QUESTIONNAIRE FOR CHILDREN UNDER FIVE

This questionnaire is to be administered to all women who care for a child that lives with them. And is under the age of 5 years (see Q.4 of the HH listing).A separate form should be used for each eligible child. Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing). Fill in the line number of each child, the line number of the child's mother or caretaker, And the household and cluster numbers in the space at the top of each page.

Cluster no. ___ Household no. ____ Caretaker Line no. __ Child Line no. __

BR . BRITH REGISTRATION AND EARLY LEARNING MODULE		
1	*Child's name.*	....
2	Child's age (copy from Q.4 of HH listing). *Age (in completed years)*	☐☐
3	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 (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY? *If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.* *Date of birth / Day/Month/Year /*	__/__/____
4	DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? If certificate is presented, verify reported birth date. If no birth certificate is presented, try to verify date using another document (health card, etc.). Correct stated age, if necessary. *1-Yes, seen* ⇨**Q.8** *2-Yes, not seen* *3-No* *9-DK*	☐
5	*IF NO BIRTH CERTIFICATE IS SHOWN, ASK*: Has (*NAME'S*) birth been registered? *1-Yes* ⇨**Q.8** *2-No* *9-DK* ⇨Q.7	☐
6	Why is (*NAME'S*) birth not registered? *Costs too much**-1, Must travel too far-2, Did not know it should be registered-3, Late, and did not want to pay fine-4 Does not know where to register-5,* *Other (specify)* ______________ 6 *DK-9*	☐
7	Do you know how to register your child's birth? *1-Yes* *2-No* *8-No answer*	☐
8	*CHECK AGE. IF CHILD IS 3 YEARS OLD OR MORE, ASK*: Does (*NAME*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care? *1-Yes* *2-No* } ⇨**NEXT MODULE** *9-DK*	☐
9	Within the last seven days, about how many hours did (*NAME*) attend? *Number of hours*	___

VA . VITAMIN "A" MODULE		
1	HAS (*name*) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? Show capsule or dispenser. *1-Yes* *2-No* } ⇨**NEXT MODULE** *9-DK*	☐
2	How many months ago did (*NAME*) take the last dose? *Months ago* *DK-99*	☐☐
3	WHERE DID (*name*) GET THIS LAST DOSE? *On routine visit to health centre-1, Sick child visit to health centre-2,National Immunization Day campaign -3,* *Other (specify)......................4, DK-9*	☐
4	DOES YOUR CHILD HAVE ANY PROBLEM SEEING IN THE DAYTIME? *1-Yes* *2-No* *9-DK*	☐

Cluster no. _ _ _ Household no. _ _ _ _ Caretaker no. _ _ Child no. _ _

No.	Question	Answer
5	DOES YOUR CHILD HAVE ANY PROBLEM SEEING IN THE NIGHTTIME? 1-Yes 2-No } ⇨Q.7 9-DK	☐
6	Is this problem different from other children in your community? 1-Yes 2-No 9-DK	☐
7	DOES YOUR CHILD HAVE NIGHT BLINDNESS? (*Use local term for night blindness.*) 1-Yes 2-No 9-DK	☐

BF. BREASTFEEDING MODULE

No.	Question	Answer
1	HAS (*name*) EVER BEEN BREASTFED? 1-Yes 2-No } ⇨Q.4 9-DK	☐
2	Is he/she still being breastfed? 1-Yes 2-No } ⇨Q.4 9-DK	☐
3	SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.	
	A. VITAMIN, MINERAL SUPPLEMENTS ORMEDICINE? *Vitamin supplements: 1-Yes, 2-No, 9-DK*	☐
	B. Plain water? *Plain water: 1-Yes, 2-No, 9-DK*	☐
	C. Sweetened, flavoured water or fruit juice or tea or infusion? *Sweetened water or juice: 1-Yes, 2-No, 9-DK*	☐
	D. Oral rehydration solution (ORS)? *ORS: 1-Yes, 2-No, 9-DK*	☐
	E. Tinned, powdered or fresh milk or infant formula? *Milk: 1-Yes, 2-No, 9-DK*	☐
	F. Any other liquids? *Other liquids (specify) . . . . :1-Yes, 2-No, 9-DK*	☐
	G. Solid or semi-solid (mushy) food? *Mushy food:1-Yes, 2-No, 9-DK*	☐
4	SINCE THIS TIME YESTERDAY, HAS (*name*) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT? 1-Yes 2-No 9-DK	☐

CI. CARE OF ILLNESS MODULE

No.	Question	Answer
1	HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? 1-Yes ⇨Q.3 2-No 9-DK	☐
2	IN THE LAST TWO WEEKS, HAS (*name*) HAD ANY OTHER ILLNESS, SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM? 1-Yes ⇨Q.4 2-No } ⇨Q.11 9-DK	☐
3	DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.	
	A. BREAST MILK? *BREAST MILK: 1-YES, 2-NO, 9-DK*	☐
	B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP? *GRUEL: 1-YES, 2-NO, 9-DK*	☐
	C. yogurt drink *OTHER ACCEPTABLE : 1-YES, 2-NO, 9-DK*	☐
	D. ORS PACKET SOLUTION? *ORS PACKET: 1-YES, 2-NO, 9-DK*	☐
	E. OTHER MILK OR INFANT FORMULA? *OTHER MILK: 1-YES, 2-NO, 9-DK*	☐
	F. WATER WITH FEEDING DURING SOME PART OF THE DAY? *WATER WITH FEEDING: 1-YES, 2-NO, 9-DK*	☐

Cluster no. ___ Household no. ____ Caretaker Line no. __ Child Line no. __

	G	WATER ALONE? *WATER ALONE : 1-YES, 2-NO, 9-DK*	☐
	H	defined "unacceptable" fluids (e.g., cola, etc. (insert local names)) *UNACCEPTABLE FLUIDS: 1-YES, 2-NO, 9-DK*	☐
	I	NOTHING *NOTHING: 1-YES, 2-NO, 9-DK* ⇨**Q.5**	☐
4		DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL? *MUCH LESS OR NONE-1, ABOUT THE SAME (OR SOMEWHAT LESS)-2, MORE-3, DK-9*	☐
5		DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? *If "less", probe:* MUCH LESS OR A LITTLE LESS? *NONE-1,MUCH LESS-2, SOMEWHAT LESS-3, ABOUT THE SAME-4, MORE-5, DK-9*	☐
6		HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? *1-Yes* *2-No* } Q.11 *9-DK*	☐
7		WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING? *1-Yes* *2-No* } Q.11 *9-DK*	☐
8		WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE? *Problem in chest-2,* *Both-3* *Blocked nose-1* } Q.11 *Other (specify)*______________ *4* *DK-9*	☐
9		DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME? *1-Yes* *2-No* } Q.11 *9-DK*	☐

10	FROM WHERE DID YOU SEEK CARE? *01-Hospital* *02-Health center* *03-Dispensary* *04-Village health worker* *05-MCH clinic* *06-Mobile/outreach clinic* *07-Private physician* *08-Traditional healer* *09-Pharmacy or drug seller* *10-Relative or friend* *11-OTHER (SPECIFY)* . . . . ANY WHERE ELSE?	01 02 03 04 05 06 07 08 09 10 11
11	Ask this question (Q.11) only once for each caretaker. 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? Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions. *01-Child not able to drink or breastfeed* *02-Child becomes sicker* *03-Child develops a fever* *04-Child has fast breathing* *05-Child has difficult breathing* *06-Child has blood in stool* *07-Child is drinking poorly* *08-Other (specify)* ______________ *09-Other (specify)* ______________ *10- OTHER (SPECIFY)*	01 02 03 04 05 06 07 08 09 10
	HB . HEPATITE "B" MODULE	
1	DID YOUR BOY/ GIRLS SICK OR HAD A HIPATET? *1-Yes* *2-No* } ⇨ **next module** *9-DK*	☐
2	IF YES, HOW MANY YEARS AGO ? *HOW MANY YEARS AGO.*	☐☐

Cluster no. _ _ _ Household no. _ _ _ _ Caretaker Line no. _ _ Child Line no. _ _

III.6 (IM) . IMMUNIZATION MODULE

If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-15 is for recording vaccinations that are not recorded on the card. Qs.7-15 will only be asked when a card is not available.

1	1. Is there a vaccination record for (NAME)? 1-Yes, seen 2-Yes, not seen } 9-DK } => A.7	☐

(a) Copy dates of all vaccinations from the card.
(b) Write '44' in day column if card shows that vaccination was given but no date recorded

			Date of Immunisation		
			DAY	MONTH	YEAR
2		BCG	_ _	_ _	_ _ _ _
3	A	OPV0	_ _	_ _	_ _ _ _
	B	OPV1	_ _	_ _	_ _ _ _
	C	OPV2	_ _	_ _	_ _ _ _
	D	OPV3	_ _	_ _	_ _ _ _
4	A	DPT1	_ _	_ _	_ _ _ _
	B	DPT2	_ _	_ _	_ _ _ _
	C	DPT3	_ _	_ _	_ _ _ _
5	A	Measles	_ _	_ _	_ _ _ _
	B	Hepatite	_ _	_ _	_ _ _ _

6	IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). Go to Q.15 after you finish (Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.)	☐

7	Has (NAME) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign *1-Yes* *2-No* } => **A.15** *9-Dk*	☐
8	Has (NAME) ever been given a BCG vaccination against tuberculosis – that is, an injection in the left shoulder that caused a scar? *1-Yes* *2-No* *9-Dk*	☐
9	Has (NAME) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio? *1-Yes* *2-No* } => **A.12** *9-Dk*	☐
10	How old was he/she when the first dose was given – just after birth or later? 1-Just after birth 2- later	☐
11	How many times has he/she been given these drops? No. of times	☐ ☐
12	Has (name) ever been given a DPT vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, and diphtheria? (sometimes given at the same time as polio) *1-Yes* *2-No* } => **A.14** *9-Dk*	☐
13	How many times? No. of times	☐

Cluster no. ___ Household no. ____ Caretaker Line no. __ Child Line no. __

14	Has (name) ever been given "vaccination injections" – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?		☐
15	Please tell me if (name) has participated in any of the following national immunization days:		
	A	*DATE/TYPE OF CAMPAIGN A:* *1-yes , 2-no, 9-DK*	☐
	B	*DATE/TYPE OF CAMPAIGN B:* *1-yes , 2-no, 9-DK*	☐
	C	*DATE/TYPE OF CAMPAIGN C:* *1-yes , 2-no, 9-DK*	☐

III.7 (AN) ANTHROPOMETRY MODULE

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 HH listing before recording measurements.

1	*Child's weight. (kg)*	☐☐☐
2	*Child's length or height.* Length (cm) Lying down Height (cm) Standing up	 __ __ . __ __ __ . __
3	*Measurer's identification code.*	☐☐☐
4	*Result.* Measured-1 Not present-2 Refused-3 Other (*specify*) ____________ -4	☐
5	*Is there another child in the household who is eligible for measurement?* ☐ *Yes.* ⇨ *Record measurements for next child.* ☐ *No.* ⇨ *End the interview with this household by thanking all participants for their cooperation.*	