

Approved by the order 01/...of the Chairman of the National Statistical Office on2013 Form SISS-3

**SOCIAL INDICATOR
SAMPLE SURVEY**

**QUESTIONNAIRE FOR
CHILDREN UNDER FIVE**

1.UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.</i></p>		
<p>UF1. Cluster number: _____</p>	<p>UF2. Household number: _____</p>	
<p>UF3. Child's name: Name _____</p>	<p>UF4. Child's line number: _____</p>	
<p>UF5. Mother's / Caretaker's name: Name _____</p>	<p>UF6. Mother's / Caretaker's line number: _____</p>	
<p>UF7. Interviewer's name and number: Name _____</p>		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (NAME)'S HEALTH AND WELL-BEING NEARLY 20 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL AND ARTICLE 22, PARAGRAPH 3 OF THE LAW ON STATISTICS ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (CHILD'S NAME FROM UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
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MAY WE START NOW?

Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.

No, permission is not given ⇒ Circle "03" in UF9. Discuss this result with your supervisor.

Date and result of the interview			
Number of times visited	UF8. Year / Month / Day	UF9. Result of the interview*	Codes for the interview result*
1. first	2013 / ___ ___ / ___ ___ /	___ ___	Completed 01 Not at home 02
2. Second	2013 / ___ ___ / ___ ___ /	___ ___	Refused 03 Partly completed 04
3. Third	2013 / ___ ___ / ___ ___ /	___ ___	Incapacitated 05 Other (specify) _____ 96

U5.1

UF12.	<i>Record the time.</i>	Hour and minutes ____ : ____
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2. AGE		AG	
AG1	<p>I WOULD LIKE TO TALK TO YOU ABOUT (NAME).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (name) BORN?</p> <p><i>Probe:</i> WHEN IS HIS/HER BIRTHDAY?</p> <p><i>If the child's birth date is known, record it in day part; if not known, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of Birth:</p> <p>Year..... 20 ____</p> <p>Month ____</p> <p>Day..... ____</p> <p>DK day 98</p>	
AG2	<p>HOW OLD IS (name)?</p> <p><i>Probe:</i> HOW OLD WAS (name) 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>Must compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ____</p>	

3. BIRTH REGISTRATION		BR	
BR1	<p>DOES (name) HAVE A BIRTH CERTIFICATE?</p> <p><i>If yes, probe:</i> MAY I SEE IT?</p>	<p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No..... 3</p> <p>DK..... 8</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p>
BR2	<p>HAS (name)✕ BIRTH BEEN REGISTERED WITH KHOROO/ BAG?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>1⇒Next Module</p>
BR3	<p>DO YOU KNOW HOW TO REGISTER (name)✕ BIRTH?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	

4. EARLY CHILDHOOD DEVELOPMENT		EC	
EC1	<p>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 0__</p> <p>Ten or more books 10</p>	
EC2	<p>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</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><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<p>Y N DK</p> <p>Homemade toys1 2 8</p> <p>Toys from a shop.....1 2 8</p> <p>Objects like trees, rocks, bowls or pots1 2 8</p>	
EC3	<p>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 ALONE OR LEAVE IN THE CARE OF ANOTHER CHILD.</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 WHOSE UNDER 10, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'.</i></p>	<p>Number of days left alone for more than an hour __</p> <p>Number of days left with other child whose under 10 for more than an hour __</p>	
EC4	<p><i>Check AG2 for age of child</i></p> <p><input type="checkbox"/> <i>Child aged 0 or 1 ⇒ Go to Next Module</i></p> <p><input type="checkbox"/> <i>Child aged 2, 3 or 4 ⇒ Continue with EC5</i></p>		
EC5	<p>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?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	

EC5A	<p><i>Check AG2 for age of child</i></p> <p><input type="checkbox"/> <i>Child aged 2 ⇒ Go to Next Module</i></p> <p><input type="checkbox"/> <i>Child aged 3 or 4 ⇒ Continue with EC7</i></p>																																					
EC7	<p>IN THE PAST 3 DAYS, DID YOU OR ANY YOUR HOUSEHOLD MEMBER AGED 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):</p> <p><i>If yes, probe:</i> WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)?</p>	<table border="0"> <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/counted</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/counted	A	B	X	Y	
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EC7N	<p>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 COLOURS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
EC7M	<p>CAN (<i>name</i>) RECOGNIZE SIMPLE SHAPES SUCH AS TRIANGLES, RECTANGLES AND CIRCLES?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
EC8	<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>																																				
EC9	<p>CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE WORDS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
EC9A	<p>CAN (<i>name</i>) COUNT?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
EC10	<p>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>																																				

EC11	CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes..... 1 No 2 DK..... 8	
EC11A	CAN (<i>name</i>) HOLD OBJECTS WITH HIS/HER THUMB, INDEX FINGER OR MIDDLE FINGER, LIKE A SPOON, FORK OR PEN?	Yes..... 1 No 2 DK..... 8	
EC12	Is (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes..... 1 No 2 DK..... 8	
EC13	DOES (<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	

5. BREASTFEEDING AND DIETARY INTAKE		BD																																									
BD1	Check AG2 for age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module																																										
BD2	HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes..... 1 No 2 DK..... 8	2⇒BD4 8⇒BD4																																								
BD3	IS (<i>name</i>) STILL BEING BREASTFED?	Yes..... 1 No 2 DK..... 8																																									
BD4	YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..... 1 No 2 DK..... 8																																									
BD5	DID (<i>name</i>) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8																																									
BD6	DID (<i>name</i>) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8																																									
BD7	I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>[A] PLAIN WATER?</td> <td>Plain water1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B] JUICE OR JUICE DRINKS?</td> <td>Juice or juice drinks.....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[C] CLEAR SOUP?</td> <td>Clear soup.....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[D] MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER? If yes: HOW MANY TIMES DID (<i>name</i>) DRINK MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER? If 7 or more times, record '7'. If unknown, record 0X</td> <td>Tunned, powdered, animal milk or milk diluted with water1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td>Number of times drank milk.....</td> <td>—</td> <td></td> </tr> <tr> <td>[E] INFANT FORMULA, E.G., MILASAN, NANA?) If yes, HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</td> <td>Infant formula1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td>Number of time drank infant formula</td> <td>—</td> <td></td> </tr> <tr> <td>[G] TEA?</td> <td>Tea.....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[F] ANY OTHER LIQUIDS?</td> <td>Other liquids.....1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>				Yes	No	DK	[A] PLAIN WATER?	Plain water1	2	8	[B] JUICE OR JUICE DRINKS?	Juice or juice drinks.....1	2	8	[C] CLEAR SOUP?	Clear soup.....1	2	8	[D] MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER? If yes: HOW MANY TIMES DID (<i>name</i>) DRINK MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER? If 7 or more times, record '7'. If unknown, record 0X	Tunned, powdered, animal milk or milk diluted with water1	2	8		Number of times drank milk.....	—		[E] INFANT FORMULA, E.G., MILASAN, NANA?) If yes, HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.	Infant formula1	2	8		Number of time drank infant formula	—		[G] TEA?	Tea.....1	2	8	[F] ANY OTHER LIQUIDS?	Other liquids.....1	2	8
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BD10	<p><i>Check to see if a child ate any solid, semi-solid or soft foods yesterday during the day or night</i></p> <p><input type="checkbox"/> <i>Child did not eat at all or the respondent does not know ⇒ Go to Next module.</i></p> <p><input type="checkbox"/> <i>Child ate at least one solid, semi-solid or soft food item mentioned above by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11</i></p>	
BD11	<p>HOW MANY TIMES DID (<i>name</i>) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times _</p> <p>DK.....8</p>

6. IMMUNIZATION										IM		
<p>If an immunization (child health) card or mother and child's health book is available to a mother/caretaker, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</p>												
IM1	DOES (name) HAVE A VACCINATION CARD?		Yes, seen..... 1 Yes, mother/caretaker didn't have it..... 2 No card..... 3							1⇒IM3 2⇒IM2A		
	If yes: MAY I SEE IT?											
IM2	DID (name) EVER HAVE A VACCINATION CARD?		Yes 1 No..... 2									
IM2A	HAS (name) BEEN REGISTERED WITH CORRESPONDING COMMUNITY HEALTH POST?		Yes 1 No..... 2									
IM2B	DOES (name) HAVE MOTHER AND CHILD'S HEALTH BOOK?		Yes, seen..... 1 Yes, mother/caretaker didn't have it..... 2 No card..... 3							2⇒IM6 3⇒IM6		
	If yes, probe: MAY I SEE IT?.											
IM3	(a) Copy dates for each vaccination from the card or book. (b) Write '4444' in year column if card or book shows that vaccination was given but no date recorded.		Date of Immunization									
			Year			Month		Day				
	BCG	BCG										
	POLIO AT BIRTH	OPV0										
	POLIO 1	OPV1										
	POLIO 2	OPV2										
	POLIO 3	OPV3										
	Pentavalent 1											
	Pentavalent 2											
	Pentavalent 3											
	HEPB	HEP										
	MEASLES (OR MMR OR MR) 1	MEASLES1										
	MEASLES (OR MMR OR MR) 2	MEASLES2										
	VITAMIN A (FIRST DOSE)	VIT A 1										
	VITAMIN A (SECOND DOSE)	VIT A 2										
IM4	Check IM3. Are all vaccines (BCG to Measles1) recorded on the card or book <input type="checkbox"/> Yes⇒ Go to IM18 <input type="checkbox"/> No⇒ Continue with IM5											
IM5	IN ADDITION TO WHAT IS RECORDED ON THIS CARD OR CHILD'S HEALTH BOOK, DID (NAME) RECEIVE ANY OTHER VACCINATIONS INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS ? <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '6666' in the corresponding Day column for each vaccine mentioned. When finished, skip to IM18 <input type="checkbox"/> No/DK ⇒ Go to IM18											
IM6	HAS (name) EVER RECEIVED ANY		Yes							1		

U5.10

APPENDIX F: QUESTIONNAIRES

	VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	No..... 2 DK 8	2⇒IM18 8⇒IM18
IM7	HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS P THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes 1 No..... 2 DK 8	2⇒IM8 8⇒IM8
IM7A	WHEN DID (<i>name</i>) RECEIVE THE BCG VACCINATION AGAINST TUBERCULOSIS AFTER BIRTH? [A] WITHIN 24 HOURS AFTER BIRTH? [B] AFTER 24 HOURS BUT BEFORE LEAVING THE HEALTH FACILITY? [C] WITHIN 2 WEEKS AFTER BIRTH?	Yes No Within 24 hours after birth..... 1 2 After 24 hours but before leaving the health facility..... 1 2 Within 2 weeks after birth 1 2	
IM8	HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes 1 No..... 2 DK 8	2⇒IM11 8⇒IM11
IM9	WHEN DID (<i>name</i>) RECEIVE THE FIRST POLIO VACCINE AFTER BIRTH? [A] WITHIN 24 HOURS AFTER BIRTH? [B] AFTER 24 HOURS BUT BEFORE LEAVING THE HEALTH FACILITY? [C] WITHIN 2 WEEKS AFTER BIRTH?	Yes No Within 24 hours after birth..... 1 2 After 24 hours but before leaving the health facility..... 1 2 Within 2 weeks after birth 1 2	
IM10	HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times — DK 8	
IM11	HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION P THAT IS, AN INJECTION IN THE THIGH? PENTAVALENT IS A VACCINATION AGAINST TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B, AND HAEMOPHILUS INFLUENZAE B. <i>Probe by indicating that pentavalent vaccinations are sometimes given at the same time as polio vaccination.</i>	Yes 1 No..... 2 DK 8	2⇒IM13 8⇒IM13
IM12	HOW MANY TIMES WAS A PENTAVALENT VACCINE RECEIVED?	Number of times — DK 8	
IM13	HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION P THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes 1 No..... 2 DK 8	2⇒IM16 8⇒IM16

U5.11

IM14	WHEN DID (<i>name</i>) RECEIVE THE FIRST HEPATITIS B VACCINE AFTER BIRTH? [A] WITHIN 24 HOURS AFTER BIRTH? [B] AFTER 24 HOURS BUT BEFORE LEAVING THE HEALTH FACILITY? [C] WITHIN 2 WEEKS AFTER BIRTH?	Yes No Within 24 hours after birth..... 1 2 After 24 hours but before leaving the health facility..... 1 2 Within 2 weeks after birth 1 2	
IM16	HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) 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	2⇒IM18 8⇒IM18
IM16A	HOW MANY TIMES WAS MEASLES INJECTION RECEIVED?	Number of times DK 8	
IM18	DID (<i>name</i>) TAKE VITAMIN A IN THE LAST 12 MONTHS? <i>Show common types of ampoules / capsules / syrups</i>	Yes 1 No..... 2 DK 8	2⇒IM18B 8⇒IM18B
IM18A	HOW MANY TIMES WAS THE VITAMIN A RECEIVED?	Number of times DK 8	
IM18B	HAS (<i>name</i>) EVER RECEIVED VITAMIN D?	Yes 1 No..... 2 DK 8	2⇒IM19 8⇒IM19
IM18C	HOW MANY MONTHS (<i>name</i>) WAS WHEN RECEIVED VITAMIN D?	Month DK 8	
IM18D	HAS (<i>name</i>) RECEIVED VITAMIN D BY TABLET OR SYRUP? [A] RECEIVED VITAMIN D BY TABLET? [B] RECEIVED VITAMIN D BY SYRUP?	Yes No DK Vitamin D by tablets..... 1 2 8 Vitamin D by syrup 1 2 8	
IM19	HAS (<i>name</i>) EVER PARTICIPATED IN THE FOLLOWING NATIONAL IMMUNIZATION DAYS: [A] MAY IMMUNIZATION [B] OCTOBER IMMUNIZATION	Yes No DK May immunization..... 1 2 8 October immunization..... 1 2 8	
IM20	<p><i>Is the vaccination card of the child kept at the health facility?</i></p> <p><input type="checkbox"/> Yes ⇒ <i>Issue a "QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY" for this child. Complete the Information Panel on that questionnaire and continue with Next Module.</i></p> <p><input type="checkbox"/> No ⇒ <i>Go to Next Module.</i></p>		

7. CARE OF ILLNESS			CA
CA1	IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK 8	2⇒CA7 8⇒CA7
CA2	I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK AND OTHER LIQUID). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL 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 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK 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 1 Somewhat less 2 About the same 3 More 4 Never gave a food 5 Still breastfeeding 6 DK 8	
CA3A	DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒CA4 8⇒CA4
CA3B	FROM WHERE OR WHOM DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANY WHERE ELSE OR SOMEONE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine whether referred to public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Govt. hospital A Govt. health centre B Family clinic C Soum or bag health worker, nurse D Private medical sector Hospital/clinic I Physician J Pharmacy K Other source Relative/Friend P Traditional practitioner R Other (<i>specify</i>) _____ X	
CA3C	Check CA3B: <input type="checkbox"/> Two or more codes circled ⇒ Continue with CA3D <input type="checkbox"/> Only one code circled ⇒ Go to CA4		

<p>CA3D</p>	<p>WHERE OR WHOM DID YOU FIRST SEEK ADVICE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>Do NOT prompt with any suggestions.</i></p> <p><i>If unable to determine whether referred to public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital..... 11</p> <p>Govt. health centre 12</p> <p>Family clinic..... 13</p> <p>Soum or bag health worker, nurse..... 14</p> <p>Private medical sector</p> <p>Hospital/clinic.....21</p> <p>Physician22</p> <p>Pharmacy23</p> <p>Other source</p> <p>Relative/Friend31</p> <p>Traditional practitioner33</p> <p>Other (specify) _____ 96</p>	
<p>CA4</p>	<p>DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING?</p> <p><i>Read each and record response before proceeding to the next item.</i></p> <p>[A] KHOROSOLYORS PACKET?</p> <p>[F] ORALITYORS PACKET?</p> <p>[G] UNICEFYORS PACKET?</p> <p>[H] ANY OTHER ORS PACKET?</p>	<p>Yes No DK</p> <p>ⓀhorosolYORS packet..... 1 2 8</p> <p>ⓀoralitYORS packet 1 2 8</p> <p>ⓀunicefYORS packet..... 1 2 8</p> <p>Any other ORS packet..... 1 2 8</p> <p>(Specify) _____</p>	
<p>CA4A</p>	<p><i>Check CA4: ORS.</i></p> <p><input type="checkbox"/> Child was given ORS (at least one 'Yes' circled in 'A'-'H' in CA4) ⇒ Continue with CA4B</p> <p><input type="checkbox"/> Child was not given ORS (all "No" in A-H in CA4) ⇒ Go to CA4C</p>		
<p>CA4B</p>	<p>WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether referred to public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital.....11</p> <p>Govt. health centre.....12</p> <p>Family clinic13</p> <p>Soum or bag health worker, nurse14</p> <p>Private medical sector</p> <p>Hospital/clinic.....21</p> <p>Physician22</p> <p>Pharmacy.....23</p> <p>Other source</p> <p>Relative/Friend.....31</p> <p>Traditional practitioner33</p> <p>Other (specify) _____ 96</p>	
<p>CA4C</p>	<p>DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p>Yes No DK</p> <p>Zinc tablets 1 2 8</p> <p>Zinc syrup 1 2 8</p>	

CA4D	<p>Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child had any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</p> <p><input type="checkbox"/> Child did not have zinc (all "No" in A or B in CA4C) ⇒ Go to CA4F</p>																						
CA4E	<p>WHERE DID YOU GET THE ZINC?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether referred to public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital..... 11</p> <p>Govt. health centre..... 12</p> <p>Family clinic 13</p> <p>Soum or bag health worker, nurse 14</p> <p>Private medical sector</p> <p>Hospital/clinic..... 21</p> <p>Physician 22</p> <p>Pharmacy..... 23</p> <p>Other source</p> <p>Relative/Friend..... 31</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (specify) _____ 96</p>																					
CA4F	<p>DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each and record response before proceeding to the next item.</i></p> <p>[A] A HOMEMADE ORS FLUID FOR DIARRHOEA?</p> <p>[B] BOILED WATER?</p> <p>[C] DILUTED SOUP?</p> <p>[D] RICE JUICE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade ORS fluid.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Boiled water.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Diluted soup.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Rice juice</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Homemade ORS fluid.....	1	2	8	Boiled water.....	1	2	8	Diluted soup.....	1	2	8	Rice juice	1	2	8	
	Yes	No	DK																				
Homemade ORS fluid.....	1	2	8																				
Boiled water.....	1	2	8																				
Diluted soup.....	1	2	8																				
Rice juice	1	2	8																				
CA5	<p>WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>																				
CA6	<p>WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Other pill or syrup (Not antibiotic)..... G</p> <p>Unknown pill or syrup..... H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic..... M</p> <p>Unknown injection..... N</p> <p>Intravenous..... O</p> <p>Home remedy / Herbal medicine..... Q</p> <p>Other (specify) _____ X</p>																					

CA6C	WHO RECOMMENDED SUCH TREATMENT?	Physician or service provider 1 Pharmaceutics 2 Mother/caretaker..... 3 Relative/friend..... 4 Other (<i>specify</i>) _____ 6 DK 8	
CA6A	IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK 8	
CA7	AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2 DK 8	2⇒CA9A 8⇒CA9A
CA8	WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK 8	2⇒CA9B 8⇒CA9B
CA9	WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest only 1 Blocked or runny nose only..... 2 Both 3 Other (<i>specify</i>) _____ 6 DK 8	1⇒CA9B 2⇒CA9B 3⇒CA9B 6⇒CA9B 8⇒CA9B
CA9A	<p><i>Check CA6A: Had fever?</i></p> <p><input type="checkbox"/> <i>Child had fever ⇒ Continue with CA9B</i></p> <p><input type="checkbox"/> <i>Child did not have fever ⇒ Go to CA14</i></p>		
CA9B	<p>I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK (INCLUDING BREASTMILK) DURING THE ILLNESS WITH A (FEVER/COUGH).</p> <p>DURING THE TIME (<i>name</i>) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less 1 Somewhat less 2 About the same..... 3 More 4 Nothing to drink..... 5 DK 8</p>	
CA9C	<p>DURING THE TIME (<i>name</i>) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less 1 Somewhat less 2 About the same..... 3 More 4 Never gave a food 5 Still breastfeeding 6 DK 8</p>	

APPENDIX F: QUESTIONNAIRES

CA10	DID YOU SEEK ANY ADVICE OR TREATMENT FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒CA12 8⇒CA12
CA11	FROM WHERE OR WHOM DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANY WHERE ELSE OR SOMEONE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if referred to public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Govt. hospital A Govt. health centre B Family clinic C Soum or bag health worker, nurse D Private medical sector Hospital/clinic I Physician J Pharmacy K Other source Relative/Friend P Traditional practitioner R Other (specify) _____ X	
CA11A	Check CA11: <input type="checkbox"/> Two or more codes circled ⇒ Continue with CA11B <input type="checkbox"/> Only one code circled ⇒ Go to CA12		
CA11B	WHERE OR WHOM DID YOU FIRST SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE OR SOMEONE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if referred to public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Govt. hospital 11 Govt. health centre 12 Family clinic 13 Soum or bag health worker, nurse 14 Private medical sector Hospital/clinic 21 Physician 22 Pharmacy 23 Other source Relative/Friend 31 Traditional practitioner 33 Other (specify) _____ 96	
CA12	AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE /INJECTION FOR THE ILLNESS?	Yes 1 No 2 DK 8	2⇒CA14 8⇒CA14

CA13	<p>WHAT MEDICINE/INJECTION WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE/INJECTION?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p><i>(Names of medicines)</i></p>	<p>Antibiotic drugs Pill / Syrup..... I Injection J</p> <p>Other medications Paracetamol (Panadol, Acetaminophen). P Aspirin..... Q Ibuprofen..... R</p> <p>Other (specify) _____ X DK Z</p>	
<p>CA13A Check CA13 for antibiotic mentioned (codes I or J)</p> <p><input type="checkbox"/> Yes, (Circled in 'I' or 'J' in CA13) ⇒ Continue with CA13B</p> <p><input type="checkbox"/> No, (No circled in 'I' or 'J' in CA13) ⇒ Go to CA14</p>			
CA13B	<p>WHERE DID YOU GET THE ANTIBIOTICS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether referred to public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Public sector Govt. hospital..... 11 Govt. health centre..... 12 Family clinic 13 Soum or bag health worker, nurse 14</p> <p>Private medical sector Hospital/clinic..... 21 Physician 22 Pharmacy..... 23</p> <p>Other source Relative/Friend..... 31 Traditional practitioner 33 Already had at home..... 40</p> <p>Other (specify) _____ 96</p>	
<p>CA14 Check AG: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 and 2 ⇒ Continue with CA15</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13</p>			
CA15	<p>THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>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</p> <p>Other (specify) _____ 96 DK 98</p>	

UF13	Record the time.	Hour and minutes : ..	
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UF14	<p>Check List of Household Members, columns HL7B and HL15 to see if the respondent is a mother or caretaker of another child under 5 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child after the interview. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the next respondent</p>		
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U5.18

No ⇒ *End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household*

Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.

8. ANTHROPOMETRY			AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child under 5. 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 in the HL of the Household Questionnaire before recording measurements.</p>			
AN1	Measurer's name and number:	Name _____	
AN2	Result of height / length and weight measurement	Either or both measured..... 1 Child not present..... 2 Child or mother/caretaker refused..... 3 Other (specify)..... 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3	Child's weight	Kilograms (kg)..... _____ Weight not measured 999	
AN3A	Was the child undressed to the minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B	Check AG2 for age of child: <input type="checkbox"/> Child under 2 ⇒ Measure length (lying down). <input type="checkbox"/> Child aged 2 or more ⇒ Measure height (standing up).		
AN4	Child's length or height	Length/Height..... _____ Length/Height not measured 9999	⇒ AN5A
AN4A	How was the child actually measured? Lying down or standing up?	Lying down..... 1 Standing up..... 2	
AN5A	Check AG: Age of child <input type="checkbox"/> Child age 0, 1 and 2 ⇒ Continue with AN5B <input type="checkbox"/> Child age 3 or 4 ⇒ Go to AN6		
AN5B	DOES (name) HAVE CHILD'S HEALTH BOOK?	Yes..... 1 No 2 DK..... 8	2 ⇒ AN6 2 ⇒ AN6
AN5C	Check whether the (name)'s weight has been recorded in his/her health book in the last 4 months and record.	Yes, recorded..... 1 No, didn't record..... 2 DK..... 8	
AN5D	Check whether the (name)'s length/height has been recorded in his/her health book in the last 4 months and record.	Yes, recorded..... 1 No, didn't record..... 2 DK..... 8	
AN6	Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

Approved by Order #01/103 of 2013 of the Chairman of the National Statistical Office of Mongolia.

Form SISS-5



National Statistical
Office of Mongolia



United Nations
Population Fund



United Nations
Children's Fund

**SOCIAL INDICATOR
SAMPLE SURVEY - 2013**

**QUESTIONNAIRE FORM FOR
VACCINATION RECORDS AT
HEALTH FACILITY**

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations and Vitamin A supplementation for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name: Name _____	HF4. Child's line number: _____	
HF5. Mother's/Caretaker's name: Name _____	HF6. Mother's/Caretaker's line number: _____	
HF7. Interviewer's name and number: Name _____	HF8. Year/Month/Day of facility visit: 2013/ ____ / ____	
HF9. Year/Month/Day of birth <i>(From AG1 in Questionnaire for Children Under-5)</i> 20 ____ / ____ / ____	HF10. Name of health facility: _____	

HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen..... 02 Other (<i>specify</i>) _____ 96
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IMMUNIZATION								HF
HF13. (a) Copy dates for each vaccination from the card or mother and child's health book. (b) Write '4444' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization							
	Year			Month		Day		
BCG	BCG							
POLIO AT BIRTH	OPV0							
POLIO 1	OPV1							
POLIO 2	OPV2							
POLIO 3	OPV3							
Pentavalent 1								
Pentavalent 2								
Pentavalent 3								
HEPB	HEP							
MEASLES(OR MMR OR MR) 1	MEASLES 1							
MEASLES (OR MMR OR MR) 2	MEASLES 2							
VITAMIN A (FIRST DOSE)	VITA1							
VITAMIN A (SECOND DOSE)	VITA2							

Approved by Order #01/103 of 2013 of the Chairman of the National Statistical Office of Mongolia.

Form SISS-6



National Statistical
Office of Mongolia



United Nations
Population Fund



United Nations
Children's Fund

**QUESTIONNAIRE FORM FOR
ANTHROPOMETRY RECORDS**

**SOCIAL INDICATOR
SAMPLE SURVEY - 2013**

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used to record information on the weight and height for children age 0-4 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
<p>AM1. Cluster number: _____</p>	<p>AM2. Household number: _____</p>	
<p>AM3. Child's name: Name _____</p>	<p>AM4. Child's line number: _____</p>	
<p>AM5. Mother's/Caretaker's name: Name _____</p>	<p>AM6. Mother's/Caretaker's line number: _____</p>	
<p>AM7. Interviewer's name and number: Name _____</p>	<p>AM8. Year/Month/Day of birth (From AG1 in Questionnaire for Children Under-5) 20____ / ____ / ____</p>	

8. ANTHROPOMETRY			AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child under 5. 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 in the HL of the Household Questionnaire before recording measurements.</p>			
AN1	Measurer's name and number:	Name _____	
AN2	Result of height / length and weight measurement	Either or both measured 1 Child not present.....2 Child or mother/caretaker refused.....3 Other (specify) 6	2⇒AN5A 3⇒AN5A 6⇒AN5A
AN3	Child's weight	Kilograms (kg) Weight not measured.....999	
AN3A	Was the child undressed to the minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B	Check AG2 for age of child: <input type="checkbox"/> Child under 2 ⇒ Measure length (lying down). <input type="checkbox"/> Child aged 2 or more ⇒ Measure height (standing up).		
AN4	Child's length or height	Length/Height Length/Height not measured.....9999	⇒ AN5A
AN4A	How was the child actually measured? Lying down or standing up?	Lying down 1 Standing up 2	
AN5A	Check AG: Age of child <input type="checkbox"/> Child age 0, 1 and 2 ⇒ Continue with AN5B <input type="checkbox"/> Child age 3 or 4 ⇒ Go to AN6		
AN5B	DOES (name) HAVE CHILD'S HEALTH BOOK? If yes: MAY I SEE IT?	Yes 1 No.....2 DK 8	2 ⇒ AN6 2 ⇒ AN6
AN5C	Check whether the (name)'s weight has been recorded in his/her health book in the last 4 months.	Yes, recorded 1 No, didn't record 2 DK 8	
AN5D	Check whether the (name)'s length/height has been recorded in his/her health book in the last 4 months.	Yes, recorded 1 No, didn't record 2 DK 8	
AN6	Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.		