

Under-Five Child Information Panel		UF
This Form is to be administered to all mothers or caretakers (See Column HL8 of HH Listing Module) who care for a child that lives with them and is under the age of 5 years (See Column HL5 of HH Listing Module). Use a separate Form for each eligible child.		
UF0	District No.	<input type="text"/> <input type="text"/>
UF1	Cluster No.	<input type="text"/> <input type="text"/> <input type="text"/>
UF2	HH No.	<input type="text"/> <input type="text"/>
UF3	Child Name	<input type="text"/>
UF4	Child Line No.	<input type="text"/> <input type="text"/>
UF5	Mother/Caretaker Name	<input type="text"/>
UF6	Mother/Caretaker Line No.	<input type="text"/> <input type="text"/>
UF7	Enumerator Name & No.	<input type="text"/> <input type="text"/> <input type="text"/>
UF8	Day/Month/Year of interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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
UF10	Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (Name). In what month and year was (Name) born? Probe: What is his/her birthday? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day <input type="text"/> <input type="text"/> DK day..... 98 Month..... <input type="text"/> <input type="text"/> Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UF11	How old was (Name) at his/her last birthday? Record age in completed years.	Age in completed years <input type="text"/>

9) Vitamin A Module			VA
#	Question	Options	Skip
VA1	Has (Name) ever received a Vitamin A capsule (supplement) like this one? <u>Show capsule or dispenser for different doses:</u> 100,000 IU for those 6–11 months old (Blue) 200,000 IU for those 12–59 months old (Red)	Yes 1 No 2 DK 8	2⇒NM 8⇒NM
VA2	How many months ago did (Name) take the last dose?	Months..... <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 Immunisation/Vit. A Campaign 3 Other (Specify)..... 6 DK 8	

10) Breastfeeding Module				BF	
#	Question	Options			Skip
BF1	Has (Name) ever been breastfed?	Yes1	No2	DK8	2⇒ BF3 8⇒ BF3
BF2	Is he/she still being breastfed?	Yes1	No2	DK8	
BF3	Since this time yesterday, did he/she receive any of the following: Read each item aloud and record response before proceeding to the next item.				
	Item	Yes	No	DK	
BF3A	Vitamin, mineral supplements or medicine?	1	2	8	
BF3B	Plain water?	1	2	8	
BF3C	Sweetened, flavoured water or fruit juice or tea or infusion?	1	2	8	
BF3D	Oral rehydration solution (ORS)?	1	2	8	
BF3E	Infant formula?	1	2	8	
BF3F	Tinned, powdered or fresh milk?	1	2	8	
BF3G	Any other liquids?	1	2	8	
BF3H	Solid or semi-solid (mushy) food?	1	2	8	
BF4	Check BF3H. Child received solid or semi-solid (mushy) food? <input type="checkbox"/> Yes ⇒ Continue to BF5 <input type="checkbox"/> No or DK ⇒ Next Module				
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"/>	DK8		

11) Care of Illness Module				CA	
#	Question	Options			Skip
CA1	Has (Name) had diarrhoea in the last two weeks, that is, since (day of the week) of the week before last? Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes1 No2 DK8			2⇒CA5 8⇒CA5
CA2	During this last episode of diarrhoea, did (Name) drink any of the following: Read each item aloud and record response before proceeding to the next item.				
	Item	Yes	No	DK	
CA2A	A fluid made from a special packet called Thanzi (local name for ORS packet solution)?	1	2	8	
CA2B	Government recommended homemade fluid:				
CA2C	Fresh Juice?	1	2	8	
CA2D	Tea?	1	2	8	
CA2E	Porridge?	1	2	8	
CA3	Fresh Thobwa?	1	2	8	
CA4	During (name's) illness, did he/she drink much less, about the same, or more than usual?	Much less or none1 About the same (or somewhat less)2 More3 DK8			
CA5	During (name's) illness, did he/she eat less, about the same, or more food than usual? If "less", probe: much less or a little less?	None1 Much less2 Somewhat less3 About the same4 More5 DK8			
CA6	Has (Name) had an illness with a cough at any time in the last two weeks, that is, since (day of the week) of the week before last?	Yes1 No2 DK8			2⇒CA12 8⇒CA12
CA7	When (Name) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes1 No2 DK8			2⇒CA12 8⇒CA12
CA8	Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest1 Blocked nose2 Both3 Other (specify)6 DK8			2⇒CA12 6⇒CA12
CA9	Did you seek advice or treatment for the illness outside the home?	Yes1 No2 DK8			2⇒CA10 8⇒CA10
	From where did you seek care? Anywhere else? Circle all providers mentioned, but do NOT prompt with any suggestions. If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. (Name of place) <input type="text"/>	<u>Public sector</u> Govt. hospitalA Govt. health centreB Govt. health postC Village health workerD Mobile/outreach clinicE Other public (specify)H <u>Private medical sector</u> Private hospital/clinicI Private physicianJ Private pharmacyK Mobile clinicL Other private medical (specify)O <u>Other source</u> Relative or friendP ShopQ Traditional practitionerR Other (specify)X			

11) Care of Illness Module		CA
CA10	Was (Name) given medicine to treat this illness?	Yes 1 No 2 DK 8 2⇒CA12 8⇒CA12
CA11	What medicine was (Name) given? Circle all medicines given.	Antibiotic A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z
CA12	Check UF11: Child age under 3? <input type="checkbox"/> Yes ⇒ Continue to CA13 <input type="checkbox"/> No ⇒ CA14	
CA13	The last time (Name) 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>) <input type="text"/> 96 DK 98
CA14	Ask this question ONLY ONCE for each mother/caretaker (even if she has more children). 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 mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned. 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>) <input type="text"/> X Other (<i>specify</i>) <input type="text"/> Y Other (<i>specify</i>) <input type="text"/> Z

12) Malaria for Under-Fives Module			ML
#	Question	Options	Skip
ML1	In the last two weeks, that is, since (day of the week) of the week before last, has (Name) been ill with a fever?	Yes 1 No 2 DK 8	2⇒ ML10 8⇒ ML10
ML2	Was (Name) taken to a health facility during this illness?	Yes 1 No 2 DK 8	2⇒ ML6 8⇒ ML6
ML3	Did (Name) take a medicine for fever or malaria that was provided or prescribed at the health facility?	Yes 1 No 2 DK 8	2⇒ ML5 8⇒ ML5
ML4	What medicine did (Name) take that was provided or prescribed at the health facility? Circle all medicines mentioned.	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML5	Was (Name) given medicine for the fever or malaria before being taken to the health facility?	Yes 1 No 2 DK 8	1⇒ ML7 2⇒ ML8 8⇒ ML8
ML6	Was (Name) given medicine for fever or malaria during this illness?	Yes 1 No 2 DK 8	2⇒ ML8 8⇒ ML8
ML7	What medicine was (Name) given? Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML8	Check ML4 and ML7: Anti-malarial mentioned (Codes A-H) <input type="checkbox"/> Yes ⇒ Continue to ML9 <input type="checkbox"/> No ⇒ ML10		
ML9	How long after the fever started did (Name) first take (name of anti-malarial from ML4 or ML7)? If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned. Record the code for the day on which the first anti-malarial was given.	Same day 0 Next day 1 2 days after the fever 2 3 days after the fever 3 4 or more days after the fever 4 DK 8	
ML10	Did (Name) sleep under a mosquito net last night?	Yes 1 No 2 DK 8	2⇒ NM 8⇒ NM

12) Malaria for Under-Fives Module		ML
ML11	<p>How long ago did your household obtain the mosquito net?</p> <p>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago 95</p> <p>Not sure 98</p>
ML13	<p>When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK/not sure 8</p>
ML14	<p>Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p> <p>2 ⇨ NM</p> <p>8 ⇨ NM</p>
ML15	<p>How long ago was the net last soaked or dipped?</p> <p>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago 95</p> <p>DK 98</p>

13) Immunisation Module		IM					
IM17	Has (Name) ever been given "Measles vaccination injections" or MMR – 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
IM19	Please tell me if (Name) has participated in any of the following campaigns, national immunisation days and/or vitamin A or child health days:		Yes	No	DK		
IM19A	Child Health Days (May 2005) - Vit. A campaign	Campaign A	1	2	8		
IM19B	Measles & Vitamin A Campaign (Sept. 2005)	Campaign B	1	2	8		
IM19C	Child Health Days (5–9 June 2006) - Vit. A & Deworming campaign	Campaign C	1	2	8		
IM19D	Has (Name) taken any drug for intestinal worms in the last 6 months?	Yes	1	No	2	DK	8
						2⇒ IM20	8⇒ IM20
IM19E	Where did (Name) get this last dose?	On routine visit to health facility	1	Sick child visit to health facility	2	National Campaign	3
		Other (Specify)	6	DK	8		
IM20	Does another eligible child reside in the HH for whom this respondent is mother/caretaker? Check HH listing, column HL8.						
	<input type="checkbox"/> Yes ⇒ End the current Form and go for another 'Child < 5 Form' to administer the Form for the next eligible child.						
	<input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him/her cooperation. If this the last eligible child in the HH, go on to Anthropometry Module.						

14) Anthropometry Module

AN

#	Question	Options	Skip
<p>After Forms for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct Form for each child. Check the child's name and line number on the HH Listing Module before recording measurements.</p>			
AN1	Child's Weight	Kilograms (Kg) <input type="text"/> <input type="text"/> <input type="text"/>	
AN2	Child's length or height. Check age of child in UF11:		
	<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).	Length (cm) Lying down 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> Child age 2 or more years ⇒ Measure height (standing up).	Height (cm) Standing up 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AN3	Measurer's identification code	Measurer Code <input type="text"/> <input type="text"/> <input type="text"/>	
AN4	Result of Measurement	Measured 1 Not present 2 Refused 3 Others (Specify) 6	
AN5	Is there another child in the HH who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all Forms for this HH and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.		