

CHILD DEVELOPMENT SURVEY - 2016

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>UF8. Year/Month/Day of interview: 2016 / ____ / ____</p>	
<p>UF8A. Number of times visited _____</p>		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE NATIONAL STATISTICS 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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<p>MAY WE START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in UF9. Discuss this result with your supervisor.</p>

<p>UF9. Result of the interview</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed 01</p> <p>Not at home 02</p> <p>Refused 03</p> <p>Partly completed 04</p> <p>Incapacitated 05</p> <p>Other (specify) _____ 96</p>
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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 (<i>name</i>).</p> <p>ON WHAT YEAR, MONTH AND DAY WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHEN IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, 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 (<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>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 (<i>name</i>) 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 (<i>name</i>)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?</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 (<i>name</i>)'S BIRTH?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	

4. EARLY CHILDHOOD DEVELOPMENT		EC																	
EC1	HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (<i>name</i>)?	None 00 Number of children's books 0 ___ Ten or more books 10																	
EC2	I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH:	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>[A] HOMEMADE TOYS</td> <td style="text-align: right;">Homemade toys1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS</td> <td style="text-align: right;">Toys from a shop1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</td> <td style="text-align: right;">Objects like trees, rocks, bowls or pots1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table> <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>		Y	N	DK	[A] HOMEMADE TOYS	Homemade toys1	2	8	[B] TOYS FROM A SHOP OR MANUFACTURED TOYS	Toys from a shop1	2	8	[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?	Objects like trees, rocks, bowls or pots1	2	8	
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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 ALONE OR LEAVE IN THE CARE OF ANOTHER CHILD. ON HOW MANY DAYS IN THE PAST WEEK WAS (<i>name</i>):	<table border="0"> <tr> <td>[A] LEFT ALONE FOR MORE THAN AN HOUR?</td> <td style="text-align: right;">Number of days left alone for more than an hour.....</td> <td style="text-align: right;">___</td> </tr> <tr> <td>[B] LEFT IN THE CARE OF ANOTHER CHILD WHOSE UNDER 10, FOR MORE THAN AN HOUR?</td> <td style="text-align: right;">Number of days left with other child whose under 10 for more than an hour</td> <td style="text-align: right;">___</td> </tr> </table> <p><i>If 'none' enter '0'. If 'don't know' enter '8'.</i></p>	[A] LEFT ALONE FOR MORE THAN AN HOUR?	Number of days left alone for more than an hour.....	___	[B] LEFT IN THE CARE OF ANOTHER CHILD WHOSE UNDER 10, FOR MORE THAN AN HOUR?	Number of days left with other child whose under 10 for more than an hour	___											
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EC4A	Check AG2 for age of child <input type="checkbox"/> Child aged 0 or 1 ⇒ Go to Next Module <input type="checkbox"/> Child aged 2, 3 or 4 ⇒ Continue with EC5																		
EC5	DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING /KINDERGARTEN/ OR ALTERNATIVE FORM OF EDUCATION, SUCH AS A SHIFT GROUP, VISITING TEACHER OR MOBILE KINDERGARTEN?	Yes Kindergarten.....1 Alternative form of education2 No3 DK.....8	1⇒EC5A 3⇒EC5C 8⇒EC5C																

EC5B	IF (<i>name</i>) ATTENDED ALTERNATIVE FORM OF EDUCATION, WHICH ALTERNATIVE FORM OF EDUCATION AND HOW MANY DAYS DOES (<i>name</i>) ATTEND?	Shift group..... 1 ____ Visiting teacher..... 2 ____ Mobile kindergarten..... 3 ____	
EC5C	DOES (<i>name</i>) ATTEND CHILD CARE SERVICES?	Yes.....1 No3 DK.....8	
EC5A	<i>Check AG2 for age of child</i> <input type="checkbox"/> <i>Child aged 2 ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Child aged 3 or 4 ⇒ Continue with EC7</i>		
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: WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</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>	<p style="text-align: center;">Mother Father Other No one</p> <p>Read books A B X Y</p> <p>Told stories A B X Y</p> <p>Sang songs A B X Y</p> <p>Took outside A B X Y</p> <p>Played with A B X Y</p> <p>Named/counted A B X Y</p>	
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 No2 DK.....8</p>	
EC7M	CAN (<i>name</i>) RECOGNIZE SIMPLE SHAPES SUCH AS TRIANGLES, RECTANGLES AND CIRCLES?	<p>Yes.....1 No2 DK.....8</p>	
EC8	CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	<p>Yes.....1 No2 DK.....8</p>	
EC9	CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE WORDS?	<p>Yes.....1 No2 DK.....8</p>	

EC9A	CAN (<i>name</i>) COUNT?	Yes.....1 No2 DK.....8	
EC10	DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes.....1 No2 DK.....8	
EC11	CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes.....1 No2 DK.....8	
EC12	IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes.....1 No2 DK.....8	
EC13	DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.....1 No2 DK.....8	
EC14	WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes.....1 No2 DK.....8	
EC15	DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes.....1 No2 DK.....8	
EC16	DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes.....1 No2 DK.....8	
EC17	DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes.....1 No2 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></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>[A] PLAIN WATER?</td> <td>Plain water</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B] JUICE OR JUICE DRINKS?</td> <td>Juice or juice drinks</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[C] CLEAR SOUP?</td> <td>Clear soup</td> <td>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?</td> <td>Tinned, powdered, animal milk or milk diluted with water</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><i>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 '8'.</i></td> <td>Number of times drank milk.....</td> <td colspan="3">___</td> </tr> <tr> <td>[E] INFANT FORMULA, E.G., MILASAN, NANA?)</td> <td>Infant formula</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><i>If yes, HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i></td> <td>Number of times drank infant formula</td> <td colspan="3">___</td> </tr> <tr> <td>[G] TEA?</td> <td>Tea</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[F] ANY OTHER LIQUIDS?</td> <td>Other liquids</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>					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] MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER?	Tinned, powdered, animal milk or milk diluted with water	1	2	8	<i>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 '8'.</i>	Number of times drank milk.....	___			[E] INFANT FORMULA, E.G., MILASAN, NANA?)	Infant formula	1	2	8	<i>If yes, HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula	___			[G] TEA?	Tea	1	2	8	[F] ANY OTHER LIQUIDS?	Other liquids	1	2	8
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BD8	NOW I WOULD LIKE TO ASK YOU ABOUT FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.		
	PLEASE INCLUDE FOODS EATEN OUTSIDE OF YOUR HOME.		
	DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:		
			Yes No DK
	[A] YOGURT?	Yogurt	1 2 8
	If yes, HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.	Number of times drank/ate yogurt	__
	[B] A COMMERCIALY FORTIFIED BABY FOOD, E.G., HUMANA?	A commercially 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] CARROTS, PUMPKIN, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Carrots, pumpkin, squash or sweet potatoes	1 2 8
	[E] POTATOES, TURNIP, WILD RADISH OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes, turnip, wild radish or any other foods made from roots	1 2 8
	[F] ANY DARK GREEN, LEAFY VEGETABLES SUCH AS BROCCOLI, SPINACH?	Dark green, leafy vegetables	1 2 8
	[G] VITAMIN A-RICH FRUITS SUCH AS PEACH, KIWI, OR BANANA?	Peach, kiwi, or banana	1 2 8
	[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1 2 8
	[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1 2 8
	[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat such as beef, pork, lamb, goat, etc.	1 2 8
[K] EGGS?	Eggs	1 2 8	
[L] FRESH OR DRIED FISH?	Fresh or dried fish	1 2 8	
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1 2 8	
[N] CHEESE, MILK OR OTHER FOOD MADE FROM MILK?	Cheese, milk or other food made from milk	1 2 8	
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food	1 2 8	

BD9	<p>Check BD8 (Categories "A" through "O")</p> <p><input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11</p> <p><input type="checkbox"/> All "No" ⇒ Continue with BD10</p>	
BD10	<p>Ask to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night</p> <p><input type="checkbox"/> Child did not eat at all or the respondent does not know ⇒ Go to Next module.</p> <p><input type="checkbox"/> 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</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	
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.											
IM1	DOES (<i>name</i>) HAVE A VACCINATION CARD?		Yes, seen..... 1 Yes, not seen 2 No card..... 3							1⇒IM3 2⇒IM2A	
	If yes: MAY I SEE IT?										
IM2	DID (<i>name</i>) EVER HAVE A VACCINATION CARD?		Yes 1 No 2								
IM2A	HAS (<i>name</i>) BEEN REGISTERED WITH CORRESPONDING COMMUNITY HEALTH POST?		Yes 1 No 2								
IM2B	DOES (<i>name</i>) HAVE MOTHER AND CHILD'S HEALTH BOOK?		Yes, seen..... 1 Yes, not seen 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			
	[A] BCG	BCG									
	[B] POLIO AT BIRTH	OPV0									
	[C] POLIO 1	OPV1									
	[D] POLIO 2	OPV2									
	[E] POLIO 3	OPV3									
	[F] Pentavalent 1										
	[G] Pentavalent 2										
	[H] Pentavalent 3										
	[I] HEPB	HEP									
	[J] MEASLES (OR MMR OR MR) 1	MEASLES1									
	[K] MEASLES (OR MMR OR MR) 2	MEASLES2									
	[L] VITAMIN A (FIRST DOSE)	VIT A 1									
	[M] VITAMIN A (SECOND DOSE)	VIT A 2									
	[N] VITAMIN A (THIRD DOSE)	VIT A 3									
IM4	Check IM3. Are all vaccines (BCG to Measles1) recorded on the card or book <input type="checkbox"/> Yes⇒ Go to IM18B <input type="checkbox"/> No⇒ Continue with IM5										
IM5	IN ADDITION TO WHAT IS RECORDED ON THIS CARD OR CHILD'S HEALTH BOOK, DID (<i>NAME</i>) 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 (<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	2⇨IM18 8⇨IM18
IM7	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?	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] WITHIN 2 WEEKS AFTER BIRTH? [C] 15 AND MORE DAYS AFTER BIRTH?	Yes No DK Within 24 hours after birth..... 1 2 8 Within 2 weeks after birth 1 2 8 15 and more days after birth..... 1 2 8	1, 8⇨IM8 1, 8⇨IM8
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] WITHIN 2 WEEKS AFTER BIRTH? [C] 15 AND MORE DAYS AFTER BIRTH?	Yes No DK Within 24 hours after birth..... 1 2 8 Within 2 weeks after birth 1 2 8 15 and more days after birth..... 1 2 8	1, 8⇨IM10 1, 8⇨IM10
IM10	HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times ___ DK 8	
IM11	HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION – 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 – 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

IM14	WHEN DID (<i>name</i>) RECEIVE THE FIRST HEPATITIS B VACCINE AFTER BIRTH?			
	[A] WITHIN 24 HOURS AFTER BIRTH?	Within 24 hours after birth.....	Yes No DK 1 2 8	1, 8⇒IM16
	[B] WITHIN 2 WEEKS AFTER BIRTH?	Within 2 weeks after birth	1 2 8	1, 8⇒IM16
	[C] 15 AND MORE DAYS AFTER BIRTH?	15 and more days after birth.....	1 2 8	
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	2⇒IM18
		No.....	2	
		DK	8	8⇒IM18
IM16A	HOW MANY TIMES WAS MEASLES INJECTION RECEIVED?	Number of times	__	
		DK	8	
IM18	DID (<i>name</i>) TAKE VITAMIN A THAT IS GIVEN AT THE AGE OF MORE 6-11 MONTHS? <i>Show Vitamin A blue coloured capsules with 100000 IU</i>	Yes	1	
		No.....	2	
		DK	8	
IM18A	DID (<i>name</i>) TAKE VITAMIN A THAT IS GIVEN AT THE AGE OF 12-59 MONTHS? <i>Show Vitamin A red coloured capsules with 200000 IU</i>	Yes	1	
		No.....	2	
		DK	8	
IM18B	DID (<i>name</i>) TAKE VITAMIN D IN THE LAST 12 MONTHS?	Yes	1	2⇒IM19
		No.....	2	
		DK	8	8⇒IM19
IM18C	WHICH MONTH WAS IT WHEN (<i>name</i>) TOOK VITAMIN D THE LAST TIME?	Month	__ __	
		DK	98	
IM18D	HAS (<i>name</i>) RECEIVED VITAMIN D BY TABLET OR SYRUP?		Yes No DK	
		[A] RECEIVED VITAMIN D BY TABLET?	Vitamin D by tablets.....	1 2 8
		[B] RECEIVED VITAMIN D BY SYRUP?	Vitamin D by syrup	1 2 8
IM19	HAS (<i>name</i>) EVER PARTICIPATED IN THE FOLLOWING NATIONAL IMMUNIZATION DAYS:		Yes No DK	
		[A] MAY IMMUNIZATION	May immunization.....	1 2 8
		[B] OCTOBER IMMUNIZATION	October immunization.....	1 2 8
		[C] OCTOBER IMMUNIZATION	Others.....	1 2 8
IM20	Check IM3: <input type="checkbox"/> Completed ⇒ Go to Next Module. <input type="checkbox"/> Not completed ⇒ Complete “Questionnaire Form for Vaccination Records at Health Facility” from the Child’s Vaccination Record book kept at the Health Facility ⇒ Go to Next Module.			

7. CARE OF ILLNESS		CA	
CA1	IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes..... 1 No..... 2 DK..... 8	2⇒CA6A 8⇒CA6A
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> 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 whether referred to public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Specialized professional health center (Mother and child center)..... A General hospital (Aimag centre/ district health centre)..... B Soum/ family group practice E Bag health physician F Private sector Ulaanbaatar Hospital..... G Clinic..... H Aimag/ Soum Hospital..... I Clinic..... J Physician K Pharmacy L Other source Relative/Friend P Traditional practitioner R Other (<i>specify</i>) _____ X	

<p>CA3C</p>	<p>Check CA3B: Whether 2 or more codes circled.</p> <p><input type="checkbox"/> Two or more codes circled (2 or more codes circled in 'A'-X' in CA3B) ⇒ Continue with CA3D</p> <p><input type="checkbox"/> Only one code circled (only one code circled in 'A'-X' in CA3B) ⇒ Go to CA4</p>																																					
<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>	<table border="0"> <tr> <td>Public sector</td> <td></td> </tr> <tr> <td>Specialized professional health center (Mother and child center).....</td> <td>11</td> </tr> <tr> <td>General hospital (Aimag centre/ district health centre).....</td> <td>12</td> </tr> <tr> <td>Soum/ family group practice</td> <td>15</td> </tr> <tr> <td>Bag health physician</td> <td>16</td> </tr> <tr> <td>Private sector</td> <td></td> </tr> <tr> <td>Ulaanbaatar</td> <td></td> </tr> <tr> <td> Hospital.....</td> <td>21</td> </tr> <tr> <td> Clinic.....</td> <td>22</td> </tr> <tr> <td>Aimag/ Soum</td> <td></td> </tr> <tr> <td> Hospital.....</td> <td>23</td> </tr> <tr> <td> Clinic.....</td> <td>24</td> </tr> <tr> <td> Physician</td> <td>26</td> </tr> <tr> <td> Pharmacy</td> <td>27</td> </tr> <tr> <td>Other source</td> <td></td> </tr> <tr> <td> Relative/Friend</td> <td>32</td> </tr> <tr> <td> Traditional practitioner</td> <td>34</td> </tr> <tr> <td>Other (specify) _____</td> <td>96</td> </tr> </table>	Public sector		Specialized professional health center (Mother and child center).....	11	General hospital (Aimag centre/ district health centre).....	12	Soum/ family group practice	15	Bag health physician	16	Private sector		Ulaanbaatar		Hospital.....	21	Clinic.....	22	Aimag/ Soum		Hospital.....	23	Clinic.....	24	Physician	26	Pharmacy	27	Other source		Relative/Friend	32	Traditional practitioner	34	Other (specify) _____	96
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<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] "KHOROSOL" ORS PACKET?</p> <p>[F] "ORALIT" ORS PACKET?</p> <p>[G] "UNICEF" ORS PACKET?</p> <p>[H] ANY OTHER ORS PACKET?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>"Khorosol" ORS packet.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>"Oralit" ORS packet</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>"Unicef" ORS packet.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Any other ORS packet.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table> <p><i>If any other ORS packet was given to drink, record the name.</i></p> <p>(Specify) _____</p>		Yes	No	DK	"Khorosol" ORS packet.....	1	2	8	"Oralit" ORS packet	1	2	8	"Unicef" ORS packet.....	1	2	8	Any other ORS packet.....	1	2	8																
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<p>CA4A</p>	<p>Check CA4: ORS.</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>																																					

CA4B	<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>Specialized professional health center (Mother and child center) 11</p> <p>General hospital (Aimag centre/ district health centre) 12</p> <p>Soum/ family group practice..... 15</p> <p>Bag health physician 16</p> <p>Private sector</p> <p>Ulaanbaatar</p> <p>Hospital 21</p> <p>Clinic 22</p> <p>Aimag/ Soum</p> <p>Hospital 23</p> <p>Clinic 24</p> <p>Physician 26</p> <p>Pharmacy 27</p> <p>Other source</p> <p>Relative/Friend 32</p> <p>Traditional practitioner 34</p> <p>Other (specify) _____ 96</p>	
CA4C	<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>Specialized professional health center (Mother and child center) 11</p> <p>General hospital (Aimag centre/ district health centre) 12</p> <p>Soum/ family group practice..... 15</p> <p>Bag health physician 16</p> <p>Private sector</p> <p>Ulaanbaatar</p> <p>Hospital 21</p> <p>Clinic 22</p> <p>Aimag/ Soum</p> <p>Hospital 23</p> <p>Clinic 24</p> <p>Physician 26</p> <p>Pharmacy 27</p> <p>Other source</p> <p>Relative/Friend 32</p> <p>Traditional practitioner 34</p> <p>Already had at home 40</p> <p>Other (specify) _____ 96</p>	

CA4F	DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: <i>Read each and record response before proceeding to the next item.</i> [A] A HOMEMADE ORS FLUID FOR DIARRHOEA? [B] BOILED WATER? [C] DILUTED SOUP? [D] RICE JUICE?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade ORS fluid</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Boiled water</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Diluted soup.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Rice juice</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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	WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No 2 DK 8	2⇒CA6A 8⇒CA6A																				
CA6	WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ (<i>Name</i>)	Pill or Syrup Antibiotic A Antimotility B Other pill or syrup (Not antibiotic)..... G Unknown pill or syrup..... H Injection Antibiotic L Non-antibiotic..... M Unknown injection..... N Intravenous..... O Home remedy / Herbal medicine..... Q Other (<i>specify</i>) _____ X																					
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 Both3 Other (<i>specify</i>) 6 DK8	1⇒CA9B 2⇒CA9B 3⇒CA9B 6⇒CA9B 8⇒CA9B
CA9A	Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA9B <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		
CA9B	I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK (INCLUDING BREASTMILK) DURING THE ILLNESS WITH A (FEVER/COUGH). 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? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less2 About the same.....3 More4 Nothing to drink.....5 DK8	
CA9C	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? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less2 About the same.....3 More4 Never gave a food5 Still breastfeeding6 DK8	
CA10	DID YOU SEEK ANY ADVICE OR TREATMENT FROM ANY SOURCE?	Yes 1 No2 DK8	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> _____ (<i>Name of place</i>)	Public sector Specialized professional health center (Mother and child center) A General hospital (Aimag centre/ district health centre) B Soum/ family group practice E Bag health physician F Private sector Ulaanbaatar Hospital G Clinic H Aimag/ Soum Hospital I Clinic J Physician K Pharmacy L Other source Relative/Friend P Traditional practitioner R Other (<i>specify</i>) X	

CA11A	<p>Check CA11:</p> <p><input type="checkbox"/> Two or more codes circled ⇒ Continue with CA11B</p> <p><input type="checkbox"/> Only one code circled ⇒ Go to CA12</p>	
CA11B	<p>WHERE OR WHOM DID YOU FIRST SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE OR SOMEONE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if 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>Specialized professional health center (Mother and child center) 11</p> <p>General hospital (Aimag centre/ district health centre) 12</p> <p>Soum/ family group practice..... 15</p> <p>Bag health physician 16</p> <p>Private sector</p> <p>Ulaanbaatar</p> <p>Hospital 21</p> <p>Clinic 22</p> <p>Aimag/ Soum</p> <p>Hospital 23</p> <p>Clinic 24</p> <p>Physician 26</p> <p>Pharmacy..... 27</p> <p>Other source</p> <p>Relative/Friend 32</p> <p>Traditional practitioner 34</p> <p>Already had at home 40</p> <p>Other (specify) _____ 96</p>
CA12	<p>AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE /INJECTION FOR THE ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p> <p>2⇒CA14</p> <p>8⇒CA14</p>
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>_____</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic drugs</p> <p>Pill / Syrup..... I</p> <p>Injection J</p> <p>Other medications</p> <p>Paracetamol (Panadol, Acetaminophen). P</p> <p>Aspirin..... Q</p> <p>Ibuprofen..... R</p> <p>Other (specify) _____ X</p> <p>DK Z</p>
CA13A	<p>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>	

<p>CA13B</p>	<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>(Name of place)</p>	<p>Public sector</p> <p>Specialized professional health center (Mother and child center)11</p> <p>General hospital (Aimag centre/ district health centre)12</p> <p>Soum/ family group practice.....15</p> <p>Bag health physician16</p> <p>Private sector</p> <p>Ulaanbaatar</p> <p>Hospital21</p> <p>Clinic22</p> <p>Aimag/ Soum</p> <p>Hospital23</p> <p>Clinic24</p> <p>Physician26</p> <p>Pharmacy.....27</p> <p>Other source</p> <p>Relative/Friend32</p> <p>Traditional practitioner34</p> <p>Already had at home40</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 CF0</p>			
<p>CA15</p>	<p>THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Not dispose00</p> <p>Child used toilet/latrine01</p> <p>Put/Rinsed into toilet or latrine02</p> <p>Put/Rinsed into drain or ditch03</p> <p>Thrown into garbage (solid waste)04</p> <p>Buried05</p> <p>Left in the open06</p> <p>Other (specify) _____ 96</p> <p>DK98</p>	

8. CHILD FUNCTIONING (AGE 2-4)		CF
CF0	Check child's age from AG2: <input type="checkbox"/> 2-4 years ⇒ Continue with CF1 <input type="checkbox"/> 0-1 years ⇒ Go to UF13	
CF1	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (name) WEAR GLASSES?	Yes 1 No 2
CF2	DOES (name) USE A HEARING AID?	Yes 1 No 2
CF3	DOES (name) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes 1 No 2
CF4	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. Repeat the categories during the individual questions whenever the respondent does not use an answer category: 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?	
CF5	Check CF1: Child wears glasses (CF1 = 1)? <input type="checkbox"/> Yes ⇒ Ask CF6A. <input type="checkbox"/> No ⇒ Ask CF6B.	
CF6A	WHEN WEARING (HIS/HER) GLASSES, DOES (name) HAVE DIFFICULTY SEEING?	No difficulty 1 Some difficulty 2
CF6B	DOES (name) HAVE DIFFICULTY SEEING?	A lot of difficulty 3 Cannot see at all 4
CF7	Check CF2: Child uses hearing aid (CF2 = 1)? <input type="checkbox"/> Yes ⇒ Ask CF8A. <input type="checkbox"/> No ⇒ Ask CF8B.	
CF8A	WHEN USING (HIS/HER) HEARING AID(S), DOES (name) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?	No difficulty 1 Some difficulty 2
CF8B	DOES (name) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?	A lot of difficulty 3 Cannot hear at all 4
CF9	Check CF3: Child uses equipment or uses assistance for walking (CF3 = 1)? <input type="checkbox"/> Yes ⇒ Ask CF10. <input type="checkbox"/> No ⇒ Ask CF12.	
CF10	WITHOUT USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (name) HAVE DIFFICULTY WALKING?	Some difficulty 2 A lot of difficulty 3 Cannot walk at all 4

CF11	WHEN USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (<i>name</i>) HAVE DIFFICULTY WALKING?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot walk at all 4	1⇒CF13 2⇒CF13 3⇒CF13 4⇒CF13
CF12	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY WALKING?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot walk at all 4	
CF13	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY PICKING UP SMALL OBJECTS WITH (HIS/HER) HAND?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot pick up at all 4	
CF14	DOES (<i>name</i>) HAVE DIFFICULTY UNDERSTANDING YOU?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot understand at all 4	
CF15	WHEN (<i>name</i>) SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY YOU?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot be understood at all 4	
CF16	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY LEARNING THINGS?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot learn things at all 4	
CF17	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY PLAYING?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot play at all 4	
CF18	THE NEXT QUESTION HAS FIVE DIFFERENT OPTIONS FOR ANSWERS. I AM GOING TO READ THESE TO YOU AFTER THE QUESTION. COMPARED WITH CHILDREN OF THE SAME AGE, HOW MUCH DOES (<i>name</i>) KICK, BITE OR HIT OTHER CHILDREN OR ADULTS? WOULD YOU SAY: NOT AT ALL, LESS, THE SAME, MORE OR A LOT MORE?	Not at all 1 Less 2 The same 3 More 4 A lot more 5	

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> <p><input type="checkbox"/> 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</p> <p>Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.</p>
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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	⇒ AN6
AN4A	How was the child actually measured? Lying down or standing up?	Lying down 1 Standing up 2	
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

Supervisor's Observations

Measurer's Observations

CHILD DEVELOPMENT SURVEY - 2016

**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: 2016/ ____ / ____	
HF9. Year/Month/Day of birth (From AG1 in Questionnaire for Children Under-5) 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

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	PENTA1								
Pentavalent 2	PENTA2								
Pentavalent 3	PENTA3								
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								
VITAMIN A (THIRD DOSE)	VITA3								

Approved by Order #A/23 of 2016 of the Chairman of the National Statistics Office of Mongolia.

Form CDS-6

CHILD DEVELOPMENT SURVEY - 2016**QUESTIONNAIRE FORM FOR
ANTHROPOMETRY RECORDS**

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>		
AM1. Cluster number: _____	AM2. Household number: _____	
AM3. Child's name: Name _____	AM4. Child's line number: _____	
AM5. Mother's/Caretaker's name: Name _____	AM6. Mother's/Caretaker's line number: _____	
AM7. Interviewer's name and number: Name _____	AM8. Year/Month/Day of birth <i>(From AG1 in Questionnaire for Children Under-5)</i> 20 ____ / ____ / ____	

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 measured1 Child not present.....2 Child or mother/caretaker refused.....3 Other (<i>specify</i>)6
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
AN4A	How was the child actually measured? Lying down or standing up?	Lying down1 Standing up2
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.	