

F3. Questionnaire for Children Under Five



**QUESTIONNAIRE FOR CHILDREN UNDER FIVE
Multiple Indicator Cluster Survey**

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>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.</i></p>		
<p>UF1. Cluster number: _____</p>	<p>UF2. Household number: _____</p>	
<p>UF3. Child's name: Name _____</p>	<p>UF4. Child's line number: _____</p>	
<p>UF5. Mother's/Caretaker's name: Name _____</p>	<p>UF6. Mother's/Caretaker's line number: _____</p>	
<p>UF7. Interviewer's name and number: Name _____</p>	<p>UF8. Day/Month/Year of interview: _____ / _____ / 2015</p>	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE STATISTICS COMMITTEE OF THE MINISTRY OF NATIONAL ECONOMY OF THE REPUBLIC OF KAZAKHSTAN. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</i></p>	

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed 01</p> <p>Not at home 02</p> <p>Refused 03</p> <p>Partly completed 04</p> <p>Incapacitated 05</p> <p>Other (<i>specify</i>) _____ 96</p>
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<p>UF10. Field editor's name and number: Name _____</p>	<p>UF11. Main data entry clerk's name and number: Name _____</p>
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<p>UF12. Record the time.</p>	<p>Hour and minutes..... ____ : ____</p>
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AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><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>Year20__ __</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?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years)__</p>	

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen.....2	
	No3	
	DK.....8	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1	1⇒Next Module
	No2	
	DK.....8	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1	
	No2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	None 00 Number of children's books 0 __ Ten or more books 10																	
<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: 80%;"></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	
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<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?</p> <p><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 for more than an hour</p>																	
<p>EC4. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.</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?</p>	Yes..... 1 No 2 DK..... 8																	

<p>EC7. 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>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO 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/counted</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/counted	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. 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 <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				
<p>EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																																				

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	

BREASTFEEDING AND DIETARY INTAKE

BD

BD1. Check AG2: Age of child

- Child age 0, 1 or 2 ⇒ Continue with BD2.
- Child age 3 or 4 ⇒ UF13.

BD2. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No2 DK.....8	2⇒BD4 8⇒BD4
BD3. IS (<i>name</i>) STILL BEING BREASTFED?	Yes.....1 No2 DK.....8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes.....1 No2 DK.....8	
BD5. DID (<i>name</i>) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BD6. DID (<i>name</i>) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK.....8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (<i>name</i>) DRINK (<i>Name of item</i>) YESTERDAY DURING THE DAY OR THE NIGHT:		
[A] PLAIN WATER?	Plain water	Yes No DK 1 2 8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8
[C] CLEAR SOUP OR BROTH?	Clear soup or broth	1 2 8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK MILK? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank milk	___
[E] INFANT FORMULA SUCH AS MALYUTKA, NAN, NESTLE, NUTRILON, SIMILAC, MALYSH, HUMANA?	Infant formula	1 2 8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank infant formula.....	___
[F] ANY OTHER LIQUIDS? (Specify)_____	Other liquids	1 2 8

<p>BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT/DRINK (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>				
		Yes	No	DK
[A] YOGURT, KEFIR, AIRAN OR KATYK?	Yogurt, kefir, airan or katyk	1	2	8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT, KEFIR, AIRAN OR KATYK? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt, kefir, airan or katyk			—
[B] BABY FOOD, SUCH AS GERBER, FRUTONYANYA, HEINZ, AGUSHA, HIPPI, NESTLE OR OTHER <u>GRAIN CONTAINING</u> AND <u>FORTIFIED</u> BABY FOOD? <i>If yes, probe:</i> WAS THERE ANYTHING OTHER THAN GRAIN IN THAT FOOD? <i>If yes, probe:</i> WHAT OTHER ITEMS? and circle other appropriate items on the list.	Baby food, such as Gerber, Frutonyanya, Heinz, Agusha, Hipp, Nestle	1	2	8
[C] BREAD, RICE, BUCKWHEAT, BARLEY, NOODLES, PORRIDGE OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN OR CARROTS?	Pumpkin or carrots	1	2	8
[E] ANY FOODS MADE FROM POTATOES, OR ANY OTHER FOODS MADE FROM ROOTS?	Foods made from roots	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES, SUCH AS SORREL OR SPINACH?	Dark green, leafy vegetables	1	2	8
[G] FRESH OR DRIED APRICOTS OR RIPE PERSIMMON?	Fresh or dried apricots or ripe persimmon	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES SUCH AS FRESH OR DRIED APPLES, PEARS, BANANAS, PEACHES, FRESH OR PICKLED TOMATOES, CUCUMBERS, CABBAGE, BEETROOT OR ONION?	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] MEAT, FOR EXAMPLE BEEF, HORSE MEAT, PORK, LAMB, GOAT, POULTRY, OR PROCESSED MEAT SUCH AS SAUSAGE AND CANNED MEAT PRODUCTS?	Meat or meat products	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, MUNG BEANS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE, COTTAGE CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese, cottage cheese or other food made from milk	1	2	8
[P] ANY SUGARY FOODS SUCH AS CHOCOLATES, SWEETS, CANDIES, COOKIES, CAKES OR BISCUITS?	Sugary foods	1	2	8
[Q] ANY FRIED, SALTY SNACKS SUCH AS POTATO CHIPS?	Fried salty snacks	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 (in all other cases) ⇒ 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 passport or card is available at home, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16B will only be asked if a passport or card is not available.

IM1. DO YOU HAVE AT HOME A PASSPORT OR CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? If yes: MAY I SEE IT PLEASE?	Yes, seen	1	1⇒IM3 2⇒IM6
	Yes, not seen	2	
	No passport/card.....	3	

IM2. DID YOU EVER HAVE A VACCINATION PASSPORT OR CARD FOR (name)?	Yes.....	1	1⇒IM6 2⇒IM6
	No	2	

IM3. (a) Copy dates for each vaccination from the passport / 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																		
POLIO1	OPV/IPV1																		
POLIO2	OPV/IPV2																		
POLIO3	OPV/IPV3																		
POLIO4	OPV																		
POLIO5	OPV/IPV5																		
DPT1	DPT / DTAP1																		
DPT 2	DPT / DTAP2																		
DPT 3	DPT / DTAP3																		
DPT 4	DPT / DTAP4																		
HepB1 at birth	HEP / HBV1																		
HepB2	HEP / HBV2																		
HepB3	HEP / HBV3																		
HIB1	HIB1																		
HIB2	HIB2																		
HIB3	HIB3																		
HIB4	HIB4																		
MEASLES (MEASLES, MUMPS AND RUBELLA)	MMR																		
PNEUMOCOCCAL1	PCV1																		
PNEUMOCOCCAL2	PCV2																		
PNEUMOCOCCAL3	PCV3																		

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

Yes ⇒ Go to IM20.

No ⇒ Continue with IM5.

<p>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 OR CHILD HEALTH DAYS?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ 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 IM20.</p> <p><input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM20.</p>		
<p>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 OR CHILD HEALTH DAY?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM20</p> <p>8⇒IM20</p>
<p>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?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times.....</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given combined with HIB, Hepatitis B and Polio (as Hexavalent vaccine) or combined with Polio and Hib (as Pentavalent vaccine).</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM13</p> <p>8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?</p>	<p>Number of times.....</p>	
<p>IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given combined with DPT, Polio and HIB (as Hexavalent vaccine).</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM15A</p> <p>8⇒IM15A</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?</p>	<p>Number of times.....</p>	
<p>IM15A. HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZA TYPE B?</p> <p><i>Probe by indicating that the Hib vaccine is sometimes given combined with DPT, Polio and Hepatitis B (as Hexavalent vaccine) or combined with DPT and Polio (as Pentavalent vaccine).</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM15B. HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?</p>	<p>Number of times.....</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES 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?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	

IM16A. HAS (<i>name</i>) EVER RECEIVED A PNEUMOCOCCAL VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR SHOULDER TO PREVENT HIM/HER FROM GETTING PNEUMONIA?	Yes..... 1	
	No2	2⇒IM20
	DK.....8	8⇒IM20
IM16B. HOW MANY TIMES WAS THE PNEUMOCOCCAL VACCINE RECEIVED?	Number of times.....	
IM20. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire and go to Next Module.		

UF13. Record the time.	Hour and minutes..... : ..	
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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 or under-5 questionnaires to be administered in this household.

ANTHROPOMETRY	AN
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After questionnaires for all children are complete, the measurer measures both the weight and height/length of 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 number:	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?		
<input type="checkbox"/> Yes. <input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B. Check age of child in AG2:		
<input type="checkbox"/> Child under 2 years old ⇒ Measure length (lying down). <input type="checkbox"/> 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?
<input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> 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. Appendix for Data Collection at Health Facility about Immunization to the Questionnaire for Children Under Five



APPENDIX FOR DATA COLLECTION AT HEALTH FACILITY ABOUT IMMUNIZATION TO THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-THREE CHILD INFORMATION PANEL		HF
<p><i>This appendix is to be used at health facilities to record information on the immunization for children age 0-2 years. A separate appendix form should be used for each eligible child.</i></p> <p><i>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.</i></p> <p><i>This appendix form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name: Name _____	HF4. Child's line number: _____	
HF3A. Child's surname: Surname _____		
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: _____	
HF9. Day, month and year of birth (From AGI in Questionnaire for Children Under-5) ____ / ____ / ____	HF10. Name of health facility: _____	
HF10A. Address of health facility: _____	HF10B. District number in health facility: _____	
HF7. Interviewer's name and number: Name _____	HF8. Day / Month / Year of facility visit: ____ / ____ / 2015	
HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (<i>specify</i>) _____ 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			____ / ____ / ____								
HF13. (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										
POLIO 1	OPV/IPV1										
POLIO 2	OPV/IPV2										
POLIO 3	OPV/IPV3										
POLIO 4	OPV										
POLIO 5	OPV/IPV5										
DPT 1	DPT / DTAP1										
DPT 2	DPT / DTAP2										
DPT 3	DPT / DTAP3										
DPT 4	DPT / DTAP4										
HEPB 1 AT BIRTH	HEP / HBV 1										
HEPB 2	HEP / HBV 2										
HEPB 3	HEP / HBV 3										
HIB 1	HIB1										
HIB 2	HIB2										
HIB 3	HIB3										
HIB 4	HIB4										
MEASLES (MEASLES, MUMPS AND RUBELLA)	MMR										
PNEUMOCOCCAL1	PCV1										
PNEUMOCOCCAL2	PCV2										
PNEUMOCOCCAL3	PCV3										