



UNDER FIVE CHILDREN QUESTIONNAIRE

UNDER-FIVE CHILD INFORMATION PANEL		UF												
<p>This questionnaire is to be administered to ALL MOTHERS OR CARETAKERS (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below from household information panel and household listing Insert your own name and number, and the date.</p>														
UF1. EA Name: _____ Cluster Number _____	UF2. Household Number: _____													
UF3. Child's Name: _____	UF4. Child's Line Number: _____													
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____													
UF7 Interviewer name and number: _____	UF8. Day/Month/Year of interview: _____ / _____ / _____													
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Completed.....</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Not at home</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Refused.....</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">Partly completed</td> <td style="text-align: right; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">Incapacitated.....</td> <td style="text-align: right; padding: 2px;">5</td> </tr> <tr> <td style="padding: 2px;">Other (specify) _____</td> <td style="text-align: right; padding: 2px;">6</td> </tr> </table>		Completed.....	1	Not at home	2	Refused.....	3	Partly completed	4	Incapacitated.....	5	Other (specify) _____	6
Completed.....	1													
Not at home	2													
Refused.....	3													
Partly completed	4													
Incapacitated.....	5													
Other (specify) _____	6													

Repeat greeting if not already read to this respondent:

WE ARE FROM NATIONAL BUREAU OF STATISTICS (NBS) ABUJA. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE A SHORT PERIOD. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

<p><i>UF10 NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name).</i></p> <p>IN WHAT MONTH AND YEAR WAS (name) BORN?</p> <p>Probe: WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</p>	<p>Date of birth:</p> <p>Day ___</p> <p>DK day 98</p> <p>Month ___</p> <p>Year..... ___ ___</p>
UF11. HOW OLD WAS (name) AT HIS/HER	

LAST BIRTHDAY? Record age in completed YEARS.	Age in completed years..... _ _	
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BIRTH REGISTRATION AND EARLY LEARNING MODULE	BR
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<p>BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?</p> <p>(Check, ff Birth Certificate is from National Population Commission (NPopC), then circle "1", else circle "3")</p>	<p>Yes, seen (NPopC Card).....1 Yes, not seen.....2 No3 DK.....8</p>	<p>1⇒BR5</p>
<p>BR2. HAS (<i>name's</i>) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>1⇒BR5 8⇒BR4</p>
<p>BR3. WHY IS (<i>name's</i>) BIRTH NOT REGISTERED?</p>	<p>Costs too much.....1 Must travel too far.....2 Did not know it should be registered3 Does not consider it important.....4 Does not know where to register.....5 Does not know benefit of registration6 Other (<i>specify</i>) 7 DK.....8</p>	
<p>BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</p>	<p>Yes.....1 No2</p>	
<p>BR5. Check age of child in UF13: Child is 3 to 4 years old?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with BR6</p> <p><input type="checkbox"/> No. ⇒ Go to BR8</p>		
<p>BR6. 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 No2 DK.....8</p>	<p>2⇒BR8 8⇒BR8</p>
<p>BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?</p>	<p>No. of hours _ _</p>	

(You can estimate from the number of hours the child spent per day in school as supplied by the respondent)		
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BIRTH REGISTRATION AND EARLY LEARNING MODULE					BR	
<p>BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</p> <p><i>Circle all that apply.</i></p>						
	Activity	Mother	Father	Other		No one
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)?	Books	A	B	X		Y
BR8B. TELL STORIES TO (<i>name</i>)?	Stories	A	B	X		Y
BR8C. SING SONGS WITH (<i>name</i>)?	Songs	A	B	X		Y
BR8D. TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X		Y
BR8E. PLAY WITH (<i>name</i>)?	Play with	A	B	X		Y
BR8F. SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X		Y

CHILD DEVELOPMENT

CE

Question CE1 is to be administered only once to each caretaker

CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOL BOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS

If 'none' enter 00

Number of non-children's books.....0 __

Ten or more non-children's books 10

CE2 HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?

if 'none' enter 00

Number of children's books.....0 __

Ten or more books 10

CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.

WHAT DOES (name) PLAY WITH?

DOES HE/SHE PLAY WITH

HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?

OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?

HOME MADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?

TOYS THAT CAME FROM A STORE?

If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response

Circle Y if child does not play with any of the items mentioned.

Household objects
(bowls, plates, cups, pots) A

Objects and materials found
outside the living quarters
(sticks, rocks, animals, shells, leaves) B

Home made toys
(dolls, cars and other toys made at home) C

Toys that came from a store D

No playthings mentioned..... Y

<p>CE4. 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 WITH OTHERS. SINCE LAST (<i>day of the week</i>) HOW MANY TIMES WAS (<i>name</i>) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>IF 'NONE' ENTER 00</p>	<p>Number of times</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (<i>name</i>) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times</p>	

VITAMIN A MODULE		VA
<p>VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?</p> <p>Show capsule or dispenser for different doses:</p> <p>---100,000 IU for those 6-11 months old, ---200,000 IU for those 12-59 months old.</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2⇒NEXT MODULE 8⇒NEXT MODULE</p>
<p>VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?</p>	<p>Months ago..... DK.....98</p>	
<p>VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?</p>	<p>On routine visit to health facility1 Sick child visit to health facility2 National Immunization Day campaign.....3 Other (<i>specify</i>) 6 DK.....8</p>	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No2 DK.....8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No2 DK.....8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION? BF3D. ORAL REHYDRATION SOLUTION (ORS)/SALT SUGAR SOLUTION (SSS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	Y N DK A. Vitamin supplements.....1 2 8 B. Plain water1 2 8 C. Sweetened water or juice1 2 8 D. ORS/SSS1 2 8 E. Infant formula1 2 8 F. Milk1 2 8 G. Other liquids.....1 2 8 H. Solid or semi-solid food1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? <input type="checkbox"/> Yes. ⇒ Continue with BF6 <input type="checkbox"/> No or DK. ⇒ Go to Next Module		

<p>BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?</p> <p>If 7 or more times, record '7'.</p>	<p>No. of times _____</p> <p>Don't know 8</p>	
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CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS packet solution?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE SALT SUGAR SOLUTION (SSS) FLUID?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Yes No DK</p> <p>A. Fluid from ORS packet.....1 2 8</p> <p>B. Recommended homemade SSS ..1 2 8</p> <p>C. Pre-packaged ORS fluid1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK WATER MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>None1</p> <p>Much less2</p> <p>Somewhat less3</p> <p>About the same4</p> <p>More.....5</p> <p>DK.....8</p>	

CARE OF ILLNESS MODULE		CA
CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS?	None1 Much less2 Somewhat less3 About the same4 More.....5 DK.....8	
CA4a. Check CA2A: ORS packet used? <input type="checkbox"/> Yes. ⇒ Continue with CA4B <input type="checkbox"/> No. ⇒ Go to CA5		

CARE OF ILLNESS MODULE		CA
CA4B. WHERE DID YOU GET THE (<i>local name for ORS packet from CA2A</i>)? (If more than one source , circle the last source)	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 _____ Other private medical (<i>specify</i>) 26 Other source Patent medicine stores.....30 Relative or friend 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>) 96 DK98	
CA4C. HOW MUCH DID YOU PAY FOR THE (<i>Local name for ORS packet from CA2A</i>)?	Naira ₦ _____ Free 9996 DK 9998	
CA5. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12

CA6. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULT BREATHING?	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest.....1 Blocked nose2 Both3 Other (<i>specify</i>) 6 DK.....8	2⇒CA12 6⇒CA12
CARE OF ILLNESS MODULE		CA
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes.....1 No2 DK.....8	2⇒CA10 8⇒CA10
CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? Circle all providers mentioned. But do NOT prompt with any suggestions. If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. Name of place(1) _____ Address(1) _____ Name of place(2) _____ Address(2) _____	Public sources Govt. hospital..... A Govt. health centre/post B Govt. MCH post C Village health worker D Govt. Mobile/outreach clinic E Other public (<i>specify</i>) H Private sources Private hospital/clinic I Private physician J Pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative or friend P Shop Q Traditional practitioner R Patent medicine stores..... S Other (<i>specify</i>) X	
CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12

CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN? (Circle all medicines given).	Antibiotic A Analgesics/Pain Relievers P Other (<i>specify</i>) X DK Z	
CARE OF ILLNESS MODULE		CA
CA11A. CHECK CA11: ANTIBIOTIC WAS GIVEN? (CODE 'A' CIRCLED) <input type="checkbox"/> Yes. ⇒ CONTINUE WITH CA11B <input type="checkbox"/> No. ⇒ Go to CA12		
CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private Medical (<i>specify</i>) 26 Other source Patent medicine stores30 Relative or friend 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>) 96 DK98	
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Naira ₦ _____ Free 9996 DK 9998	
CA12. Check UF13: Child aged under 3? <input type="checkbox"/> Yes. ⇒ Continue with CA13 <input type="checkbox"/> No. ⇒ Go to CA14		

<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine01 Put/rinsed into toilet or latrine02 Put/rinsed into drain or ditch.....03 Thrown into garbage (solid waste)04 Buried05 Left in the open.....06</p> <p>Other (<i>specify</i>) 96</p> <p>DK.....98</p>	
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CARE OF ILLNESS MODULE		CA
<p>Ask the following question (CA14) only once for each caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY.</p> <p>WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever..... C Child has fast breathing..... D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G</p> <p>Other (<i>specify</i>) X</p> <p>Other (<i>specify</i>) Y</p> <p>Other (<i>specify</i>) Z</p>	

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes 1 No 2 DK..... 8	2⇒ML10 8⇒ML10
ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML6 8⇒ML6
ML3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	2⇒ML5 8⇒ML5
ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? Circle all medicines mentioned.	Anti-malarial: Sulphadoxine Pyremethamine A Chloroquine B Amodiaquine..... C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Analgesics/Pain Relievers P Other (<i>specify</i>) X DK..... Z	
ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarial to respondent.	Anti-malarial: Sulphadoxine Pyremethamine A Chloroquine B Amodiaquine..... C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications:	

MALARIA MODULE FOR UNDER-FIVES		ML
	Paracetamol/Panadol/Acetaminophen ... P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) X DK..... Z	

MALARIA MODULE FOR UNDER-FIVES		ML
ML8. Check ML4 and ML7: Was Anti-malarial mentioned (codes A - H)? <input type="checkbox"/> Yes. ⇒ Continue with ML9 <input type="checkbox"/> No. ⇒ Go to ML10		
ML9. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML4 or ML7</i>)? If multiple anti-malarial mentioned in ML4 or ML7, name all anti-malarial medicines mentioned. Record the code for the day on which the first anti-malarial was given.	Same day0 Next day1 2 days after the fever.....2 3 days after the fever.....3 4 or more days after the fever4 DK.....8	
ML9A. WHERE DID YOU GET THE (<i>name of anti-malarial from ML4 or ML7</i>)? If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 _____ Other private medical (<i>specify</i>) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>) 96 DK.....98	
ML9B. HOW MUCH DID YOU PAY FOR THE (<i>name of anti-malarial from ML4 or ML7</i>)? Refer to the same anti-malarial as in ML9A	Naira (N) Free 9996	

above	DK 9998	
ML10. DID (<i>name</i>) SLEEP UNDER AN INSECTICIDE TREATED MOSQUITO NET LAST NIGHT?	Yes1 No2 DK.....8	2 ⇒NEXT MODULE 8 ⇒NEXT MODULE
MALARIA MODULE FOR UNDER-FIVES		ML
ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE INSECTICIDE TREATED NET? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago.....__ __ More than 24 months ago95 Not sure98	
ML12. WHAT TYPE OF INSECTICIDE TREATED MOSQUITO NET IS THIS? <i>If the respondent does not know the type of the net, show pictorials, or if possible, observe the net.</i> <i>LONG LASTING TREATED NETS:</i> <i>RE-TREATABLE NETS:</i> <i>OTHERS (specify)</i>	Long lasting treated net: 11 Re-treatable net: 21 OTHER (<i>specify</i>) 36 DK.....98	11⇒NEXT MODULE 21 ⇒ML14
ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes1 No2 DK/not sure.....8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?	Yes1 No2 DK.....8	2 ⇒ NEXT MODULE 8 ⇒ NEXT MODULE
ML15. HOW LONG AGO, WAS THE NET LAST SOAKED OR DIPPED? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe</i>	Months ago.....__ __ More than 24 months ago95 DK.....98	

<i>to determine if net was treated exactly 12 months ago or earlier or later.</i>		
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IMMUNIZATION MODULE	IM
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If an immunization/Child health card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. IS THERE IMMUNIZATION/CHILD HEALTH CARD FOR (<i>name</i>)?	Yes, seen.....1	2⇒IM10
	Yes, not seen.....2	
	No3	

(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			

IM2. BCG	BCG								
IM3A. POLIO AT BIRTH	OPV0								
IM3B. POLIO 1	OPV1								
IM3C. POLIO 2	OPV2								
IM3D. POLIO 3	OPV3								
IM4A. DPT1	DPT1								
IM4B. DPT2	DPT2								
IM4C. DPT3	DPT3								
IM5A. HEPB1	HEPB1								
IM5B. HEPB2	HEPB2								
IM5C. HEPB3	HEPB3								
IM6. MEASLES	MEASLES								
IM7. YELLOW FEVER	YF								
IM8A. VITAMIN A (1)	VITA1								
IM8B. VITAMIN A (2)	VITA2								

IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions	Yes.....1 <i>(Probe for type of vaccinations obtained which was not written on card and write '66' in the corresponding day column on IM2 to IM8B.)</i>	1⇒IM19
	No2	2⇒IM19

IMMUNIZATION MODULE		IM
BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.	DK.....8	8⇒IM19
IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes.....1 No2 DK.....8	2⇒IM19 8⇒IM19
IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes.....1 No2 DK.....8	
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....1 No2 DK.....8	2⇒IM15 8⇒IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks).....1 Later2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times__ __	
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, AND DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes.....1 No2 DK.....8	2⇒IM16A 8⇒IM16A
IM16. HOW MANY TIMES?	No. of times__ __	
IM16A HAS (<i>name</i>) EVER BEEN GIVEN “HEPATITIS B INJECTIONS”?	Yes.....1 No2 DK.....8	2⇒IM17 8⇒IM17
IM16B HOW MANY TIMES?	No. of times__ __	

IMMUNIZATION MODULE		IM
<p>IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	Yes.....1 No.....2 DK.....8	
<p>IM18. HAS (<i>name</i>) EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)</p>	Yes.....1 No.....2 DK.....8	
<p>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 AND INDICATE THE TYPE OF IMMUNIZATION/VITAMIN A RECEIVED:</p> <p>IM19A Campaign A. (NID JANUARY 2007)</p> <p>Participation</p> <p>Type of immunization received Polio Measles Vitamin A</p> <p>IM19B Campaign B (NID NOVEMBER 2006)</p> <p>Participation</p> <p>Type of immunization received Polio Measles Vitamin A</p> <p>IM19c Campaign C (NID SEPTEMBER 2006)</p> <p>Participation</p> <p>Type of immunization received</p>	<p>Campaign A</p> <p>Participation.....1 2 8</p> <p>Type of immunization received Polio.....1 2 8 Measles.....1 2 8 Vitamin A.....1 2 8</p> <p>Campaign B</p> <p>Participation.....1 2 8</p> <p>Type of immunization received Polio.....1 2 8 Measles.....1 2 8 Vitamin A.....1 2 8</p> <p>Campaign C</p> <p>Participation.....1 2 8</p> <p>Type of immunization received Polio.....1 2 8 Measles.....1 2 8 Vitamin A.....1 2 8</p>	<p>2⇒IM19B 8⇒IM19B</p> <p>2⇒IM19C 8⇒IM19C</p> <p>2⇒IM20 8⇒IM20</p>

IMMUNIZATION MODULE		IM
Polio Measles Vitamin A		

M20.
Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.

Yes. ⇒ End the current questionnaire and then
Go to **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to administer the questionnaire for the next eligible child.

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE		AN
<p>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 on the household listing before recording measurements.</p>		
AN1. Child's weight.	Kilograms (kg)__ __ . __	
AN2. Child's length or height. Check age of child in UF13: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down.....1 __ __ . __ Height (cm) Standing up2 __ __ . __	
AN3. Measurer's identification code.	Measurer code.....__ __	
AN4. Result of measurement.	Measured.....1 Not present.....2 Refused3	

	Other (<i>specify</i>) 6	
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AN5. Is there another child in the household who is eligible for measurement?

Yes. ⇒ Record measurements for next child in his/her questionnaire.

No. ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.