



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ____/____/____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM (**country-specific affiliation**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (**number**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

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

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

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

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

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No2 DK.....8	2⇒ BF3 8⇒ BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No2 DK.....8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>		Y N DK
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements.....1 2 8	
BF3B. PLAIN WATER?	B. Plain water1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids.....1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (<i>mushy</i>) food?		
<input type="checkbox"/> Yes. ⇒ Continue with BF5		
<input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? <i>If 7 or more times, record '7'.</i>	No. of times Don't know8	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	Yes.....1 No2 DK.....8	2⇒ CA5 8⇒ CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)? CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID? CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Yes No DK</p> A. Fluid from ORS packet..... 1 2 8 B. Recommended homemade fluid... 1 2 8 C. Pre-packaged ORS fluid 1 2 8	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	Much less or none1 About the same (or somewhat less).....2 More.....3 DK.....8	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i></p>	None1 Much less2 Somewhat less3 About the same4 More.....5 DK.....8	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	Yes.....1 No2 DK.....8	2⇒ CA12 8⇒ CA12
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	Yes.....1 No2 DK.....8	2⇒ CA12 8⇒ CA12
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	Problem in chest.....1 Blocked nose2 Both3 Other (<i>specify</i>)6 DK.....8	2⇒ CA12 6⇒ CA12
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	Yes.....1 No2 DK.....8	2⇒ CA10 8⇒ CA10

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital..... A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Village health worker D</p> <p>Mobile/outreach clinic..... E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinic..... I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative or friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒ CA12</p> <p>8⇒ CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Circle all medicines given.</i></p>	<p>Antibiotic A</p> <p>Paracetamol/Panadol/Acetaminophen..... P</p> <p>Aspirin..... Q</p> <p>Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK..... Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine 01</p> <p>Put/rinsed into toilet or latrine..... 02</p> <p>Put/rinsed into drain or ditch..... 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open..... 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	

<p><i>Ask the following question (CA14) only once for each mother/caretaker.</i></p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</i></p>	<p>Child not able to drink or breastfeed A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>	
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IMMUNIZATION MODULE									IM
<p><i>If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.</i></p>									
IM1. IS THERE A VACCINATION CARD FOR (name)?		Yes, seen.....1 Yes, not seen.....2 No3						2⇒IM10 3⇒IM10	
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization							
		DAY		MONTH		YEAR			
IM2. BCG	BCG								
IM3A. POLIO AT BIRTH	OPV0								
IM3B. POLIO 1	OPV1								
IM3C. POLIO 2	OPV2								
IM3D. POLIO 3	OPV3								
IM4A. DPT1	DPT1								
IM4B. DPT2	DPT2								
IM4C. DPT3	DPT3								
IM5A. HEPB1 (OR DPTHEPB1)	(DPT)H1								
IM5B. HEPB2 (OR DPTHEPB2)	(DPT)H2								
IM5C. HEPB3 (OR DPTHEPB3)	(DPT)H3								
IM6. MEASLES (OR MMR)	MEASLES								
IM7. YELLOW FEVER	YF								
IM8A. VITAMIN A (1)	VITA1								
IM8B. VITAMIN A (2)	VITA2								
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? <i>Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.</i>		Yes.....1 <i>(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.)</i> No2 DK.....8						1⇒IM19 2⇒IM19 8⇒IM19	
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?		Yes.....1 No2 DK.....8						2⇒IM19 8⇒IM19	

IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes..... 1 No 2 DK..... 8	
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes..... 1 No 2 DK..... 8	2⇒ IM15 8⇒ IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks) 1 Later..... 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times _ _	
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes..... 1 No 2 DK..... 8	2⇒ IM17 8⇒ IM17
IM16. HOW MANY TIMES?	No. of times _ _	
IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK..... 8	
IM18. HAS (<i>name</i>) EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	Yes..... 1 No 2 DK..... 8	
IM19. Please tell me if (<i>name</i>) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days:		
IM19a. <i>Date/type of campaign A</i>		Y N DK
IM19b. <i>Date/type of campaign B</i>	Campaign A..... 1 2 8 Campaign B..... 1 2 8 Campaign C..... 1 2 8	
IM19c. <i>Date/type of campaign C</i>		

IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker?
Check household listing, column HL8.

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

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Child's weight.	Kilograms (kg)__ __ . __	
AN2. Child's length or height. Check age of child in UF11: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down.....1 __ __ __ . __ Height (cm) Standing up2 __ __ __ . __	
AN3. Measurer's identification code.	Measurer code.....__ __	
AN4. Result of measurement.	Measured.....1 Not present2 Refused3 Other (specify)6	

<p>AN5. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.</p> <p>Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.</p>
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