

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caregivers (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).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's/Caregiver's name: Name _____	UF6. Mother's/Caregiver's line number: _____	
UF7. Interviewer's name and number: Name _____	UF8. Day/Month/Year of interview: _____ / _____ / 2016	
<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE NATIONAL BUREAU OF STATISTICS. 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 25 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 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>		
UF9. Result of interview for children under 5	Completed..... 01 Not at home..... 02 Refused..... 03 Partly completed..... 04 Incapacitated..... 05 Other (<i>specify</i>) _____ 96	
UF10. Field Supervisor's name and number: Name _____	 	

UF12. Record the start time.	Hour and minutes ____ : ____	
-------------------------------------	------------------------------	--

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 day..... 98</p> <p>Month..... ____</p> <p>Year..... 20 1 ____</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 <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask: MAY I SEE IT?</i>	Yes, seen.....	1	1⇒BR3A
	Yes, not seen.....	2	2⇒BR3A
	No.....	3	
	DK.....	8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED?	Yes.....	1	1⇒BR3A
	No.....	2	
	DK.....	8	
BR3. DO YOU KNOW HOW TO REGISTER <i>(name)</i> 'S BIRTH?	Yes.....	1	1⇒BR4
	No.....	2	2⇒BR4
BR3A. DID YOU REGISTER <i>(name)</i> 'S BIRTH WITH THE NATIONAL POPULATION COMMISSION?	Yes.....	1	1⇒ Next module
	No.....	2	
BR3B. WITH WHICH <u>OTHER</u> AUTHORITY WAS <i>(name)</i> 'S BIRTH FIRST REGISTERED?	LGA.....	1	1⇒Next module
	Hospital/Private Clinic.....	2	2⇒Next module
	Church/Mosque.....	3	3⇒Next module
	Other (<i>specify</i>).....	4	4⇒Next module
BR4. WHAT IS THE MAIN REASON WHY <i>(name)</i> BIRTH WAS NOT REGISTERED?	Cost too much.....	1	
	Must travel too far.....	2	
	Did not know he/she should be registered.....	3	
	Did not consider it important.....	4	
	Does not know where to register.....	5	
	Other (<i>specify</i>).....	6	
	DK.....	8	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	None..... 00 Number of children's books..... 0__ Ten or more books..... 10																	
<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 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> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Homemade toys.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects.....</td> <td>1</td> <td>2</td> <td>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	
	Y	N	DK															
Homemade toys.....	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects.....	1	2	8															
<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>	Number of days left alone for more than an hour..... — Number of days left with other child for more than an hour..... —																	
<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>	Yes..... 1 No..... 2 DK..... 8	2⇒ EC7 8⇒ EC7																
<p>EC5A. IS THE LEARNING CENTRE PUBLIC OR PRIVATE?</p>	Public..... 1 Private..... 2																	
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	Numbers of Hours..... ---- DK..... 98																	
<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: WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</i></p> <p><i>Circle all that apply.</i></p>	<table> <tr> <td></td> <td>Mother</td> <td>Father</td> <td>Other</td> <td>No one</td> </tr> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B] TOLD STORIES TO <i>(name)</i>?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>		Mother	Father	Other	No one	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i> ?	A	B	X	Y	[B] TOLD STORIES TO <i>(name)</i> ?	A	B	X	Y		
	Mother	Father	Other	No one														
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i> ?	A	B	X	Y														
[B] TOLD STORIES TO <i>(name)</i> ?	A	B	X	Y														

[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i> , INCLUDING LULLABIES?	Sang songs	A	B	X	Y
[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y
[E] PLAYED WITH <i>(name)</i> ?	Played with	A	B	X	Y
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i> ?	Named/counted	A	B	X	Y
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. CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes.....	1			
	No.....	2			
	DK.....	8			
EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes.....	1			
	No.....	2			
	DK.....	8			
EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes.....	1			
	No.....	2			
	DK.....	8			
EC11. 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			
EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?	Yes.....	1			
	No.....	2			
	DK.....	8			
EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.....	1			
	No.....	2			
	DK.....	8			
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes.....	1			
	No.....	2			
	DK.....	8			
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes.....	1			
	No.....	2			
	DK.....	8			
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes.....	1			
	No.....	2			
	DK.....	8			
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes.....	1			
	No.....	2			
	DK.....	8			

BREASTFEEDING AND DIETARY INTAKE

BD

BD1. Check AG2: Age of child

- Child age 0, 1 or 2 ⇒ Continue with BD2.
- Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module.

BD2. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 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:		
	Yes No DK	
[A] PLAIN WATER?	Plain water	1 2 8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8
[C] BROTH, SUCH AS CLEAR SOUP OR BOILED MEAT SOUP	Broth	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? (Specify) _____	Other liquids	1 2 8
BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.		
DID (name) EAT (Name of food) YESTERDAY DURING THE DAY OR THE NIGHT:	Yes No DK	
[A] YOGHURT?	Yoghurt	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGHURT? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yoghurt	___
[B] ANY FORTIFIED BABY FOOD, E.G., CERELAC, NAN, SMA GOLD, LACTOGEN, ETC.	Cerelac	1 2 8

[C] BREAD, RICE, NOODLES, PORRIDGE, MILLET, WHEAT, OAT, PAP, TUWO, FURRAH, BISCUIT, ACHA OR OTHER FOODS MADE FROM GRAINS?	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?	White potatoes, white yams, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES, EWEDU, UGWU, ETC.	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS	Ripe mangoes	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES? LIKE SMASH BANANA	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART, CONGEALED BLOOD, OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, KILISHI, DANBUNNAMA, SUYA, CHICKEN, DUCK OR OTHER BIRDS?	Meat, such as beef, pork, lamb, goat, etc.	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, BENNE SEED, SOYA BEANS, TOFU, LENTILS OR NUTS? (AKARA, MOIN-MOIN, EKURU, OKPA)	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE, NUNU OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[P] ANY FOOD MADE WITH PALM OIL?	Any food made with palm oil	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify) _____	Other solid, semi-solid, or soft food	1	2	8

BD9. Check BD8 (Categories "A" through "O").

- At least one "Yes" or all "DK" ⇒ Go to BD11.
 Else ⇒ Continue with BD10.

BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night.

- The child did not eat or the respondent does not know ⇒ Go to Next Module.
 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.

BD11. HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?

If 7 or more times, record '7'.

Number of times

DK 8

IMMUNIZATION	IM
---------------------	-----------

If an immunization card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM7-IM17 will only be asked if a card is not available.

<p>IM0A. 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><i>If no, probe:</i> DO YOU HAVE, OR DID YOU EVER HAVE, AN IMMUNIZATION CARD FOR (<i>name</i>)'S?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒IM22</p>
<p>IM0B. WHERE WAS (<i>name</i>) GIVEN IMMUNIZATION?</p> <p><i>Probe:</i> ANY OTHER PLACE?</p> <p><i>Keep asking for more places until the mother/caretaker cannot recall any additional place.</i></p>	<p>Government hospital..... A</p> <p>Government health centre..... B</p> <p>Mobile / Outreach clinic by government services C</p> <p>Private facility (including NGO)..... D</p> <p>Campaigns / Supplementary immunization activities E</p> <p>Other (<i>specify</i>)..... X</p> <p>DK..... Z</p>	
<p>IM0C. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING IMMUNIZATION CAMPAIGNS:</p> <p>[A] MARCH 2016 CAMPAIGN</p> <p>[B] FEBRUARY 2016 CAMPAIGN</p> <p>[C] NOVEMBER 2015 CAMPAIGN</p> <p>[D] OCTOBER 2015 CAMPAIGN</p>	<p>Y N DK</p> <p>Mar 2016 campaign 1 2 8</p> <p>Feb 2016 campaign 1 2 8</p> <p>Nov 2015 campaign 1 2 8</p> <p>Oct 2015 campaign 1 2 8</p>	
<p>IM1. DO YOU HAVE CARDS WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN?</p> <p><i>If yes: MAY I SEE THEM PLEASE?</i></p>	<p>Yes, seen..... 1</p> <p>Yes, not seen..... 2</p> <p>No card..... 3</p>	<p>2⇒IM7</p> <p>3⇒IM7</p>

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	
HEPB AT BIRTH	HEP0						
POLIO AT BIRTH	OPV0						
BCG	BCG						
POLIO 1	OPV1						
PENTA 1 / DPT 1	PENTA1/DPT1						
PCV 1	PCV1						
POLIO 2	OPV2						
PENTA 2 / DPT 2	PENTA2 / DPT2						
PCV 2	PCV2						
POLIO 3	OPV3						
PENTA 3 / DPT 3	PENTA3/DPT3						
PCV 3	PCV3						
IPV	IPV						
MEASLES	MEASLES						
YELLOW FEVER	YF						
VITAMIN A (FIRST DOSE)	VITA1						
VITAMIN A (SECOND DOSE)	VITA2						
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? <input type="checkbox"/> Yes ⇒ 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 IM20. <input type="checkbox"/> No/DK ⇒ Go to IM20.							
IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?		Yes.....	1				
		No.....	2				
		DK.....	8				
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?		Yes.....	1				
		No.....	2	2⇒IM10A			
		DK.....	8	8⇒IM10A			
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?		Yes.....	1				
		No.....	2				
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?		Number of times.....	—				
IM10A. HAS (<i>name</i>) EVER RECEIVED AN IPV VACCINATION – THAT IS, AN INJECTION IN THE RIGHT THIGH TO PROTECT HIM/HER FROM POLIO? <i>Probe by indicating that IPV vaccination is sometimes given at the same time as the 3rd dose of oral Polio.</i>		Yes.....	1				
		No.....	2				
		DK.....	8				

<p>IM12A. HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE LEFT THIGH TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), TETANUS, HEPATITIS B DISEASE, AND HAEMOPHILUS INFLUENZAE TYPE B?</p> <p><i>Probe by indicating that pentavalent vaccination is sometimes given at the same time as oral Polio.</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM14</p> <p>8⇒IM14</p>
<p>IM12B. HOW MANY TIMES WAS THE PENTAVALENT VACCINE RECEIVED?</p>	<p>Number of times..... —</p>	
<p>IM14. DID (<i>name</i>) RECEIVE A HEPATITIS B VACCINATION – THAT IS AN INJECTION IN THE RIGHT THIGH TO PREVENT HEPATITIS B DISEASE – WITHIN THE FIRST 24 HOURS AFTER BIRTH?</p>	<p>Yes, within 24 hours..... 1</p> <p>Yes, but not within 24 hours..... 2</p> <p>No..... 3</p> <p>DK..... 8</p>	
<p>IM15A. HAS (<i>name</i>) EVER RECEIVED A PCV VACCINATION – THAT IS, AN INJECTION IN THE RIGHT THIGH TO PREVENT HIM/HER FROM GETTING PNEUMONIA?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM15B. HOW MANY TIMES WAS THE PCV VACCINE RECEIVED?</p>	<p>Number of times..... —</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION – THAT IS, AN INJECTION IN THE LEFT ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	
<p>IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, AN INJECTION IN THE RIGHT ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER?</p> <p><i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the measles vaccine.</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	
<p>IM20. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Child age 1 or 2 ⇒ Continue with IM21.</p>		

IM21. If the child has an immunization card check IM3, otherwise check IM7 to IM17. Are any vaccine doses, from **BCG to Yellow fever**, missing?

Yes, some vaccine doses are missing ⇒ Continue with IM22.

No vaccine doses are missing ⇒ Go to Next Module.

IM22. WHAT ARE THE REASONS FOR (*name*) NOT RECEIVING (ALL OR SOME) VACCINES?

Probe:

ANY OTHER REASON?

Keep asking for more reasons until the mother/caretaker cannot recall any additional reason. Do not prompt with any suggestions.

- Lack of knowledge or lack of information
 - Thought the child was fully immunized.....A
 - Unaware of need for immunizationB
 - Unaware of need to return for 2nd or 3rd dose C
 - Place and / or time of immunization unknown D
- Lack of time or other family issues
 - Postponed until another timeE
 - Mother / caretaker too busyF
 - Family problem, including illness of mother..... G
- Mistrust or fears
 - No faith in immunization H
 - Fear of side reactionsI
 - Myths / Rumours J
 - Believes there were contraindications.....K
- Service delivery issues
 - Place of immunization too far..... L
 - Time of immunization inconvenient..... M
 - Vaccinator absent..... N
 - Vaccine not available..... O
 - Long waiting time.....P
- Illness of the child
 - Child ill – not brought..... Q
 - Child ill – brought but not given immunization R
- Other (*specify*) X

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes..... 1 No..... 2 DK..... 8	2⇒CA6A 8⇒CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK). 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	
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? <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..... 6 DK..... 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes..... 1 No..... 2 DK..... 8	2⇒CA4 8⇒CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (<i>Name of place</i>)	Public sector Government hospital..... A Government health centre..... B Government health post..... C Community health worker..... D Mobile / Outreach clinic..... E Other public (<i>specify</i>)..... H Private medical sector Private hospital / clinic..... I Private physician..... J Private pharmacy..... K Mobile clinic..... L Other private medical (<i>specify</i>)..... O Other source Relative / Friend..... P Shop..... Q Traditional practitioner..... R Other (<i>specify</i>)..... X	
CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK: [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS <i>packet</i> ? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Fluid from ORS packet..... 1 2 8 Pre-packaged ORS fluid..... 1 2 8	Y N DK
CA4A. Check CA4: ORS.		
<input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B.		
<input type="checkbox"/> Child was not given ORS ⇒ Go to CA4C.		

<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>(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>Community health worker..... 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>Other private medical (<i>specify</i>)..... 26</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>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 Tablet..... 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 CA4F.</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>Community health worker..... 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>Other private medical (<i>specify</i>)..... 26</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>CA4F. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] SALT SUGAR SOLUTION</p> <p>[B] COCONUT WATER</p> <p>[C] RICE WATER</p>	<p style="text-align: right;">Y N DK</p> <p>Salt sugar solution..... 1 2 8</p> <p>Coconut water..... 1 2 8</p> <p>Rice water..... 1 2 8</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> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic..... A Antimotility..... B Other pill or syrup (Not antibiotic, antimotility or zinc)..... G Unknown pill or syrup..... H</p> <p>Injection</p> <p>Antibiotic..... L Non-antibiotic..... M 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 No..... 2 DK..... 8</p>	<p>2⇒CA7 8⇒CA7</p>
<p>CA6B. AT ANY TIME DURING THE ILLNESS, DID (name) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒CA9A 8⇒CA9A</p>
<p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒CA10 8⇒CA10</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only..... 1 Blocked or runny nose only..... 2 Both..... 3 Other (<i>specify</i>)..... 6 DK..... 8</p>	<p>1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10</p>
<p>CA9A. Check CA6A: Had fever?</p> <p><input type="checkbox"/> Child had fever ⇒ Continue with CA10.</p> <p><input type="checkbox"/> Child did not have fever ⇒ Go to CA14.</p>		
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<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;">(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... A Government health centre..... B Government health post..... C Community health worker..... D Mobile / Outreach clinic..... E Other public (<i>specify</i>)..... H</p> <p>Private medical sector</p> <p>Private hospital/clinic..... I Private physician..... J Private pharmacy..... K Mobile clinic..... L Other private medical (<i>specify</i>)..... O</p> <p>Other source</p> <p>Relative / Friend..... P Shop..... Q Traditional practitioner..... R</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 No..... 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>

<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p>Probe: ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Anti-malaria:</p> <p>SP / Fansidar..... A Chloroquine..... B Amodiaquine..... C Quinine..... D Combination with Artemisinin (ACT)..... E Other anti-malarial (specify)_____ H</p> <p>Antibiotics:</p> <p>Pill / Syrup..... I Injection..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen..... P Aspirin..... Q Ibuprofen..... R</p> <p>Other (specify)_____ X DK..... Z</p>	
<p>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B.</p> <p><input type="checkbox"/> No ⇒ Go to CA13C.</p>		
<p>CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?</p> <p>Probe to identify the type of source.</p> <p>If unable to determine whether public or private, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... 11 Government health centre..... 12 Government health post..... 13 Community health worker..... 14 Mobile / Outreach clinic..... 15 Other public (specify)_____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21 Private physician..... 22 Private pharmacy..... 23 Mobile clinic..... 24 Other private medical (specify)_____ 26</p> <p>Other source</p> <p>Relative / Friend..... 31 Shop..... 32 Traditional practitioner..... 33</p> <p>Already had at home..... 40</p> <p>Other (specify)_____ 96</p>	
<p>CA13C. Check CA13: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13D.</p> <p><input type="checkbox"/> No ⇒ Go to CA14.</p>		
<p>CA13D. WHERE DID YOU GET THE (name of medicine from CA13)?</p> <p>Probe to identify the type of source.</p> <p>If unable to determine whether public or private, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... 11 Government health centre..... 12 Government health post..... 13 Community health worker..... 14 Mobile / Outreach clinic..... 15 Other public (specify)_____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21 Private physician..... 22 Private pharmacy..... 23 Mobile clinic..... 24 Other private medical (specify)_____ 26</p> <p>Other source</p> <p>Relative / Friend..... 31 Shop..... 32 Traditional practitioner..... 33</p> <p>Already had at home..... 40</p> <p>Other (specify)_____ 96</p>	

CA13E. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from CA13</i>)?	Same day	0	
	Next day	1	
	2 days after the fever.....	2	
	3 days after the fever.....	3	
	4 or more days after the fever	4	
	DK.....	8	
CA14. Check AG2: Age of child.			
<input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15.			
<input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13.			
CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine.....	01	
	Put / Rinsed into toilet or latrine.....	02	
	Put / Rinsed into drain or ditch	03	
	Thrown into garbage (solid waste).....	04	
	Buried.....	05	
	Left in the open.....	06	
	Other (<i>specify</i>).....	96	
DK.....	98		

UF13. Record the 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
<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 in the List of Household Members before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height/length and weight measurement:	Either or both measured..... 1 Child not present..... 2 Child or mother/caretaker refused..... 3 Other (specify)..... 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight:	Kilograms (kg)..... Weight not measured..... 99.9	
AN3A. Was the child undressed to the minimum? <input type="checkbox"/> Yes. <input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B. Check age of child in AG2: <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).		
AN4. Child's length or height:	Length / Height (cm)..... Length/ Height not measured..... 999.9	⇒AN6
AN4A. How was the child actually measured? Lying down or standing up?	Lying down..... 1 Standing up..... 2	
AN5. Check if (name) has a scar on the left arm or shoulder due to BCG vaccine	Has a BCG scar..... 1 Does not have a BCG scar..... 2 Not sure / could not verify..... 8	

AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Supervisor's Observations

Measurer's Observations