

UNDER-FIVE CHILD INFORMATION PANEL		UF											
<i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.</i>													
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: <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> </tr> <tr> <td style="text-align: center; font-size: small;">(day)</td> <td style="text-align: center; font-size: small;">(month)</td> <td colspan="4" style="text-align: center; font-size: small;">(year)</td> </tr> </table>			2	0	1	3	(day)	(month)	(year)			
		2	0	1	3								
(day)	(month)	(year)											

Repeat greeting if not already read to this respondent:

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

WE ARE FROM THE **STATISTICAL OFFICE OF MONTENEGRO - MONSTAT**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT IT. THE INTERVIEW WILL TAKE ABOUT **15** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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 **15** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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 ⇒ Circle 03 in UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
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UF10. Field editor name and number: _____	UF11. Main data entry clerk name and number: _____
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UF12. Record the time.	Hour and minutes..... ____ : ____
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AGE		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (<i>name</i>). ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN? <i>Probe:</i> WHAT IS HIS / HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i> <i>Month and year must be recorded.</i>	Date of birth Day ____ DK day 98 Month ____ Year 20 ____	
AG2. HOW OLD IS (<i>name</i>)? <i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>Compare and correct AG1 and/or AG2 if inconsistent.</i>	Age (in completed years) ____	

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE FROM THE REGISTRY OF BIRTHS? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen..... 2	
	No 3	
	DK..... 8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED IN THE REGISTRY OF BIRTHS?	Yes..... 1	1⇒Next Module
	No 2	
	DK..... 8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH IN THE REGISTRY OF BIRTH?	Yes..... 1	
	No 2	

EARLY CHILDHOOD DEVELOPMENT		EC				
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None 00					
	Number of children's books 0 __					
	Ten or more books 10					
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH:	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td style="text-align: right;">DK</td> </tr> </table>		Y	N	DK	
		Y	N	DK		
	[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?	Homemade toys 1 2 8				
	[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?	Toys from a shop 1 2 8				
	[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?	Household objects or outside objects 1 2 8				
<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>						
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 <i>(name)</i> :	[A] LEFT ALONE FOR MORE THAN AN HOUR?	Number of days 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?	Number of days left with other child for more than an hour __				
	<i>If 'none' enter '0'. If 'don't know' enter '8'</i>					
	EC4. Check AG2: Age of child					
<input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5 <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module						
EC5. 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					
	No 2					
	DK..... 8					

<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	
	Mother	Father	Other	No one																																	
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Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNISE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				

<p>EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes 1 No 2 DK..... 8</p>	
<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 AND DIETARY INTAKE		BD	
BD1. Check AG2: Age of child			
<input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2			
<input type="checkbox"/> Child age 3 or 4 ⇒ Go to Care of Illness Module			
BD2. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BD4 8⇒BD4	
BD3. IS (name) STILL BEING BREASTFED?	Yes 1 No 2 DK 8		
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8		
BD5. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8		
BD6. DID (name) DRINK ORS (OROSAL, NELIT, ETC.) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8		
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER YOUR CHILD HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. DID (name) DRINK (Name of food) YESTERDAY DURING THE DAY OR THE NIGHT:			
		Yes No DK	
[A] PLAIN WATER?	Plain water	1 2 8	
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8	
[C] CLEAR SOUP?	Soup	1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk		—
[E] INFANT FORMULA?	Infant formula	1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula		—
[F] ANY OTHER LIQUIDS?	Other liquids	1 2 8	

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER YOUR CHILD HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. DID (name) EAT (name of food) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes No DK	
[A] YOGURT?	Yogurt	1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt		—
[B] ANY CERELAC (HIPPI, NESTLE, FRUTEK, JUVITANA)?	Cerelac	1 2 8	
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains?	1 2 8	
[D] PUMPKIN, CARROTS?	Pumpkin, carrots, etc.	1 2 8	
[E] POTATOES, BEETROOT OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes, beetroot, etc.	1 2 8	
[F] ANY DARK GREEN, LEAFY VEGETABLES (SPINACH, CHARD)?	Dark green, leafy veg.	1 2 8	
[G] VITAMIN A-RICH FRUITS (PEACH, APRICOT, PLUM, WATERMELON, CANTALOUPE)?	Peach, apricot, plum, watermelon, cantaloupe	1 2 8	
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or veg.	1 2 8	
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1 2 8	
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1 2 8	
[K] EGGS?	Eggs	1 2 8	
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1 2 8	
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1 2 8	
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1 2 8	
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD?	Other solid, semi-solid, or soft food	1 2 8	
BD9. Check BD8 (Categories "A" through "O")			
<input type="checkbox"/> All "No" ⇒ Continue with BD10			
<input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11			
BD10. DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?			
<input type="checkbox"/> Yes ⇒ Go back to BD8 to record food eaten yesterday [A to O]. When finished, continue with BD11			
<input type="checkbox"/> No/DK ⇒ Go to Next Module			
BD11. HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?	Number of times.....		—
<i>If 7 or more times, record '7'.</i>	DK.....		8

IMMUNISATION		IM	
<p>If an immunisation card/health book/hospital release form is available, copy the dates in IM3 for each type of immunisation recorded on the card/health book/hospital release form. IM6-IM16 are for registering vaccinations that are not recorded on the card/health book/hospital release form. IM6-IM17 will only be asked when a card/health book/hospital release form is not available.</p>			
<p>IM1. DO YOU HAVE A CARD/HEALTH BOOK/HOSPITAL RELEASE FORM WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?</p>	<p>Yes, seen 1 Yes, not seen 2 No card 3</p>	<p>1⇒IM3 2⇒IM6</p>	
<p>IM2. DID YOU EVER HAVE A VACCINATION CARD HEALTH BOOK/HOSPITAL RELEASE FORM IN WHICH VACCINATIONS ARE WRITTEN DOWN FOR (name)?</p>	<p>Yes 1 No 2</p>	<p>1⇒IM6 2⇒IM6</p>	
<p>IM3. (a) Copy name and dates for each vaccination from the card/health book. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.</p>			
	Date of Immunisation		
	Day	Month	Year
BCG			
DPT1 OR PENTAXIM 1 OR INFANRIX 1			
DPT2 OR PENTAXIM 2 OR INFANRIX 2			
DPT3 OR PENTAXIM 3 OR INFANRIX 3			
POLIO 1 OR PENTAXIM 1 OR INFANRIX 1			
POLIO 2 OR PENTAXIM 2 OR INFANRIX 2			
POLIO 3 OR PENTAXIM 3 OR INFANRIX 3			
HIB1 OR PENTAXIM 1 OR INFANRIX 1			
HIB2 OR PENTAXIM 2 OR INFANRIX 2			
HIB3 OR PENTAXIM 3 OR INFANRIX 3			
HEPB1			
HEPB2			
HEPB3			
MMR			
<p>IM4. Check IM3. Are all vaccines (BCG, DPT, Polio, Hib, HepB and MMR) recorded? <input type="checkbox"/> Yes ⇒ Go to next module <input type="checkbox"/> No ⇒ Continue with IM5</p>			

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNISATION DAYS OR CHILD HEALTH DAY? <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, Go to Next Module <input type="checkbox"/> No/DK ⇒ Go to Next Module</p>		
<p>IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNISATION DAY?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒Next module 8⇒ Next module</p>
<p>IM7. HAS (name) 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 No 2 DK 8</p>	
<p>IM8. HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" OR AN INJECTION IN THE THIGH THAT CONTAINS POLIO TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM10. HOW MANY TIMES WAS THE VACCINE THAT CONTAINS POLIO RECEIVED?</p>	<p>Number of times</p>	
<p>IM11. HAS (name) EVER RECEIVED A VACCINATION THAT CONTAINS DPT – THAT IS, AN INJECTION IN THE THIGH OR SHOULDER – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that the vaccine that contains DPT is sometimes given at the same time as the vaccine that contains polio and the vaccine that contains Hib.</i></p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒IM13 8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A VACCINE THAT CONTAINS DPT RECEIVED?</p>	<p>Number of times</p>	
<p>IM13. HAS (name) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR SHOULDER – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as the vaccine that contains polio and the vaccine that contains DPT.</i></p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒IM15A 8⇒IM15A</p>
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times</p>	
<p>IM15A. HAS (name) EVER RECEIVED A VACCINE THAT CONTAINS HAEMOPHILUS INFLUENZA TYPE (Hib) – THAT IS, INJECTION IN THE ARM (SHOULDER) OR IN THE THIGH – TO PREVENT HIM/HER FROM GETTING BACTERIAL MENINGITIS OR SOME FORMS OF PNEUMONIA? <i>Probe by indicating that the vaccine that contains Hib is sometimes given at the same time as the vaccine that contains polio and the vaccine that contains DPT.</i></p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒IM16 8⇒IM16</p>

IM15B. HOW MANY TIMES WAS A VACCINE THAT CONTAINS Hib RECEIVED?	Number of times	
IM16. HAS (<i>name</i>) EVER RECEIVED 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?	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⇒CA6A 8⇒CA6A
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 01 Somewhat less 02 About the same 03 More 04 Stopped food 05 Never gave food 06 DK..... 98	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Govt. hospital A Govt. health centre B Govt. health post C Other public (<i>specify</i>) H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Other private medical (<i>specify</i>) O Other source Relative / Friend P Traditional practitioner R Other (<i>specify</i>) X	
CA3C. Check CA3B: <input type="checkbox"/> Two or more codes circled ⇒ Continue with CA3D <input type="checkbox"/> Only one code circled ⇒ Go to CA4		

CA3D. WHERE DID YOU FIRST SEEK ADVICE FOR DIARRHOEA?	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Other public (<i>specify</i>)..... 16 Private medical sector Private hospital / clinic.....21 Private physician22 Private pharmacy23 Other private medical (<i>specify</i>).....26 Other source Relative / Friend30 Traditional practitioner32 Other (<i>specify</i>) 96	
CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK <i>Read each item aloud and record response before proceeding to the next item.</i> [A] A FLUID MADE FROM A SPECIAL PACKET CALLED - OROSAL, NELIT, ETC.? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA – HUMANA AND SO ON.?	 Y N DK Fluid from ORS packet1 2 8 Pre-packaged ORS fluid1 2 8	
CA4A. Check CA4: ORS <input type="checkbox"/> Child had any ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B <input type="checkbox"/> Child did not have any ORS ⇒ Go to CA4F		
CA4B. WHERE DID YOU GET THE ORS? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (<i>Name of place</i>)	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Other public (<i>specify</i>)..... 16 Private medical sector Private hospital / clinic.....21 Private physician22 Private pharmacy23 Other private medical (<i>specify</i>).....26 Other source Relative / Friend30 Traditional practitioner32 Other (<i>specify</i>) 96	

CA4F. DURING THE TIME (<i>name</i>) HAD 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] LIQUID FROM BOILED RICE? [B] INSTANT SOUP?	 Y N DK Liquid from boiled rice 1 2 8 Instant soup 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes1 No2 DK..... 8	2⇒CA6A 8⇒CA6A
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ (<i>Name</i>)	Pill or Syrup Antibiotic A Antimotility B Zink..... C Other pill or syrup (Not antibiotic, not antimotility or Zink) G Unknown pill or syrup H Injection Antibiotic L Non-antibiotic M Unknown injection N Intravenous..... O Home remedy / Herbal medicine..... Q Other (<i>specify</i>) X	
CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes1 No2 DK..... 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes1 No2 DK..... 8	2⇒CA9A 8⇒CA9A
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?	Yes1 No2 DK..... 8	2⇒CA9B 8⇒CA9B
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only1 Blocked or runny nose only2 Both3 Other (<i>specify</i>) 6 DK..... 8	1⇒CA9B 2⇒CA9B 3⇒CA9B 6⇒CA9B 8⇒CA9B

CA9A. Check CA6A: Had fever?

Child had fever ⇒ Continue with CA9B

Child did not have fever or mother/caretaker does not know ⇒ Go to CA14

CA9B. I WOULD LIKE TO KNOW HOW MUCH (name) WAS GIVEN TO DRINK (INCLUDING BREASTMILK) DURING THE ILLNESS WITH A (FEVER/COUGH). DURING THE TIME (name) HAD (FEVER/COUGH), 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	
CA9C. DURING THE TIME (name) HAD (FEVER/COUGH), 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 01 Somewhat less 02 About the same 03 More 04 Stopped food 05 Never gave food 06 DK..... 98	
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA12 8⇒CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Govt. hospital A Govt. health centre B Govt. health post C Other public (specify)..... H Private medical sector Private hospital / clinic..... I Private physician J Private pharmacy K Other private medical (specify)..... O Other source Relative / Friend P Traditional practitioner R Other (specify) X	

CA11A. Check CA11:

Two or more codes circled ⇒ Continue with CA11B

Only one code circled ⇒ Go to CA12

CA11B. WHERE DID YOU FIRST SEEK ADVICE OR TREATMENT? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Other public (specify)..... 16 Private medical sector Private hospital / clinic..... 21 Private physician 22 Private pharmacy 23 Other private medical (specify)..... 26 Other source Relative / Friend 31 Traditional practitioner 33 Already had at home 40 Other (specify) 96	
CA12. AT ANY TIME DURING THE ILLNESS, DID (name) TAKE ANY DRUGS FOR THE ILLNESS?	Yes 1 No 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (name) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ (Names of medicines)	Antibiotic drugs Pill / Syrup I Injection J Other medications: Paracetamol/ Panadol /Acetaminophen. P Aspirin..... Q Ibuprofen R Other (specify) X DK..... Z	
CA13A. Check CA13: Antibiotic mentioned (codes I -J)? <input type="checkbox"/> Yes ⇒ Continue with CA13B <input type="checkbox"/> No ⇒ Go to CA14		
CA13B. WHERE DID YOU GET/BUY THE ANTIBIOTICS? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Other public (specify)..... 16 Private medical sector Private hospital / clinic..... 21 Private physician 22 Private pharmacy 23 Other private medical (specify)..... 26 Other source Relative / Friend 31 Traditional practitioner 33 Already had at home 40 Other (specify) 96	

CA14. Check AG2: Child aged under 3?

Yes ⇒ Continue with CA15

No ⇒ Go to Next Module

CA15. 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	

UF13. Record the time.

Hour and minutes..... :

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's questionnaires to be administered in this household.

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

ANTHROPOMETRY		AN
<i>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 list of household members before recording measurements.</i>		
AN1. Measurer's name and number:	Name.....	
AN2. Result of height / length and weight measurement	Either or both measured	1
	Child not present	2 ⇒ AN6
	Child or mother/caretaker refused	3 ⇒ AN6
	Other (specify)	6 ⇒ AN6
AN3. Child's weight	Kilograms (kg)	
	Weight not measured	99.9
AN3A. Was the child undressed to the minimum?	Yes.....	1
	No	2
AN3B. Check age of child in AG2:		
<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).		
<input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).		
AN4. Child's length or height	Length / Height (cm)	
	Length / Height not measured	9999.9 ⇒ AN5
AN4A. How was the child actually measured? lying down or standing up?	Lying down	1
	Standing up	2

AN6. Is there another child in the household who is eligible for measurement?

Yes ⇒ Record measurements for next child.

No ⇒ Check if there are any other individual questionnaires to be completed in the household.

Collect all questionnaires for this household and check if all identification numbers are written in the information panels of every questionnaire. Write down the total number of filled in questionnaires for women, children under 5 and men in the Household Questionnaire, Module HH - HOUSEHOLD INFORMATION PANEL, questions HH13, HH15 and HH13BA