. Does ( <i>name</i> ) kick, bite, or hit other children or adults?	Yes..... 1 No..... 2 DK..... 8	
EC17. Does ( <i>name</i> ) get distracted easily?	Yes..... 1 No..... 2 DK..... 8	

<b>BREASTFEEDING</b>		<b>BF</b>
BF1. Has ( <i>name</i> ) ever been breastfed?	Yes..... 1 No..... 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. Is he/she still being breastfed?	Yes..... 1 No..... 2 DK..... 8	
BF3. I would like to ask you about liquids that ( <i>name</i> ) may have had yesterday during the day or the night. I am interested in whether ( <i>name</i> ) had the item even if it was combined with other foods.  Did ( <i>name</i> ) <u>drink plain water</u> yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	

BF4. Did ( <i>name</i> ) drink infant formula yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. How many times did ( <i>name</i> ) drink infant formula?	Number of times ..... _ _	
BF6. Did ( <i>name</i> ) drink milk, such as tinned (condensed), powdered or fresh animal milk yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. How many times did ( <i>name</i> ) drink tinned (condensed), powdered or fresh animal milk?	Number of times ..... _ _	
BF8. Did ( <i>name</i> ) drink juice or juice drinks yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	
BF9. Did ( <i>name</i> ) drink <u>soup/bullion/sorpa</u> yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	
BF10. Did ( <i>name</i> ) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	
BF11. Did ( <i>name</i> ) drink ORS (oral rehydration solution) yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	
BF12. Did ( <i>name</i> ) drink any other liquids yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	
BF13. Did ( <i>name</i> ) drink or eat yogurt/kefir, airan or other fermented milk products yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. How many times did ( <i>name</i> ) drink or eat yogurt/kefir, airan or other fermented milk products yesterday, during the day or night?	Number of times ..... _ _	
BF15. Did ( <i>name</i> ) eat thin porridge yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	
BF16. Did ( <i>name</i> ) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Yes..... 1 No..... 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. How many times did ( <i>name</i> ) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Number of times ..... _ _	
BF18. Yesterday, during the day or night, did ( <i>name</i> ) drink anything from a bottle with a nipple?	Yes..... 1 No..... 2 DK..... 8	

## CARE OF ILLNESS

CA

CA1. In the last two weeks, has ( <i>name</i> ) had diarrhoea?	Yes..... 1 No..... 2 DK..... 8	2⇒CA7 8⇒CA7
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CA2. I would like to know how much ( <i>name</i> ) was given to drink during the diarrhoea (including breastmilk). 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	
CA3. 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 ..... 6 DK..... 8	
CA4. During the episode of diarrhoea, was ( <i>name</i> ) given to drink any of the following: <i>Read each item aloud and record response before proceeding to the next item.</i> [A] ORS from a special packet? Anything else? [B] A pre-packed ORS fluid a special packet called <b>regidron</b> ? [C] Homemade fluid		Y N DK Fluid from ORS packet ..... 1 2 8 Pre-packaged ORS fluid..... 1 2 8 Homemade fluid ..... 1 2 8
CA5. Was anything (else) given to treat the diarrhoea?	Yes..... 1 No ..... 2 DK..... 8	2⇒CA7 8⇒CA7
CA6. 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>  _____ ( <i>Name</i> )	<u>Pills or Syrups</u> Antibiotic ..... A Antimotility ..... B Zinc..... C Other (Not antibiotic, antimotility or zinc)..... G Unknown pill or syrup ..... H <u>Injections</u> Antibiotic ..... L Non-antibiotic..... M Unknown injection ..... N Intravenous..... O Home remedy / Herbal medicine ..... Q Other ( <i>specify</i> ) ..... X	
CA7. At any time in the last two weeks, has ( <i>name</i> ) had an illness with a cough?	Yes..... 1 No ..... 2 DK..... 8	2⇒CA14 8⇒CA14
CA8. When ( <i>name</i> ) 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⇒CA14 8⇒CA14
CA9. Was the fast or difficult breathing due to a problem in the chest or a blocked nose?	Problem in chest..... 1 Blocked nose ..... 2 Both ..... 3 Other ( <i>specify</i> ) ..... 6 DK..... 8	2⇒CA14 6⇒CA14

<p>CA10. Did you seek any advice or treatment for the illness from any source?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. From where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><u>Public sector</u> Govt. hospital..... A Govt. health centre ..... B State Medical point/Rural Doctoral Ambulatory/FAP..... C Rural health worker ..... D Mobile / Outreach clinic ..... E Other public (<i>specify</i>) _____ H</p> <p><u>Private medical sector</u> Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (<i>specify</i>) _____ O</p> <p><u>Other source</u> Relative / Friend ..... P Shop ..... Q Traditional practitioner ..... R Other (<i>specify</i>) _____ X</p>	
<p>CA12. Was (<i>name</i>) given any medicine to treat this illness?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Names of medicines)</i></p>	<p><u>Antibiotics</u> Pills / Syrups..... A Injection ..... B Paracetamol / Panadol / Acetaminophen ... P Aspirin..... Q Ibuprofen ..... R Other (<i>specify</i>) _____ X DK..... Z</p>	
<p><b>CA14. Check AG2: Child aged under 3?</b></p> <p><input type="checkbox"/> <b>Yes.</b> ⇒ Continue with CA15</p> <p><input type="checkbox"/> <b>No.</b> ⇒ Go to Next Module</p>		
<p>CA15. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>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</p> <p>Other (<i>specify</i>) _____ 96 DK..... 98</p>	

# IMMUNIZATION

IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available.

IM1. Do you have a card where (name)'s vaccinations are written down? (If yes) May I see it please?		Yes, seen.....1	1⇒IM3
		Yes, not seen.....2	2⇒IM6
		No card.....3	
IM2. Did you ever have a vaccination card for (name)?		Yes.....1	1⇒IM6
		No.....2	2⇒IM6
IM3. (a) Copy dates for each vaccination from the card. Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization	
		Day	Month
		Year	
BCG	BCG		
Polio at birth(before 2008)	OPV0		
Polio 1	OPV1		
Polio 2	OPV2		
Polio 3			
Polio 4 (from 2008)	OPV3		
DPT1	DPT1		
DPT2	DPT2		
DPT3	DPT3		
DPT4 (antihemophilic infection of B type) (from 2008)			
HepB at birth	H0		
HepB1	H1		
HepB2	H2		
HepB3	H3		
Measles (or MMR) (before 2005)	Measles		
Measles, parotitis, rubella (MMR) (from 2005)			



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

**Yes** ⇒ Go to UF13

**No** ⇒ Continue with IM5

IM5. In addition to what is recorded on this card, did ( <i>name</i> ) receive any other vaccinations – including vaccinations received in campaigns or immunization days? <i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i>	Yes..... 1 <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to UF13)</i> No ..... 2 DK..... 8	2⇒ UF13 8⇒ UF13
IM6. Has ( <i>name</i> ) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	Yes..... 1 No ..... 2 DK..... 8	2⇒ UF13 8⇒UF13
IM7. Has ( <i>name</i> ) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar?	Yes..... 1 No ..... 2 DK..... 8	
IM8. Has ( <i>name</i> ) ever received any “vaccination drops in the mouth” to protect him/her from getting diseases – that is, 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 or later?	First two weeks..... 1 Later ..... 2	
IM10. How many times was the polio vaccine received?	Number of times ..... _	
IM11. Has ( <i>name</i> ) ever received a DPT vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria? <i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	Yes..... 1 No ..... 2 DK..... 8	2⇒IM13 8⇒IM13
IM12. How many times was a DPT vaccine received?	Number of times ..... _	
IM13. Has ( <i>name</i> ) ever been given a Hepatitis B vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting Hepatitis B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes..... 1 No ..... 2 DK..... 8	2⇒IM16 8⇒IM16
IM14. Was the first Hepatitis B vaccine received within 24 hours after birth, or later?	Within 24 hours..... 1 Later ..... 2 DK..... 8	
IM15. How many times was a hepatitis B vaccine received?	Number of times ..... _	
IM16. Has ( <i>name</i> ) ever received a Measles injection or an MMR injection – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	Yes..... 1 No ..... 2 DK..... 8	

**UF13. Record the time.**

**Hour and minutes** ..... \_ \_ : \_ \_

**UF14. 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 5 to be administered to the same respondent**

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

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

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the 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 on the household listing before recording measurements.**

AN1. Measurer's name and number:	Name _____ _____	
AN2. Result of height / length and weight measurement	Either or both measured ..... 1 Child not present ..... 2 Child or caretaker refused ..... 3 Other (specify) _____ 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) ..... ____ . ____ Weight not measured ..... 99.9	
AN4. Child's length or height  Check age of child in AG2:  <input type="checkbox"/> <b>Child under 2 years old.</b> ⇒ Measure length (lying down).  <input type="checkbox"/> <b>Child age 2 or more years.</b> ⇒ Measure height (standing up).	Length (cm) Lying down..... 1 ____ . ____  Height (cm) Standing up ..... 2 ____ . ____  Length / Height not measured ..... 9999.9	

**AN6. Is there another child in the household who is eligible for measurement?**

**Yes.** ⇒ Record measurements for next child.

**No.** ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.