LSIS III

UNDER-FIVE CHILD INFORMATION PANEL	UF

UF1. *Cluster number:* ___ ___ ___ ___	**UF2**. *Household number:* ___ ___
UF3. *Child's name and line number:* NAME _____ ___	**UF4**. *Mother's / Caretaker'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 3	**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) 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 team member of *LAO SOCIAL INDICATOR SURVEY WHICH IS EXECUTED BY THE LAO STATISTICS BUREAU.* 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. This interview will take about *20* minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	**UF10B**. Now I would like to talk to you about (*child's name from UF3*)'s health and well-being in more detail. This interview will take about *20* minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES, PERMISSION IS GIVEN .... 1 *NO, PERMISSION IS NOT GIVEN 2*	1⇨*UNDER FIVE'S BACKGROUND Module* 2⇨*UF17*	**E**

UF17. *Result of interview for children under 5*
 	
Codes refer to mother/caretaker.
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/
	  CARETAKER AGE 15-17 06
	
	OTHER (*specify*) _____ 96

UNDER-FIVE'S BACKGROUND		UB
UB0. *Before I begin the interview, could you please bring (name)'s Birth Certificate, Yellow Immunization Card / MCH Handbook, and any immunization record from a private health provider? We will need to refer to those documents.*		

UB1. On what day, month and year was (**name**) born?
 	
Probe:
What is (his/her) birthday?
 	
If the mother/caretaker 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 ⇨UB9
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 HOUSEHOLDS QUESTIONNAIRE?*	YES, RESPONDENT IS THE SAME, UF4=HH47 .... 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2	 2 ⇨UB6

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UB5. *Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?*	YES, ED10=0 .... 1 NO, ED10≠0 OR BLANK 2	1⇨*UB8B* 2⇨*UB9*
UB6. Has (*name*) ever attended any early childhood education programme, such as nursery school or pre-school?	YES.. 1 NO 2	2⇨*UB9*
UB7. At any time since September 2022, did (he/she) attend (*programmes mentioned in UB6*)?	YES.. 1 NO 2	1⇨*UB8A* 2⇨*UB9*
UB8A. Does (he/she) currently attend nursery school or pre-school? **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	
UB9. Is (*name*) covered by any health insurance?	YES .... 1 NO 2	2⇨*End*
UB10. What type of health insurance is (*name*) covered by? *Record all mentioned.*	COMMUNITY BASED HEALTH INSURANCE (CBHI) .... A SOCIAL SECURITY OFFICE .... C PRIVATE HEALTH INSURANCE .... D NATIONAL HEALTH INSURANCE .... E CIVIL SERVANT SCHEME............................ F FREE MCH .... G HEALTH EQUITY FUND (HEF) .... H OTHER (*specify*) _____ X	

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BIRTH REGISTRATION		BR
BR0. Has *(name)* been registered in the family book?	YES..1 NO ....2 DK 8	
BR1. Does *(name)* have a birth certificate*? *If yes, ask:* May I see it? * *Certificate issued by District Authority of Ministry of Home Affairs (MOHA)*	YES, SEEN...1 YES, NOT SEEN ....2 NO ....3 DK 8	1⇨*End* 2⇨*End*
BR2. Has *(name)*'s birth been registered with **DISTRICT AUTHORITY**?	YES..1 NO ....2 DK 8	1⇨*End*
BR3. Do you know how to register *(name)*'s birth with District Authority?	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 .... _0_ __ 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 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*

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EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (*name*): *A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.* *Record only household members that apply.*		
[A] Read books or looked 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*)?	MOTHER .... A FATHER .... B OTHER C	
[B] Told 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*)?	MOTHER .... A FATHER .... B OTHER C	
[C] Sang 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*)?	MOTHER .... A FATHER .... B OTHER C	
[D] Took (*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*)?	MOTHER .... A FATHER .... B OTHER C	
[E] Played with (*name*)?	YES .... 1 NO 2	2⇨*EC5[F]*

	DK 8	*8⇨EC5[F]*
[E1] Who in the household engaged in this activity with (**name**)?	MOTHER .... A FATHER .... B OTHER C	
[F] Named, counted, or drew things for or with (***name***)?	YES .... 1 NO .... 2 DK 8	*2⇨EC21* *8⇨EC21*
[F1] Who in the household engaged in this activity with (**name**)?	MOTHER .... A FATHER .... B OTHER C	
EC21. 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	
EC22. Can (***name***) jump up with both feet leaving the ground?	YES ....1 NO ....2 DK 8	
EC23. Can (***name***) dress (***him/herself***), that is, put on pants, blouse and a shirt without help?	YES ....1 NO ....2 DK 8	
EC24. Can (***name***) fasten and unfasten buttons without help?	YES ....1 NO ....2 DK 8	
EC25. Can (***name***) say 10 or more words like "mama" or "ball"?	YES ....1 NO ....2 DK 8	
EC26. 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⇨EC28* *8⇨EC28*

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EC27. 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	
EC28. 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	
EC29. 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	
EC30. Can (*name*) recognise at least 5 letters of the alphabet?	YES ....1 NO ....2 DK 8	
EC31. Can (*name*) write (*his/her*) own name?	YES ....1 NO ....2 DK 8	
EC32. Does (*name*) recognise all numbers from 1 to 5?	YES ....1 NO ....2 DK 8	
EC33. 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	
EC34. Can (*name*) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES ....1 NO ....2 DK 8	
EC35. 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	
EC36. 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	
EC37. Does (*name*) offer to help someone who seems to need help?	YES ....1 NO ....2 DK 8	

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EC38. Does (*name*) get along well with other children?	YES ....1 NO ....2 DK 8	
EC39. 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	
EC40. 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	

E

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 behavior or to address a behavior 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>. [A] Took away privileges, forbade something *(name)* liked or did not allow (him/her) to leave the house.	YES NO TOOK AWAY PRIVILEGES 1 2	
[B] Explained why *(name)*'s behavior was wrong.	EXPLAINED WRONG BEHAVIOR 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 THE 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 caretaker of any other children under age 5 or a child age 5-14 selected for the QUESTIONNAIRE FOR CHILDREN 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	

CHILD FUNCTIONING		UCF
UCF1. *Check UB2: Child's age?*	AGE 0 OR 1 ....1 AGE 2, 3 OR 4 2	1 ⇨*End*
UCF2. I would like to ask you some questions about difficulties (name) may have. Does (***name***) wear glasses?	YES ....1 NO 2	
UCF3. Does (***name***) use a hearing aid?	YES ....1 NO 2	
UCF4. Does (***name***) use any equipment or receive assistance for walking?	YES ....1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (***name***) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* Remember the four possible answers: Would you say that (***name***) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. *Check UCF2: Child wears glasses?*	YES, UCF2=1 ....1 NO, UCF2=2 2	1 ⇨*UCF7A* 2 ⇨*UCF7B*
UCF7A. When wearing (his/her) glasses, does (***name***) have difficulty seeing? **UCF7B**. Does (***name***) have difficulty seeing?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY................................3 CANNOT SEE AT ALL 4	
UCF8. *Check UCF3: Child uses a hearing aid?*	YES, UCF3=1 ....1 NO, UCF3=2 2	1 ⇨*UCF9A* 2 ⇨*UCF9B*
UCF9A. When using (his/her) hearing aid(s), does (***name***) have difficulty hearing sounds like peoples' voices or music? **UCF9B**. Does (***name***) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY................................3 CANNOT HEAR AT ALL 4	
UCF10. *Check UCF4: Child uses equipment or receives assistance for walking?*	YES, UCF4=1 ....1 NO, UCF4=2 2	1 ⇨*UCF11* 2 ⇨*UCF13*
UCF11. Without (his/her) equipment or assistance, does (***name***) have difficulty walking?	SOME DIFFICULTY ....2 A LOT OF DIFFICULTY................................3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (***name***) have difficulty walking?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY................................3 CANNOT WALK AT ALL 4	1 ⇨*UCF14* 2 ⇨*UCF14* 3 ⇨*UCF14* 4 ⇨*UCF14*

UCF13. Compared with children of the same age, does (*name*) have difficulty walking?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY..3 CANNOT WALK AT ALL 4	
UCF14. Compared with children of the same age, does (*name*) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY..3 CANNOT PICK UP AT ALL.......................................4	
UCF15. Does (*name*) have difficulty understanding you?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY..3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When (*name*) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY..3 CANNOT BE UNDERSTOOD AT ALL.....................4	
UCF17. Compared with children of the same age, does (*name*) have difficulty learning things?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY..3 CANNOT LEARN THINGS AT ALL 4	
UCF18. Compared with children of the same age, does (*name*) have difficulty playing?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY..3 CANNOT PLAY AT ALL...4	

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BREASTFEEDING AND DIETARY INTAKE		BD
BD1. *Check UB2: Child's age?*	AGE 0, 1, OR 2.. 1 AGE 3 OR 4 2	2⇨*End*
BD2. Has (*name*) ever been breastfed?	YES.. 1 NO .... 2 DK 8	2⇨*BD3A* 8⇨*BD3A*
BD3. Is (*name*) still being breastfed?	YES.. 1 NO .... 2 DK 8	
BD3A. *Check UB2: Child's age?*	AGE 0 OR 1 .... 1 AGE 2 2	2⇨*End*
BD4. Yesterday, during the day or night, did (*name*) <u>drink anything from a bottle with a nipple</u>?	YES.. 1 NO .... 2 DK 8	
BD5. Did (*name*) <u>drink Oral Rehydration Salts solution (ORS),</u> yesterday, during the day or night?	YES.. 1 NO .... 2 DK 8	
BD6. Did (*name*) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES.. 1 NO .... 2 DK 8	

BD7. Now I would like to ask you about all other liquids that (*name*) may have had yesterday during the day or the night.

Please include liquids consumed outside of your home.

Did (*name*) drink (*name of item*) yesterday during the day or the night:

		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Fruit juice or fruit-flavoured drinks including those made from syrups or powders?	JUICE OR JUICE DRINKS	1	2	8
[C] Clear broth/clear soup (Nam Keng)?	CLEAR BROTH	1	2	8
[D] Infant formula, such as Similac, Pediasure?	INFANT FORMULA	1	2 ↯ *BD7[E]*	8 ↯ *BD7[E]*
[D1] How many times did (*name*) drink infant formula? *If 7 or more times, record '7'.*	NUMBER OF TIMES DRANK INFANT FORMULA .... __ DK... 8			
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 ↯ *BD7[F]*	8 ↯ *BD7[F]*

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[E1]	How many times did (*name*) drink milk? *If 7 or more times, record '7'.*	NUMBER OF TIMES DRANK MILK .... __ DK 8			
[E2]	Was the milk or were any of the milk drinks a sweet or flavoured type of milk?	SWEET MILK	1	2	8
[F]	Yogurt drinks such as Lao Yogurt, Xao Ban Yogurt, Dutchie Yogurt (imported) ?	YOGURT DRINKS	1	2 � *BD7[G]*	8 ☝ *BD7[G]*
[F1]	How many times did (*name*) drink yogurt? *If 7 or more times, record '7'.*	NUMBER OF TIMES DRANK YOGURT .... __ DK 8			
[F2]	Was the yogurt or were any of the yogurt drinks a sweet or flavoured type of yogurt drink?	SWEET YOGURT DRINKS	1	2	8
[G]	Chocolate-flavoured drinks including those made from syrups or powders?	CHOCOLATE DRINKS	1	2	8
[H]	Sodas, malt drinks, sports drinks or energy drinks?	SODA, MALT, ENERGY	1	2	8
[I]	Tea, coffee, or herbal drinks?	TEA, COFFEE, HERBAL	1	2 ☝ *BD7[X]*	8 ☝ *BD7[X]*
[I1]	Was the drink or were any of these drinks sweetened?	SWEET TEA, COFFEE, HERBAL	1	2	8
[X]	Any other liquids?	OTHER LIQUIDS	1	2 ☝ *BD8*	8 ☝ *BD8*
[X1]	*Record all other liquids mentioned.*	(*Specify*) _____			
[X2]	Was the drink or were any of these drinks sweetened?	SWEET OTHER LIQUID	1	2	8

BD8. Now I would like to ask you about <u>everything</u> that (*name*) ate yesterday during the day or the night. Please include foods consumed outside of your home.
- Think about when (*name*) woke up yesterday. Did (he/she) eat anything at that time?
  If 'Yes' ask: Please tell me everything (*name*) ate at that time. *Probe:* Anything else?
  Record answers using the food groups below.
- What did (*name*) do after that? Did (he/she) eat anything at that time?
  Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.

			YES	NO	DK
For each food group not mentioned after completing the above ask: Just to make sure, did (*name*) eat (*food group items*) yesterday during the day or the night					
[A]	Yogurt, other than yogurt drinks? *Note that liquid/drinking yogurt should be captured in BD7[F]*	YOGURT	1	2 ☝ *BD8[B]*	8 ☝ *BD8[B]*
[A1]	How many times did (*name*) eat yogurt? *If 7 or more times, record '7'.*	NUMBER OF TIMES ATE YOGURT .... __ DK 8			

[B] Any baby food, such as Cerelac, Nestum,?	FORTIFIED BABY FOOD	1	2	8
[C] Porridge, bread, rice, noodles, pasta, cornmeal, barley?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, sweet red peppers, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] Plantains, white potatoes, white yams, manioc cassava, russet potatoes or starchy tuberous roots that are white or pale inside, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Dark green, leafy vegetables such as Spinach, Morning Glory, and Green Leaf Lettuce?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[F1] Any other vegetables, such as lady's finger, Red Cabbage, Peas, Mushroom etc,. ?	OTHER VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas ?	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits such as watermelon, banana,?	OTHER FRUITS	1	2	8
[I] Liver, kidney, heart, tongue, brains, pancreas or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any commonly consumed foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Hard or soft cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[O] Sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles?	SWEET FOODS	1	2	8
[P] Chips, crisps, puffs, French fries, fried dough, instant noodles?	SALTY FOODS	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ⇩ BD9	8 ⇩ BD9
[X1] *Record all other solid, semi-solid, or soft food that do not fit food groups above.*	(*Specify*) _____			
BD9. How many times did (***name***) eat any solid, semi-solid or soft foods yesterday during the day or night? *If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].* *If 7 or more times, record '7'.*	NUMBER OF TIMES .... __ DK 8			

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IMMUNIZATION		IM

| **IM1**. *Check UB2: Child's age?* | AGE 0, 1, OR 2 ....1 | |
| | AGE 3 OR 4 ....2 | 2 ⇨*IM29* |

| **IM2**. Do you have a Yellow Immunization Card or MCH handbook (Pink Book) or Immunization Document from a private health provider or any other document where (*name*)'s vaccinations are written down? | YES, HAS ONLY CARD/MCH HANDBOOK 1
 YES, HAS ONLY OTHER
     DOCUMENT 2
 YES, HAS CARD/MCH HANDBOOK AND OTHER
     DOCUMENT 3
 NO, HAS NO CARDS/MCH HANDBOOK AND NO OTHER
     DOCUMENT .... 4 | 1 ⇨*IM5*

 3 ⇨*IM5* |

| **IM3**. Did you ever have Yellow Immunization Card or MCH handbook or Immunization document from a private health provider for (*name*)? | YES 1
 NO .... 2 | |

| **IM4**. *Check IM2:* | HAS ONLY OTHER DOCUMENT, IM2=2 1
 HAS NO CARDS AND NO OTHER
     DOCUMENT AVAILABLE, IM2=4 .... 2 |

 2 ⇨*IM11* |

| **IM5**. May I see the card(s) (and/or) other document? | YES, ONLY CARD/MCH HANDBOOK SEEN 1
 YES, ONLY OTHER
     DOCUMENT SEEN 2
 YES, CARD/MCH HANDBOOK AND OTHER
     DOCUMENT SEEN 3
 NO, NO CARDS/MCH HANDBOOK AND NO OTHER
     DOCUMENT SEEN .... 4 |

 4 ⇨*IM11* |

IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNIZATION						
		DAY		MONTH		YEAR		
BCG	BCG					2	0	2	
HepB (at birth)	HepB0					2	0	2	
Polio (OPV) 1	OPV1					2	0	2	
Polio (OPV) 2	OPV2					2	0	2	
Polio (OPV) 3	OPV3					2	0	2	
Polio (IPV)	IPV					2	0	2	
Pentavalent (DPTHibHepB) 1	Penta1					2	0	2	
Pentavalent (DPTHibHepB) 2	Penta2					2	0	2	
Pentavalent (DPTHibHepB) 3	Penta3					2	0	2	
Pneumococcal (Conjugate) 1	PCV1					2	0	2	

Vaccine	Code									
Pneumococcal (Conjugate) 2	PCV2					2	0	2		
Pneumococcal (Conjugate) 3	PCV3					2	0	2		
Measles and Rubella	MR1					2	0	2		
Measles and Rubella	MR2					2	0	2		
Japanese Encephalitis Vaccine	JEV					2	0	2		
Vitamin A (Most recent)	Vit. A					2	0	2		
Deworming (Most recent)	Deworming					2	0	2		

IM7. *Check IM6. Are all vaccines (BCG to Deworming) recorded?*	YES .... 1 NO 2	1 ⇨*End*

IM8. Did (*name*) participate in any of the following campaigns, national immunization days or child health days:
 	
  [A] National Polio Campaign
 	
  [B] National Measles Campaign
 	
  [C] National Immunization Day
 	
  [D] Provincial Health Day
	Y N DK
	
	NATIONAL POLIO CAMPAIGN 1 2 8
	
	NATIONAL MEASLES CAMPAIGN 1 2 8
	
	NATIONAL IMMUNIZATION DAY 1 2 8
	
	PROVINCIAL HEALTH DAY 1 2 8	

IM9. In addition to what is recorded on the document(s) you have shown me, did (*name*) receive any other vaccinations including vaccinations received during the campaigns, immunization days or provincial health 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 vaccine received.* *For each vaccination not received record '00' in day column.* *When finished, go to next module.*		⇨*End*
IM11. Has (*name*) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunization day or provincial health day?	YES .... 1 NO .... 2 DK 8	
IM12. Did (*name*) participate in any of the following campaigns, national immunization days or child health days:	Y N DK	

E

[A] National Polio Campaign	NATIONAL POLIO CAMPAIGN 1 2 8	
[B] National Measles Campaign	NATIONAL MEASLES CAMPAIGN 1 2 8	
[C] National Immunization Day	NATIONAL IMMUNIZATION DAY 1 2 8	
[D] Provincial Health Day	PROVINCIAL HEALTH DAY 1 2 8	
IM13. *Check IM11 and IM12:*	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. Did (*name*) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?	YES, WITHIN 24 HOURS... 1 YES, BUT NOT WITHIN 24 HOURS .... 2 NO.. 3 DK 8	
IM16. Has (*name*) ever received any vaccination drops in the mouth to protect (him/her) from polio? *Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.*	YES .... 1 NO .... 2 DK 8	2⇨*IM20* 8⇨*IM20*
IM18. How many times were the polio drops received?	NUMBER OF TIMES .... __ DK 8	
IM19. The last time (*name*) received the polio drops, did (he/she) also get an injection to protect against polio? *Probe to ensure that both were given, drops and injection.*	YES .... 1 NO .... 2 DK 8	
IM20. Has (*name*) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? *Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the Polio drops.*	YES .... 1 NO .... 2 DK 8	2⇨*IM22* 8⇨*IM22*
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES .... __	

	DK.. 8	
IM22. Has (*name*) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus? *Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.*	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 MR vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles and rubella?	YES .... 1 NO.. 2 DK.. 8	2⇨*IM26B* 8⇨*IM26B*
IM26A. How many times was the MR vaccine received?	NUMBER OF TIMES ....__ DK.. 8	
IM26B. Has (*name*) ever received the Japanese Encephalitis Vaccine – that is, injection into a muscle or just under the skin to prevent him/her from against Japanese encephalitis?	YES .... 1 NO.. 2 DK.. 8	
IM29. Has (name) received a Vitamin A does like (this /any of these) within the last 6 months? *Show common types of ampules / capsules / syrups*	YES .... 1 NO.. 2 DK.. 8	
IM30. Has (*name*) ever received the Deworming tablet – that is, a tablet to eliminate the existing worms?	YES .... 1 NO.. 2 DK.. 8	

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (***name***) had diarrhoea?	YES ....1 NO ....2 DK 8	 2 ⇨*CA14* 8 ⇨*CA14*
CA2. *Check BD3: Is child still breastfeeding?*	YES OR BLANK, BD3=1 OR BLANK............. 1 NO OR DK, BD3=2 OR 8 2	1 ⇨*CA3A* 2 ⇨*CA3B*
CA3A. I would like to know how much (***name***) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine. During the time (***name***) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? *If 'less', probe*: Was (he/she) given much less than usual to drink, or somewhat less? **CA3B**. I would like to know how much (***name***) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine. During the time (***name***) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? *If 'less', probe*: 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	
CA4. During the time (***name***) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat? *If 'less', probe:* 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 ....7 DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES ....1 NO..2 DK..8	 2 ⇨*CA7* 8 ⇨*CA7*

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CA6. Where did you seek advice or treatment?
 	
Probe: Anywhere else?
 	
Record all providers mentioned, but do not prompt with any suggestions.
 	
Probe to identify each type of provider.
 	
If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.
 	
_____
(*Name of place*)
	PUBLIC MEDICAL SECTOR
	GOVERNMENT HOSPITAL ....A
	GOVERNMENT HEALTH CENTRE ....B
	VILLAGE HEALTH WORKER.......................D
	OUTREACH TEAM ....E
	OTHER PUBLIC MEDICAL
	   (*specify*) _____H
	
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL / CLINIC.......................I
	PRIVATE PHYSICIAN ....J
	PRIVATE PHARMACY ....K
	MOBILE CLINIC...M
	OTHER PRIVATE MEDICAL
	   (*specify*) _____O
	
	DK PUBLIC OR PRIVATE ....W
	
	OTHER SOURCE
	RELATIVE / FRIEND ....P
	SHOP ....Q
	TRADITIONAL PRACTITIONER...................R
	
	OTHER (*specify*) _____X
	DK / DON'T REMEMBER_____Z	

CA7. During the time (**name**) had diarrhoea, was (he/she) given: [A] A fluid made from a special packet called oralyte / Nam Tha Lay Phoun? [B] A pre-packaged ORS fluid called oralyte fluid? [C] Zinc tablets or syrup? [D] Coconut water or rice water with salt?	Y N DK FLUID FROM ORS PACKET .... 1 2 8 PRE-PACKAGED ORS FLUID............ 1 2 8 ZINC TABLETS OR SYRUP .... 1 2 8 COCONUT WATER OR RICE WATER WITH SALT.. 1 2 8	
CA8. *Check CA7[A] and CA7[B]: Was child given any ORS?*	YES, YES IN CA7[A] OR CA7[B]....................1 NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B]....................2	2⇨CA10

CA9. Where did you get the (*ORS mentioned in CA7[A] and/or CA7[B]*)? *Probe to identify the type of source.* *If 'Already had at home', probe to learn if the source is known.* <u>*If unable to determine whether public or private,*</u> *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.* _____ *(Name of place)*	**PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL ....A GOVERNMENT HEALTH CENTRE ....B VILLAGE HEALTH WORKER.......................D OUTREACH TEAM ....E OTHER PUBLIC MEDICAL 　　　(*specify*) _____H **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL / CLINIC.......................I PRIVATE PHYSICIAN ....J PRIVATE PHARMACY ....K MOBILE CLINIC..M OTHER PRIVATE MEDICAL 　　　(*specify*) _____O DK PUBLIC OR PRIVATE ....W **OTHER SOURCE** RELATIVE / FRIEND .... P SHOP ....Q TRADITIONAL PRACTITIONER...................R OTHER (*specify*) ....X DK / DON'T REMEMBER...............................Z	
CA10. *Check CA7[C]: Was child given any zinc?*	YES, CA7[C]=1 ....1 NO, CA7[C] ≠1...2	2⇨*CA12*
CA11. Where did you get the zinc? *Probe to identify the type of source.* *If 'Already had at home', probe to learn if the source is known.* <u>*If unable to determine whether public or private,*</u> *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.* _____ *(Name of place)*	**PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL ....A GOVERNMENT HEALTH CENTRE ....B VILLAGE HEALTH WORKER.......................D OUTREACH TEAM ....E OTHER PUBLIC MEDICAL 　　　(*specify*) _____H **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL / CLINIC.......................I PRIVATE PHYSICIAN ....J PRIVATE PHARMACY ....K MOBILE CLINIC..M OTHER PRIVATE MEDICAL 　　　(*specify*) _____O DK PUBLIC OR PRIVATE ....W **OTHER SOURCE** RELATIVE / FRIEND .... P SHOP ....Q TRADITIONAL PRACTITIONER...................R OTHER (*specify*) ....X DK / DON'T REMEMBER...............................Z	
CA12. Was anything else given to treat the diarrhoea?	YES ....1 NO..2 DK..8	2⇨*CA14* 8⇨*CA14*

CA13. What else was given to treat the diarrhoea?
 	
Probe:
Anything else?
 	
Record all treatments given. Write brand name(s) of all medicines mentioned.
 	
_____
(Name of brand)
 	
_____
(Name of brand)
	PILL OR SYRUP
	   ANTIBIOTIC...A
	   ANTIMOTILITY (ANTI-DIARRHOEA).......B
	   OTHER PILL OR SYRUP ....G
	   UNKNOWN PILL OR SYRUP.....................H
	
	INJECTION
	   ANTIBIOTIC...L
	   NON-ANTIBIOTIC.................................M
	   UNKNOWN INJECTION ....N
	
	INTRAVENOUS (IV) ....O
	
	HOME REMEDY /
	   HERBAL MEDICINE ....Q
	
	OTHER (*specify*) _____X	

CA14. At any time in the last two weeks, has (***name***) been ill with a fever?	YES ....1 NO ....2 DK 8	2⇨*CA16* 8⇨*CA16*
CA15. At any time during the illness, did (***name***) have blood taken from (his/her) finger or heel for testing?	YES ....1 NO ....2 DK 8	
CA16. At any time in the last two weeks, has (***name***) had an illness with a cough?	YES ....1 NO ....2 DK 8	
CA17. At any time in the last two weeks, has (***name***) had fast, short, rapid breaths or difficulty breathing?	YES ....1 NO ....2 DK 8	2⇨*CA19* 8⇨*CA19*
CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY............................1 BLOCKED OR RUNNY NOSE ONLY ....2 BOTH...3 OTHER (*specify*) _____ 6 DK 8	1⇨*CA20* 2⇨*CA20* 3⇨*CA20* 6⇨*CA20* 8⇨*CA20*
CA19. *Check CA14: Did child have fever?*	YES, CA14=1 ....1 NO OR DK, CA14=2 OR 8 2	 2⇨*CA30*
CA20. Did you seek any advice or treatment for the illness from any source?	YES ....1 NO ....2 DK 8	 2⇨*CA22* 8⇨*CA22*

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CA21. From where did you seek advice or treatment? *Probe:* Anywhere else? *Record all providers mentioned, but do <u>not</u> prompt with any suggestions.* *Probe to identify each type of provider.* <u>*If unable to determine if public or private sector*</u>, *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.* _____ *(Name of place)*	PUBLIC MEDICAL SECTOR
	GOVERNMENT HOSPITAL ....A
	GOVERNMENT HEALTH CENTRE ....B
	VILLAGE HEALTH WORKER ....D
	OUTREACH TEAM ....E
	OTHER PUBLIC MEDICAL
	    (SPECIFY) _____H
	
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL / CLINIC I
	PRIVATE PHYSICIAN ....J
	PRIVATE PHARMACY ....K
	MOBILE CLINIC..M
	OTHER PRIVATE MEDICAL
	    (SPECIFY) _____O
	
	DK PUBLIC OR PRIVATE ....W
	
	OTHER SOURCE
	RELATIVE / FRIEND .... P
	SHOP ....Q
	TRADITIONAL PRACTITIONER....................R
	
	OTHER (SPECIFY) _____X
	DK / DON'T REMEMBER_____Z	

CA22. At any time during the illness, was (***name***) given any medicine for the illness?	YES ....1 NO...2 DK...8	*2⇨CA30* *8⇨CA30*

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| CA23. What medicine was (*name*) given?

Probe:
Any other medicine?

Record all medicines given.

"*If unable to determine type of medicine*, write the brand name and then temporarily record 'X' until you learn the appropriate category for the response."

_____
(Name of brand)

_____
(Name of brand) | **ANTI-MALARIALS**
  ARTEMISININ COMBINATION
    THERAPY (COARTEM)..............................A
  QUININE
    PILLS.. E
    INJECTION/IV .... F
  ARTESUNATE
    RECTAL...G
    INJECTION/IV ....H
  OTHER ANTI-MALARIAL
    (*specify*) _____K

ANTIBIOTICS
  AMOXICILLIN L
  COTRIMOXAZOLE ....M
  OTHER ANTIBIOTIC
    PILL/SYRUP ....N
  OTHER ANTIBIOTIC
    INJECTION/IV ....O

OTHER MEDICATIONS
  PARACETAMOL/PANADOL/
    ACETAMINOPHEN.....................................R
    ASPIRIN .... S
    IBUPROFEN ....T

  OTHER (*specify*) _____X
  DK...Z | |
| **CA24**. *Check CA23: Antibiotics mentioned?* | YES, ANTIBIOTICS MENTIONED,
  CA23=L-O 1
NO, ANTIBIOTICS NOT MENTIONED.......... 2 |

2⇨*CA26* |

CA25. Where did you get the (*name of medicine from CA23, codes L to O*)?
 	
Probe to identify the type of source.
 	
If 'Already had at home', probe to learn if the source is known.
 	
If unable to determine whether public or private, *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.*
 	
_____
(Name of place)
	PUBLIC MEDICAL SECTOR
	GOVERNMENT HOSPITAL ....A
	GOVERNMENT HEALTH CENTRE ....B
	VILLAGE HEALTH WORKER.......................D
	OUTREACH TEAM ....E
	OTHER PUBLIC MEDICAL
	    (*specify*) _____H
	
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL / CLINIC........................I
	PRIVATE PHYSICIAN ....J
	PRIVATE PHARMACY ....K
	MOBILE CLINIC...M
	OTHER PRIVATE MEDICAL
	    (*specify*) _____O
	
	DK PUBLIC OR PRIVATE ....W
	
	OTHER SOURCE
	RELATIVE / FRIEND ....P
	SHOP ....Q
	TRADITIONAL PRACTITIONER...................R
	
	OTHER (*specify*) X
	DK / DON'T REMEMBER ....Z	

CA26. *Check CA23: Anti-malarials mentioned?*	YES, ANTI-MALARIALS MENTIONED,
	    CA23=A-K...1
	NO, ANTI-MALARIALS NOT
	    MENTIONED..2
		2 ⇨*CA30*

CA27. Where did you get the (*name of medicine from CA23, codes A to K*)?
 	
Probe to identify the type of source.
 	
If 'Already had at home', probe to learn if the source is known.
 	
If unable to determine whether public or private, *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.*
 	
_____
(Name of place)
	PUBLIC MEDICAL SECTOR
	GOVERNMENT HOSPITAL ....A
	GOVERNMENT HEALTH CENTRE ....B
	VILLAGE HEALTH WORKER.......................D
	OUTREACH TEAM ....E
	OTHER PUBLIC MEDICAL
	    (*specify*) _____H
	
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL / CLINIC........................I
	PRIVATE PHYSICIAN ....J
	PRIVATE PHARMACY ....K
	MOBILE CLINIC...M
	OTHER PRIVATE MEDICAL
	    (*specify*) _____O
	
	DK PUBLIC OR PRIVATE ....W
	
	OTHER SOURCE
	RELATIVE / FRIEND ....P
	SHOP ....Q
	TRADITIONAL PRACTITIONER...................R
	
	OTHER (*specify*) X
	DK / DON'T REMEMBER ....Z	

CA28. *Check CA23: More than one antimalarial recorded in codes A to K?*	YES, MULTIPLE ANTI-MALARIALS MENTIONED..1 NO, ONLY ONE ANTIMALARIAL MENTIONED..2	1⇨*CA29A* 2⇨*CA29B*
CA29A. How long after the fever started did (*name*) first take the first of the (*name all anti-malarials recorded in CA23, codes A to K*)? **CA29B.** How long after the fever started did (*name*) first take (*name of anti-malarial from CA23, codes A to K*)?	SAME DAY..0 NEXT DAY ....1 2 DAYS AFTER FEVER STARTED ....2 3 OR MORE DAYS AFTER FEVER STARTED...3 DK..8	
CA30. *Check UB2: Child's age?*	AGE 0, 1 OR 2..1 AGE 3 OR 4..2	 2⇨*End*
CA31. The last time (*name)* passed stools, what was done to dispose of the stools?	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 OTHER (*specify*) _____ 96 DK..98	

UF11. *Record the time.*	HOURS AND MINUTES........................ __ __ : __ __	
UF12. *Language of the Questionnaire.*	LAO... 1	
UF13. *Language of the Interview.*	LAO...1 OTHER LANGUAGE (*specify*) _____ 6	
UF14. *Native language of the Respondent.*	LAO... 1 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	

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MICS PLUS CONSENT		
UF15A. *Check the name and line number of this questionnaire's respondent (UF4). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), WOMAN QUESTIONNAIRE (WM3), MAN QUESTIONNAIRE (MWM3) or 5 to 17 QUESTIONNAIRE (FS4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?*	YES, ALREADY INTERVIEWED (UF4=HH47 OR UF4=WM3 OR UF4=MWM3 OR UF4=FS4) .... …………………………1 NO, FIRST INTERVIEW (UF4≠HH47 AND UF4≠WM3 AND UF4≠MWM3 AND UF4≠FS4) ....………………………...2	1⇨*UF17*

UF15B. Thank you for your participation.

The Lao Bureau of Statistics will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 15 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES…………………………………………………………………………………………………1 NO…………………………………………………………………………………………...2	2⇨*UF17*

UF15C. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES.. 1 NO.. 2	2⇨*UF17*

UF15D. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2ND NUMBER	[P3] 3RD NUMBER
UF15E. *Ask for and record phone number.*	— — — — — — —	— — — — — — —	— — — — — — —
UF15F. Just to confirm, the number is (*number from UF15E*)? *If no, return to UF15E and correct entry.*	YES ....1 NO...............................2⬎ *UF15E*	YES ....1 NO...............................2⬎ *UF15E*	YES ....1 NO...............................2⬎ *UF15E*
UF15G. Is this a fixed line or a mobile phone number?	FIXED LINE.................1 MOBILE 2	FIXED LINE.................1 MOBILE 2	FIXED LINE.................1 MOBILE.......................2
UF15H1. Usually, what time of the day would be best to call you on this number?	**PERIOD** BETWEEN......___ ___ AND ....___ ___ ANY TIME ....95 OTHER (*specify*) ____96	**PERIOD** BETWEEN......___ ___ AND ....___ ___ ANY TIME ....95 OTHER (*specify*) ____96	**PERIOD** BETWEEN......___ ___ AND ....___ ___ ANY TIME ....95 OTHER (*specify*) ____96

UF15H2. Usually, what days of the week are best to call you on this number? *Probe:* Any other day? *If X is recorded, no other answer is possible*	MONDAY....................A TUESDAY ....B WEDNESDAY ....C THURSDAY ....D FRIDAY...................... E SATURDAY ....F SUNDAY ....G DK/NO PREF X	MONDAY....................A TUESDAY ....B WEDNESDAY ....C THURSDAY ....D FRIDAY...................... E SATURDAY ....F SUNDAY ....G DK/NO PREF X	MONDAY....................A TUESDAY ....B WEDNESDAY............C THURSDAY ....D FRIDAY...................... E SATURDAY ....F SUNDAY ....G DK/NO PREF...............X
UF15I. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES ....1↺ *[P2]* NO...............................2↺ *[UF17]*	YES ....1↺ *[P3]* NO...............................2↺ *[UF17]*	YES ....1↺ *[P4]* NO...............................2↺ *[UF17]*

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INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

ANTHROPOMETRY MODULE INFORMATION PANEL   AN

AN1. *Cluster number:* ___ ___ ___ ___	**AN2**. *Household number:* ___ ___
AN3. *Child's name and line number:* NAME _____ ___ ___	**AN4**. *Child's age from UB2:* AGE (IN COMPLETED YEARS).............................. __
AN5. *Mother's / Caretaker's name and line number:* NAME _____ ___ ___	**AN6**. *Interviewer's name and number:* NAME _____ ___ ___

ANTHROPOMETRY

AN7. *Measurer's name and number:*	NAME _____ ___ ___ ___	
AN8. *Record the result of weight measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	KILOGRAMS (KG) .... ___ ___ . ___ CHILD NOT PRESENT.....................................99.3 CHILD REFUSED ....99.4 RESPONDENT REFUSED...............................99.5 OTHER (*specify*) _____ 99.6	 99.3 ⇨AN13 99.4 ⇨AN10 99.5 ⇨AN10 99.6 ⇨AN10
AN9. *Was the child undressed to the minimum?*	YES..1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM...................2	
AN10. *Check AN4: Child's age?*	AGE 0 OR 1..1 AGE 2, 3 OR 4...2	1 ⇨AN11A 2 ⇨AN11B
AN11A. *The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.* **AN11B**. *The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	LENGTH / HEIGHT (CM)......... ___ ___ ___ . ___ CHILD REFUSED ....999.4 RESPONDENT REFUSED............................999.5 OTHER (*specify*) _____ 999.6	 999.4 ⇨AN13 999.5 ⇨AN13 999.6 ⇨AN13
AN12. *How was the child actually measured? Lying down or standing up?*	LYING DOWN ....1 STANDING UP...2	
AN13. *Today's date: Day / Month / Year:* ___ ___ /___ ___ / 2023		
AN14. *Is there another child under age 5 in the household who has not yet been measured?*	YES..1 NO..2	1 ⇨Next Child
AN15. *Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.*		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

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