



QUESTIONNAIRE FOR CHILDREN UNDER FIVE
Malawi Multiple Indicator Cluster Survey (MICS), 2019-20



UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: _____ / _____ / <u>20</u> _____	UF8. Record the time:	HOURS : MINUTES _____ : _____

<p>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.</p>		
UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 <input type="checkbox"/> UF10B 2 <input type="checkbox"/> UF10A
UF10A. Hello, my name is (your name). 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 (child's name from UF3)'s health and well-being. This interview will take about 40 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about (child's name from UF3)'s health and well-being in more detail. This interview will take about 40 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1 No / NOT ASKED 2	1 <input type="checkbox"/> UNDER FIVE'S BACKGROUND Module 2 <input type="checkbox"/> UF17	

UF17. Result of interview for children under 5 Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (<i>name</i>)'s Birth Certificate, Child Health Passport, and any immunisation record from a private health provider? We will need to refer to those documents.		
UB1. On what day, month and year was (<i>name</i>) born? <i>Probe:</i> What is (his/her) birthday? If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day. Month and year <u>must</u> be recorded.	DATE OF BIRTH DAY __ __ DK DAY 98 MONTH __ __ YEAR 2 0 1 __	
UB2. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (his/her) last birthday? Record age in completed years. Record '0' if less than 1 year. If responses to UB1 and UB2 are inconsistent, probe further and correct.	AGE (IN COMPLETED YEARS) __ __	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	1 <input type="checkbox"/> UB9
UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	RESPONDENT IS THE SAME, UF4=HH47 1 RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 <input type="checkbox"/> UB6
UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?	YES, ED10=0 1 NO, ED10≠0 OR BLANK 2	1 <input type="checkbox"/> UB8B 2 <input type="checkbox"/> UB9
UB6. Has (<i>name</i>) ever attended any early childhood education programme, such as Public or Private kindergarten or community childcare centre?	YES 1 NO 2	2 <input type="checkbox"/> UB9
UB7. At any time since September, 2019-2020, did (he/she) attend (programmes mentioned in UB6)?	YES 1 NO 2	1 <input type="checkbox"/> UB8A 2 <input type="checkbox"/> UB9
UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?	YES 1 NO 2	
UB8B. You have mentioned that (<i>name</i>) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	YES 1 NO 2	
UB9. Is (<i>name</i>) covered by any health insurance?	YES 1 NO 2	2 <input type="checkbox"/> End
UB10. What type of health insurance is (<i>name</i>) covered by? <i>Record all mentioned.</i>	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER (<i>specify</i>) X	

BIRTH REGISTRATION		BR
BR1. Does <i>(name)</i> have a birth certificate? <i>If yes, ask:</i> May I see it?	YES, SEEN 1 YES, NOT SEEN 2 NO..... 3 DK 8	1 <input type="checkbox"/> End 2 <input type="checkbox"/> End
BR2. Has <i>(name)</i> 's birth been registered with National Registration Bureau ?	YES 1 NO..... 2 DK 8	1 <input type="checkbox"/> End
BR3. Do you know how to register <i>(name)</i> 's birth?	YES 1 NO..... 2	

	AGE 3 OR 4.....	2	
EC6. 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. Can <i>(name)</i> identify or name at least ten letters of the alphabet?	YES	1	
	NO	2	
	DK	8	
EC7. Can <i>(name)</i> read at least four simple, popular words?	YES	1	
	NO	2	
	DK	8	
EC8. Does <i>(name)</i> know the name and recognize the symbol of all numbers from 1 to 10?	YES	1	
	NO	2	
	DK	8	
EC9. Can <i>(name)</i> pick up a small object with two fingers, like a stick or a rock from the ground?	YES	1	
	NO	2	
	DK	8	
EC10. Is <i>(name)</i> sometimes too sick to play?	YES	1	
	NO	2	
	DK	8	
EC11. Does <i>(name)</i> follow simple directions on how to do something correctly?	YES	1	
	NO	2	
	DK	8	
EC12. When given something to do, is <i>(name)</i> able to do it independently?	YES	1	
	NO	2	
	DK	8	
EC13. Does <i>(name)</i> get along well with other children?	YES	1	
	NO	2	
	DK	8	
EC14. Does <i>(name)</i> kick, bite, or hit other children or adults?	YES	1	
	NO	2	
	DK	8	
EC15. Does <i>(name)</i> get distracted easily?	YES	1	
	NO	2	
	DK	8	

CHILD DISCIPLINE			UCD
UCD1. Check UB2: Child's age?	Age 0 1 Age 1, 2, 3 or 4 2	1 <input type="checkbox"/> End	
<p>UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <u>(name) in the past month</u>.</p> <p>[A] Took away privileges, forbade something <u>(name)</u> liked or did not allow (him/her) to leave the house.</p> <p>[B] Explained why <u>(name)</u>'s behavior was wrong.</p> <p>[C] Shook (him/her).</p> <p>[D] Shouted, yelled at or screamed at (him/her).</p> <p>[E] Gave (him/her) something else to do.</p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.</p> <p>[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.</p> <p>[H] Called (him/her) dumb, lazy or another name like that.</p> <p>[I] Hit or slapped (him/her) on the face, head or ears.</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg.</p> <p>[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.</p>	<p style="text-align: right;">YES NO</p> <p>TOOK AWAY PRIVILEGES.....1 2</p> <p>EXPLAINED WRONG BEHAVIOR.....1 2</p> <p>SHOOK HIM/HER1 2</p> <p>SHOUTED, YELLED, SCREAMED1 2</p> <p>GAVE SOMETHING ELSE TO DO1 2</p> <p>SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT1 2</p> <p>CALLED DUMB, LAZY OR ANOTHER NAME1 2</p> <p>HIT / SLAPPED ON THE FACE, HEAD OR EARS1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD.....1 2</p>		
<p>UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?</p>	<p>YES.....1</p> <p>NO.....2</p>	2 <input type="checkbox"/> UCD5	
<p>UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?</p>	<p>YES.....1</p> <p>NO.....2</p>	1 <input type="checkbox"/> End	
<p>UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK / NO OPINION8</p>		

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 <input type="checkbox"/> End
UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses?	YES 1 NO 2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2 2	1 <input type="checkbox"/> UCF7A 2 <input type="checkbox"/> UCF7B
UCF7A. When wearing (his/her) glasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 <input type="checkbox"/> UCF9A 2 <input type="checkbox"/> UCF9B
UCF9A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 <input type="checkbox"/> UCF11 2 <input type="checkbox"/> UCF13
UCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (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 <input type="checkbox"/> UCF14 2 <input type="checkbox"/> UCF14 3 <input type="checkbox"/> UCF14 4 <input type="checkbox"/> UCF14
UCF13. 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	

<p>UCF14. Compared with children of the same age, does <i>(name)</i> have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4</p>	
<p>UCF15. Does <i>(name)</i> have difficulty understanding you?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4</p>	
<p>UCF16. When <i>(name)</i> speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>UCF17. Compared with children of the same age, does <i>(name)</i> have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4</p>	
<p>UCF18. Compared with children of the same age, does <i>(name)</i> have difficulty playing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4</p>	
<p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does <i>(name)</i> kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL 1 LESS 2 THE SAME 3 MORE 4 A LOT MORE 5</p>	

BREASTFEEDING AND DIETARY INTAKE				BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 21 AGE 3 OR 42			2 <input type="checkbox"/> End
BD2. Has (<i>name</i>) ever been breastfed?	YES.....1 NO2 DK.....8			2 <input type="checkbox"/> BD3A 8 <input type="checkbox"/> BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES.....1 NO2 DK.....8			
BD3A. Check UB2: Child's age?	AGE 0 OR 11 AGE 22			2 <input type="checkbox"/> End
BD4. Yesterday, during the day or night, did (<i>name</i>) drink anything from a bottle with a nipple?	YES.....1 NO2 DK.....8			
BD5. Did (<i>name</i>) drink Oral Rehydration Salt Solution (ORS) yesterday, during the day or night?	YES.....1 NO2 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 NO2 DK.....8			
BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night. 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:				
		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Soup?	SOUP/MSUZI	1	2	8
[D] Infant formula, such as Lactogen, S26, NAN, Nido?	INFANT FORMULA	1	2 <input type="checkbox"/> BD7[E]	8 <input type="checkbox"/> BD7[E]
[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA.....			___
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 <input type="checkbox"/> BD7[X]	8 <input type="checkbox"/> BD7[X]
[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK MILK			___
[X] Any other liquids?	OTHER LIQUIDS	1	2 <input type="checkbox"/> BD8	8 <input type="checkbox"/> BD8
[X1] Record all other liquids mentioned.	(Specify) _____			

BD8. Now I would like to ask you about everything that (**name**) ate yesterday during the day or the night. Please include foods consumed outside of your home.

Think about when (**name**) woke up yesterday. Did (he/she) eat anything at that time?

If 'Yes' ask: Please tell me everything (**name**) ate at that time.

Probe: Anything else?

Record answers using the food groups below.

- What did (**name**) do after that? Did (he/she) eat anything at that time?

Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.

For each food group not mentioned after completing the above ask:

Just to make sure, did (**name**) eat (**food group items**) yesterday during the day or the night?

YES NO DK

[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i>	YOGURT	1	2□ BD8[B]	8□ BD8[B]
[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES ATE YOGURT.....			___
[B] Any baby food, such as Cerelac, phalalac, Gerber, Hero or Nestum, Likuni phala?	FORTIFIED BABY FOOD	1	2	8
[C] Nsima, porridge from maize, porridge from millet, bread, rice, noodles, porridge from sorghum?	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, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as kholowa, mnkhwani, chisoso, bonongwe, chinese spinach?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas, peaches, watermelon, Tangerine, Guava, loquats?	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as Oranges, Manyumwa, Mandimu, Bananas, Apples, Masuku, Chinese, Rape, Cabbage, Khwanya,?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2□ END	8□ END
[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.	(Specify) _____			

<p>BD9. 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 BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES.....__</p> <p>DK.....8</p>	
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IMMUNISATION										IM
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2..... 1 AGE 3 OR 4..... 2							2 <input type="checkbox"/> End	
IM2. Do you have a Child Health Passport, immunisation records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CARD(S)..... 1 YES, HAS ONLY OTHER DOCUMENT..... 2 YES, HAS CARD(S) AND OTHER DOCUMENT..... 3 NO, HAS NO CARDS AND NO OTHER DOCUMENT..... 4							1 <input type="checkbox"/> IM5 3 <input type="checkbox"/> IM5	
IM3. Did you ever have a Child Health Passport or immunisation records from a private health provider for (<i>name</i>)?		YES..... 1 NO..... 2								
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2..... 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4..... 2							2 <input type="checkbox"/> IM11	
IM5. May I see the card(s) (and/or) other document?		YES, ONLY CARD(S) SEEN..... 1 YES, ONLY OTHER DOCUMENT SEEN..... 2 YES, CARD(S) AND OTHER DOCUMENT SEEN..... 3 NO CARDS AND NO OTHER DOCUMENT SEEN..... 4							4 <input type="checkbox"/> IM11	
IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNISATION								
		DAY		MONTH		YEAR				
BCG	BCG (at birth)					2	0	1		
Polio (OPV) (at birth)	OPV0					2	0	1		
Polio (OPV) 1	OPV1					2	0	1		
Polio (OPV) 2	OPV2					2	0	1		
Polio (OPV) 3	OPV3					2	0	1		
Polio (IPV)	IPV					2	0	1		
Pentavalent (DTPHibHepB) 1	Penta1					2	0	1		
Pentavalent (DTPHibHepB) 2	Penta2					2	0	1		
Pentavalent (DTPHibHepB) 3	Penta3					2	0	1		
Pneumococcal (Conjugate) 1	PCV1					2	0	1		
Pneumococcal (Conjugate) 2	PCV2					2	0	1		
Pneumococcal (Conjugate) 3	PCV3					2	0	1		
Rotavirus 1	Rota1					2	0	1		
Rotavirus 2	Rota2					2	0	1		
Measles-Rubella 1	MR1					2	0	1		
Measles-Rubella 2	MR2					2	0	1		
VITAMIN A (RECENT DOSE)						2	0	1		

IM7. Check IM6: Are all vaccines (BCG to MR2) recorded?	YES 1 NO 2	1 <input type="checkbox"/> End
IM8. Did (name) participate in any of the following campaigns;	Y N DK	
[A] 2019 CHILD HEALTH DAY/CAMPAIGN	2019 CHD / CAMPAIGN 1 2 8	
[B] 2018 CHILD HEALTH DAY/CAMPAIGN	2018 CHD / CAMPAIGN 1 2 8	
[C] 2017 CHILD HEALTH DAY/CAMPAIGN	2017 CHD / CAMPAIGN 1 2 8	
IM9. In addition to what is recorded on the document(s) you have shown me, did (name) receive any other vaccinations including vaccinations received during the campaigns just mentioned?	YES 1 NO 2 DK 8	2 <input type="checkbox"/> End 8 <input type="checkbox"/> End
IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i> <i>When finished, go to End of module.</i>		<input type="checkbox"/> End
IM11. Has (name) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in child health days or child health campaigns?	YES 1 NO 2 DK 8	
IM12. Did (name) participate in any of the following child health days or child health campaigns;	Y N DK	
[A] 2019 CHILD HEALTH DAY/CAMPAIGN	2019 CHD / CAMPAIGN 1 2 8	
[B] 2018 CHILD HEALTH DAY/CAMPAIGN	2018 CHD / CAMPAIGN 1 2 8	
[C] 2017 CHILD HEALTH DAY/CAMPAIGN	2017 CHD / CAMPAIGN 1 2 8	
IM13. Check IM11 and IM12:	ALL NO OR DK 1 AT LEAST ONE YES 2	1 <input type="checkbox"/> End
IM14. Has (name) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar? <i>Probe: is given just after birth</i>	YES 1 NO 2 DK 8	
IM15. Did (name) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?	YES, WITHIN 24 HOURS 1 YES, BUT NOT WITHIN 24 HOURS 2 NO 3 DK 8	
IM16. Has (name) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i>	YES 1 NO 2 DK 8	2 <input type="checkbox"/> IM20 8 <input type="checkbox"/> IM20
IM17. Were the first polio drops received in the first two weeks after birth?	YES 1 NO 2 DK 8	

IM18. How many times were the polio drops received?	NUMBER OF TIMES __ DK 8	
IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio? <i>Probe to ensure that both were given, drops and injection.</i>	YES 1 NO 2 DK 8	
IM20. Has (<i>name</i>) ever received a Pentavalent DPT-HeB-Hib vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops</i>	YES 1 NO 2 DK 8	2 <input type="checkbox"/> IM22 8 <input type="checkbox"/> IM22
IM21. How many times was the Pentavalent DPT-HeB-Hib vaccine received? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the Pneumococcal Conjugate.</i>	NUMBER OF TIMES __ DK 8	
IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate Vaccination (PCV) – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus? <i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 <input type="checkbox"/> IM24 8 <input type="checkbox"/> IM24
IM23. How many times was the Pneumococcal Conjugate Vaccine (PCV) received? <i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	NUMBER OF TIMES __ DK 8	
IM24. Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea? <i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 <input type="checkbox"/> IM26 8 <input type="checkbox"/> IM26
IM25. How many times was the rotavirus vaccine received?	NUMBER OF TIMES __ DK 8	
IM26. Has (<i>name</i>) ever received a (Measles-Rubella) MR vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles and rubella?	YES 1 NO 2 DK 8	2 <input type="checkbox"/> IM27 8 <input type="checkbox"/> IM27
IM26A. How many times was the (Measles-Rubella) MR vaccine received?	NUMBER OF TIMES __ DK 8	

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES..... 1 NO 2 DK..... 8	2 <input type="checkbox"/> CA14 8 <input type="checkbox"/> CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8 2	1 <input type="checkbox"/> CA3A 2 <input type="checkbox"/> CA3B
CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt (ORS) and other liquids given with medicine. 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? CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt (ORS) and other liquids given with medicine. 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	
CA4. 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 STOPPED FOOD..... 5 NEVER GAVE FOOD..... 7 DK..... 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES..... 1 NO 2 DK..... 8	2 <input type="checkbox"/> CA7 8 <input type="checkbox"/> CA7

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</p> <p>Probe to identify each type of provider.</p> <p>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>VILLAGE CLINIC (H.S.A)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify)..... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC..... I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT)..... L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify)..... O</p> <p>CHAM/MISSION</p> <p>HOSPITAL S</p> <p>HEALTH CENTRE T</p> <p>DK PUBLIC OR PRIVATE OR CHAM/ MISSION W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) X</p> <p>DK/DON'T REMEMBER..... Z</p>	
<p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called Thanzi ORS packet ?</p> <p>[B] A pre-packaged ORS fluid?</p> <p>[C] Zinc tablets or syrup?</p>	<p style="text-align: right;">Y N DK</p> <p>THANZI ORS PACKET 1 2 8</p> <p>PRE-PACKAGED ORS FLUID 1 2 8</p> <p>ZINC TABLETS OR SYRUP 1 2 8</p>	
<p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B]..... 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B]..... 2</p>	<p>2 <input type="checkbox"/> CA10</p>

<p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C VILLAGE CLINIC (H.S.A)..... D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (specify)..... H</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC..... I PRIVATE PHYSICIAN J PRIVATE PHARMACY K COMMUNITY HEALTH WORKER (NON-GOVERNMENT)..... L MOBILE CLINIC M OTHER PRIVATE MEDICAL (specify)..... O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>CHAM/MISSION HOSPITAL S HEALTH CENTRE T</p> <p>OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) X DK / DON'T REMEMBER..... Z</p>	
<p>CA10. Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 1 NO, CA7[C] ≠1 2</p>	<p>2 <input type="checkbox"/> CA12</p>
<p>CA11. Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C VILLAGE CLINIC (H.S.A)..... D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (specify)..... H</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC..... I PRIVATE PHYSICIAN J PRIVATE PHARMACY K COMMUNITY HEALTH WORKER (NON-GOVERNMENT)..... L MOBILE CLINIC M OTHER PRIVATE MEDICAL (specify)..... O</p> <p>CHAM/MISSION HOSPITAL S HEALTH CENTRE T</p> <p>DK PUBLIC, PRIVATE OR CHAM/MISSION..... W</p> <p>OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) X DK / DON'T REMEMBER..... Z</p>	

CA12. Was anything else given to treat the diarrhoea?	YES..... 1 NO 2 DK..... 8	2 <input type="checkbox"/> CA14 8 <input type="checkbox"/> CA14
CA13. 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> _____ (Name of brand) _____ (Name of brand)	PILL OR SYRUP ANTIBIOTIC..... A ANTIMOTILITY (ANTI-DIARRHOEA)..... B OTHER PILL OR SYRUP..... G UNKNOWN PILL OR SYRUP H INJECTION ANTIBIOTIC..... L NON-ANTIBIOTIC..... M UNKNOWN INJECTION N INTRAVENOUS (IV)..... O HOME REMEDY / HERBAL MEDICINE Q OTHER (<i>specify</i>) X	
CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?	YES..... 1 NO 2 DK..... 8	2 <input type="checkbox"/> CA16 8 <input type="checkbox"/> CA16
CA15. At any time during the illness, did (<i>name</i>) have blood taken from (his/her) finger or heel for testing?	YES..... 1 NO 2 DK..... 8	
CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES..... 1 NO 2 DK..... 8	
CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?	YES..... 1 NO 2 DK..... 8	2 <input type="checkbox"/> CA19 8 <input type="checkbox"/> CA19
CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY 1 BLOCKED OR RUNNY NOSE ONLY..... 2 BOTH..... 3 OTHER (<i>specify</i>) 6 DK..... 8	1 <input type="checkbox"/> CA20 2 <input type="checkbox"/> CA20 3 <input type="checkbox"/> CA20 6 <input type="checkbox"/> CA20 8 <input type="checkbox"/> CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2	2 <input type="checkbox"/> CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES..... 1 NO 2 DK..... 8	2 <input type="checkbox"/> CA22 8 <input type="checkbox"/> CA22

<p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</p> <p>Probe to identify each type of provider.</p> <p>If <u>unable to determine if public or private sector</u>, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>VILLAGE CLINIC (H.S.A)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify)..... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC..... I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT)..... L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify)..... O</p> <p>CHAM/MISSION</p> <p>HOSPITAL S</p> <p>HEALTH CENTRE T</p> <p>DK PUBLIC, PRIVATE OR CHAM/MISSION..... W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify)..... X</p> <p>DK/DON'T REMEMBER..... Z</p>	
<p>CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2 <input type="checkbox"/> CA30</p> <p>8 <input type="checkbox"/> CA30</p>
<p>CA23. What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p>Record all medicines given. <i>Check in the Health passport any medicine which respondent doesn't know the name</i></p> <p>If <u>unable to determine type of medicine</u>, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</p> <p>_____</p> <p>(Name of brand)</p> <p>_____</p> <p>(Name of brand)</p>	<p>ANTI-MALARIALS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT)/LA..... A</p> <p>AMODIAQUINE D</p> <p>QUININE</p> <p>PILLS E</p> <p>INJECTION/IV F</p> <p>ARTESUNATE</p> <p>RECTAL..... G</p> <p>INJECTION/IV H</p> <p>OTHER ANTI-MALARIAL (specify)..... K</p> <p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>COTRIMOXAZOLE M</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN..... R</p> <p>ASPIRIN S</p> <p>IBUPROFEN..... T</p> <p>ONLY BRAND NAME RECORDED..... W</p> <p>OTHER (specify)..... X</p> <p>DK/DON'T REMEMBER..... Z</p>	

CA24. Check CA23: Antibiotics mentioned?	YES, ANTIBIOTICS MENTIONED, CA23=L-O..... 1 NO, ANTIBIOTICS NOT MENTIONED..... 2	2 <input type="checkbox"/> CA26
CA25. Where did you get the (name of medicine from CA23, codes L to O)? <i>Probe to identify the type of source.</i> <i>If 'Already had at home', probe to learn if the source is known.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> _____ (Name of place)	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C VILLAGE CLINIC (H.S.A) D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (specify)..... H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC..... I PRIVATE PHYSICIAN J PRIVATE PHARMACY K COMMUNITY HEALTH WORKER (NON-GOVERNMENT)..... L MOBILE CLINIC M OTHER PRIVATE MEDICAL (specify)..... O CHAM/MISSION HOSPITAL S HEALTH CENTRE T DK PUBLIC, PRIVATE OR CHAM/MISSION..... W OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R OTHER (specify) X DK / DON'T REMEMBER Z	
CA26. Check CA23: Anti-malarials mentioned?	YES, ANTI-MALARIALS MENTIONED, CA23=A-K..... 1 NO, ANTI-MALARIALS NOT MENTIONED 2	2 <input type="checkbox"/> CA30

<p>CA27. Where did you get the (<i>name of medicine from CA23, codes A to K</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>VILLAGE CLINIC (H.S.A)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>)..... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC..... I</p> <p>PRIVATE PHARMACY K</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>)..... O</p> <p>CHAM/MISSION</p> <p>HOSPITAL..... S</p> <p>HEALTH CENTRE T</p> <p>DK PUBLIC, PRIVATE OR CHAM/MISSION..... W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (<i>specify</i>) X</p> <p>DK / DON'T REMEMBER..... Z</p>	
<p>CA28. Check CA23: More than one antimalarial recorded in codes A to K?</p>	<p>YES, MULTIPLE ANTI-MALARIALS MENTIONED..... 1</p> <p>NO, ONLY ONE ANTIMALARIAL MENTIONED..... 2</p>	<p>1 <input type="checkbox"/> CA29A</p> <p>2 <input type="checkbox"/> CA29B</p>
<p>CA29A. How long after the fever started did (<i>name</i>) first take the first of the (<i>name all anti-malarials recorded in CA23, codes A to K</i>)?</p> <p>CA29B. How long after the fever started did (<i>name</i>) first take (<i>name of anti-malarial from CA23, codes A to K</i>)?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>2 DAYS AFTER FEVER STARTED..... 2</p> <p>3 OR MORE DAYS AFTER FEVER STARTED 3</p> <p>DK..... 8</p>	
<p>CA30. Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 1</p> <p>AGE 3 OR 4 2</p>	<p>2 <input type="checkbox"/> End</p>
<p>CA31. The last time (<i>name</i>) 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 (<i>specify</i>) 96</p> <p>DK..... 98</p>	

UF11. Record the time.	HOURS AND MINUTES..... _ : _	
UF12. Language of the Questionnaire.	ENGLISH 1 CHICHEWA..... 2 TUMBUKA 3	
UF13. Language of the Interview.	ENGLISH 1 CHICHEWA..... 2 TUMBUKA 3 OTHER LANGUAGE (specify) 6	
UF14. Native language of the Respondent.	ENGLISH 1 CHICHEWA..... 2 TUMBUKA 3 OTHER LANGUAGE (specify) 6	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	

UF16. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of another child age 0-4 living in this household?

- Yes Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.
- No Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?
 - Yes Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.
 - No Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS)..... _____	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG) _____ . _____ CHILD NOT PRESENT 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED..... 99.5 OTHER (specify) 99.6	99.3 <input type="checkbox"/> AN13 99.4 <input type="checkbox"/> AN10 99.5 <input type="checkbox"/> AN10 99.6 <input type="checkbox"/> AN10
AN9. Was the child undressed to the minimum?	YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 <input type="checkbox"/> AN11A 2 <input type="checkbox"/> AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM)..... _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED..... 999.5 OTHER (specify) 999.6	999.4 <input type="checkbox"/> AN13 999.5 <input type="checkbox"/> AN13 999.6 <input type="checkbox"/> AN13
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP 2	
AN13. Today's date: Day / Month / Year: _____ / _____ / <u>2 0 1</u> _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES 1 NO 2	1 <input type="checkbox"/> Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

