

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: _____ / _____ / <u>2 0 1</u> _____	UF8. Record the time:	HOURS : MINUTES _____ : _____

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or 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 interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1	1 ⇒UF10B
	NO, FIRST INTERVIEW 2	2 ⇒UF10A

UF10A. Hello, my name is (your name). We are from the State Statistical Office. 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 well-being. 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 well-being 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?
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YES 1	1 ⇒UNDER FIVE'S BACKGROUND Module
NO / NOT ASKED 2	2 ⇒UF17

UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED..... 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND

UB

<p>UB0. Before I begin the interview, could you please bring (<i>name</i>)'s Birth Certificate, the Immunisation Card, the Health Booklet, and/or the Release form from the hospital for (<i>name</i>)? We will need to refer to those documents.</p>		
<p>UB1. On what day, month and year was (<i>name</i>) born?</p> <p><i>Probe:</i> What is (his/her) birthday?</p> <p><i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH</p> <p>DAY__ __</p> <p>DK DAY98</p> <p>MONTH.....__ __</p> <p>YEAR <u>2</u> <u>0</u> <u>1</u> __</p>	
<p>UB2. 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>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p>	<p>AGE (IN COMPLETED YEARS)__</p>	
<p>UB3. Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p>	<p>1 ⇒UB9</p>
<p>UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</p>	<p>RESPONDENT IS THE SAME, UF4=HH471</p> <p>RESPONDENT IS NOT THE SAME, UF4≠HH472</p>	<p>2 ⇒UB6</p>
<p>UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?</p>	<p>YES, ED10=01</p> <p>NO, ED10≠0 OR BLANK.....2</p>	<p>1 ⇒UB8B</p> <p>2 ⇒UB9</p>
<p>UB6. Has (<i>name</i>) ever attended any preschool education programme, such as day care programme, half day care programme, short programme, pilot programme or extra-institutional forms of activities with children?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>2 ⇒UB9</p>
<p>UB7. At any time since September 2018, did (he/she) attend (<i>programmes mentioned in UB6</i>)?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>1 ⇒UB8A</p> <p>2 ⇒UB9</p>
<p>UB8A. Does (he/she) currently attend (<i>programmes mentioned in UB6</i>)?</p> <p>UB8B. You have mentioned that (<i>name</i>) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	
<p>UB9. Is (<i>name</i>) covered by any health insurance?</p>	<p>YES.....1</p> <p>NO2</p>	<p>2 ⇒End</p>

<p>UB10. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>BENEFICIARIES OF PENSIONS AND PECUNIARY ALLOWANCES IN ACCORDANCE WITH THE LAW ON PENSION AND DISABILITY INSURANCE E</p> <p>HEALTH INSUREANCE FOR AGRICULTURAL WORKERS, FARMERS F</p> <p>TEMPORARILY UNEMPLOYED PERSONS WHO RECEIVE UNEMPLOYMENT BENEFITS..... G</p> <p>OTHER (<i>specify</i>) _____ X</p>	
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BIRTH REGISTRATION		BR
BR1. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it?	YES, SEEN.....1	1 ⇒End
	YES, NOT SEEN2	2 ⇒End
	NO3	
	DK8	
BR2. Has (<i>name</i>)’s birth been registered with the Office for registers of marriages, births and deaths?	YES.....1	1 ⇒End
	NO2	
	DK8	
BR3. Do you know how to register (<i>name</i>)’s birth?	YES.....1	
	NO2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. How many children's books or picture books do you have for <i>(name)</i>?</p>	<p>NONE..... 00</p> <p>NUMBER OF CHILDREN'S BOOKS..... <u>0</u></p> <p>TEN OR MORE BOOKS 10</p>	
<p>EC2. I am interested in learning about the things that <i>(name)</i> plays with when (he/she) is at home.</p> <p>Does (he/she) play with:</p> <p>[A] Homemade toys, such as dolls, cars, or other toys made at home?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?</p>	<p>Y N DK</p> <p>HOMEMADE TOYS 1 2 8</p> <p>TOYS FROM A SHOP 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p>	
<p>EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.</p> <p>On how many days in the past week was <i>(name)</i>:</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p><i>If 'None' record '0'. If 'Don't know' record '8'.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR _</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR..... _</p>	
<p>EC4. Check UB2: Child's age?</p>	<p>AGE 0 OR 1 1</p> <p>AGE 2, 3 OR 4 2</p>	1 ⇨ End

<p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <i>(name)</i>:</p> <p><i>If 'Yes', ask: Who engaged in this activity with (name)?</i></p> <p><i>A foster/stepmother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with <i>(name)</i>?</p> <p>[B] Told stories to <i>(name)</i>?</p> <p>[C] Sang songs to or with <i>(name)</i>, including lullabies?</p> <p>[D] Took <i>(name)</i> outside the home?</p> <p>[E] Played with <i>(name)</i>?</p> <p>[F] Named, counted, or drew things for 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</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	A	B	X	Y	
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<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 2..... 1</p> <p>AGE 3 OR 4 2</p>	<p>1 ⇒ End</p>																																			
<p>EC6. 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 <i>(name)</i>'s development.</p> <p>Can <i>(name)</i> identify or name at least ten letters of the alphabet?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC7. Can <i>(name)</i> read at least four simple, popular words?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC8. Does <i>(name)</i> know the name and recognize the symbol of all numbers from 1 to 10?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC9. Can <i>(name)</i> pick up a small object with two fingers, like a stick or a rock from the ground?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				

EC10. Is (<i>name</i>) sometimes too sick to play?	YES 1 NO 2 DK 8	
EC11. Does (<i>name</i>) follow simple directions on how to do something correctly?	YES 1 NO 2 DK 8	
EC12. When given something to do, is (<i>name</i>) able to do it independently?	YES 1 NO 2 DK 8	
EC13. Does (<i>name</i>) get along well with other children?	YES 1 NO 2 DK 8	
EC14. Does (<i>name</i>) kick, bite, or hit other children or adults?	YES 1 NO 2 DK 8	
EC15. Does (<i>name</i>) 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 behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <u>(name) in the past month.</u>		YES NO
[A] Took away privileges, forbade something <u>(name)</u> liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES..... 1	2
[B] Explained why <u>(name)</u> 's behavior was wrong.	EXPLAINED WRONG BEHAVIOR.... 1	2
[C] Shook (him/her).	SHOOK HIM/HER 1	2
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED 1	2
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO 1	2
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1	2
[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1	2
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME 1	2
[I] Hit or slapped (him/her) on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS 1	2
[J] Hit or slapped (him/her) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG 1	2
[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	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 age 5 or a child age 5-14 selected for the questionnaire for children age 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. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> 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: Child uses equipment or receives 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	

<p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4</p>	
<p>UCF15. Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4</p>	
<p>UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4</p>	
<p>UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4</p>	
<p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL 1 LESS 2 THE SAME 3 MORE 4 A LOT MORE 5</p>	

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 (<i>name</i>) ever been breastfed?	YES 1 NO 2 DK 8	2 ⇒ BD3A 8 ⇒ BD3A		
BD3. Is (<i>name</i>) 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 (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES 1 NO 2 DK 8			
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES 1 NO 2 DK 8			
BD6. 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			
BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night. Please include liquids consumed outside of your home. Did (<i>name</i>) drink (<i>name of item</i>) 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 Aptamil, HiPP, BabiMil, Milupa, Novalac, Laktovit, Humana?	INFANT FORMULA	1	2 ∅ BD7[E]	8 ∅ BD7[E]
[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA	_____		
[E] Milk from animals, such as fresh, pasteurized or powdered milk?	MILK	1	2 ∅ BD7[P]	8 ∅ BD7[P]
[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK MILK.....	_____		
[P] Tea?	TEA	1	2	8
[X] Any other liquids?	OTHER LIQUIDS	1	2 ∅ BD8	8 ∅ BD8
[X1] Record all other liquids mentioned.	(Specify) _____			

<p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else?</i> <i>Record answers using the food groups below.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time? <i>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.</i></p>				
<p>For each food group not mentioned after completing the above ask: Just to make sure, did (<i>name</i>) eat (<i>food group items</i>) yesterday during the day or the night?</p>		YES	NO	DK
[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i>	YOGURT	1	2 <i>or</i> BD8[B]	8 <i>or</i> BD8[B]
[A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES ATE YOGURT			__
[B] Any baby food, such as Cerelac, Hipp, or Lino foods such as Frutolino, Medolino or Chokolino?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, ETC.	1	2	8
[E] White potatoes, parsnip, turnip or any other foods made from roots that are white inside?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as spinach, chard, patience dock, broccoli?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Dried or fresh apricot, sour cherry, ripe melon?	APRICOT, SOUR CHERRY, RIPE MELON	1	2	8
[H] Any other fruits or vegetables, such as apple, peach, pear, banana, cherry, cucumber, tomato, cabbage, cauliflower, grapefruit, beetroot, celery root?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 <i>or</i> BD9	8 <i>or</i> BD9
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	(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										IM
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2							2⇒End	
IM2. Do you have an Immunization Card, or a Health Booklet where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CARD(S).....1 YES, HAS O HEALTH BOOKLET2 YES, HAS CARD(S) AND HEALTH BOOKLET3 NO, HAS NO CARDS AND NO HEALTH BOOKLET.....4							1⇒IM5 3⇒IM5	
IM3. Did you ever have an Immunization Card, or a Health Booklet for (<i>name</i>)?		YES.....1 NO2								
IM4. Check IM2:		HAS ONLY HEALTH BOOKLET, IM2=2.....1 HAS NO CARDS AND NO HEALTH BOOKLET AVAILABLE, IM2=42							2⇒IM11	
IM5. May I see the Immunization Card(s) (and/or) the Health Booklet?		YES, ONLY CARD(S) SEEN1 YES, ONLY HEALTH BOOKLET SEEN2 YES, CARD(S) AND HEALTH BOOKLET SEEN3 NO CARDS AND NO HEALTH BOOKLET SEEN4							4⇒IM11	
IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNISATION								
		DAY		MONTH		YEAR				
BCG	BCG					2	0	1		
HepB 1 (at birth)	HEPB 1					2	0	1		
HepB 2	HEPB 2					2	0	1		
HepB 3	HEPB 3					2	0	1		
Polio (OPV, IPV) 1	OPV/IPV 1					2	0	1		
Polio (OPV, IPV) 2	OPV/IPV 2					2	0	1		
Polio (OPV, IPV) 3	OPV/IPV 3					2	0	1		
Polio (OPV, IPV) 4 (revaccination 1)	OPV/IPV4 (R1)					2	0	1		
DTP (DTwP, DTAP) 1	DTP 1					2	0	1		
DTP (DTwP, DTAP) 2	DTP 2					2	0	1		
DTP (DTwP, DTAP) 3	DTP 3					2	0	1		
DTP (DTwP, DTAP) 4 (revaccination 1)	DTP 4 (R1)					2	0	1		
HiB (Haemophilus influenzae type b) 1	HiB 1					2	0	1		
HiB (Haemophilus influenzae type b) 2	HiB 2					2	0	1		
HiB (Haemophilus influenzae type b) 3	HiB 3					2	0	1		
HiB (Haemophilus influenzae type b) 4 (revaccination 1)	HiB 4 (R1)					2	0	1		
MMR	MMR					2	0	1		
IM7. Check IM6: Are all vaccines (BCG to MMR) recorded?		YES.....1 NO2							1⇒End	

<p>IM8. Did (<i>name</i>) participate in any of the following campaigns, national immunisation days or child health days:</p> <p>[A] European Immunization Week, April 2016</p> <p>[B] European Immunization Week, April 2017</p> <p>[C] European Immunization Week, April 2018</p>	<p style="text-align: right;">Y N DK</p> <p>EUROPEAN IMMUNIZATION WEEK 2016..... 1 2 8</p> <p>EUROPEAN IMMUNIZATION WEEK 2017..... 1 2 8</p> <p>EUROPEAN IMMUNIZATION WEEK 2018..... 1 2 8</p>	
<p>IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the campaigns, immunisation days or child health days just mentioned?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ End</p> <p>8 ⇒ End</p>
<p>IM10. Go back to IM6 and probe for these vaccinations.</p> <p><i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i></p> <p><i>When <u>finished</u>, go to End of module.</i></p>		<p>⇒ End</p>
<p>IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunisation day or child health day?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM12. Did (<i>name</i>) participate in any of the following campaigns, national immunisation days or child health days:</p> <p>[A] European Immunization Week, April 2016</p> <p>[B] European Immunization Week, April 2017</p> <p>[C] European Immunization Week, April 2018</p>	<p style="text-align: right;">Y N DK</p> <p>EUROPEAN IMMUNIZATION WEEK 2016..... 1 2 8</p> <p>EUROPEAN IMMUNIZATION WEEK 2017..... 1 2 8</p> <p>EUROPEAN IMMUNIZATION WEEK 2018..... 1 2 8</p>	
<p>IM13. Check IM11 and IM12:</p>	<p>ALL NO OR DK 1</p> <p>AT LEAST ONE YES 2</p>	<p>1 ⇒ End</p>
<p>IM14. Has (<i>name</i>) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?</p>	<p>YES, WITHIN 24 HOURS..... 1</p> <p>YES, BUT NOT WITHIN 24 HOURS..... 2</p> <p>NO 3</p> <p>DK 8</p>	
<p>IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ IM20</p> <p>8 ⇒ IM20</p>

IM18. How many times were the polio drops received?	NUMBER OF TIMES__ DK8	
IM19A. Has (<i>name</i>) ever received a Hexavalent vaccination – that is, an injection in the thigh, arm or shoulder to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, Haemophilus influenzae type b and polio? <i>Probe by indicating that Hexavalent vaccination is given at completed two month and six months of age.</i>	YES.....1 NO2 DK8	2 ⇒IM20 8 ⇒IM20
IM19B. How many times was the Hexavalent vaccine received?	NUMBER OF TIMES__ DK8	
IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh, arm or shoulder to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Haemophilus influenzae type b and polio? <i>Probe by indicating that Pentavalent vaccination is given at completed three and a half months and eighteen months of age.</i>	YES.....1 NO2 DK8	2 ⇒IM26 8 ⇒IM26
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES__ DK8	
IM26. Has (<i>name</i>) ever received a MMR vaccine – that is, a shot in the arm at the age of 12 months or older - to prevent (him/her) from getting measles, mumps and rubella?	YES.....1 NO2 DK8	
IM28. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire		

UF11. Record the time.	HOURS AND MINUTES..... ____ : ____	
UF12. Language of the Questionnaire.	MACEDONIAN 2 ALBANIAN..... 3	
UF13. Language of the Interview.	MACEDONIAN 2 ALBANIAN..... 3 OTHER LANGUAGE (specify) _____ 6	
UF14. Native language of the Respondent.	MACEDONIAN 02 ALBANIAN..... 03 TURKISH 04 ROMA 05 VLACH..... 06 SERBIAN 07 BOSNIAK..... 08 OTHER LANGUAGE (specify) _____ 96	
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	
<p>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.</p> <p>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</p> <p><input type="checkbox"/> No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.</p> <p><input type="checkbox"/> No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.</p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

ANTHROPOMETRY MODULE 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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG)..... ____ . ____ CHILD NOT PRESENT99.3 CHILD REFUSED99.4 RESPONDENT REFUSED99.5 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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) ____ . ____ CHILD REFUSED999.4 RESPONDENT REFUSED999.5 OTHER (specify) _____ 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN1 STANDING UP2	
AN13. Today's date: Day / Month / Year: _____ / _____ / <u>20</u> <u>1</u> _____		
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

UNDER-FIVE CHILD INFORMATION PANEL		HF
<i>This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name and line number: NAME _____	HF4. Mother's / Caretaker's name and line number: NAME _____	
HF5. Name and number of field staff recording at facility: NAME _____	HF6. Interviewer's name and number: NAME _____	
HF7. Day / Month / Year of facility visit: _____ / _____ / <u>2 0 1</u> _____	HF8. Record the time:	HOURS : MINUTES _____ : _____
HF9. Child's day, month and year of birth: Copy from UB2 in the UNDER-FIVE'S BACKGROUND Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE _____ / _____ / <u>2 0 1</u> _____	HF10. Write the name of health facility: _____	⇒HF11

HF15. Result of health facility visit:	<p>RECORDS AVAILABLE AT FACILITY</p> <p>COPIED 01</p> <p>NOT COPIED (specify) _____ 02</p> <p>RECORDS NOT AVAILABLE AT FACILITY (specify) _____ 03</p> <p>OTHER (specify) _____ 96</p>
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IMMUNIZATION
HF
HF11. Record day, month and year of birth as written on vaccination record/card:

 ____ / ____ / 2 0 1 ____

HF12.

(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

		DAY		MONTH		YEAR			
BCG	BCG					2	0	1	
HepB (at birth)	HepB 1					2	0	1	
HepB 2	HepB 2					2	0	1	
HepB 3	Hep B 3					2	0	1	
Polio (OPV, IPV) 1	OPV/IPV 1					2	0	1	
Polio (OPV, IPV) 2	OPV/IPV 2					2	0	1	
Polio (OPV, IPV) 3	OPV/IPV 3					2	0	1	
Polio (OPV, IPV) 4 (revaccination 1)	OPV/IPV 4 (R1)					2	0	1	
DTP (DTwP, DTAP) 1	DTP 1					2	0	1	
DTP (DTwP, DTAP) 2	DTP 2					2	0	1	
DTP (DTwP, DTAP) 3	DTP 3					2	0	1	
DTP (DTwP, DTAP) 4 (revaccination 1)	DTP 4 (R1)					2	0	1	
HiB (Haemophilus influenzae type b) 1	HiB 1					2	0	1	
HiB (Haemophilus influenzae type b) 2	HiB 2					2	0	1	
HiB (Haemophilus influenzae type b) 3	HiB 3					2	0	1	
HiB (Haemophilus influenzae type b) 4 (revaccination 1)	HiB 4 (R1)					2	0	1	
MMR	MMR					2	0	1	

HF13. For each vaccination not recorded enter '00' in day column.

HF14. Record the time.

HOURS AND MINUTES ____ : ____

⇨HF15

DATA COLLECTOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS