

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM **National Centre of Public Health**. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>) _____ 96
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UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
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UF12. Record the time.	Hour and minutes..... ____ : ____	
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AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day..... 98</p> <p>Month..... ____</p> <p>Year ____</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ____</p>	

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen..... 2 No 3 DK..... 8	1⇒Next Module 2⇒Next Module
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes..... 1 No 2 DK..... 8	1⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes..... 1 No 2	2⇒Next Module
BR3A. WHY DIDN'T YOU REGISTER YOUR CHILD AT THE CIVIL AUTHORITY?	It is expensive A It is too far B I didn't know that I had to register my child C The child is over 6 months and I don't want to pay a penalty for late registration D I don't know where registration is made E The child is too small and I do not have enough time to register him/her..... F I don't have a name yet G I have no time H I don't have other documents for registration I Other (<i>specify</i>) X DK..... Z	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children's books0 __</p> <p>Ten or more books 10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
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<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour</p> <p>Number of days left with other child for more than an hour</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>																		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes 1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>																
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	<p>Number of hours.....__ __</p>																	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				

<p>EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes 1 No 2 DK..... 8</p>	
<p>EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?</p>	<p>Yes 1 No 2 DK..... 8</p>	
<p>EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?</p>	<p>Yes 1 No 2 DK..... 8</p>	
<p>EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?</p>	<p>Yes 1 No 2 DK..... 8</p>	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF4. DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (<i>name</i>) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (<i>name</i>) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF9. DID (<i>name</i>) DRINK <u>clear broth/clear soup</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF10. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	

BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF15. DID (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID</u> <u>(SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE</u> <u>WITH A NIPPLE?</u>	Yes 1 No 2 DK..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK..... 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i> [A] A FLUID MADE FROM A SPECIAL PACKET CALLED REHIDRON (REHIDOL, HIDOREG) [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Y N DK Fluid from ORS packet REHIDRON (REHIDOL, HIDOREG) 1 2 8 Pre-packaged ORS fluid 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name)</i></p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc C</p> <p>Other (Not antibiotic, antimotility, zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Hospital A</p> <p>Health Centre S</p> <p>Centre for family doctors, office of family doctor T</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>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	

CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ (<i>Names of medicines</i>)	Antibiotic / Biseptol Pill / Syrup A Injection B Paracetamol P Aspirin Q Ibuprofen R Other (<i>specify</i>) _____ X DK..... Z	
CA14. Check AG2: Child aged under 3? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME (<i>name</i>) 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 (<i>specify</i>) _____ 96 DK..... 98	

IMMUNIZATION										IM
<p><i>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</i></p>										
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?				Yes, seen 1 Yes, not seen 2 No card 3				1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?				Yes 1 No 2				1⇒IM6 2⇒IM6		
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization						
				Day		Month		Year		
BCG	BCG									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
POLIO 4	OPV 4									
DPT1	DPT1									
DPT2	DPT2									
DPT3	DPT3									
DPT 4	DPT 4									
HEPB AT BIRTH	H0									
HEPB1	H1									
HEPB2	H2									
HEPB3	H3									
MEASLES, MUMPS, RUBELLA (OR MMR)	MMR									
IM4. Check IM3. Are all vaccines (BCG to Yellow Fever) recorded?										
<input type="checkbox"/> Yes ⇒ Go to IM18										
<input type="checkbox"/> No ⇒ Continue with IM5										

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p><i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i></p>	<p>Yes 1 <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i></p> <p>No 2 DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	<p>2⇒IM13 8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours 1 Later 2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES, MUMPS, RUBELLA INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS, RUBELLA?</p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	
<p>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	

	DK..... 8	
IM18A. Has (<i>name</i>) ever received pills, drops or syrup with iron?	Yes 1 No 2 DK..... 8	
IM20. Issue a "Questionnaire Form for Vaccinations at Health Facility" for this child. Complete the Information Panel on that Questionnaire and continue below.		

UF13. Record the time.	Hour and minutes :	
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UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?

Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent

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

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

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

ANTHROPOMETRY

AN

After questionnaires for all children are complete, the measurer weights 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. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement</i>	Either or both measured..... 1 Child not present 2 Child or caretaker refused 3 Other (<i>specify</i>) _____ 6	2⇒HM5 3⇒ Next Module 6⇒ Next Module
AN3. <i>Child's weight</i>	Kilograms (kg) ____ . ____ Weight not measured 99.9	
AN4. <i>Child's length or height</i> Check age of child in AG2: <input type="checkbox"/> <i>Child under 2 years old. ⇒ Measure length (lying down).</i> <input type="checkbox"/> <i>Child age 2 or more years. ⇒ Measure height (standing up).</i>	Length (cm) Lying down 1 ____ . ____ Height (cm) Standing up 2 ____ . ____ Length / Height not measured 9999.9	

HAEMOGLOBIN LEVEL MEASUREMENT

HM

Record the haemoglobin level below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and the line number on the household listing before recording measurements.

<p>HM1. <i>Measurer's name and number:</i></p>	<p>Name _____</p>	
<p>HM2. CHECK AG1: IS THE CHILD'S AGE 0-5 MONTHS OR WAS THE CHILD BORN IN THE MONTH OF THE INTERVIEW OR 5 MONTHS AGO?</p> <p><input type="checkbox"/> Yes, 0-5 months ⇒ Go to HM7.</p> <p><input type="checkbox"/> No, older ⇒ Continue with HM3.</p>		
<p>HM3. <i>Check the line number of the parent/caretaker from the household listing form, HLI.</i></p> <p><i>Record "00", if not included in the household listing form and specify who is the caretaker.</i></p>	<p>Line number _____</p> <p>Specify _____</p>	
<p>HM4. READ THE CONSENT MESSAGE TO THE PARENT/CARETAKER IDENTIFIED IN HM3.</p> <p>WITHIN THIS SURVEY, WE EVALUATE THE ANAEMIA IN WOMEN AND CHILDREN. ANAEMIA IS A VERY IMPORTANT HEALTH ISSUE THAT IS USUALLY CAUSED BY INSUFFICIENT NUTRITION, INFECTIONS OR CHRONIC DISEASES. THIS SURVEY WILL HELP THE MINISTRY OF HEALTH TO DEVELOP PROGRAMMES FOR PREVENTING AND TREATING ANAEMIA.</p> <p>WE WOULD LIKE THAT ALL CHILDREN BORN IN 2007 OR LATER PARTICIPATE IN ANAEMIA TESTING BY ALLOWING US TO TAKE SOME DROPS OF BLOOD FROM THE FINGER. THE TEST USES ONLY DISPOSABLE INSTRUMENTS THAT ARE STERILE AND ABSOLUTELY SAFE. THE TEST WILL BE EFFECTED USING A SPECIAL MODERN EQUIPMENT AND THE RESULTS WILL BE READY IMMEDIATELY AFTER BLOOD TAKING. THE RESULTS WILL BE STRICTLY CONFIDENTIAL.</p> <p>DO YOU HAVE ANY QUESTIONS?</p> <p>NOW I WOULD LIKE THAT THE CHILD (<i>child's name</i>) PARTICIPATE IN THE ANAEMIA TEST. HOWEVER, IF YOU DECIDE NOT TO PERFORM THIS TEST, IT IS YOUR RIGHT TO DO SO AND WE WILL COMPLY WITH YOUR DECISION. PLEASE TELL ME YOUR DECISION ON ACCEPTING THIS TEST.</p>		
<p>HM5. <i>Circle the respective code and ask the parent/caretaker to sign.</i></p>	<p>Consent received 1</p> <p>Signature _____</p> <p>Refusal on the part of the parent/caretaker 2</p> <p>Parent/caretaker is not present 3</p> <p>Child is not present..... 4</p>	
<p>HM6. <i>Register the haemoglobin level (g/dl).</i></p>	<p>Haemoglobin level (g/dl)</p> <p>_____</p> <p>Not measured due to other reasons (specify) 996</p>	
<p>HM7. <i>Is there any other child in the household who is eligible for measurement?</i></p> <p><input type="checkbox"/> Yes ⇒ Record measurements for the next child, including the haemoglobin level.</p> <p><input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.</p>		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FORM FOR VACCINATIONS AT HEALTH FACILITY

UNDER-FIVE CHILD INFORMATION PANEL	HF
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This questionnaire form is to be used at health facilities to record information on the vaccinations of children age 0-4 years. A separate questionnaire form should be used for each eligible child.

The Questionnaire for Under Five Children must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.

This questionnaire form must be appended to the Questionnaire for Under Five Children for each child.

HF1. Cluster number: <div style="text-align: right;">_ _ _</div>	HF2. Household number: <div style="text-align: right;">_ _</div>
HF3. Child's name: Name _____	HF4. Child's line number: <div style="text-align: right;">_ _</div>
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: <div style="text-align: right;">_ _</div>
HF7. Interviewer name and number: Name _____	HF8. Day / Month / Year of facility visit: <div style="text-align: right;">_ _ / _ _ / _ _ _ _</div>
HF9. Day, month and year of birth <i>(From AG1 in Under-5 Questionnaire)</i> <div style="text-align: right;">_ _ / _ _ / _ _ _ _</div>	HF10. Name of health facility: _____

HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (<i>specify</i>) _____ 96
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IMMUNIZATION										HF
HF12. Record day, month and year of birth as written on vaccination record			_____ / _____ / _____							
HF13. (c) Copy dates for each vaccination from the card. (d) Write '44' in day column if card shows that vaccination was given but no date recorded.			Date of Immunization							
			Day		Month		Year			
BCG	BCG									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
POLIO 4	OPV 4									
DPT1	DPT1									
DPT2	DPT2									
DPT3	DPT3									
DPT 4	DPT 4									
HEPB AT BIRTH	H0									
HEPB1	H1									
HEPB2	H2									
HEPB3	H3									
MEASLES, MUMPS AND RUBELLA I (OR MMR)	MMRB									