

UNDER-FIVE CHILD INFORMATION PANEL **UF**

*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.*

UF1. Cluster number: _____	UF2. Household number: _____
UF3. Child's name: Name _____	UF4. Child's line number: _____
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / 201 _____

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>MY NAME IS _____ WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</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 (<i>child's name from UF3</i>)'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 I 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

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Completed</td><td style="text-align: right;">01</td></tr> <tr><td>Not at home</td><td style="text-align: right;">02</td></tr> <tr><td>Refused</td><td style="text-align: right;">03</td></tr> <tr><td>Partly completed</td><td style="text-align: right;">04</td></tr> <tr><td>Incapacitated</td><td style="text-align: right;">05</td></tr> <tr><td>Other (<i>specify</i>) _____</td><td style="text-align: right;">96</td></tr> </table>	Completed	01	Not at home	02	Refused	03	Partly completed	04	Incapacitated	05	Other (<i>specify</i>) _____	96
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Other (<i>specify</i>) _____	96												

UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____
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UF12. Record the start time.	Hour and minutes__ __ : __ __	
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AGE	AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT 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>Day__ __</p> <p>DK day98</p> <p>Month.....__ __</p> <p>Year 2 0 __ __</p>
<p>AG2. 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>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years).....__</p>

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen1	1⇒Next Module 2⇒Next Module
	Yes, not seen2	
	No3	
	DK8	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH CIVIL AUTHORITIES (DISTRICT COMMISSIONER, VILLAGE HEADMAN, REGISTRAR GENERAL, CHURCH CERTIFICATE)?	Yes1	1⇒Next Module
	No2	
	DK8	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes1	
	No2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children's books0 __</p> <p>Ten or more books10</p>																	
<p>EC2. 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 (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR "KUUNJIKA" 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>	<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>Homemade toys</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>Toys from a shop</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>Household objects or outside objects</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop	1	2	8	Household objects or outside objects	1	2	8	
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<p>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.</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, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, 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 for more than an hour.....</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p>																		
<p>EC5. 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>No2</p> <p>DK.....8</p>																	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</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="1"> <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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<p>EC8. 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 OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				

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	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: 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 (name) EVER BEEN BREASTFED?	Yes1 No2 DK.....8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes1 No2 DK.....8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes1 No2 DK.....8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:		
[A] PLAIN WATER?	Plain water	Yes No DK 1 2 8
[B1] REAL JUICE DRINKS (PAWPAW OR MANGO OR PEACHES)?	Real Juice or juice drinks (Mango or Pawpaw or Peaches)	1 2 8
[B2] OTHER REAL JUICE DRINKS (BAOBAB FRUIT, BWEMBA) ?	Other Real Juice or juice drinks (Baobab fruit, Bwemba)	1 2 8
[B3] ANY OTHER JUICES OR DRINKS	Any other juices or drinks	1 2 8
[C] Msuzi (CLEAR BROTH/SOUP)	Soup	1 2 8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk	___

[E] INFANT FORMULA?	Infant formula	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula	_____		
[F] ANY OTHER LIQUIDS? <i>If yes specify _____</i>	Other liquids	1	2	8
BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) 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 CONSUMED 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
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt	_____		
[B] ANY FORTIFIED CEREALS (LIKUNI PHALA, NESTUM, PURITY SIBUSISO)?	Fortified Cereals	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS (E.G. NSIMA)?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS, PEACHES ?	Ripe mangoes or Papayas or Peaches	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
[J1] ANY INSECT LARVAE OR LAKE FLY OR ANTS?	Insect larvae or Lake fly or Ants	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	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 OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8

<p>[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?</p> <p><i>If yes: specify</i> _____</p>	<p>Other solid, semi-solid, or soft food 1 2 8</p>
<p>BD9. 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"/> Else ⇒ Continue with BD10</p>	
<p>BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night</p> <p><input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module</p> <p><input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11</p>	
<p>BD11. HOW MANY TIMES DID (name) 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>

IMMUNIZATION

IM

If an immunization (Child Health) Passport is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available.

IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? If yes: MAY I SEE IT PLEASE?	Yes, seen	1	1⇒IM3
	Yes, not seen	2	2⇒IM6
	No card	3	

IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (name)?	Yes	1	1⇒IM6
	No	2	2⇒IM6

IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization							
	Day		Month		Year			

BCG	BCG								
DPT-HEPB-HIB1	DPT1								
DPT - HEPB-HIB2	DPT2								
DPT- HEPB-HIB3	DPT3								
PCV1	PCV1								
PCV2	PCV2								
PCV3	PCV3								
POLIO AT BIRTH	POLIO 0								
POLIO 1	POLIO 1								
POLIO 2	POLIO 2								
POLIO 3	POLIO 3								
ROTA 1	ROTA 1								
ROTA 2	ROTA 2								
MEASLES (OR MMR OR MR)	MEASLES								
VITAMIN A (RECENT DOSE)	VITAMIN A								

IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?

Yes ⇒ Go to IM19

No ⇒ Continue with IM5

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19</p> <p><input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM19</p>		
<p>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 OR CHILD HEALTH DAY?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM19</p> <p>8⇒IM19</p>
<p>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?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM11A. HAS (<i>name</i>) EVER RECEIVED A DPT-HEPB-HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH/PERTUSIS, OR DIPHTHERIA, HEPATITIS-B?</p> <p><i>Probe by indicating that DPT-HepB-Hib first dose is sometimes given at the same time as Polio</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM13A</p> <p>8⇒IM13A</p>
<p>IM12A. HOW MANY TIMES WAS THE DPT-HEPB-HIB VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM13A. HAS (<i>name</i>) EVER RECEIVED A PCV VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING PNEUMONIA?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM15C</p> <p>8⇒IM15C</p>
<p>IM13B. HOW MANY TIMES WAS PCV VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM15C. HAS (<i>name</i>) EVER RECEIVED A ROTA VACCINATION – THAT IS, AN ORAL VACCINATION TO PREVENT HIM/HER FROM GETTING DIARRHOEA CAUSED BY ROTA VIRUS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM15D. HOW MANY TIMES WAS THE ROTA VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	

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	
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] JUNE 2013 CHILD HEALTH DAY [B] NOVEMBER 2013 NATIONAL IMMUNIZATION DAYS	Y N DK June 2013.....1 2 8 November 2013.....1 2 8	

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	Yes 1 No 2 DK..... 8	2⇒CA6A 8⇒CA6A
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</p> <p>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?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK..... 8	
<p>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?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4

<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE 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 public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital A</p> <p>Government health centre B</p> <p>Government health post C</p> <p>Village health worker/HSA D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>BLM M</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>CHAM/Mission</p> <p>Hospital S</p> <p>Health Centre T</p> <p>Other (<i>specify</i>) X</p>	
<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN A FLUID FROM A PACKET OF ORAL REHYDRATION SALTS (THANZI) TO DRINK?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA4C</p> <p>8⇒CA4C</p>

<p>CA4B. 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 public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government health post 13</p> <p>Village health worker/HSA 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>BLM 25</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>CHAM/Mission</p> <p>Hospital 28</p> <p>Health Centre 29</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CA4C. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets 1 2 8</p> <p>Zinc syrup 1 2 8</p>	
<p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA5</p>		

<p>CA4E. 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 public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government health post 13</p> <p>Village health worker/HSA 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>BLM 25</p> <p>Other private medical (<i>specify</i>) 26</p> <p>CHAM/Mission</p> <p>Hospital 28</p> <p>Health Centre 29</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) 96</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p>CA6. 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, antimotility or zinc) 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 (<i>specify</i>) X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (name) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>

CA6B. AT ANY TIME DURING THE ILLNESS, DID <i>(name)</i> HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes1 No2 DK.....8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD AN ILLNESS WITH A COUGH?	Yes1 No2 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?	Yes1 No2 DK.....8	2⇒CA10 8⇒CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only1 Blocked or runny nose only2 Both3 Other (<i>specify</i>)6 DK.....8	1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10
CA9A. Check CA6A: Had fever? <input type="checkbox"/> <i>Child had fever ⇒ Continue with CA10</i> <input type="checkbox"/> <i>Child did not have fever ⇒ Go to CA14</i>		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes1 No2 DK.....8	2⇒CA12 8⇒CA12

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE 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 public or private sector, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital A</p> <p>Government health centre B</p> <p>Government health post C</p> <p>Village health worker/HSA D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>BLM M</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>CHAM/Mission</p> <p>Hospital S</p> <p>Health Centre T</p> <p>Other (<i>specify</i>) X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Names of medicines)</i></p>	<p>Anti-malarials:</p> <p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Amodiaquine C</p> <p>Quinine D</p> <p>Combination with Artemisinin E</p> <p>Other anti-malarial (<i>specify</i>) H</p> <p>Antibiotics:</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 (<i>specify</i>) X</p> <p>DK Z</p>	

CA13A. Check CA13: Antibiotic mentioned (codes I or J)?

Yes ⇒ Continue with CA13B

No ⇒ Go to CA13C

CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?

Probe to identify the type of source.

If unable to determine whether public or private, write the name of the place.

_____ (Name of place)

Public sector	
Government hospital	11
Government health centre	12
Government health post	13
Village health worker/HSA.....	14
Mobile / Outreach clinic	15
Other public (specify) _____	16
Private medical sector	
Private hospital / clinic	21
Private physician	22
Private pharmacy	23
Mobile clinic	24
BLM	25
Other private medical (specify) _____	26
CHAM/Mission	
Hospital.....	28
Health Centre	29
Other source	
Relative / Friend	31
Shop	32
Traditional practitioner	33
Already had at home	40
Other (specify) _____	96

CA13C. Check CA13: Anti-malarial mentioned (codes A - H)?

Yes ⇒ Continue with CA13D

No ⇒ Go to CA14

<p>CA13D. WHERE DID YOU GET THE (name of medicine from CA13)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government health post 13</p> <p>Village health worker/HSA 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (specify) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>BLM 25</p> <p>Other private medical (specify) _____ 26</p> <p>CHAM/Mission</p> <p>Hospital 28</p> <p>Health Centre 29</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (specify) _____ 96</p>	
<p>CA13E. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from CA13)?</p> <p><i>If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.</i></p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever 4</p> <p>DK 8</p>	
<p>CA14. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13</p>		
<p>CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine 01</p> <p>Put / Rinsed into toilet or latrine 02</p> <p>Put / Rinsed into drain or ditch 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open 06</p> <p>Other (specify) _____ 96</p> <p>DK 98</p>	

UF13. Record the finish time.

Hour and minutes : ..

UF14. Check List of Household Members, columns HL7B and HL15.

Is the respondent the mother or caretaker of another child age 0-4 living in this household?

- Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to be administered to the same respondent
- 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.

ANTHROPOMETRY
AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.

AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement</i>	Either or both measured1	
	Child not present2	2⇒AN6
	Child or mother/caretaker refused3	3⇒AN6
	Other (<i>specify</i>)6	6⇒AN6
AN3. <i>Child's weight</i>	Kilograms (kg)..... _ . _	
	Weight not measured99.9	
AN3A. <i>Was the child undressed to the minimum?</i>		
<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No, the child could not be undressed to the minimum</i>		
AN3B. <i>Check age of child in AG2:</i>		
<input type="checkbox"/> <i>Child under 2 years old. ⇒ Measure length (lying down).</i> <input type="checkbox"/> <i>Child age 2 or more years. ⇒ Measure height (standing up).</i>		
AN4. <i>Child's length or height</i>	Length / Height (cm) _ . _	
	Length / Height not measured999.9	⇒ AN6
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down.....1	
	Standing up.....2	

AN6. *Is there another child in the household who is eligible for measurement?*

- Yes ⇒ Record measurements for next child.*
- No ⇒ Check if there are any other individual questionnaires to be completed in the household.*