UNICEF

MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE
MONTENEGRO, 2018

MONSTAT

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 1 ___	**UF8**. *Record the time when the interview started:* HOURS : MINUTES __ __ : __ __

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

If the respondent's age is 15-17, verify that adult consent for interview has been obtained (HH33 or HH39) or is 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 already interviewed this respondent?*	YES, INTERVIEWED ALREADY .... 1 NO, FIRST INTERVIEW 2	1⇨UF10B 2⇨UF10A

UF10A. Hello, my name is (*your name*). We are from the Statistical Office of Montenegro – MONSTAT. In cooperation with UNICEF 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 habits. 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 habits 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 .... 1 NO / NOT ASKED 2	1⇨UNDER 5 BECKGROUND Module 2⇨UF17

UF17. *Result of interview for children under 5* *Codes refer to mother/caretaker.* *Discuss any result/interview not completed with the supervisor.*	QUESTIONNAIRE COMPLETED...01 MOTHER/CARETAKER NOT AT HOME..........................02 MOTHER/CARETAKER REFUSED THE INTERVIEW.....03 PARTLY COMPLETED QUESTIONNAIRE ....04 INCAPACITATED (*specify*) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 ....06 OTHER (*specify*)_____ 96

UNDER-FIVE'S BACKGROUND		UB

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 must be recorded.

DATE OF BIRTH
  DAY ....__ __

  DK DAY 98

  MONTH..__ __

  YEAR ....2 0 1 __

UB2. How old is (*name*)?

Probe:
How old was (*name*) at his/her last birthday?

Record age in completed years.

Record '0' if the child is less than 1 year old.

If responses to UB1 and UB2 are inconsistent, probe further and correct.

AGE (COMPLETED YEARS) ....__

UB3. *Check UB2: Child's age?*

AGE 0, 1, OR 2..1
AGE 3 OR 4 2

1 ⇨ *End*

UB4. *Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):*

RESPONDENT IS THE SAME, UF4=HH47.......1
RESPONDENT IS NOT THE SAME,
  UF4≠HH47 2

2 ⇨*UB6*

UB5. *Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending day nursery or kindergarten in the current school year?*

YES, ED10=0 1
NO, ED10≠0 OR BLANK..2

1 ⇨*UB8B*
2 ⇨ *End*

UB6. Has (*name*) ever attended any early childhood and preschool education programme, such as day nursery or kindergarten?

YES..1
NO 2

2 ⇨ *End*

UB7. At any time since September 2017, did (he/she) attend (*programmes mentioned in UB6*)?

YES..1
NO 2

1 ⇨*UB8A*
2 ⇨ *End*

UB8A. Does (he/she) currently attend (*programmes mentioned in UB6*)?

UB8B. You have mentioned that (*name*) has attended an early childhood and preschool education programme this school year. Does (he/she) currently attend this programme?

YES..1
NO 2

BIRTH REGISTRATION		BR
BR0A. *Check UF1: Is this cluster selected for the Roma Settlements Survey (cluster numbers ranging from 301 to 333)?*	YES..1 NO 2	2 ⇨ *End*
BR0B. Before I continue, could you please bring (*name*)'s Birth Certificate, passport or health card? We will need to refer to these documents.		
BR1. Does (*name*) have a birth certificate*?* *If yes, ask:* May I see it?	YES, CERTIFICATE SEEN ....1 YES, CERTIFICATE NOT SEEN ....2 NO ....3 DK 8	1 ⇨ *End* 2 ⇨ *End*
BR1A. Does (*name*) have a passport or health card? *If yes, ask:* May I see it?	YES, PASSPORT / HEALTH CARD SEEN ....1 YES, PASSPORT / HEALTH CARD NOT SEEN ....2 NO ....3 DK 8	
BR2. Has (*name*)'s birth been registered in the Birth Register?	YES..1 NO ....2 DK 8	1 ⇨ *End*
BR3. Do you know how to register (*name*)'s birth?	YES..1 NO 2	 2 ⇨ *End*

BR4. What is the reason for non-registration of (*name*)'s birth?
 	
Probe: Any other reason?
 	
Record all mentioned.
	ABANDONED BY MOTHER / MOTHER
	   HAS NO PERSONAL DOCUMENTS ....A
	NOT BORN IN HEALTH INSTITUTION..........B
	DOES NOT KNOW ANY INFORMATION /
	   FACTS ABOUT THE BIRTH...........................C
	CHILD BORN RECENTLY, PLANNING TO
	   REGISTER SOON ....D
	
	OTHER (*specify*)_____ X
	
	DK ....Z	

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 e. 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 or leaves?	Y N DK TOYS MADE AT HOME ....1 2 8 TOYS FROM A SHOP ....1 2 8 HOUSEHOLD OBJECTS OR OBJECTS FOUND OUTSIDE 1 2 8	

EC3. Sometimes adults taking care of children have to leave the house to go shopping 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 less than 10 years old, for more than an hour?
 	
If the response is "Not a single day" record '0'.
If 'the response is "Don't know" record '8'.
	NUMBER OF DAYS WHEN THE CHILD WAS
	   LEFT ALONE FOR MORE THAN AN HOUR ... __
	
	NUMBER OF DAYS WHEN THE CHILD WAS
	   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*

		MOTHER	FATHER	OTHER	NO ONE	
EC5. In the past 3 days, did you or any household member aged 15 or over engage in any of the following activities with (*name*): *If 'Yes', ask:* Who engaged in this activity 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 all that apply.* *The response 'No one' cannot be recorded if any household member aged 15 and above is engaged in activity with child.*						
[A] Read books or looked at picture books with (*name*)?	READ BOOKS	A	B	X	Y	
[B] Told stories to (*name*)?	TOLD STORIES	A	B	X	Y	
[C] Sang songs to or with (*name*), including lullabies?	SANG SONGS	A	B	X	Y	
[D] Took (*name*) outside the home?	TOOK OUTSIDE	A	B	X	Y	
[E] Played with (*name*)?	PLAYED WITH	A	B	X	Y	
[F] Named, counted, or drew things for or with (*name*)?	NAMED/COUNTED/DREW	A	B	X	Y	

EC5G. *Check UB2: Child's age?*	AGE 2 ....1 AGE 3 OR 4 2	1⇨*End*
EC6. I would like to ask you some questions about the health and development of (*name*). Children do not all develop and learn at the same pace. For example, some walk earlier than others. These questions are related to several aspects of (*name*)'s development. Can (*name*) identify or name at least ten letters of the alphabet?	YES...1 NO ....2 DK 8	
EC7. Can (*name*) read at least four simple, popular words?	YES...1 NO ....2 DK 8	
EC8. Does (*name*) know the names and recognize the symbol of all numbers from 1 to 10?	YES...1 NO ....2 DK 8	
EC9. Can (*name*) pick up a small object with two fingers, such as a stick or a rock from the ground?	YES...1 NO ....2 DK 8	

EC10. Is (*name*) sometimes too sick to play?	YES...1 NO ....2 DK 8	
EC11. Can (*name*) follow simple directions on how to do something correctly?	YES...1 NO ....2 DK 8	
EC12. When given something to do, is (*name*) able to do it independently?	YES...1 NO ....2 DK 8	
EC13. Does *(name)* get along well with other children?	YES...1 NO ....2 DK 8	
EC14. Does *(name)* kick, bite, or hit other children or adults?	YES...1 NO ....2 DK 8	
EC15. Does *(name)* get distracted easily?	YES...1 NO ....2 DK 8	

CHILD DISCIPLINE		UCD
UCD1. *Check UB2: Child's age?*	AGE 0 .... 1 AGE 1, 2, 3 OR 4 2	1 ⇨ End

UCD2. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used and I would ask you to tell me if <u>you or any other adult in your household</u> has used these methods with (***name***) <u>in the past month</u>.
 	
     YES NO
 	
 [A] Took away privileges, forbade something (***name***) liked or did not allow (him/her) to leave the house.
 	
 [B] Explained why (***name***)'s behaviour was wrong.
 	
 [C] Shook (him/her).
 	
 [D] Shouted, yelled at or screamed at (him/her).
 	
 [E] Gave (him/her) something else to do.
 	
 [F] Spanked, hit or slapped (him/her) on the bottom with bare hands.
 	
 [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.
 	
 [H] Called (him/her) dumb, lazy or other similar names.
 	
 [I] Hit or slapped (him/her) on the face, head or ears.
 	
 [J] Hit or slapped (him/her) on the hand, arms, or leg.
 	
 [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.
	YES NO
	
	 TOOK AWAY PRIVILEGES 1 2
	
	 EXPLAINED WRONG
	    BEHAVIOUR 1 2
	
	 SHOOK HIM/HER 1 2
	
	 SHOUTED, YELLED, SCREAMED 1 2
	
	 GAVE SOMETHING ELSE
	    TO DO 1 2
	
	 SPANKED, HIT, SLAPPED ON
	    BOTTOM WITH BARE HANDS 1 2
	
	 HIT WITH BELT, HAIRBRUSH,
	    STICK OR OTHER HARD OBJECT 1 2
	
	 CALLED DUMB, LAZY OR
	    OTHER SIMILAR NAME 1 2
	
	 HIT / SLAPPED ON THE FACE,
	    HEAD OR EARS 1 2
	
	 HIT / SLAPPED ON OF HAND,
	    ARM OR LEG 1 2
	
	 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 the age of 5 or a child aged 5-14 selected for the QUESTIONNAIRE FOR CHILDREN aged 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: Does the child use equipment or receive 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 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	
UCF19. The next question has five different options for answers. I am going to read these to you after the question. 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	

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*) drink anything from a bottle with a nipple?	YES...1 NO ....2 DK 8	
BD5. Did (*name*) drink oral rehydration salt solution such as Orosal or Nelit yesterday, during the day or night?	YES...1 NO ....2 DK 8	
BD6. Did (*name*) drink or eat additional vitamin or mineral supplements or any medicines 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] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Clear soup?	CLEAR SOUP	1	2	8
[D] Infant formula such as Humana, Bebelac or Aptamil?	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'.* *If unknown, record '8'.*	NUMBER OF TIMES DRANK INFANT FORMULA ....__			
[E] Milk from animals such as fresh, tinned or powdered milk?	MILK	1	2 ↯ *BD7[X]*	8 ↯ *BD7[X]*
[E1] How many times did (*name*) drink milk? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES DRANK MILK ....__			
[X] Any other liquids?	OTHER LIQUIDS	1	2 ↯ *BD8*	8 ↯ *BD8*
[X1] *Record all other liquids mentioned.*	(*Specify*) _____			

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 given 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.

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?		YES	NO	DK
[A] Yogurt made from animal milk? *Note that liquid/drinking yogurt should be recorded in BD7[E] or BD7[X], depending on milk content.*	YOGURT	1	2 �☜ BD8[B]	8 ☜ BD8[B]
[A1] How many times did (*name)* eat yogurt? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES ATE YOGURT ....__			
[B] Any baby food such as Hipp, Nestle, Frutek or Juvitana?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, pasta, semolina/polenta or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] Potatoes or any other food made from roots which are white inside?	FOOD MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables such as spinach or Swiss chard?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Apricots, sour cherries or ripe melons?	APRICOTS, SOUR CHEERIES, MELONS	1	2	8
[H] Any other fruits or vegetables?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, heart, kidney, or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken or duck?	MEAT	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 from beans, peas, lentils or nuts?	BEANS, PEAS, NUTS	1	2	8
[N] Cheese or other food made from animal milk?	DAIRY	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	

IMMUNISATION HESITANCY		IH

IH1. Now I would like to talk to you about vaccination of (*name*).

Have you ever <u>delayed</u> (*name*)'s vaccination for any of the following reasons:

		YES	NO	DK	
[A] (*Name*) could not receive the vaccine(s) because (he/she) was ill at the time of vaccination or has an allergy to the vaccine or its components.	ILL OR ALLERGIC.................................	1	2	8	
[B] (*Name*) has not received the vaccine(s) because they were not available at the time when (he/she) had to receive them according to the vaccination schedule.	VACCINES NOT AVAILABLE	1	2	8	
[C] I was occupied with other tasks.	OCCUPIED WITH OTHER TASKS	1	2	8	
[D] I have some doubts about the vaccine(s) and decided that (*name*) should not receive it/them because of this.	REFUSED BECAUSE OF DOUBTS.......	1	2	8	
[E] (*Name*) has not received a vaccine(s) for other reasons not already mentioned.	OTHER REASONS...................................	1	2	8	

IH2. Have you ever <u>decided not to vaccinate, or refused to vaccinate</u> (*name*) for any of the following reasons?

		YES	NO	DK	
[A] (*Name*) could not receive the vaccine(s) because (he/she) was ill at the time of vaccination or has an allergy to the vaccine or its components.	ILL OR ALLERGIC.................................	1	2	8	
[B] (*Name*) has not received the vaccine(s) because they were not available at the time when (he/she) had to receive them according to the vaccination schedule.	VACCINES NOT AVAILABLE	1	2	8	
[D] I have some doubts about the vaccine(s) and decided that (*name*) should not receive it/them, because of this.	REFUSED BECAUSE OF DOUBTS.......	1	2	8	
[E] (*Name*) has not received a vaccine(s) for other reasons not already mentioned.	OTHER REASONS...................................	1	2	8	

IH3. In your opinion, is the proposed vaccination calendar (age or schedule of administering vaccines) best for (*name*)? *Show a card with the vaccination calendar / recommended vaccination schedule.*	YES... 1 NO .... 2 I'M NOT FAMILIAR WITH THE AGE AND SCHEDULE OF VACCINES .... 4 DK 8	
IH4. Does (*name*) have a selected paediatrician?	YES... 1 NO 2	2 ⇨*IH9*

IH5. In your opinion, can (*name*)'s selected paediatrician provide you with all the necessary information on vaccinations?	YES.. 1 NO .... 2 VACCINATIONS WERE NOT DISCUSSED .... 3 DK 8	3 ⇨*IH9* 8 ⇨*IH9*
IH6. Do you believe in the information on vaccines that you receive from (*name*)'s selected paediatrician?	YES.. 1 NO .... 2 DK 8	
IH7. In your opinion, can you openly discuss with (*name*)'s chosen paediatrician about (his/her) vaccination?	YES.. 1 NO .... 2 DK 8	
IH8. In your opinion, taking all things together, with regards to vaccinations how would you evaluate the trust that you have in (*name*)'s selected paediatrician? Taking all things together, would you say that you have: 1) full trust, 2) trust, 3) no opinion, 4) no trust, or 5) have absolutely no trust in (*name*)'s selected paediatrician?	FULL TRUST..1 TRUST..2 NO OPINION ....3 NO TRUST..4 ABSOLUTELY NO TRUST 5	
IH9. Has (*name)* ever been examined by a paediatrician who was not his/her selected paediatrician before the vaccination?	YES.. 1 NO .... 2 DK 8	3 ⇨*IH14* 8 ⇨*IH14*
IH10. In your opinion, did the paediatrician who was not the selected paediatrician and who examined (*name*) when (he/she) was supposed to be vaccinated provide you with all the necessary information about vaccinations?	YES.. 1 NO .... 2 VACCINATIONS WERE NOT DISCUSSED .... 3 CHILD NEVER TAKEN FOR VACCINATION ...... 4 DK 8	3 ⇨*IH14* 4 ⇨*IH14*
IH11. Do you believe in the information on vaccines that you receive from the paediatrician who last examined (*name*) when (he/she) was supposed to be vaccinated?	YES.. 1 NO .... 2 DK 8	
IH12. In your opinion, can you openly discuss about (*name*)'s vaccination with the paediatrician who was not the selected paediatrician and who examined (him/her) when (he/she) was supposed to be vaccinated?	YES.. 1 NO .... 2 DK 8	
IH13. In your opinion, taking all things together with regards to vaccinations, how would you evaluate the trust that you have in the paediatrician who was not the selected paediatrician and who examined (*name*) when (he/she) was going to be vaccinated? Taking all things together, would you say that you have: 1) full trust, 2) trust, 3) no opinion, 4) no trust, or 5) have absolutely no trust in the paediatrician who was not the selected paediatrician and who examined (*name*) when (he/she) was supposed to be vaccinated?	TOTAL TRUST..1 TRUST..2 NO OPINION ....3 NO TRUST..4 ABSOLUTELY NO TRUST 5	

IH14. Some vaccines are not included in the current vaccination calendar, namely, the recommended vaccination schedule of Montenegro, while in some countries they have been given to children for many years. Would you accept if a paediatrician suggested to you that (*name*) should receive one of the following vaccines: [A] Against diarrhoea caused by the rotavirus? [B] Against the pneumococcus bacteria that causes pneumonia, sepsis or middle ear infections? [C] Against the human papilloma virus that causes cancer of the reproductive/sexual organs?	YES NO DK ROTAVIRUS .... 1 2 8 PNEUMOCOCCUS .... 1 2 8 HPV 1 2 8	
IH15. Did (*name*) have a serious adverse reaction after being vaccinated for which (*name*) was treated in hospital? *Probe:* A serious adverse reaction is a reaction that required hospital treatment or hospitalisation of a child.	YES...1 NO ....2 CHILD NEVER VACCINATED 3	
IH16. Do you personally know someone whose child had a serious adverse reaction after being vaccinated for which they had to be treated in hospital?	YES...1 NO ....2 DK 8	

UF11. *Record the time when interview was completed.*	HOURS AND MINUTES .... __ __ : __ __	
UF12. *Language of the Questionnaire.*	MONTENEGRIN/SERBIAN/BOSANSKI/ CROATIAN ....1 ALBANIAN 2	

UF13. *Language of the Interview.*	MONTENEGRIN/SERBIAN/BOSNIAN/
	    CROATIAN 1
	ALBANIAN 2
	
	OTHER LANGUAGE
	    (*specify*) _____6	

UF14. *Native language of the Respondent.*	MONTENEGRIN/SERBIAN/BOSNIAN/
	    CROATIAN 1
	ALBANIAN 2
	
	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	

UF16. *Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.*

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child aged 0-4 living in this household?

☐ *Yes* ⇨ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE and start the interview with the same respondent.*

☐ *No* ⇨ *Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child aged 5-17 selected for Questionnaire for Children Age 5-17 in this household?*

    ☐ *Yes* ⇨ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 and start the interview with the same respondent.*

    ☐ *No* ⇨ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent and thank her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.*

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

ANTHROPOMETRY MODUL 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 the Measurer verifies your records.*	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 the Measurer verifies your records.* **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 the Measurer verifies your records.*	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:* ___ ___ /___ ___ / 2 0 1 ___		
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