QUESTIONNAIRE FOR CHILDREN UNDER FIVE
2024 Kazakhstan MICS

MICS

QAZSTAT

UNDER-FIVE CHILD INFORMATION PANEL	UF

UF1. *Cluster number:* __ __ __ __	**UF2**. *Household number:* __ __
UF3. *Child's name and line number:* NAME _____ __ __	**UF4**. *Mother's / Caregiver'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:* __ __ /__ __ / 2 0 2 __	**UF8**. *Record the time:* HOURS : MINUTES __ __ : __ __

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/HH39A) 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.

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 Bureau of National Statistics. 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. Participation is voluntary and unpaid. We guarantee that the information received from you will be strictly confidential and used only for statistical purposes. However, this survey will help the government and the general public better understand the situation and needs of young children. This interview usually takes about 15 minutes. Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know. If you have any questions about the survey, please use the information on this card to contact the Bureau of National Statistics. May I start the interview?	**UF10B**. Now I would like to talk to you about (*child's name from UF3*)'s health and well-being in more detail. Again, participation is voluntary and unpaid. We guarantee that the information received from you will be strictly confidential and used only for statistical purposes. However, this survey will help the government and the general public better understand the situation and needs of young children. This interview usually takes about 15 minutes. Again, should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know. If you have any questions about the survey, please use the information on this card to contact the Bureau of National Statistics. May I start the interview?
YES .... 1 NO / NOT ASKED 2	1 ⇨*UNDER FIVE'S BACKGROUND Module* 2 ⇨*UF17*

UNDER-FIVE'S BACKGROUND		UB
UB00. *Child's age?*	AGE 0, 1, OR 2.......................................1 AGE 3 OR 4 2	2⇨*UB0A*
UB0. Before I begin the interview, could you please bring (*name*)'s immunisation passport or vaccination card, hospital discharge letter, as well as any other immunisation record from any health provider? We will need to refer to those documents.		
UB0A. *Check relationship of respondent to child in the LIST OF HOUSEHOLD MEMBERS in the HOUSEHOLD QUESTIONNAIRE.*	BIOLOGICAL MOTHER (HL20 = HL14)...........1 BIOLOGICAL FATHER (HL20 = HL18).............2 OTHER...6	1⇨*UB1* 2⇨*UB1*
UB0B. What is your relationship to (*name*)?	GRANDPARENT ....01 AUNT/UNCLE...02 BROTHER/SISTER ....03 OTHER RELATIVE OF CHILD ....06 STEPMOTHER/FATHER ....11 STEPSISTER/BROTHER....................................12 OTHER RELATIVE OF STEPPARENT............16 FORMAL FOSTER/ADOPTED PARENT.........21 FRIEND...31 OTHER (*specify*) _____ 96	

UB1. On what day, month and year was (*name*) born?
 	
Probe:
What is (*his/her*) birthday?
 	
If the mother/caregiver knows the exact date of birth, also record the day; otherwise, record '98' for day.
 	
Month and year <u>must</u> be recorded.
	DATE OF BIRTH
	  DAY ....__ __
	
	  DK DAY 98
	
	  MONTH..__ __
	
	  YEAR ....2 0 __ __	

UB2. How old is (*name*)? *Probe*: How old was (*name*) at (*his/her*) last birthday? *Record age in completed years.* *Record '0' if less than 1 year.* *If responses to UB1 and UB2 are inconsistent, probe further and correct.*	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⇨*UB6A*

UB5. *Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Did the child attend ECE in the current school year?*	YES, ED10=0 ....1 NO, ED10≠0 OR BLANK 2	1 ⇨*UB8B* 2 ⇨*End*
UB6A. *Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Did the child attend ECE in the current school year?*	YES, ED10=0 ....1 NO, ED10≠0 OR BLANK 2	1 ⇨*UB8A* 2 ⇨*End*
UB8A. I have earlier recorded that (***name***) has attended an Early Childhood Education programme this school year. Does (***he/she***) currently attend this programme? **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	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (*name*)?	NONE .... 00 NUMBER OF CHILDREN'S BOOKS .... <u>0</u> __ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that (*name*) plays with when (*he/she*) is at home. Does (*he/she*) play with: [A] Homemade toys, such as dolls, cars, or other toys made at home? [B] Toys from a shop or manufactured toys? [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?	Y N DK HOMEMADE TOYS................................. 1 2 8 TOYS FROM A SHOP .... 1 2 8 HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	

EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.
 	
On how many days in the past week, that is, since last (*day of the week*) was (*name*):
 	
[A] Left alone for more than an hour?
 	
[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?
 	
If 'None' record '0'. If 'Don't know' record '8'.
	NUMBER OF DAYS LEFT ALONE FOR
	MORE THAN AN HOUR .... __
	
	NUMBER OF DAYS LEFT WITH
	  ANOTHER CHILD FOR MORE
	   THAN AN HOUR.. __	

EC4. *Check UB2: Child's age?*	AGE 0 OR 1 .... 1 AGE 2, 3 OR 4 2	1 ⇨*End*

EC5. Since last (*day of interview minus 3*), did you or any household member age 15 or over engage in any of the following activities with (*name*): *A foster/stepmother or father living in the household who engaged with the child should be coded as mother or father.*		
[A] Reading books or looking at picture books with (*name*)?	YES .... 1 NO .... 2 DK 8	2 ⇨*EC5[B]* 8 ⇨*EC5[B]*
[A1] Who in the household engaged in this activity with (*name*)? *Probe*: Anyone else?	MOTHER .... A FATHER .... B OTHER X	
[B] Telling stories to (*name*)?	YES .... 1 NO .... 2 DK 8	2 ⇨*EC5[C]* 8 ⇨*EC5[C]*
[B1] Who in the household engaged in this activity with (*name*)? *Probe:* Anyone else?	MOTHER .... A FATHER .... B OTHER X	
[C] Singing songs to or with (*name*), including lullabies?	YES .... 1 NO .... 2 DK 8	2 ⇨*EC5[D]* 8 ⇨*EC5[D]*
[C1] Who in the household engaged in this activity with (*name*)? *Probe:* Anyone else?	MOTHER .... A FATHER .... B OTHER X	
[D] Taking (*name*) outside the home?	YES .... 1 NO .... 2 DK 8	2 ⇨*EC5[E]* 8 ⇨*EC5[E]*
[D1] Who in the household engaged in this activity with (*name*)? *Probe:* Anyone else?	MOTHER .... A FATHER .... B OTHER X	
[E] Playing with (*name*)?	YES .... 1 NO .... 2 DK 8	2 ⇨*EC5[F]* 8 ⇨*EC5[F]*
[E1] Who in the household engaged in this activity with (*name*)? *Probe:* Anyone else?	MOTHER .... A FATHER .... B OTHER X	
[F] Naming, counting, or drawing things for or with (*name*)?	YES .... 1 NO .... 2 DK 8	2 ⇨*EC6* 8 ⇨*EC6*
[F1] Who in the household engaged in this activity with (*name*)? *Probe:* Anyone else?	MOTHER .... A FATHER .... B OTHER X	

EC6. I would like to ask you about certain things (***name***) 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. Can (***name***) walk on an uneven surface, for example a bumpy or steep road, without falling?	YES .... 1 NO .... 2 DK 8	
EC7. Can (***name***) jump up with both feet leaving the ground?	YES .... 1 NO .... 2 DK 8	
EC8. Can (***name***) dress (***him/herself***), that is, put on pants and a shirt without help?	YES .... 1 NO .... 2 DK 8	
EC9. Can (***name***) fasten and unfasten buttons without help?	YES .... 1 NO .... 2 DK 8	
EC10. Can (***name***) say 10 or more words like "mama" or "ball"?	YES .... 1 NO .... 2 DK 8	
EC11. Can (***name***) 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 ⇨EC13 8 ⇨EC13
EC12. Can (***name***) speak using sentences of 5 or more words that go together, for example "The house is very big"?	YES .... 1 NO .... 2 DK 8	
EC13. Can (***name***) 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	
EC14. If you show (***name***) an object (***he/she***) knows well, such as a cup or animal, can (***he/she***) consistently name it? *Probe:* By consistently I mean that (***he/she***) 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	
EC15. Can (***name***) recognise at least 5 letters of the alphabet?	YES .... 1 NO .... 2 DK 8	

EC16. Can (*name*) write (*his/her*) own name?	YES .... 1 NO.. 2 DK.. 8	
EC17. Does (*name*) recognise all numbers from 1 to 5?	YES .... 1 NO.. 2 DK.. 8	
EC18. If you ask (*name*) to give you 3 objects, such as 3 stones or 3 beans, does (*he/she*) give you the correct amount?	YES .... 1 NO.. 2 DK.. 8	
EC19. Can (*name*) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES .... 1 NO.. 2 DK.. 8	
EC20. Can (*name*) 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	
EC21. Does (*name*) ask about familiar people other than parents when they are not there, for example "Where is Grandma?"?	YES .... 1 NO.. 2 DK.. 8	
EC22. Does (*name*) offer to help someone who seems to need help?	YES .... 1 NO.. 2 DK.. 8	
EC23. Does (*name*) get along well with other children?	YES .... 1 NO.. 2 DK.. 8	
EC24. The next two questions have five different options for answers. I am going to read these to you after each question. How often does (*name*) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY .... 1 WEEKLY .... 2 MONTHLY.. 3 A FEW TIMES A YEAR... 4 NEVER .... 5 DK.. 8	
EC25. Compared with children of the same age, how much does (*name*) 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 4 2	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>.		
	YES NO	
[A] Took away privileges, forbade something (***name***) liked or did not allow (***him/her***) to leave the house.	TOOK AWAY PRIVILEGES 1 2	
[B] Explained why (***name***)'s behaviour was wrong.	EXPLAINED WRONG BEHAVIOUR.... 1 2	
[C] Shook (***him/her***).	SHOOK HIM/HER 1 2	
[D] Shouted, yelled at, or screamed at (***him/her***).	SHOUTED, YELLED, SCREAMED 1 2	
[E] Gave (***him/her***) something else to do.	GAVE SOMETHING ELSE TO DO 1 2	
[F] Spanked, hit, or slapped (***him/her***) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2	

[G] Hit (***him/her***) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH,
	    STICK OR OTHER HARD
	    OBJECT 1 2	

[H] Called (***him/her***) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME 1 2	
[I] Hit or slapped (***him/her***) on the face, head, or ears.	HIT / SLAPPED ON FACE, HEAD OR EARS 1 2	
[J] Hit or slapped (***him/her***) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG 1 2	
[K] Beat (***him/her***) up, that is hit (***him/her***) over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2	

UCD3. *Check UF4: Is this respondent the mother or caregiver of any other children under age 5 or a child age 5-14 selected for the QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17?*	YES .... 1 NO 2	 2 ⇨*UCD5*

UCD4. *Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?*	YES .... 1 NO 2	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?	YES .... 1 NO .... 2 DK / NO OPINION 8	

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 an immunisation passport, immunisation records from a private health provider, vaccination card from electronic medical services, for example Damumed, discharge letter or any other document where (***name***)'s vaccinations are written down?	YES, HAS ONLY PASSPORT/CARD(S).................1
	 YES, HAS ONLY OTHER DOCUMENT.................2
	 YES, HAS PASSPORT/CARD(S) AND
	     OTHER DOCUMENT 3
	 NO, HAS NO PASSPORT/CARD AND
	     NO OTHER DOCUMENT 4
		1⇨*IM5*
		
		 3⇨*IM5*

IM3. Did you ever have an immunisation passport, hospital discharge letter or immunisation records from any health provider for (***name***)?	YES ....1 NO 2	
IM4. *Check IM2:*	HAS ONLY OTHER DOCUMENT, IM2=2 ....1 HAS NO PASSPORT/CARD AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2	2⇨*IM11*

IM5. May I see the passport(s) (and/or) other document?	YES, ONLY PASSPORT/CARD(S) SEEN 1
	 YES, ONLY OTHER DOCUMENT SEEN 2
	 YES, PASSPORT/CARD(S) AND
	     OTHER DOCUMENT SEEN 3
	 NO PASSPORT/CARD AND
	     NO OTHER DOCUMENT SEEN 4
		
		 4⇨*IM11*

IM5A. *Record date of birth from the passport and/or other document.*
 	
 Record '98' for any missing or illegible information.
	DATE OF BIRTH
	   DAY ....__ __
	
	   MONTH ....__ __
	
	   YEAR .... 2 0 2 __	

IM6. (g) *Copy dates for each vaccination from the documents.* (h) *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)	HepB1				2	0	2	
HepB 2	HepB2				2	0	2	
HepB 3	HepB3				2	0	2	
Polio (IPV) 1	IPV1				2	0	2	
Polio (IPV) 2	IPV2				2	0	2	
Polio (IPV) 3	IPV3				2	0	2	
Polio (OPV)	OPV				2	0	2	
Polio (IPV) 4	IPV4				2	0	2	
DTP1	DTP1				2	0	2	
DTP2	DTP2				2	0	2	
DTP3	DTP3				2	0	2	

					Day	Month	Year		
DTP4 RVI	DTP4 RV1				2	0	2		
Hib1	Hib1				2	0	2		
Hib2	Hib2				2	0	2		
Hib3	Hib3				2	0	2		
Hib4	Hib4				2	0	2		
Pneumococcal (Conjugate) 1	PCV1				2	0	2		
Pneumococcal (Conjugate) 2	PCV2				2	0	2		
Pneumococcal (Conjugate) 3	PCV3				2	0	2		
MMR1	MMR1				2	0	2		
HepA1	HepA1				2	0	2		

IM7. *Check IM6: Are all vaccines (BCG to HepA1) recorded?*

YES 1
NO 2

1 ⇨End

IM8. Did (*name*) participate in any of the following national immunisation days:

                                                 Y N DK

    [A] European immunisation week, April 2024

EUROPEAN IMMUNISATION WEEK,
   APRIL 2024 ....1 2 8

    [B] European immunisation week, April 2023

EUROPEAN IMMUNISATION WEEK,
   APRIL 2023 ....1 2 8

    [C] European immunisation week, April 2022

EUROPEAN IMMUNISATION WEEK,
   APRIL 2022 ....1 2 8

IM9. In addition to what is recorded on the passport or card, did (*name*) receive any other vaccinations including vaccinations received during the immunisation days just mentioned?

YES 1
NO 2
DK 8

2 ⇨End

8 ⇨End

IM10. *Go back to IM6 and probe for these vaccinations.*

Record '66' in the corresponding day column for each additional vaccine received. For each vaccination not received record '00' in day column.

When finished, go to next module.

⇨End

IM11. Did (*name*) ever receive any vaccinations to prevent (*him/her*) from getting diseases, including vaccinations received on national immunisation days?

YES 1
NO 2
DK 8

IM12. Did (*name*) participate in any of the following national immunisation days:
 	
   [A] European immunisation week, April 2024
 	
   [B] European immunisation week, April 2023
 	
   [C] European immunisation week, April 2022
	Y N DK
	
	EUROPEAN IMMUNISATION WEEK,
	   APRIL 2024 ....1 2 8
	
	EUROPEAN IMMUNISATION WEEK,
	   APRIL 2023 ....1 2 8
	
	EUROPEAN IMMUNISATION WEEK,
	   APRIL 2022 ....1 2 8	

IM13. *Check IM11 and IM12[A-C]:*	ALL NO OR DK ....1 AT LEAST ONE YES 2	1 ⇨*End*
IM14. Has (*name*) 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	
IM15. Has (*name*) received a Hepatitis B vaccination, that is, an injection on the outside of the thigh to prevent Hepatitis B?	YES ....1 NO ....2 DK 8	2 ⇨*IM16* 8 ⇨*IM16*
IM15A. Did (*name*) receive the first Hepatitis B vaccination within 24 hours of birth?	YES ....1 NO ....2 DK 8	
IM15B. How many times was the Hepatitis B vaccination received?	NUMBER OF TIMES...............................__ __ DK 8	
IM16. Has (*name*) ever received an oral polio vaccine, that is, about two drops in the mouth to prevent polio? *Probe by indicating that this vaccine is often called OPV, and that the first dose can be given at the age of 12-15 months at the same time as injections to prevent other diseases.*	YES ....1 NO ....2 DK 8	
IM19. Has (*name*) ever received an injected polio vaccine, that is, an injection in the thigh or arm to protect against polio? *Probe by indicating that this vaccine is often called IPV, and that the injection can be given at the same time as the oral polio vaccine and is given through combined vaccines containing DTP-IPV-Hib-HepB or DTP-IPV-Hib.*	YES ....1 NO ....2 DK 8	2 ⇨*IM20A* 8 ⇨*IM20A*
IM19A. How many times was the injected polio vaccine received?	NUMBER OF TIMES...............................__ __ DK 8	

IM20A. Has (*name*) ever received a DTP vaccination, that is, an injection in the thigh or arm to prevent (*him/her*) from getting tetanus, whooping cough and diphtheria? *Probe by indicating that the DTP vaccination is given through combined vaccines containing DTP-IPV-Hib-HepB or DTP-IPV-Hib.*	YES ....1 NO ....2 DK 8	2 ⇨*IM20C* 8 ⇨*IM20C*
IM20B How many times was the DTP vaccine received?	NUMBER OF TIMES.............................. __ __ DK 8	
IM20C. Has (*name*) ever received a Hib vaccination, that is, an injection in the thigh or arm to prevent (*him/her*) from getting Haemophilus influenzae type b? *Probe by indicating that the Hib vaccination is given through combined vaccines containing DTP-IPV-Hib-HepB or DTP-IPV-Hib.*	YES ....1 NO ....2 DK 8	2 ⇨*IM22* 8 ⇨*IM22*
IM20D. How many times was the Hib vaccine received?	NUMBER OF TIMES.............................. __ __ DK 8	
IM22. Has (*name*) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia? *Probe by indicating that the pneumococcal vaccination is sometimes given at the same time as the combined vaccine DTP-IPV-Hib-HepB.*	YES ....1 NO ....2 DK 8	2 ⇨*IM26* 8 ⇨*IM26*
IM23. How many times was the pneumococcal vaccine received?	NUMBER OF TIMES.............................. __ __ DK 8	
IM26. Has (*name*) ever received a MMR vaccine, that is, an injection in the arm to prevent (*him/her*) from getting measles, mumps, and rubella?	YES ....1 NO ....2 DK 8	
IM26B. Has (*name*) ever received a HepA vaccination, that is, an injection in the arm to prevent (*him/her*) from getting Hepatitis A?	YES ....1 NO ....2 DK 8	
IM28. *Issue a FACILITY BASED RECORDS OF VACCINATIONS FORM for this child. Complete the UNDER-THREE CHILD INFORMATION PANEL on that Form.*		

UF11. *Record the time.*	HOURS AND MINUTES ....__ __ : __ __	
UF12. *Language of the Questionnaire.*	KAZAKH .... 1 RUSSIAN 2	
UF13. *Language of the Interview.*	KAZAKH .... 1 RUSSIAN .... 2 OTHER LANGUAGE (*specify*)_____ 6	
UF14. What is your native language?	KAZAKH .... 1 RUSSIAN .... 2 UZBEK... 3 UKRAINIAN.. 4 UYGHUR .... 5 OTHER LANGUAGE (*specify*)_____ 6	
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 respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Respondent's age is 15-17 years?*	AGE 15-17.. 1 AGE 18 OR ABOVE.. 2	1⇨*UF16*

UF15B. *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
		1⇨*UF16*

UF15C. *Has this respondent already been interviewed with any individual questionnaires?*	YES, ALREADY INTERVIEWED................................1 NO, NOT ALREADY INTERVIEWED 2	1⇨*UF16*
UF15D. *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⇨*UF15F*
UF15E. Thank you for your participation. The Bureau of National Statistics will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team. Would you like to participate?	YES... 1 NO.. 2	1⇨*UF15H* 2⇨*UF16*

UF15F. Thank you for your participation. The Bureau of National Statistics will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team. Would you like to participate?	YES..1 NO..2	2⇨*UF16*
UF15G. You have told me that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household?	YES..1 NO..2	1⇨*UF15I* 2⇨*UF16*
UF15H. Do you have a personal phone number or is there a phone number for the household?	YES..1 NO..2	2⇨*UF16*

UF15I. You may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call.

	[P1] BEST NUMBER	[P2] 2ND NUMBER	[P3] 3RD NUMBER
UF15J. *Ask for and record phone number.*	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _
UF15K. Just to confirm, the number is (***number recorded in UF15J***)? *If no, return to UF15J and correct entry.*	YES...............................1 NO ....2 ↯ *UF15J*	YES........................1 NO........................2 ↯ *UF15J*	YES...............................1 NO ....2 ↯ *UF15J*
UF15L. Remember, you may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared 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: ....☐

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 ANTHROPOMETRIC MEASUREMENTS FORM for this child and complete the ANTHROPOMETRIC MEASUREMENTS FORM INFORMATION PANEL on that Form.*

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caregiver of <u>another</u> 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 caregiver of a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS 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 AND ADOLESCENTS 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.*

| **UF17**. *Result of interview for children under 5*

Codes refer to mother/caregiver.
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/
  CAREGIVER AGE 15-17...06

OTHER (*specify*)_____ 96 |

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS