

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

1. UF. UNDER-FIVE CHILD INFORMATION PANEL

No.	Questions	Answers' code	step
	This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) <i>who care a child that lives with them and is under the age of 5 years (see household listing, column HL5)</i> . 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.		
UF1	Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>	
UF2	Household number: <input type="text"/> <input type="text"/>	
UF3	Child's Name:	
UF4	Child's Line Number: <input type="text"/> <input type="text"/>	
UF5	Mother's/Caretaker's Name:	
UF6	Mother's/Caretaker's Line Number: <input type="text"/> <input type="text"/>	
UF7	Interviewer name and number: <input type="text"/> <input type="text"/>	
UF8	Day/Month/Year of interview: / / /Year/Month/Date/.....	
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	
	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.		
UF10	In what month and year was (<i>name</i>) born? If the mother/caretaker knows the exact birth date also enter the day; otherwise, circle 98 for day.	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998 → UF11 Month <input type="text"/> <input type="text"/> DK month 98 Day <input type="text"/> <input type="text"/> DK day 98	
UF11	How old was (<i>name</i>) at his/her last birthday?	Age in completed years <input type="text"/> <input type="text"/>	

2. BR. BIRTH REGISTRATION AND EARLY LEARNING MODULE

BR1	Does (<i>name</i>) have a birth certificate? May I see it?	Yes seen 1 → BR5 Yes, not seen 2 No 3 DK 8	
BR2	Has (<i>name's</i>) birth been registered with the civil registraion and information office?	Yes 1 → BR5 No 2 DK 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 (specify) 6 DK 8	

Appendix VI

2. BR. BIRTH REGISTRATION AND EARLY LEARNING MODULE

No.	Questions	Answers' code	step										
BR4	Do you know how to register your child's birth?	Yes 1 No 2											
BR5	Check age of child in UF11: Child is 3 or 4 years old?	Yes 1 No 2	BR8										
BR6	Does (name) 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											
BR7	Within the last seven days, about how many hours did (name) attend?	No. of hours <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>											
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 (name): Circle all that apply.												
BR8a	Read books or look at picture books with (name)?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td style="border: none;">Books</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </table>		Mother	Father	Other	No one	Books	A	B	X	Y	
	Mother	Father	Other	No one									
Books	A	B	X	Y									
BR8b	Tell stories to (name)?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td style="border: none;">Stories</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </table>		Mother	Father	Other	No one	Stories	A	B	X	Y	
	Mother	Father	Other	No one									
Stories	A	B	X	Y									
BR8c	Sing songs with (name)?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td style="border: none;">Songs</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </table>		Mother	Father	Other	No one	Songs	A	B	X	Y	
	Mother	Father	Other	No one									
Songs	A	B	X	Y									
BR8d	Take (name) outside the home, compound, yard or enclosure?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td style="border: none;">Take outside</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </table>		Mother	Father	Other	No one	Take outside	A	B	X	Y	
	Mother	Father	Other	No one									
Take outside	A	B	X	Y									
BR8e	Play with (name)?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td style="border: none;">Play with</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </table>		Mother	Father	Other	No one	Play with	A	B	X	Y	
	Mother	Father	Other	No one									
Play with	A	B	X	Y									
BR8f	Spend time with (name) naming, counting, and/or drawing things?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td style="border: none;">Spend time with</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </table>		Mother	Father	Other	No one	Spend time with	A	B	X	Y	
	Mother	Father	Other	No one									
Spend time with	A	B	X	Y									

3. CE. CHILD DEVELOPMENT			
No.	Questions	Answers' code	step
	Question CE1 is to be administered only once to each caretaker		
CE1	How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books If 'none' enter 00	Number of non-children's books Less than 10 0 Ten or more non-children's books 10	
CE2	How many children's books or picture books do you have for (name)? If 'none' enter 00	Number of children's books Less than 10 0 Ten or more books 10	
CE3	What does (name) play with when he/she is at home ?	Household objects (bowls, plates, cups, pots) A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B Homemade toys (dolls, cars and other toys made at home) C Toys that came from a store D No playthings mentioned Y	
CE4	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 with others. since last (day of the week) how many times was (name) left in the care of another child (that is, someone less than 10 years old)? If 'none' enter 00	Number of times <input type="text"/> <input type="text"/>	
CE5	In the past week, how many times was (name) left alone? If 'none' enter 00	Number of times <input type="text"/> <input type="text"/>	
4. VA. VITAMIN A MODULE			
VA1	Has (name) ever received a vitamin A capsule (supplement) like this one? 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.	Yes 1 No 2 DK 8	Module BF
VA2	How many months ago did (name) take the last dose?	Months ago <input type="text"/> <input type="text"/> DK 98	
VA3	Where did (name) get this last dose?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 At home 4 Other (specify) 6 DK 8	

5. BF. BREASTFEEDING MODULE			
No.	Questions	Answers' code	step
BF1	Has (name) ever been breastfed?	Yes 1 No 2 DK 8	BF3
BF2	Is he/she still being breastfed?	Yes 1 No 2 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>	Yes No DK A. Vitamin supplements 1 2 8 B. Plain water 1 2 8 C. Sweetened water or juice 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk, milk products 1 2 8 G. Other liquids 1 2 8 H. Solid or semi-solid food 1 2 8	
BF4	Check BF3H: Child received solid or semi-solid (mushy) food?	Yes 1 No 2 DK 8	Module CA
BF5	Since this time yesterday, how many times did (name) eat solid, semisolid, or soft foods other than liquids? If 7 or more times, record '7'.	No. of times <input type="text"/> DK 8	
6. CA. CARE OF ILLNESS MODULE			
CA1	Has (name) had diarrhoea in the last two weeks, that is, since (day of the week) of the week before last? <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>	Yes 1 No 2 DK 8	CA 5
CA2	During this last episode of diarrhoea, did (name) drink any of the following: <i>Read each item aloud and record response before proceeding to the next item.</i>	Yes No DK A. Fluid from ORS packet 1 2 8 B. Recommended homemade fluid 1 2 8	
CA3	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 8	
CA4	During (name's) illness, did he/she eat less, about the same, or more food than usual? <i>If "less", probe: much less or a little less?</i>	None 1 Much less 2 Somewhat less 3 About the same 4 More 5 DK 8	

6. CA. CARE OF ILLNESS MODULE, continue

No.	Questions	Answers' code	step
CA4A	Check CA2A: ORS packet used?	Yes 1 No 2 DK 8	CA5
CA4B	Where did you get the (<i>local name for ORS packet</i> from CA2A)?	Public sector Govt. hospital 11 Govt. health centre 12 Family clinic 13 Soum/bagh health worker 14 Mobile clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other (<i>specify</i>) 26 Other source Relative or friend 31 Traditional practitioner 33 Other (<i>specify</i>) 96 DK 98	
CA4C	How much did you pay for the (<i>local name for ORS packet</i> from CA2A)?	Tugrug <input type="text"/> Free 9996 DK 9998	
CA5	Has (<i>name</i>) 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?	Yes 1 No 2 DK 8	CA12
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?	Yes 1 No 2 DK 8	CA12
CA7	Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK 8	CA12 CA12
CA8	Did you seek advice or treatment for the illness outside the home?	Yes 1 No 2 DK 8	CA10
CA9	From where did you seek care? Anywhere else? <i>Circle all providers mentioned</i>	Public sector Govt. hospital A Govt. health centre B Family clinic C Soum/bagh health worker D Mobile clinic E Other public (<i>specify</i>) H Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Mobile clinic L Other private O Other source Relative or friend P Traditional practitioner Q Other (<i>specify</i>) X	

6. CA. CARE OF ILLNESS MODULE, continue

No.	Questions	Answers' code	step
CA10	Was (<i>name</i>) given medicine to treat this illness?	Yes 1 No 2 DK 8	CA12
CA11	What medicine was (<i>name</i>) given? Circle all medicines given.	Antibiotic A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
CA11A	Check CA11: Antibiotic given?	Yes 1 No 2	CA12
CA11B	Where did you get the antibiotic?	Public sector Govt. hospital 11 Govt. health centre 12 Family clinic 13 Soum/bagh health worker 14 Mobile clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private (<i>specify</i>) 26 Other source Relative or friend 31 Traditional practitioner 33 Other (<i>specify</i>) 96 DK 98	
CA11C	How much did you pay for the antibiotic?	Tugrug <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Free 99996 DK 99998	
CA12	Check UF11: Child aged under 3?	Yes 1 No 2	CA14
CA13	The last time (<i>name</i>) passed stools, what was done to dispose of the stools?	Child used toilet/latrine 01 Put/rinsed into toilet or latrine 02 Put/rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (<i>specify</i>) 96 DK 98	
Ask the following question (CA14) only once for each caretaker.			
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? 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.	Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G Other (<i>specify</i>) X Other (<i>specify</i>) Y Other (<i>specify</i>) Z	

7. IMMUNIZATION MODULE

No.	Questions	Answers' code	step
	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.		
IM1	Is there a vaccination card for (<i>name</i>)?	Yes, seen 1 Yes, not seen 2 No 3	IM10
IM2	(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 BCG	Date of Immunization Year Month Day [][][][] [][] [][]	
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 [][][][] [][] [][]	
IM4D	DPT4	DPT4 [][][][] [][] [][]	
IM5A	(DPT)H1 HepB1	(DPT)H1 [][][][] [][] [][]	
IM5B	(DPT)H1 HepB2	(DPT)H2 [][][][] [][] [][]	
IM5C	(DPT)H1 HepB2	(DPT)H3 [][][][] [][] [][]	
IM6	Measles (or MMR)	MEASLES [][][][] [][] [][]	
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 (<i>name</i>) receive any other vaccinations - including vaccinations received in campaigns or immunization days? 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.	Yes 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No 2 DK 8	IM19
IM10	Has (<i>name</i>) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	Yes 1 No 2 DK 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	IM15

Appendix VI

7. IM. IMMUNIZATION MODULE, continue

No.	Questions	Answers' code	step
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 <input type="text"/>	
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	IM17
IM16	How many times?	No. of times <input type="text"/>	
IM17	Has (<i>name</i>) ever been given "Measles vaccination injections" - that is a shot in the arm at the age of 8 months or older - to prevent him/her from getting 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:	Yes No DK <i>a. May immunization day</i> 1 2 8 <i>b. October immunization day</i> 1 2 8	
IM20	Does another eligible child reside in the household for whom this respondent is mother/caretaker? 1 Yes → End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child 2 No → End the interview If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE		

8. AN. ANTHROPOMETRY MODULE

	<i>After questionnaires for all children are complete, the measurer weighs and measures each child.</i> 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		
AN1	Child's weight.	Kilograms (kg) <input type="text"/>	
AN2	Child's length or height. <i>Check age of child in UF11:</i> Child under 2 years old → Measure length (lying down). Child age 2 or more years → Measure height (standing up).	Length (cm) Lying down <input type="text"/> Height (cm) Standing up <input type="text"/>	
AN3	Measurer's identification code	Measurer code <input type="text"/>	
AN4	Result of measurement	Measured 1 Not present 2 Refused 3 Other (<i>specify</i>) 6	
AN5	Is there another child in the household who is eligible for measurement?	Yes 1 No 2	Record measurements for next child The end

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.
The result of interview to be filled in UF9.