

INFORMATION PANEL FOR CHILDREN UNDER FIVE				UF
This questionnaire is to be filled with all the mothers or guardians (see Household List, column HL9 in the Household Questionnaire) who take care for a child that lives with them and is less than 5 years old (see Household Roster Form, column HL6 in the Household Questionnaire). A separate questionnaire should be filled in for each eligible child, with the correspondent parent/guardian.				
UF1. Cluster number:				
UF3. Child's name:		UF4. Child's row number:		
Name				
UF5. Mother's / Guardian's name:		UF6. Mother's / Guardian's row number:		
Name				
UF7. Interviewer's name and number:		UF8. Day / Month / Year of interviewing:		
Name				

Repeat the introduction if you haven't read it to this respondent already:

If you have already read it to this woman at the beginning from the household questionnaire, then read the following:

We are from *Ipsos Strategic Puls*. We are working on a project related to family health and education. I would like to talk to you about these issues. The interview will last about **30** minutes. All information obtained will remain strictly confidential and your answers will never be shared with anyone outside the project team.

I would like to talk to you about (*child's name from UF3*)'s health and other issues. The interview will last about **30** minutes. All information obtained will remain strictly confidential and your answers will never be shared with anyone outside the project team.

Can we start now?

- Yes, permission is given ⇒ Go to UF12 to record time and start the interview.
- No, permission is not given ⇒ Complete UF9. Talk to your supervisor about this result.

UF9. Result of interview for children under 5 Codes refer to mother/guardian.	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) 96
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UF10. Editor in the field (Name and number): Name	UF11. Data entered by (Name and number): Name
UF12. Record the momentary time.	Hour and minutes :

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/guardian knows the exact birth date, enter the day at the required place; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Birth date</p> <p>Day <input type="text"/></p> <p>DK day 98</p> <p>Month <input type="text"/></p> <p>Year <input type="text"/></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 the age with the given date and immediately correct AG1 and/or AG2 if the answers are not consistent.</i></p>	<p>Age (completed years) <input type="text"/></p>	

BIRTH REGISTRATION			BR
<p>BR1. Does (<i>name</i>) have a birth certificate?</p> <p><i>If the answer is "yes", ask: May I see it?</i></p>	<p>Yes, seen</p> <p>Yes, not seen</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>3</p> <p>8</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p>
<p>BR2. Has (<i>name</i>)'s birth been registered with the registry department?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>8</p>	<p>1⇒Next Module</p>
<p>BR3. Do you know how to report/register your child's birth?</p>	<p>Yes</p> <p>No</p>	<p>1</p> <p>2</p>	

EARLY CHILDHOOD DEVELOPMENT			EC
<p>EC1. How many children's books or picture books do you have for (<i>name</i>)?</p>	<p>None</p> <p>Number of children's books</p> <p>Ten or more books</p>	<p>00</p> <p>0 __</p> <p>10</p>	
<p>EC2. I am interested to learn 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 (like dolls, cars, or other toys made at home)?</p> <p>[B] toys from a shop or manufactured toys?</p> <p>[C] household objects (like bowls or pots) or objects found outside (like sticks, rocks, 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 given response</i></p>	<p>Homemade toys</p> <p>Toys from a shop</p> <p>Household objects or outside objects</p>	<p>Y N DK</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p>	

<p>EC3. Sometimes adults that take care of children have to leave the house to go shopping, wash clothes, or for other reasons and then they have to leave young children alone.</p> <p>On how many days during the past week was <i>(name)</i>:</p> <p>[A] left alone at home for more than an hour?</p> <p>[B] left in the care of another child (that is, someone under 10) for more than an hour?</p> <p>If "none" enter "0". If "don't know" enter "8".</p>	<p>Number of days left home alone for more than an hour <input type="text"/></p> <p>Number of days left with other child for more than an hour <input type="text"/></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, like a private or government facility, including kindergarten or community child care center?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>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 such learning programmes, i.e. attended kindergarten or community child care center?</p>	<p>Number of hours <input type="text"/></p>					
<p>EC7. In the <u>past 3 days</u>, did you or any of your adult household members aged 15 or more engage in any of the following activities with <i>(name)</i>:</p> <p><i>If the answer is "yes", ask for each given activity: who engaged in this activity with (name)?</i></p> <p><i>Circle all that apply and remind the respondent that you are talking about the last 3 days.</i></p>						
		Mother	Father	Other Over 15	No one	
<p>[A] Read books to or looked at picture books with <i>(name)</i>?</p>	Read books	A	B	X	Y	
<p>[B] Told stories to <i>(name)</i>?</p>	Told stories	A	B	X	Y	
<p>[C] Sang songs to <i>(name)</i> or with <i>(name)</i>, including lullabies?</p>	Sang songs	A	B	X	Y	
<p>[D] Took <i>(name)</i> outside the home, compound, yard for a walk?</p>	Took outside	A	B	X	Y	
<p>[E] Played with <i>(name)</i>?</p>	Played with	A	B	X	Y	
<p>[F] Named, counted, or drew things to or with <i>(name)</i>?</p>	Named/counted	A	B	X	Y	
<p>EC8. Now I would like to ask you some questions about the health and the development of your child. Children do not all develop and learn at the same rate. For example, some start walking 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</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>8</p>				
<p>EC9. Can <i>(name)</i> read at least four simple and popular words?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>8</p>				

EC10. Does (<i>name</i>) know the name and recognize the symbols for all numbers from 1 to 10?	Yes	1	
	No	2	
	DK	8	
EC11. Can (<i>name</i>) pick up small objects with two fingers, like for example a stick or a rock from the ground?	Yes	1	
	No	2	
	DK	8	
EC12. Is (<i>name</i>) sometimes too sick to play?	Yes	1	
	No	2	
	DK	8	
EC13. Can (<i>name</i>) follow simple directions on how to do something correctly?	Yes	1	
	No	2	
	DK	8	
EC14. When given something to do, is (<i>name</i>) able to do it independently?	Yes	1	
	No	2	
	DK	8	
EC15. Does (<i>name</i>) get along well with other children?	Yes	1	
	No	2	
	DK	8	
EC16. Does (<i>name</i>) kick, bite, or hit other children or adults?	Yes	1	
	No	2	
	DK	8	
EC17. Does (<i>name</i>) get distracted easily?	Yes	1	
	No	2	
	DK	8	

BREASTFEEDING			BF
BF1. Has (<i>name</i>) ever been breastfed?	Yes	1	2⇒BF3
	No	2	
	DK	8	8⇒BF3
BF2. Is he/she still being breastfed?	Yes	1	
	No	2	
	DK	8	
BF3. Could you tell me please about the 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 mentioned liquid 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/substitution for mother's milk/ artificial milk</u> yesterday, during the day or night?	Yes	1	2⇒BF6
	No	2	
	DK	8	8⇒BF6
BF5. How many times did (<i>name</i>) drink infant formula?	Number of times	<input type="text"/>	
BF6. Did (<i>name</i>) <u>drink tetra pack milk, powdered or fresh animal milk</u> yesterday, during the day or night?	Yes	1	2⇒BF8
	No	2	
	DK	8	8⇒BF8
BF7. How many times did (<i>name</i>) drink tetra pack, powdered or fresh animal milk?	Number of times	<input type="text"/>	
BF8. Did (<i>name</i>) <u>drink juice</u> yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF9. Did (<i>name</i>) drink clear <u>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>oral rehydration solutions</u> yesterday, during the day or night?	Yes No DK	1 2 8	
BF12. Did (<i>name</i>) drink any other liquids yesterday, during the day or night?	Yes No DK	1 2 8	
BF13. Did (<i>name</i>) drink or eat yogurt (sour milk) yesterday, during the day or night?	Yes No DK	1 2 8	2⇒BF15 8⇒BF15
BF14. How many times did (<i>name</i>) drink or eat yogurt(sour milk) yesterday, during the day or night?	Number of times	<input type="text"/>	
BF15. Did (<i>name</i>) eat any porridge yesterday, during the day or night?	Yes No DK	1 2 8	
BF16. Did (<i>name</i>) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Yes No DK	1 2 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	<input type="text"/>	
BF18. Yesterday, during the day or night, did (<i>name</i>) drink anything from a bottle with a nipple?	Yes No DK	1 2 8	

CARE OF ILLNESS			CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea (the squirts)?	Yes No DK	1 2 8	2⇒CA7 8⇒CA7
CA2. I would like to know how much liquid (<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 liquid 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 Somewhat less About the same More Nothing to drink DK	1 2 3 4 5 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 Somewhat less About the same More Stopped giving food Wasn't given any food at all DK	1 2 3 4 5 6 8	
CA4. During the episode of diarrhoea, was (<i>name</i>) given to drink any of the following: Read each item aloud and record response before proceeding to the next item. [A] A fluid prepared from rehydration powder? [B] A pre-packaged fluid for rehydration? [C] Homemade rehydration fluid?	Fluid from packet Pre-packaged fluid Homemade fluid X	Y N DK 1 2 8 1 2 8 1 2 8	
CA5. Was anything (else) given to treat/cure the diarrhoea?	Yes No DK	1 2 8	2⇒CA7 8⇒CA7

<p>CA6. What (else) was given to treat the diarrhoea?</p> <p><i>Probe:</i> Anything else?</p> <p>Record all treatments given. Write brand name(s) of all medicines mentioned.</p> <div style="border: 1px dashed black; width: 200px; height: 20px; margin: 10px 0;"></div> <p>(Names of all brands mentioned)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc C</p> <p>Other (Not antibiotic, neither medicines for soothing peristaltics nor zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection (muscular)</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous infusion 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, fast breaths or had any 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>Problems 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 anywhere/anybody?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>		<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. Where/whom did you seek advice or treatment from?</p> <p><i>Probe:</i> Anywhere else?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source and write down the mentioned name below.</p> <p>If unable to determine if public or private sector, write the name of the place on the line below.</p> <div style="border: 1px dashed black; width: 200px; height: 20px; margin: 10px 0;"></div> <p>(Name of place)</p>	<p>Public sector</p> <p>Hospital A</p> <p>Health centre B</p> <p>Health post C</p> <p>Village health worker D</p> <p>Mobile / Outreach clinic E</p> <p>Other public service(<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 / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>		
<p>CA12. Was (<i>name</i>) given any medicine to treat this illness?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>		<p>2⇒CA14</p> <p>8⇒CA14</p>

HIB2 (hemophilus influenza B)										
HIB3 (hemophilus influenza B)										
HIB4 (hemophilus influenza B)										
IM4. Check IM3. Are all vaccines (from BCG to HIB4) recorded?										
<input type="checkbox"/> Yes⇒ Go to IM20 <input type="checkbox"/> No ⇒ Continue with IM5										
IM5. In addition to what is recorded on this card, did (<i>name</i>) receive any other vaccinations – including vaccinations received in campaigns, during epidemic or immunization days?	Yes (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM19) No DK	1 2 8	2⇒IM19 8⇒ IM19							
<i>Record "Yes" only if respondent mentions vaccines shown in the previous table and record all extra mentioned according to the instructions on the right.</i>										
IM6. Has (<i>name</i>) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaigns or immunization days?	Yes No DK	1 2 8	2⇒ IM19 8⇒ IM19							
IM7. Has (<i>name</i>) ever received a BCG vaccination against tuberculosis – i.e. an injection in the arm or shoulder that usually causes a blemish on the skin?	Yes No DK	1 2 8								
IM8. Has (<i>name</i>) ever received any "vaccine given as drops in the mouth or by spoon" to protect him/her from getting diseases – that is, polio?	Yes No DK	1 2 8	2⇒IM11 8⇒IM11							
IM10. How many times was the polio vaccine received?	Number of times									
IM11. Has (<i>name</i>) ever received a DTP vaccination – i.e.an injection in the thigh or upper arm – to prevent him/her from getting diphtheria, tetanus, whooping cough, or?	Yes No DK	1 2 8	2⇒IM13 8⇒IM13							
<i>Probe by indicating that DTP vaccination is sometimes given at the same time as Polio</i>										
IM12. How many times was a DTP vaccine received?	Number of times									
IM13. Has (<i>name</i>) ever been given a Hepatitis B vaccination – i.e.an injection in the thigh or upper arm – to prevent him/her from getting Hepatitis B, i.e. ...	Yes No DK	1 2 8	2⇒IM16 8⇒IM16							
IM14. Was the first Hepatitis B vaccine received within 24 hours after birth, or later?	Within 24 hours Later	1 2								
<i>Ask for a birth card in which this information should be recorded</i>										
IM15. How many times was a hepatitis B vaccine received?	Number of times									
IM16. Has (<i>name</i>) ever received a Measles injection or an MRP injection – i.e.a shot in the arm at the age of 12 months or older - to prevent him/her from getting measles/rubeola?	Yes No DK	1 2 8								
IM16a. Has (<i>name</i>) ever received the hemophilus influenza B (meningitis/lung inflammation) vaccination – that is, a shot in the arm or thigh - to prevent him/her from getting hemophilus influenza B?	Yes No DK	1 2 8								
IM16b How many times has he/she got a hemophilus influenza vaccine?	Number of times									

IM19. Could you tell me please if (<i>name</i>) has been vaccinated in any of the following campaigns, national immunization days and/or vitamin A or child health days:		Y N DK
[A] Immunization week – April	Campaign A	1 2 8
[B] Parotitis (MrP) – Jan-Jun 2009	Campaign B	1 2 8
[C] Measles – Since Sept 2010	Campaign C	1 2 8
IM20. Issue a Questionnaire for Vaccinations Occurring in Health Institutions for this particular child. Fill in the panel in that questionnaire and continue further on. .		

UF13. Record the momentary time.	Hour and minutes	:	:
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UF14. Is the respondent the mother or guardian of another child aged under 5 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 and fill it in with 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 any other members – women, children between 2 and 9 years of age, or children under-5 for which additional questionnaires should be administered in this household.

Move to the next questionnaire for women, for child disability, or for children under-5, or, if there aren't any, start making arrangements for anthropometric measurements of all the eligible children in the household.

ANTHROPOMETRY **AN**

After questionnaires for all children are complete, the measurer weights and measures each child. Record weight and height/length below, taking care to record the measurements in the correct questionnaire for each separate child. Check the child's name and row number in the Household roster before recording the measurements.

AN1. Measurer's name and number:	Name	
AN2. Result of height / length and weight measurement	Either or both measured	1 2⇒AN6
	Child not present	2 3⇒AN6
	Child or guardian refused	3 6⇒AN6
	Other (<i>specify</i>)	6
AN3. Child's weight	Kilograms (kg)	<input type="text"/>
	Weight not measured	99.9
AN4. Child's length or height	Length (cm)	
	Lying down	1 <input type="text"/>
	Height (cm)	
	Standing up	2 <input type="text"/>
	Length / Height not measured	9999.9

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

Yes ⇒ Record measurements for the next child in the corresponding questionnaire filled for that particular child.

No ⇒ Check if there is any additional questionnaire to be filled in within this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

INFORMATION PANEL FOR CHILDREN UNDER FIVE

HF

This questionnaire should be used at health facilities for recording information on the vaccinations performed on children aged between 0 and 4. A separate questionnaire is used for each eligible child.

Before you fill in this Questionnaire, you must have completed the Questionnaire for Children Under Five. Moreover, this panel has to be completed before you visit the health facility.

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

HF1. Cluster number:	HF2. Household number:
HF3. Child's name:	HF4. Child's line number:
HF5. Mother's /Guardian's name:	HF6. Mother's /Guardian's line number:
Name	
HF7. Interviewer's name and number:	HF8. Day / Month / Year of visit to the facility:
Name	
HF9. Day, month and year of birth <i>(From AG1 in the Questionnaire Under-5)</i>	HF10. Name of health facility:

HF11. Results from the visit to the health facility	Vaccination record is seen 01 Vaccination record is not seen 02 Other (specify) 96
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IMMUNIZATION

HF

HF12. Record the day, month and the year of birth as stated on the vaccination record				
HF13.		Date of Immunization		
<i>(a) Copy dates for each vaccination from the card.</i>		Day	Month	Year
<i>(b) In the column 'Day', write '44' if the card shows that the vaccination was given but there is no date properly recorded.</i>				
BCG (tuberculosis)	BCG			
DTP 1 (diphtheria, tetanus, pertusis)	DTP1			
DTP 2 (diphtheria, tetanus, pertusis)	DTP2			
DTP 3 (diphtheria, tetanus, pertusis)	DTP3			
DTP 4 (diphtheria, tetanus, pertusis)	DTP4			
DTP 5 (pertusis)	DTP5			
Polio 1 (child paralysis)	OPV1			
Polio 2 (child paralysis)	OPV2			
Polio 3 (child paralysis)	OPV3			
Polio 4 (child paralysis)	OPV4			
MRP (measles/rubeola)				

HepB at birth	H0																			
HepB1 (hepatitis B)	H1																			
HepB2 (hepatitis B)	H2																			
HIB1 (hemofilus influenza B)																				
HIB2 (hemofilus influenza B)																				
HIB3 (hemofilus influenza B)																				
HIB4 (hemofilus influenza B)																				

QUESTIONNAIRE FORM FOR CHILDREN AGED BETWEEN 2 AND 9

INFORMATION PANEL FOR CHILDREN BETWEEN 2 AND 9										DA	
DA1. Cluster number:					DA2. Household number:						
DA3. Child's name:					DA4. Child's line number:						
Name											
DA5. Mother's / Caretaker's name:					DA6. Mother's / Caretaker's line number:						
Name											
DA7. Interviewer name and number:					DA8. Day / Month / Year of interview:						
Name											

Repeat greeting if not already read to this respondent:

We are from *Ipsos Strategic Puls* We are working on a project concerned with family health and education. I would like to talk to you about (*name*)'s health condition. This will take only a few minutes. All the information you give me will remain strictly confidential and your answers will never be shared with those outside of team.

May I start now?

- Yes, permission is given ⇒ Go to DA12 to begin the interview.
- No, permission is not given ⇒ Complete DA9. Discuss this result with your supervisor

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

Now I would like to talk to you more about (*child's name*)'s health condition. This will take only a few minutes. Again, all the information you give me will remain strictly confidential and your answers will never be shared with those outside our team.

DA9. Result of interview for child disability <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

DA10. Field edited by (Name and number):					DA11. Data entry clerk (Name and number):				
Name					Name				

CHILD DISABILITY

DA

To be administered to mothers or caretakers of children age 2-9 years.

<p>DA12. Copy child's name and age from HL2 and HL6, from Household List.</p>	<p>Name <input type="text"/></p> <p>Age <input type="text"/></p>	
<p>DA13. Compared to other children, did (<i>name</i>) have any serious delay in sitting standing, or walking?</p>	<p>Yes 1 No 2</p>	
<p>DA14. Compared with other children, does (<i>name</i>) have difficulty seeing, either in the daytime or at night?</p>	<p>Yes 1 No 2</p>	
<p>DA15. Does it seem that (<i>name</i>) has any difficulty hearing? (uses hearing aid, hears with difficulty or completely deaf)?</p>	<p>Yes 1 No 2</p>	
<p>DA16. When you tell (<i>name</i>) to do something, does he/she seem to understand what you are saying?</p>	<p>Yes 1 No 2</p>	
<p>DA17. Does (<i>name</i>) have difficulty in walking or moving the arms or does he/she have weakness and/or stiffness in the arms or legs?</p>	<p>Yes 1 No 2</p>	
<p>DA18. Does (<i>name</i>) sometimes become rigid, or lose consciousness?</p>	<p>Yes 1 No 2</p>	
<p>DA19. Does (<i>name</i>) learn to do things like other children his/her age?</p>	<p>Yes 1 No 2</p>	
<p>DA20. Does (<i>name</i>) speak at all (can he/she speak in understandable way; can he/she say any recognizable words)?</p>	<p>Yes 1 No 2</p>	
<p>DA21. Check DA12: Age of child</p> <p><input type="checkbox"/> Child aged 3 through 9 ⇒ Continue with DA22</p> <p><input type="checkbox"/> Child aged 2 ⇒ Go to DA23</p>		
<p>DA22. Is (<i>name</i>)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?</p>	<p>Yes 1 No 2</p>	<p>1⇒DA24 2⇒DA24</p>
<p>DA23. Can (<i>name</i>) name at least one object (for example, an animal, a toy, a cup, a spoon)?</p>	<p>Yes 1 No 2</p>	
<p>DA24. Compared with other children of the same age, does (<i>name</i>) appear in any way mentally backward, dull or slow?</p>	<p>Yes 1 No 2</p>	
<p>DA25. As part of this survey, others in our team may visit you again to collect more information on some of the topics we have just talked about, concerning (<i>name</i>). Such a visit may take place within the next months.</p> <p>May I proceed and note that you would be fine with such a visit, if it occurs at all? Again, you may change your mind and decline to speak to our team if and when the visit happens.</p>	<p>Respondent has no objections to additional visit 1</p> <p>Respondent uncertain about additional visit/Depends 2</p> <p>Refused additional visit 3</p>	