Nº DE REFERÊNCIA: ☐☐☐☐☐☐☐

INSTITUTO NACIONAL DE ESTATÍSTICAS

■▪■ MICS

CONFIDENCIAL

REPÚBLICA DE MOÇAMBIQUE
INQUÉRITO DE INDICADORES MÚLTIPLOS - MICS 2008

QUESTIONÁRIO DE CRIANÇAS MENORES DE 5 ANOS DE IDADE

IDENTIFICAÇÃO	
PROVÍNCIA..	
DISTRITO..	
POSTO ADMINISTRATIVO	
URBANO / RURAL (URBANO = 1, RURAL = 2	
NOME DA UNIDADE COMUNAL..	
NOME DO LOCAL *(Especifique o Bairro/Povoação)*...	
NOME DA ÁREA DE ENUMERAÇÃO...	
NÚMERO DA ÁREA DE ENUMERAÇÃO (MICS I.D.)	
NÚMERO DO AGREGADO FAMILIAR	
NOME DO CHEFE DO AGREGADO FAMILIAR...	
NOME E NÚMERO DA LINHA DA MÃE/PESSOA QUE CUIDA DA CRIANÇA	
NOME E NÚMERO DA LINHA DA CRIANÇA	
LINGUA USADA NA ENTREVISTA (Port = 1, Outro = 6 ....I__I__I__I	
(Especificar) *(Uso Interno)*	

VISITAS DO(A) INQUIRIDOR(A)

	1	2	3	VISITA FINAL	
DATA	____/____ DIA / MÊS	____/____ DIA / MÊS	____/____ DIA / MÊS	DIA...............................	
NOME DO(A) INQUIRIDOR(A)				MÊS...............................	
				ANO...............................	2 0 0 8
				CÓDIGO	
RESULTADO	_____	_____	_____	RESULTADO	
PRÓXIMA VISITA: DATA	_____	_____		NÚMERO TOTAL DE VISITAS..	☐
HORA	_____	_____			

CÓDIGOS DE RESULTADOS DO QUESTIONÁRIO
DE CRIANÇAS MENORES DE 5ANOS

01 COMPLETO
02 AUSENTE
03 RECUSA TOTAL
04 RECUSA DURANTE A ENTREVISTA / INCOMPLETA
05 INCAPACITADA
06 OUTRO..
    (Especificar)

	SUPERVISOR:	CONTROLADOR:	REVISTO NO GABINETE POR:	DIGITADO POR:
NOME	_____ ☐☐☐	_____ ☐☐☐	☐☐	☐☐
				REDIGITADO POR:
DATA	_____/_____	_____/_____	_____/_____	☐☐

Module on birth registration and learning in childhood.		BR
UF10. On what day, month and year was (name) born? *If the child's mother/ caregiver knows the exact date of birth, record the day; if not, draw a circle around "98" concerning the date.*	Date of birth: Day ....I__I__I Does not know day ....98 Month..I__I__I Does not know month...98 Year ....I__I__I__I__I	
UF11. How old is (name)? Write years completed	Years ....I__I	
BR1. does (Name) have a birth certificate? can i see it?	Yes, seen..1 Yes, not seen..2 No..3 Don't know..8	1⇨BR2
BR1a. Do you have any other document with the date of birth of (name)?	Yes..1 No..2 Don't know..8	2⇨ BR2 8⇨ BR2
BR1b. which documents? Circle all the answers mentioned	Health card ....A Personal record book ....B Birth bulletin ....C Passport ....D Other *(specify)* X	
BR1c. Have you seen any of these documents?	Yes..1 No..2	*Control question*
BR2. was the birth of (name) registered in the civil registry office?	Yes..1 No..2 Don't know..8	1⇨BR5 8⇨BR4
BR3. why was (name) not registered?	It's expensive...1 It's a long way..2 Lack of knowledge..3 It's complicated *(father absent/lack of documents)* ....4 It's not important ....5 Other *(specify)* ....6 Don't know..8	
BR4. what should you do to register your child? (1) Have a health card (2) Go to the civil registry office to collect a personal record book in the presence of the parents **If indicates one or both options, mark correct ("1"). Otherwise, mark wrong/don't know ("2").**	Correct...1 Wrong/don't know...2	
BR5. Check the age of the child in UF11: Is the child 3 or 4 years old? ❑ *Yes ⇨ Continue with BR6.* ❑ *No ⇨ Continue with BR7A.*		
BR6. does (Name) attend any organized learning or infant education, such as, for example, private or state establishments, including crèches?	Yes..1 No..2 Don't know..8	2⇨BR8 8⇨BR8
BR7. In the last 7 days, how many hours did (name) spend in this establishment?	No. of hours..I__I__I	

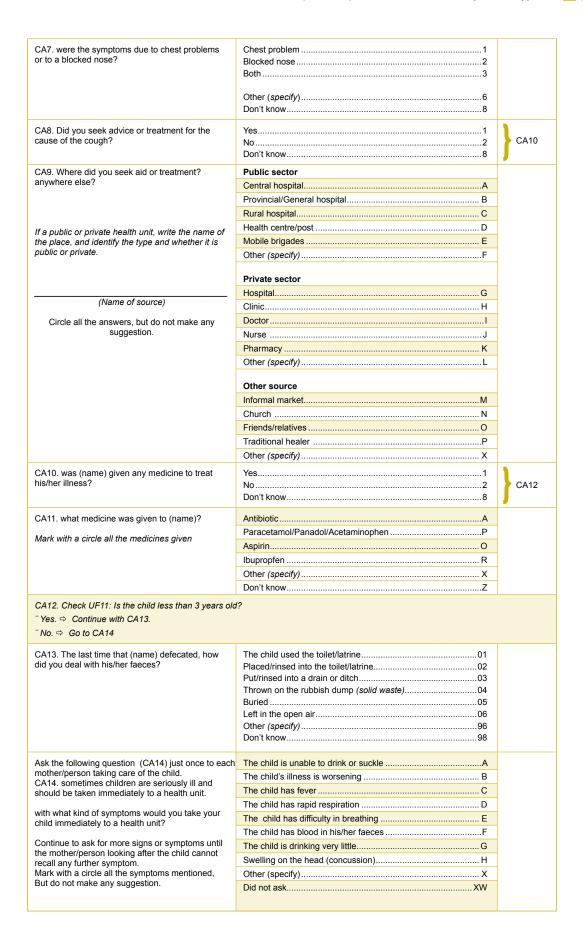|					
BR7a. Check the age of the child in UF11: Is the child less than 1 year old? ❑ *Yes ⇨ Go to the next module* ❑ *No ⇨ Continue with BR8*					

		Mother	Father	Other	No-one
BR8. in the last 3 days, were you, or any member of the household aged over 15 years, involved in any of the following activities with (name): If yes, ask: who took part in this activity with the child – the mother, the father, or another adult member of the household (including the person who looks after the child/Informant)? Mark with a circle everything that applies.					
BR8a. read books or look at picture books with (name)?	Books	A	B	X	Y
BR8b. Tell stories to (name)?	Stories	A	B	X	Y
BR8c. sing with (name)?	Songs	A	B	X	Y
BR8d. Go out of the house with (name), take him/her to a sports ground or park?	Go out	A	B	X	Y
BR8e. Play with(name)?	Play	A	B	X	Y
BR8f. Spend time with (name) naming, counting and/or drawing things?	Count	A	B	X	Y

Child development module. CE

Question CE1 should be asked just once of each tutor

CE1. How many books are in the house, including school books (do not count books for under-fives)?	No books ....00 Number of books ....0__ Ten or more books...10 Don't know...98
CE2. how many books for children or with pictures do you have for (name)?	No books ....00 Number of books ....0__ Ten or more books...10 Don't know...98
CE4. sometimes adults who care for children have to leave the house to go shopping, wash clothes, or for other reasons, and have to leave young children with other people. in the last 7 days (day of the week) how many times was (name) left in the care of another child, that is, someone under 10 years old?	On no occasion..00 Number of times ....I__I__I Don't know...98
CE5. In the last 7 days, how many times was (name) left alone, that is, without anyone to care for him/her?	On no occasion..00 Number of times ....I__I__I Don't know...98

Vitamin A module. VA

VA1. did (Name) receive any dose of vitamin a in the last 6 months? Show the capsule	Yes.. 1 No .... 2 Don't know.. 8	} next module
VA3. where did (name) take his/her latest dose?	In a routine visit to a health unit .... 1 In a consultation at a health unit when the child was ill .... 2 National Vaccination Day Campaign .... 3 Other *(specify)* .... 6 Don't know.. 8	

Breastfeeding module. BF

BF1. was (Name) ever breastfed?	Yes..1 No...2 Don't know..8	BF3
BF1A. how long after birth did (name) begin to breastfeed? If less than an hour, circle "000" hours. If less than 24 hours, circle the hours, otherwise mark the days.	Immediately .... 000 Hours .... 1 I__I__I Days .... 2 I__I__I Don't know/can't remember.................................... 998	
BF1B. during the first days after the birth, a yellow milk (colostrum) appears. did (name) take this milk ?	Yes..1 No ....2 Don't know..8	
BF1C. in the first days after the birth, was anything other than mother's milk given to (name)?	Yes..1 No ....2 Don't know..8	BF1E
BF1D. what was given? *Anything other than mother's milk*	Just water .... A Sorum with Glucose .... B Sugared water .... C Fruit juice..D Baby formula .... E Tea.. F Honey ....G Other...X *(specify)*	BF2
BF1E. for now many months did (name) take only breast milk?	Months...I__I__I Still breastfeeding .... 95 Doesn't know the month... 98	95⇨ BF3
BF2. is (Name) still being breastfed?	Yes..1 No ....2 Don't know..8	1⇨ BF3
BF2A. for how many months did (name) take breast milk?	Months...I__I__I Doesn't know the month... 98	

BF3. since yesterday at this time, did (name) receive any of the following items: Read each item out loud and register the answer before advancing to the next item.		Y	N	DK	
BF3a. vitamins or mineral supplements or medicine?	BF3A. Vitamin Supplements	1	2	8	
BF3b. ordinary water?	BF3B. Ordinary water	1	2	8	
BF3c. water with sugar, with some taste, or fruit juice, tea or infusion?	BF3C. Water with sugar or juice	1	2	8	
BF3d. Oral rehydration salts (ors)?	BF3D. ORS	1	2	8	
BF3e. powdered milk for babies?	BF3E. Powdered milk for babies	1	2	8	
BF3f. powdered or fresh normal milk?	BF3F. Powdered or fresh normal milk	1	2	8	
BF3g. any other liquid?	BF3G. Other liquids	1	2	8	
BF3h. solid or semi-solid foods (pap)	BF3H. Solid or semi-solid foods	1	2	8	

BF4. Check BF3H: Did the child receive solid or semi-solid foods (pap)?
❑ *Yes ⇨ Continue with BF5*
❑ *No ou DK ⇨ Go to next module*

BF5. since yesterday at this time, how many times did (name) eat solid food, semi-solid food or non-liquid light foods? *If 7 or more times, write "7".*	Number of times .... I__I Don't know... 8	

Illness treatment module.					CA

CA1. did (Name) have diarrhoea in the last two weeks? This concerns diarrhoea noted by the mother or person looking after the child, with three or more evacuations per day, or liquid faeces per day, or blood in the faeces.	Yes...1 No ....2 Don't know...8	} CA5

CA1a. Has/had blood in faeces?	Yes...1 No ....2 Don't know...8	

CA1b. on the worst day of the diarrhoea how many times did (name) defecate?	Times..I__I__I Don't know...98	

CA1c. How many days did the diarrhoea of (name) last?	Days ....I__I__I Don't know...98	

CA1d. does (name) still have diarrhoea?	Yes...1 No ....2 Don't know...8	

CA2. When (name) had diarrhoea did you give him any of the following liquids to drink? Read each of the items out loud and record the answer before advancing to the next item.		Yes	No	DK	
CA2a. a liquid made from a packet (oral rehydration salts) or oral mixture?	ORS...	1	2	8	
CA2b. home-made mixture of water, salt and sugar?	Mixture water, salt, sugar..................................	1	2	8	
CA2c. appropriate liquid for treating diarrhoea (acquired in a pharmacy)	Liquid for treating diarrhoea.............................	1	2	8	

CA2d. was he/she given anything else to treat diarrhoea?	Yes...1 No ....2 Don't know...8	} CA3

CA2e. What was given to treat diarrhoea? Anything else? Circle all the answers mentioned	Pills/syrup ....A Injections .... B Intravenous Sorum .... C Rice water.. D Cereal pap .... E Tea made of herbs and roots.......................................F Powdered/fresh milk .... G Tea/ Fruit juice/coconut milk .... H Home-made remedy/medicinal herbs..........................I Other.. X *(specify)*	

CA3. did you give (name) the same amount of liquid, more or less than usual? If she says "Less" ask: Much less, or less than usual	No liquid..1 Much less ....2 Less..3 The same amount...4 More ....5 Don't know..8	

CA4. did you give (name) the same amount of food, more or less than usual? *If she says "Less" ask:* *Much less, or less than usual*	No food...1 Much less ....2 Less..3 The same amount...4 More ....5 Don't know..8	

CA5. has (Name) had a cough in the last two weeks?	Yes...1 No ....2 Don't know...8	} CA12

CA5A. when (name) had a cough was it accompanied by fever?	Yes...1 No ....2 Don't know...8	

CA6. when (name) had a cough, did he/she breathe more rapidly than usual, with short and rapid breaths?	Yes...1 No ....2 Don't know...8	} CA12

CA7. were the symptoms due to chest problems or to a blocked nose?	Chest problem ....1 Blocked nose ....2 Both ....3 Other (specify) ....6 Don't know 8	
CA8. Did you seek advice or treatment for the cause of the cough?	Yes...1 No ....2 Don't know..8	CA10
CA9. Where did you seek aid or treatment? anywhere else? *If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.* _____ *(Name of source)* Circle all the answers, but do not make any suggestion.	**Public sector** Central hospital...A Provincial/General hospital.. B Rural hospital..C Health centre/post .... D Mobile brigades .... E Other (specify) ....F **Private sector** Hospital..G Clinic... H Doctor ....I Nurse ....J Pharmacy .... K Other (specify) ....L **Other source** Informal market...M Church .... N Friends/relatives ....O Traditional healer ....P Other (specify) X	
CA10. was (name) given any medicine to treat his/her illness?	Yes...1 No ....2 Don't know..8	CA12
CA11. what medicine was given to (name)? *Mark with a circle all the medicines given*	Antibiotic...A Paracetamol/Panadol/Acetaminophen ....P Aspirin..O Ibupropfen .... R Other (specify) ....X Don't know..Z	
CA12. *Check UF11: Is the child less than 3 years old?* ¨ *Yes.* ⇨ *Continue with CA13.* ¨ *No.* ⇨ *Go to CA14*		
CA13. The last time that (name) defecated, how did you deal with his/her faeces?	The child used the toilet/latrine...01 Placed/rinsed into the toilet/latrine..02 Put/rinsed into a drain or ditch...03 Thrown on the rubbish dump (solid waste)..............................04 Buried ....05 Left in the open air...06 Other (specify) ....96 Don't know...98	
Ask the following question (CA14) just once to each mother/person taking care of the child. CA14. sometimes children are seriously ill and should be taken immediately to a health unit. with what kind of symptoms would you take your child immediately to a health unit? Continue to ask for more signs or symptoms until the mother/person looking after the child cannot recall any further symptom. Mark with a circle all the symptoms mentioned, But do not make any suggestion.	The child is unable to drink or suckle ....A The child's illness is worsening .... B The child has fever ....C The child has rapid respiration .... D The child has difficulty in breathing .... E The child has blood in his/her faeces ....F The child is drinking very little...G Swelling on the head (concussion).. H Other (specify) ....X Did not ask..XW	

Malaria module.				ML
ML1. Did (name) have fever in the last two weeks?	Yes...1 No...2 Don't know...8			ML10

ML1A. I would now like to know what you did (in first, second and third place) after discovering that (name) had fever?	ML1A1 What she did in the first place	ML1A2 What she did secondly	ML1A3 What she did in third place	
Gave medicines at home	01	01	01	
Went to a pharmacy to buy medicines without a prescription	02	02	02	
Took him/her to a health unit	03	03	03	
took him/her to a community health worker	04	04	04	
took him/her to a traditional healer	05	05	05	
Gave him/her herbs at home	06	06	06	
Other	96	96	96	
	_____ (specify)	_____ (specify)	_____ (specify)	
Did nothing	07	07	07	
don't know	98	98	98	

ML1B. Check if (name) went to a health unit or a community health workers?
- ❑ *Yes ⇨ Continue with ML3.*
- ❑ *No ⇨ Continue with ML2.*

ML2. did (Name) go to any health unit during this illness ?	Yes...1 No...2 Don't know...8					ML5A
ML3.did (Name) take any medication for fever or malaria which was given or prescribed in a health unit?	Yes...1 No...2 Don't know...8					ML3d

ML3A. for each of the following medicines, tell me if he/she took it immediately after the onset of the fever or many days afterwards?		Same		Days later			If did not give any of the 3 go to ML3D
	No						
		Day	1	2	3	Did	
A. Fansidar/Artesunato	Fansidar/Artesunato	1	2	3	4	5	
B. Artimisinine	Artimisine 04	1	2	3	4	5	
C. Quinine	Quinine	1	2	3	4	5	

ML3B. where did you obtain (Name of antimalaria drug of ML3A)? Circle all places mentioned	**Public sector**	
	Central hospital..A	
	Provincial/General hospital.......................................B	
	Rural hospital..C	
	Health centre/post ....D	
	Mobile brigades ....E	
	Other *(specify)* ....F	
	Private sector	
	Hospital...G	
	Clinic...H	
	Doctor.. I	
	Nurse ....J	
	Pharmacy ....K	
	Other *(specify)* L	
	Other source	
	Informal market... M	
	Friends/relatives ....O	
	Other *(specify)* X	

ML3C. How much did you pay for (Name of antimalaria drug of ML3A)?	National currency...I__I__I__IMT Free ....000MT Don't know..998	

Continue ☞

ML3D. Check ML1A: Did they give medicines at home before taking the child to a health unit or community health worker? ❏ *Yes ⇨ Go to ML7.* ❏ *No. ⇨ Continue with ML5.*		
ML5. Was (name) given any medicine for fever or malaria before he/she was taken to the health unit?	Yes..1 No...2 DK...8	1⇨ML7
ML5A. Check ML1A: Did you give medicines at home or go to the pharmacy to buy them without a prescription? ❏ *Yes ⇨ Go to ML7* ❏ *No ⇨ Continue with ML6*		
ML6. Was (name) given any medicine for fever or malaria during this illness?	Yes..1 No...2 DK...8	ML10
ML7. what medicine was (name) given at home? Mark with a circle all the medicines given. Ask to see the medicine of the type is not known. If, even then, the type of medicine cannot be determined, show the person typical antimalarial drugs.	Antimalarial drugs: Fansidar/Artesunato ....A Artimisinine ....B Quinine ....C Other antimalarials (specify).....................................H Other medicines: Paracetamol ....P Aspirin..Q Other (specify)...X DK..Z	
ML8. Check ML7: Antimalarial drugs mentioned (codes A – H)? ❏ *Yes ⇨ Continue with ML9.* ❏ *No ⇨ Go to ML10*		
ML9. How much time after the fever began did (name) take the first (name of antimalarial drug of ML7)? Register the code for the day on which the first antimalarial was given	Same day ....0 Following day ....1 After 2 days of fever ....2 After 3 days of fever ....3 After 4 or more days of fever ....4 DK...8	
ML10. last night did (Name) sleep under a mosquito net?	Yes..1 No...2 Don't know..8	⇨ML10b
ML10A. does (Name) use a mosquito net?	Yes..1 No...2 Don't know..8	next module
ML10B. how did your household obtain the mosquito net?	Bought it ....1 Health unit (free)...2 NGO (free)..3 Other (specify)..6 Don't know..8	
ML11. How long ago did your household obtain the mosquito net? If more than a month, circle "1" and register "00". If more than a year and less than 3, circle "2"and register the number of the corresponding year If the reply is "12 months" or "1 year", ask to determine if it was exactly 12 months, or before or after	Months ago..1 I__I__I Years ago ....2 I__I__I More than 3 years ago..204 Not sure 998	
ML13. When you obtained this net, was it already treated with insecticide to kill or repel mosquitoes?	Yes..1 No...2 Don't know/not sure...8	
ML14. since you obtained the mosquito net have you ever bathed it in a liquid to repel mosquitoes?	Yes..1 No...2 Don't know..8	next module
ML15. how long ago was the net bathed in this liquid to repel mosquitoes?	Months ago..I__I__I More than 24 months ago......................................95 Don't know...98	

Immunization module. **IM**

If a health card is available, copy the dates for IM2–IM8D for each type of vaccine or dose of vitamin A recorded on the card. IM10–IM17 are to record the vaccines that are not noted on the card. Questions IM10–IM17 will only be asked, if the card is not available.

IM1. do you have a health card for (name)? If the answer is "yes": Can i please see it?	Yes, saw the card .... 1 Yes, did not see the card .... 2 Does not have a card 3	IM10

(a) Copy the dates for each vaccine registered on the card. (b) Write "44" in the column if the day of the card shows that the vaccine was given but no date was recorded.		Date of vaccination			
		DAY	MONTH	YEAR	

IM2.	BCG	BCG			
IM3a.	Polio 0 (at birth)	P0			
IM3b.	Polio 1	P1			
IM3c.	Polio 2	P2			
IM3d.	Polio 3	P3			
MV4a.	DPT/hepatitis B,1st dose	DPT1			
MV4b.	DPT/hepatitis B,2nd dose	DPT2			
MV4c.	DPT/hepatitis B,3rd dose	DPT3			
IM6.	Measles	sar			
IM8A.	Vitamin A (penultimate time)	Vit A			
IM8B.	Vitamin A (last time)	Vit A			
IM8C.	Iodine (last time)				
IM8D.	Mebendazol (last time)				

IM9. did (Name) receive any vaccine that is not registered on the child's health card? Write "Yes" only if the interviewee mentions BCG, POLIO AT BIRTH, POLIO 1–3, DPT 1–3, MEASLES, HEPATITIS B., VITAMIN A, IODINE and/or MEBENDAZOL.	Yes.. 1 No .... 2 Don't know... 8	1⇨IM9A 2⇨IM19 8⇨IM19

IM9A. ask for the vaccines that are not registered on the health card (use questions IM11 to IM17only as an example to obtain replies) and, if the child received one of the vaccines not registered, write "66" in the column for the day in questions IM2 to IM8D.
then go to IM19

IM10. did (Name) receive any vaccine to prevent diseases including the vaccines received in the vaccination campaigns?	Yes.. 1 No .... 2 Don't know... 8	} IM20
IM10. did (Name) receive an injection in the arm which leaves a scar (against tuberculosis)?	Yes.. 1 No .... 2 Don't know... 8	
IM12. did (Name) receive drops in the mouth (vaccine against polio)?	Yes.. 1 No .... 2 Don't know... 8	} IM15
IM13. did (Name) receive the first vaccine against polio immediately after birth or later?	Immediately after birth... 1 Later .... 2 Don't know... 8	
IM14. How many times did (name) receive it?	Number of times ....I__I__I Don't know.. 98	
IM15. did (Name) receive an injection given at the same time as the polio drops (tetravalent vaccine – dpt/hep. b)?	Yes.. 1 No .... 2 Don't know... 8	} IM17
IM16. How many times did (name) receive it?	Number of times ....I__I__I Don't know.. 98	

Continue ☞

| IM17.did (Name) receive an injection in the arm to prevent measles? | Yes..1
No 2
Don't know...8 | | | |

IM19. Tell me. please, whether (name) took part in any of the following campaigns:		Y	N	DK
MV19a. National vaccination campaign (2005)	Campaign A	1	2	8
MV19b. National child health week (2008)	Campaign B	1	2	8

IM20. Does any other child live in the household who is the son/daughter of, or under the care of, this informant? Check the list of the household, column HL8.

❑   Yes ⇨ End the current questionnaire and the go to the CHILDREN UNDER FIVE QUESTIONNAIRE to apply the questionnaire to the next eligible child.

❑   *No ⇨ Terminar a entrevista com este informante agradecendo-lhe a sua cooperação.*

If this is the last child in the household, go to the ANTHROPOMETRIC MODULE.

Anthropometric module   AN

After the questionnaires have been completed for all the children, the measurer weighs and measures each child.
Register below the weight and length-height, taking care to register the measurements in the correct questionnaire for each child.
Check the name of the child and line number in the household list before recording the measurements.

AN1. Weight of the child	Kilograms (kg) ....__ __ . __	

AN2. Length or height of the child.
 	
 Check the age of the child in UF11:
 	
❑   Child under 2 years old.
 	
   ⇨ Measure length (child lying down).
❑   Child 2 or more years old.
 	
   ⇨ Measure height (child standing up).
	Length (cm)
	Lying down ....1 __ __ __ . __
	
	Height (cm)
	Standing up ....2 __ __ __ . __	

AN3. Identification code of the measurer	Code of the measurer..__ __ __	
AN4. Result of the measurement	Measured..1 Was not present ....2 Refused ....3 Physical disability ....4 Other (specify)..6	

AN5. Is there any other child in the household eligible for measurement?

❑   Yes ⇨ Register the measurements of the next child

❑   No ⇨ End the interview with the household, by thanking all the participants for their collaboration

Put together all the questionnaires of this household and check if all the identification numbers are inserted on each page. Count in the information panel on the household the number of interviews held.