

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Province _____
 District _____
 Village _____

UNDER-FIVE CHILD INFORMATION PANEL UF

This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).

A separate questionnaire should be used for each eligible child.

Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.

UF1. Cluster number: ____ _	UF2. Household number: ____ _
UF3. Child's Name: _____	UF4. Child's Line Number: ____
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: ____
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ____ / ____ / _____
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) _____ 6

Repeat greeting if not already read to this respondent:

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (<i>name</i>). IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN? Probe: WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day DK day98 Month..... Year
UF11. HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years.....

BIRTH REGISTRATION AND EARLY LEARNING MODULE						BR
BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen.....	1				1⇒BR5
	Yes, not seen.....	2				
	No	3				
	DK.....	8				
BR2. HAS (<i>name's</i>) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes.....	1				1⇒BR5
	No	2				8⇒BR4
	DK.....	8				
BR3. WHY IS (<i>name's</i>) BIRTH NOT REGISTERED?	Costs too much.....	1				
	Must travel too far.....	2				
	Did not know it should be registered	3				
	Did not want to pay fine	4				
	Does not know where to register.....	5				
	Other (<i>specify</i>)	6				
	DK.....	8				
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....	1				
	No	2				
BR5. Check age of child in UF11: Child is 3 or 4 years old?						
<input type="checkbox"/> Yes. ⇒ Continue with BR6						
<input type="checkbox"/> No. ⇒ Go to BR8						
BR6. DOES (<i>name</i>) ATTEND ANY ORGANISED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes.....	1				2⇒BR8
	No	2				
	DK.....	8				
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?	No. of hours	___				
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>): <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>						
		Moth er	Fathe r	Other	No on e	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)?	Books	A	B	X	Y	
BR8B. TELL STORIES TO (<i>name</i>)?	Stories	A	B	X	Y	
BR8C. SING SONGS WITH (<i>name</i>)?	Songs	A	B	X	Y	
BR8D. TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y	
BR8E. PLAY WITH (<i>name</i>)?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	

Question CE1 is to be administered only once to each caretaker

<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p>If 'none' enter 00</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Number of non-children's books</td> <td style="width: 30%; text-align: right;">0 __</td> </tr> <tr> <td>Ten or more non-children's books</td> <td style="text-align: right;">10</td> </tr> </table>	Number of non-children's books	0 __	Ten or more non-children's books	10
Number of non-children's books	0 __				
Ten or more non-children's books	10				

<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (<i>name</i>)?</p> <p>If 'none' enter 00</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Number of children's books</td> <td style="width: 30%; text-align: right;">0 __</td> </tr> <tr> <td>Ten or more books</td> <td style="text-align: right;">10</td> </tr> </table>	Number of children's books	0 __	Ten or more books	10
Number of children's books	0 __				
Ten or more books	10				

<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (<i>name</i>) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p style="padding-left: 20px;">HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p style="padding-left: 20px;">OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p style="padding-left: 20px;">HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p style="padding-left: 20px;">TOYS THAT CAME FROM A STORE?</p> <p>If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Household objects (bowls, plates, cups, pots).....</td> <td style="width: 30%; text-align: right;">A</td> </tr> <tr> <td>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves).....</td> <td style="text-align: right;">B</td> </tr> <tr> <td>Homemade toys (dolls, cars and other toys made at home).....</td> <td style="text-align: right;">C</td> </tr> <tr> <td>Toys that came from a store</td> <td style="text-align: right;">D</td> </tr> <tr> <td>No playthings mentioned.....</td> <td style="text-align: right;">Y</td> </tr> </table>	Household objects (bowls, plates, cups, pots).....	A	Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves).....	B	Homemade toys (dolls, cars and other toys made at home).....	C	Toys that came from a store	D	No playthings mentioned.....	Y
Household objects (bowls, plates, cups, pots).....	A										
Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves).....	B										
Homemade toys (dolls, cars and other toys made at home).....	C										
Toys that came from a store	D										
No playthings mentioned.....	Y										

<p>CE4. 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 WITH OTHERS. SINCE LAST (<i>day of the week</i>) HOW MANY TIMES WAS (<i>name</i>) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 00</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Number of times</td> <td style="width: 30%; text-align: right;">__ __</td> </tr> </table>	Number of times	__ __
Number of times	__ __		

<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (<i>name</i>) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Number of times</td> <td style="width: 30%; text-align: right;">__ __</td> </tr> </table>	Number of times	__ __
Number of times	__ __		

VITAMIN A MODULE		VA
VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?	Yes.....1 No.....2	2⇒NEXT MODULE
Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	DK.....8	8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago..... DK.....98	
VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	On routine visit to health facility1 Sick child visit to health facility2 National Immunization Day campaign.....3 Other (<i>specify</i>)6 DK.....8	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No.....2	2⇒BF3
	DK.....8	8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No.....2	
	DK.....8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:		
Read each item aloud and record response before proceeding to the next item.	Y N DK	
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements.....1 2 8	
BF3B. PLAIN WATER?	B. Plain water1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk1 2 8	
BF3F1. SOYBEAN MILK?	F1. Soybean milk.....1 2 8	
BF3G. OTHER SEMI-LIQUID FOOD?	G. Other semi-liquid food1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food?		
<input type="checkbox"/> Yes. ⇒ Continue with BF5		
<input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?	No. of times Don't know.....8	
If 7 or more times, record '7'.		

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	Yes.....1 No2 DK.....8	2⇒CA5 8⇒CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	Yes No DK A. Fluid from ORS packet.....1 2 8 B. Recommended homemade fluid...1 2 8 C. Pre-packaged ORS fluid1 2 8	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	Much less or none1 About the same (or somewhat less).....2 More3 DK.....8	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If "less", probe: MUCH LESS OR A LITTLE LESS?</p>	None1 Much less2 Somewhat less3 About the same4 More5 DK.....8	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	Problem in chest.....1 Blocked nose2 Both3 Other (<i>specify</i>) _____ 6 DK.....8	2⇒CA12 6⇒CA12
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	Yes.....1 No2 DK.....8	2⇒CA10 8⇒CA10

<p>CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health centre, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital..... A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Village health worker D</p> <p>Mobile/outreach clinic E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative or friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Antibiotic..... A</p> <p>Paracetamol P</p> <p>Aspirin..... Q</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK..... Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. 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 (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	

<p>Ask the following question (CA14) only once for each mother/caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>
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MALARIA MODULE FOR UNDER-FIVES		ML
<p>ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒ML10 8⇒ML10</p>
<p>ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒ML6 8⇒ML6</p>
<p>ML3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒ML5 8⇒ML5</p>
<p>ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?</p> <p><i>Circle all medicines mentioned.</i></p>	<p>Anti-malarials: SP/Fansidar A Chloroquine B Quinine C Coartem D Other anti-malarial (<i>specify</i>) _____ E</p> <p>Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen..... R</p> <p>Other (<i>specify</i>) _____ X DK..... Z</p>	
<p>ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>1⇒ML7 2⇒ML8 8⇒ML8</p>
<p>ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒ML8 8⇒ML8</p>

<p>ML7. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i></p>	<p>Anti-malarials:</p> <p>SP/Fansidar A</p> <p>Chloroquine B</p> <p>Quinine C</p> <p>Coartem D</p> <p>Other anti-malarial (specify) _____ E</p> <p>Other medications:</p> <p>Paracetamol/Panadol/Acetaminophen ... P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (specify) _____ X</p> <p>DK Z</p>	
<p>ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML9</p> <p><input type="checkbox"/> No. ⇒ Go to ML10</p>		
<p>ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)?</p> <p><i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever 4</p> <p>DK 8</p>	
<p>ML10. DID (name) SLEEP UNDER A MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ NEXT MODULE</p> <p>8 ⇒ NEXT MODULE</p>
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET?</p> <p><i>If less than 1 month, record '00'.</i></p> <p><i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago __ __</p> <p>More than 24 months ago 95</p> <p>Not sure 98</p>	
<p>ML12. WHAT TYPE OF NET IS THIS NET?</p> <p><i>If the respondent does not know the brand of the net, show pictorials, or if possible, observe the net.</i></p> <p>LONG-LASTING TREATED NETS:</p> <p>PRE-TREATED NETS:</p> <p>OTHER NETS:</p>	<p>Long lasting treated net 1</p> <p>Pre-treated net 2</p> <p>Other net 3</p> <p>DK brand 98</p>	<p>1 ⇒ NEXT MODULE</p> <p>2 ⇒ NEXT MODULE</p>

ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No.....2 DK/not sure.....8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?	Yes.....1 No.....2 DK.....8	2⇒ NEXT MODULE 8⇒ NEXT MODULE
ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago.....__ __ More than 24 months ago95 DK.....98	

IMMUNIZATION MODULE	IM
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If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen.....1 Yes, not seen.....2 No.....3	2⇒IM10 3⇒IM10						
(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					
IM2. BCG	BCG							
IM3A. POLIO AT BIRTH	OPV0							
IM3B. POLIO 1	OPV1							
IM3C. POLIO 2	OPV2							
IM3D. POLIO 3	OPV3							
IM4A. DPT1	DPT1							
IM4B. DPT2	DPT2							
IM4C. DPT3	DPT3							
IM5A. DPTHEPB1	(DPT)H1							

IM5B. DPTHEPB2)	(DPT)H2									
IM5C. DPTHEPB3	(DPT)H3									
IM6. MEASLES	MEASLES									
IM8A. VITAMIN A (1)	VITA1									
IM8B. VITAMIN A (2)	VITA2									
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, DPT Hb1-3, Measles, or Vitamin A supplements.	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No2 DK.....8	1⇒IM19 2⇒IM19 8⇒IM19								
IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR ROUTINE IMMUNIZATION ROUND?	Yes.....1 No2 DK.....8	2⇒IM19 8⇒IM19								
IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes.....1 No2 DK.....8									
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....1 No2 DK.....8	2⇒IM15 8⇒IM15								
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)1 Later2									
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times__ __									
IM15. HAS (<i>name</i>) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes.....1 No2 DK.....8	2⇒IM17 8⇒IM17								
IM16. HOW MANY TIMES?	No. of times__ __									

IM17. HAS (name) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR – 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

IM18. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.

Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation. If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE. Take them to the anthropometry point with all eligible women and children from this household.

ANTHROPOMETRY MODULE	AN
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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. Child's weight.	Kilograms (kg) _ _ . _
AN2. Child's length or height. Check age of child in UF11: <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).	Length (cm) Lying down.....1 _ _ . _ Height (cm) Standing up2 _ _ . _
AN3. Measurer's identification code.	Measurer code..... _ _
AN4. Result of measurement.	Measured..... 1 Not present..... 2 Refused 3 Other (specify) _____ 6

SPECIMEN COLLECTION MODULE FOR CHILDREN		
After completion of anthropometry module for children under five, check for a barcode label on the cover page of this questionnaire and check for age of child. Label present and child aged <u>>6 months</u> : <input type="checkbox"/> Yes. ⇒ Go to Specimen collection <input type="checkbox"/> No. ⇒ Next child.		
SCC1. WAS A STOOL SAMPLE COLLECTED FROM THIS CHILD? (ONLY COLLECT STOOL FROM CHILDREN 24-59 MONTHS OF AGE)	Collected.....1 Refused2 Other (<i>specify</i>).....6	2,3,6 ⇒ SCC3
SCC2. WHAT WAS THE APPROXIMATE TIME DELAY BETWEEN COLLECTION OF THE STOOL SAMPLE AND STABILISATION OF THE SAMPLE?	Less than 30 minutes.....1 30 minutes to 1 hour.....2 1 to 3 hours3 More than 3 hours.....4 Don't know.....8	
SCC3. WE WOULD LIKE TO TAKE A LITTLE BLOOD FROM [NAME] FINGER/HEEL, FOR TESTING. WAS A FINGER OR HEEL STICK BLOOD SAMPLE COLLECTED FROM THIS CHILD? (ONLY COLLECT BLOOD SAMPLE FROM CHILDREN 6-59 MONTHS OF AGE) CHILDREN 6-12 MONTHS, TAKE BLOOD FROM HEEL. CHILDREN > 12 MONTHS, TAKE BLOOD FROM FINGER	Yes, fingerstick sample.....1 Yes, heelstick sample.....2 Did not present themselves for testing.....3 Refused4 Other (<i>specify</i>).....6	3,4,6 ⇒ SCC7
SCC3. WRITE DOWN THE HAEMOGLOBIN LEVEL (If the Hb is 7 or less then record it on the cluster Hb referral form and give form to team supervisor).	Hb (g/dl) ___ . __	
SCC5. APPROXIMATELY HOW MANY MICROLITRES OF FINGER STICK BLOOD WERE COLLECTED FROM THIS CHILD?	Blood (microl) ___	
SCC6. WAS THE BLOOD LYSED AFTER SPINNING IN THE CENTRIFUGE?	Yes.....1 No.....2 Insufficient blood to take plasma sample.....3	
SCC7. Is there another child in the household who is eligible for measurement and specimen collection? <input type="checkbox"/> Yes. ⇒ Record measurements for next child. <input type="checkbox"/> 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.		