

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>2 0 2 1</u>	UF8. Record the time:	HOURS : MINUTES _____ : _____	

<p><i>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.</i></p>		
<p>UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY 1</p> <p>NO, FIRST INTERVIEW 2</p>	<p>1 ⇒UF10B 2 ⇒UF10A</p>
<p>UF10A. Hello, my name is (your name). We are from 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 (child's name from UF3)'s health and well-being. This interview will take about 35 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?</p>	<p>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 35 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?</p>	
<p>YES 1 NO / NOT ASKED 2</p>	<p>1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17</p>	

<p>UF17. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i></p>	<p>COMPLETED 01</p> <p>NOT AT HOME 02</p> <p>REFUSED 03</p> <p>PARTLY COMPLETED 04</p> <p>INCAPACITATED (specify) _____ 05</p> <p>NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17..... 06</p> <p>OTHER (specify) _____ 96</p>
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UNDER-FIVE'S BACKGROUND

UB

<p>UB0. Before I begin the interview, could you please bring (<i>name</i>)’s Birth Certificate, Child health card, and any immunisation record from a private health provider? We will need to refer to those documents.</p>		
<p>UB1. 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 date of birth, also record the day; otherwise, record ‘98’ for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH DAY _ _</p> <p>DK DAY 98</p> <p>MONTH..... _ _</p> <p>YEAR <u>2 0 1</u></p>	
<p>UB2. 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>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p>	<p>AGE (IN COMPLETED YEARS) _</p>	
<p>UB3. Check UB2: Child’s age?</p>	<p>AGE 0, 1, OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p>	<p>1 ⇒UB9</p>
<p>UB4. Check the respondent’s line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?</p>	<p>YES, RESPONDENT IS THE SAME, UF4=HH47 1</p> <p>NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2</p>	<p>2 ⇒UB6</p>
<p>UB5. Check ED10 in the EDUCATION module in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?</p>	<p>YES, ED10=0 1</p> <p>NO, ED10≠0 OR BLANK 2</p>	<p>1 ⇒UB8B</p> <p>2 ⇒UB9</p>
<p>UB6. Has (<i>name</i>) ever attended any early childhood education programme, such as Pre-Primary Education, nursery, Early Child Care Development and Education (ECCDE) centres?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒UB9</p>
<p>UB7. At any time since September 2020, did (he/she) attend (<i>programmes mentioned in UB6</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒UB8A</p> <p>2 ⇒UB9</p>
<p>UB8A. Does (he/she) currently attend (<i>programmes mentioned in UB6</i>)?</p> <p>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?</p>	<p>YES 1</p> <p>NO 2</p>	

UB9. Is (<i>name</i>) covered by any health insurance?	YES 1 NO 2	2 ⇒ 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 (NATIONAL HEALTH INSURANCE SCHEME, STATE HEALTH INSURANCE SCHEME)..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER (<i>specify</i>) _____ X	

BIRTH REGISTRATION

BR

<p>BR1. Does (<i>name</i>) have a birth certificate?</p> <p><i>If yes, ask:</i> May I see it?</p>	<p>YES, SEEN..... 1</p> <p>YES, NOT SEEN..... 2</p> <p>NO..... 3</p> <p>DK..... 8</p>	<p>1 ⇨ <i>End</i></p> <p>2 ⇨ <i>End</i></p>
<p>BR2. Has (<i>name</i>)’s birth been registered with the National Population Commission?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>1 ⇨ <i>End</i></p>
<p>BR3. Do you know how to register (<i>name</i>)’s birth?</p>	<p>YES 1</p> <p>NO..... 2</p>	

EARLY CHILDHOOD DEVELOPMENT

EC

<p>EC1. How many children’s books or picture books do you have for (<i>name</i>)?</p>	<p>NONE..... 00</p> <p>NUMBER OF CHILDREN’S BOOKS <u>0</u></p> <p>TEN OR MORE BOOKS 10</p>	
<p>EC2. I am interested in learning about the things that (<i>name</i>) plays with when (he/she) is at home.</p> <p>Does (he/she) play with:</p> <p>[A] Homemade toys, such as dolls, cars, or other toys made at home?</p> <p>[B] Toys from a shop or 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 style="text-align: right;">Y N DK</p> <p>HOMEMADE TOYS.....1 2 8</p> <p>TOYS FROM A SHOP.....1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS1 2 8</p>	
<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’ record ‘0’. If ‘Don’t know’ record ‘8’.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR _</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR..... _</p>	
<p>EC4. Check UB2: Child’s age?</p>	<p>AGE 0 OR 1 1</p> <p>AGE 2, 3 OR 4..... 2</p>	<p>1 ⇒ End</p>

<p>EC5. 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>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for or with (<i>name</i>)?</p>	<table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>NAMED</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	READ BOOKS	A	B	X	Y	TOLD STORIES	A	B	X	Y	SANG SONGS	A	B	X	Y	TOOK OUTSIDE	A	B	X	Y	PLAYED WITH	A	B	X	Y	NAMED	A	B	X	Y	
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<p>EC21. I would like to ask you about certain things (<i>name</i>) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.</p> <p>Can (<i>name</i>) walk on an uneven surface, for example a bumpy or steep road, without falling?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC22. Can (<i>name</i>) jump up with both feet leaving the ground?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC23. Can (<i>name</i>) dress (<i>him/herself</i>), that is, put on pants and a shirt without help?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC24. Can (<i>name</i>) fasten and unfasten buttons without help?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>																																				

<p>EC25. Can (<i>name</i>) say 10 or more words like “mama” or “ball”?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC26. Can (<i>name</i>) speak using sentences of 3 or more words that go together, for example “I want water” or “The house is big”?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	<p>2⇒EC28 8⇒EC28</p>
<p>EC27. Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example “The house is very big”?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC28. Can (<i>name</i>) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC29. If you show (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or animal, can (<i>he/she</i>) consistently name it?</p> <p><i>Probe:</i> By consistently I mean that (<i>he/she</i>) uses the same word to refer to the same object, even if the word used is not fully correct.</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC30. Can (<i>name</i>) recognise at least 5 letters of the alphabet?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC31. Can (<i>name</i>) write (<i>his/her</i>) own name?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC32. Does (<i>name</i>) recognise all numbers from 1 to 5?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC33. If you ask (<i>name</i>) to give you 3 objects, such as 3 stones or 3 beans, does (<i>he/she</i>) give you the correct amount?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC34. Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC35. Can (<i>name</i>) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	

<p>EC36. Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC37. Does (<i>name</i>) offer to help someone who seems to need help?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC38. Does (<i>name</i>) get along well with other children?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	
<p>EC39. The next two questions have five different options for answers. I am going to read these to you after each the question.</p> <p>How often does (<i>name</i>) seem to be very sad or depressed?</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR..... 4 NEVER..... 5 DK..... 8</p>	
<p>EC40. 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>	

CHILD DISCIPLINE

UCD

<p>UCD1. Check UB2: Child's age?</p>	<p>AGE 01 AGE 1, 2, 3 OR 4 2</p>	<p>1 ⇒End</p>
<p>UCD2. Adults use certain ways to teach children the right behaviour or to address a behaviour 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 (<i>name</i>) <u>in the past month</u>.</p> <p>[A] Took away privileges, forbade something (<i>name</i>) liked or did not allow (him/her) to leave the house.</p> <p>[B] Explained why (<i>name</i>)'s behaviour 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 PRIVILEGES1 2</p> <p>EXPLAINED WRONG BEHAVIOR1 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 COULD1 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 <i>QUESTIONNAIRE FOR CHILDREN AGE 5-17?</i></p>	<p>YES..... 1 NO 2</p>	<p>2 ⇒UCD5</p>
<p>UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?</p>	<p>YES..... 1 NO 2</p>	<p>1 ⇒End</p>
<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 NO 2 DK / NO OPINION..... 8</p>	

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ 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 ⇒ UCF7A 2 ⇒ 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 ⇒ UCF9A 2 ⇒ 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 ⇒ UCF11 2 ⇒ 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 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ 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	
UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4	
UCF15. Does (<i>name</i>) have difficulty understanding you?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4	
UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4	
UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2⇒End
BD2. Has (<i>name</i>) ever been breastfed?	YES 1 NO 2 DK..... 8	2⇒BD3A 8⇒BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES 1 NO 2 DK..... 8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 2.....2	2⇒End
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES 1 NO 2 DK..... 8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES 1 NO 2 DK..... 8	
BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES 1 NO 2 DK..... 8	

<p>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.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>									
[A] Plain water?	PLAIN WATER	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	YES	NO	DK	1	2	8	
YES	NO	DK							
1	2	8							
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8				
1	2	8							
[C] Broth/ clear soup?	CLEAR BROTH	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8				
1	2	8							
[D] Infant formula, such as SMA, Similac, Nestle NAN, Cow & Gate, or Aptamil?	INFANT FORMULA	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 8</td> <td style="text-align: center;">8 8</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[E]</i></td> <td style="text-align: center;"><i>BD7[E]</i></td> </tr> </table>	1	2 8	8 8		<i>BD7[E]</i>	<i>BD7[E]</i>	
1	2 8	8 8							
	<i>BD7[E]</i>	<i>BD7[E]</i>							
<p>[D1] How many times did (<i>name</i>) drink infant formula?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA</p> <p>DK.....8</p>								
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 8</td> <td style="text-align: center;">8 8</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[X]</i></td> <td style="text-align: center;"><i>BD7[X]</i></td> </tr> </table>	1	2 8	8 8		<i>BD7[X]</i>	<i>BD7[X]</i>	
1	2 8	8 8							
	<i>BD7[X]</i>	<i>BD7[X]</i>							
<p>[E1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK MILK</p> <p>DK.....8</p>								
[X] Any other liquids?	OTHER LIQUIDS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 8</td> <td style="text-align: center;">8 8</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD8</i></td> <td style="text-align: center;"><i>BD8</i></td> </tr> </table>	1	2 8	8 8		<i>BD8</i>	<i>BD8</i>	
1	2 8	8 8							
	<i>BD8</i>	<i>BD8</i>							
[X1] <i>Record all other liquids mentioned.</i>	<i>(Specify)</i> _____								

<p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (<i>name</i>) ate at that time. Probe: Anything else?</i> <i>Record answers using the food groups below.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time? <i>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.</i></p>				
<p>For each food group not mentioned after completing the above ask: Just to make sure, did (<i>name</i>) eat (<i>food group items</i>) yesterday during the day or the night</p>				
		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 \surd	8 \surd BD8[B] BD8[B]
[A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES ATE YOGURT....._			DK.....8
[B] Any baby food, such as fortified baby food, such as Cerelac, Gerber, Nestum, or Similac?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, porridge, 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?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as ewedu, ugu, spinach, bitter leaves, African spinach, water leaf, or afang leaves?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe pawpaw?	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as orange or banana?	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 \surd BD9	8 \surd BD9

<p>[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.</p>	<p>(Specify) _____</p>	
<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>	

IMMUNISATION

IM

IM1. Check UB2: Child's age?	AGE 0, 1, 2 OR 3..... 1 AGE 4..... 2	2 ⇨ End							
IM2. Do you have a child health card / vaccination card or 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 ⇨ IM5 3 ⇨ IM5							
IM3. Did you ever have a child health card / vaccination card 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 ⇨ 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 ⇨ 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					2	0		
Hepatitis B (at birth)	HepB - 0					2	0		
Polio (OPV) (at birth)	OPV - 0					2	0		
Polio (OPV) 1	OPV - 1					2	0		
Pneumococcal (PCV- 1) 1	PCV - 1					2	0		
Pentavalent (DPT-Hib-Hep B) 1	Penta - 1					2	0		
Rotavirus 1	Rota - 1					2	0		
Polio (OPV) 2	OPV - 2					2	0		
Pneumococcal (PCV- 2) 2	PCV - 2					2	0		
Pentavalent (DPT-Hib-Hep B) 2	Penta - 2					2	0		
Rotavirus 2	Rota - 2					2	0		
Polio (OPV) 3	OPV - 3					2	0		
Pneumococcal (PCV- 3) 3	PCV - 3					2	0		

Pentavalent (DPT-Hib-Hep B) 3	Penta - 3					2	0			
IPV	IPV					2	0			
Measles 1	Measles 1					2	0			
Yellow Fever	YF					2	0			
Meningitis Vaccine	Men A					2	0			
Measles 2	Measles 2					2	0			
Vitamin A	Vit A 1					2	0			
Vitamin A	Vit A 2					2	0			
IM7. Check IM6: Are all vaccines (BCG to Measles 2) recorded?		YES 1 NO 2								1 ⇒ IM28
IM8. Did (<i>name</i>) participate in any of the following campaigns:										
		Y N DK								
[A] March 2019 campaign A, Polio		POLIO CAMPAIGN1 2 8								
[B] Nov - Dec 2019 campaign B, Yellow fever		Yellow fever CAMPAIGN1 2 8								
[C] Nov - Dec 2019 campaign C, Men A		Men A CAMPAIGN1 2 8								
[D] Nov - Dec 2019 campaign D, Measles		Measles CAMPAIGN1 2 8								
[E] Jan-Feb 2019 campaign E, Yellow Fever		Yellow fever CAMPAIGN1 2 8								
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the vaccination campaigns, The Integrated Medical Outreach Programme (I-MOP), child health days just mentioned, Maternal and Newborn Child Health (MNCH) week or Africa Vaccination Week?		YES 1 NO 2 DK 8								2 ⇒ IM28 8 ⇒ IM28
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. When <u>finished</u>, go to IM28.</i>										⇒ IM28

IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunisation day or Child Health Day?	YES 1 NO 2 DK 8	
IM12. Did (<i>name</i>) participate in any of the following campaigns, national immunisation days or child health days: [A] March 2019 campaign A, Polio [B] Nov - Dec 2019 campaign B, Yellow fever [C] Nov - Dec 2019 campaign C, Men A [D] Nov - Dec 2019 campaign D, Measles	Y N DK POLIO CAMPAIGN1 2 8 Yellow fever CAMPAIGN1 2 8 Men A CAMPAIGN1 2 8 Measles CAMPAIGN1 2 8	
IM13. Check IM11 and IM12: [A-D]:	ALL NO OR DK 1 AT LEAST ONE YES 2	1 ⇨ IM31
IM14. Has (<i>name</i>) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DK 8	
IM15. Did (<i>name</i>) 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 (<i>name</i>) 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 ⇨ IM20 8 ⇨ 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 IPV vaccine - that is, an injection in the thigh at the 14 weeks or older – to prevent (him/her) from contracting polio? <i>Probe by indicating that the IPV vaccine is given at the same time as the third oral polio given as a drop in the mouth and the third pneumococcal vaccine doses.</i>	YES 1 NO 2 DK 8	

<p>IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the left outer thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, 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 the polio drops.</i></p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇨ IM22 8 ⇨ IM22</p>
<p>IM21. How many times was the Pentavalent vaccine received?</p>	<p>NUMBER OF TIMES..... _ DK 8</p>	
<p>IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination PCV – that is, an injection on the right outer thigh to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇨ IM26 8 ⇨ IM26</p>
<p>IM23. How many times was the Pneumococcal vaccine received?</p>	<p>NUMBER OF TIMES..... _ DK 8</p>	
<p>IM26. Has (<i>name</i>) ever received a measles vaccine – that is, a shot in the left upper arm at the age of 9 months or older - to prevent (him/her) from getting measles?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇨ IM27 8 ⇨ IM27</p>
<p>IM26A. How many times was the measles vaccine received?</p>	<p>NUMBER OF TIMES..... _ DK 8</p>	
<p>IM27. Has (<i>name</i>) ever received the Yellow Fever vaccination – that is, a shot in the 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 first measles vaccine.</i></p>	<p>YES 1 NO 2 DK 8</p>	
<p>IM27A. Has (<i>name</i>) ever received Men A vaccine – that is, an injection in the thigh at the age of 9 months or older – to prevent (his/her) against Meningitis?</p> <p><i>Probe by indicating that the Men A vaccine is sometimes given at the same time as the first measles vaccine and yellow fever.</i></p>	<p>YES 1 NO 2 DK 8</p>	
<p>IM27B. Has (<i>name</i>) ever received Vitamin A – that is a vitamin that is administered by squeezing a capsule containing vitamin A into the child’s mouth?</p>	<p>YES 1 NO 2 DK 8</p>	

<p><i>Probe by indicating that the first Vitamin A is given at six months of age.</i></p>		
<p>IM28. Where was (<i>name</i>) given the most recent vaccination(s)?</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 GOVERNMENT HEALTH CENTREB MOBILE / OUTREACH CLINIC BY GOVERNMENT SERVICES.....C PRIVATE FACILITY (INCLUDING NGO) D HOUSE TO HOUSE CAMPAIGNS / SUPPLEMENTARY IMMUNIZATION ACTIVITIESE OTHER (<i>specify</i>) _____ X DK.....Z</p>	
<p>IM29. Check UB2: Child's age?</p>	<p>AGE 0 OR 1..... 1 AGE 2 OR 3..... 2</p>	<p>1 ⇒End</p>
<p>IM30. Check if IM7 = 1 OR IM11 to IM27B: for whether they have received all the recommended vaccinations</p>	<p>ALL YES..... 1 AT LEAST ONE NO OR DK 2</p>	<p>1 ⇒End</p>
<p>IM31. What are the reasons for (<i>name</i>) not receiving (all or some) vaccines?</p> <p><i>Probe:</i> Any other reason?</p> <p><i>Keep asking for more reasons until the mother/caretaker cannot recall any additional reason. Do not prompt with any suggestions.</i></p>	<p>LACK OF KNOWLEDGE/INFORMATION THOUGHT THE CHILD WAS FULLY IMMUNIZED A UNAWARE OF NEED FOR IMMUNIZATION . B UNAWARE OF NEED TO RETURN FOR 2ND OR 3RD DOSE C PLACE AND/OR TIME OF IMMUNIZATION UNKNOWN D</p> <p>LACK OF TIME OR OTHER FAMILY ISSUES POSTPONED UNTIL ANOTHER TIMEE MOTHER / CARETAKER TOO BUSYF FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER..... G</p> <p>MISTRUST OR FEARS NO FAITH IN IMMUNIZATION H FEAR OF SIDE REACTIONS.....I MYTHS / RUMOURS J BELIEVES THERE WERE CONTRAINDICATIONS..... K RUMOURS.....L</p> <p>SERVICE DELIVERY ISSUES PLACE OF IMMUNIZATION TOO FARM TIME OF IMMUNIZATION INCONVENIENT . N VACCINATOR ABSENT O VACCINE NOT AVAILABLE.....P LONG WAITING TIME..... Q NOT ENOUGH CHILDREN PRESENT TO OPEN A VIAL OF VACCINE..... R</p> <p>ILLNESS OF THE CHILD CHILD ILL – NOT BROUGHTS CHILD ILL – BROUGHT BUT NOT GIVEN IMMUNIZATIONT OTHER (<i>specify</i>) _____ X</p>	

CARE OF ILLNESS

CA

<p>CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?</p>	<p>YES..... 1 NO 2 DK 8</p>	<p>2 ⇒ CA14 8 ⇒ CA14</p>
<p>CA2. Check BD3: Is child still breastfeeding?</p>	<p>YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8..... 2</p>	<p>1 ⇒ CA3A 2 ⇒ CA3B</p>
<p>CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p> <p>CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS..... 2 ABOUT THE SAME 3 MORE..... 4 NOTHING TO DRINK..... 5 DK 8</p>	
<p>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?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS..... 2 ABOUT THE SAME 3 MORE..... 4 STOPPED FOOD..... 5 NEVER GAVE FOOD..... 7 DK 8</p>	
<p>CA5. Did you seek any advice or treatment for the diarrhoea from any source?</p>	<p>YES..... 1 NO 2 DK 8</p>	<p>2 ⇒ CA7 8 ⇒ CA7</p>

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i><u>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.</u></i></p> <hr/> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>TERTIARY HOSPITAL A</p> <p>GENERAL/SPECIALIST HOSPITAL B</p> <p>HEALTH CENTRE / CLINIC C</p> <p>MOBILE / OUTREACH CLINIC D</p> <p>OTHER PUBLIC (<i>specify</i>) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY OR CHEMIST K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) O</p> <p>DK PUBLIC OR PRIVATE 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>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet containing powder called ORS, CHI ORS, Emzorlyte, Orasure, or Olpharm ORS?</p> <p>[B] A pre-packaged ORS fluid called ORS?</p> <p>[C] Zinc tablets or syrup?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS POWDER 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 ⇒ 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>TERTIARY HOSPITAL A</p> <p>GENERAL/SPECIALIST HOSPITAL B</p> <p>HEALTH CENTRE / CLINIC C</p> <p>MOBILE / OUTREACH CLINIC D</p> <p>OTHER PUBLIC (<i>specify</i>) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY OR CHEMIST K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ O</p> <p>DK PUBLIC OR PRIVATE 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>CA10. Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 1</p> <p>NO, CA7[C] ≠1 2</p>	<p>2 ⇒ 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>TERTIARY HOSPITAL A</p> <p>GENERAL/SPECIALIST HOSPITAL B</p> <p>HEALTH CENTRE / CLINIC C</p> <p>MOBILE / OUTREACH CLINIC D</p> <p>OTHER PUBLIC (<i>specify</i>) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY OR CHEMIST K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ O</p> <p>DK PUBLIC OR PRIVATE 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>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA14</p> <p>8 ⇒ CA14</p>
<p>CA13. What else was given to treat the diarrhoea?</p> <p><i>Probe:</i></p> <p>Anything else?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) B</p> <p>OTHER PILL OR SYRUP G</p> <p>UNKNOWN PILL OR SYRUP H</p> <p>INJECTION</p> <p>ANTIBIOTIC L</p> <p>NON-ANTIBIOTIC M</p> <p>UNKNOWN INJECTION N</p> <p>INTRAVENOUS (IV) O</p> <p>HOME REMEDY / HERBAL MEDICINE Q</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p>CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA16</p> <p>8 ⇒ CA16</p>

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 ⇒ CA19 8 ⇒ 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 ⇒ CA20 2 ⇒ CA20 3 ⇒ CA20 6 ⇒ CA20 8 ⇒ CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO OR DK, CA14=2 OR 8..... 2	2 ⇒ CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES..... 1 NO 2 DK 8	2 ⇒ CA22 8 ⇒ CA22
CA21. From where did you seek advice or treatment? <i>Probe: Anywhere else?</i> <i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i> <i>Probe to identify each type of provider.</i> <i>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.</i> <hr/> <i>(Name of place)</i>	PUBLIC MEDICAL SECTOR TERTIARY HOSPITAL A GENERAL/SPECIALIST HOSPITAL B HEALTH CENTRE / CLINIC C MOBILE /OUTREACH CLINIC..... D OTHER PUBLIC (<i>specify</i>) H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC I PRIVATE PHYSICIAN J PRIVATE PHARMACY OR CHEMIST K COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L MOBILE CLINIC M OTHER PRIVATE MEDICAL (<i>specify</i>) O DK PUBLIC OR PRIVATE W OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R OTHER (<i>specify</i>) X DK / DON'T REMEMBER..... Z	

CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?	YES..... 1 NO 2 DK 8	2 ⇒CA30 8 ⇒CA30
CA23. What medicine was (<i>name</i>) given? <i>Probe:</i> Any other medicine? <i>Record all medicines given.</i> <i>If unable to determine type of medicine, write the brand name and then temporarily record ‘W’ until you learn the appropriate category for the response.</i> _____ (<i>Name of brand</i>) _____ (<i>Name of brand</i>)	ANTI-MALARIALS ARTEMISININ COMBINATION THERAPY (ACT)..... A SP / FANSIDARB CHLOROQUINEC AMODIAQUINE D QUININE PILLSE INJECTION/IVF ARTESUNATE RECTAL..... G INJECTION/IV H OTHER ANTI-MALARIAL (<i>specify</i>)_____K ANTIBIOTICS AMOXICILLINL COTRIMOXAZOLEM OTHER ANTIBIOTIC PILL/SYRUP..... N OTHER ANTIBIOTIC INJECTION/IV O OTHER MEDICATIONS HOME REMEDY / HERBAL MEDICINE..... Q PARACETAMOL/PANADOL/ ACETAMINOPHENR ASPIRIN.....S IBUPROFEN.....T ONLY BRAND NAME RECORDED..... W OTHER (<i>specify</i>) _____X DK / DON’T REMEMBER.....Z	
CA24. Check CA23: Antibiotics mentioned?	YES, ANTIBIOTICS MENTIONED, CA23=L-O 1 NO, ANTIBIOTICS NOT MENTIONED 2	2 ⇒CA30

<p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</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>TERTIARY HOSPITAL A</p> <p>GENERAL/SPECIALIST HOSPITAL B</p> <p>HEALTH CENTRE / CLINIC C</p> <p>MOBILE /OUTREACH CLINIC..... D</p> <p>OTHER PUBLIC (<i>specify</i>) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY OR CHEMIST K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ O</p> <p>DK PUBLIC OR PRIVATE 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>CA30. Check UB2: <i>Child's age?</i></p>	<p>AGE 0, 1 OR 2 1</p> <p>AGE 3 OR 4 2</p>	<p>2 ⇒ 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..... 11 HAUSA 12 IGBO..... 13 YORUBA 14 FULANI 15 PIDGIN 16	
UF13. Language of the Interview.	ENGLISH..... 11 HAUSA 12 IGBO..... 13 YORUBA 14 FULANI 15 PIDGIN 16 OTHER LANGUAGE <i>(specify)</i> 6	
UF14. Native language of the Respondent.	HAUSA 11 IGBO..... 12 YORUBA 13 FULANI 14 KANURI 15 IJAW 16 TIV 17 IBIBIO 18 EDO 19 OTHER LANGUAGE <i>(specify)</i> 96	
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	

MICS PLUS CONSENT

<p>UF15A. Check the name and line number of this questionnaire's respondent (UF4). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), WOMAN QUESTIONNAIRE (WM3), MAN QUESTIONNAIRE (MWM3), UNDER 5 QUESTIONNAIRE (UF4) and 5-17 QUESTIONNAIRE (FS4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?</p>	<p>YES, ALREADY INTERVIEWED (UF4=HH47 OR UF4=WM3 OR UF4=MWM3 OR UF4=FS4 OR RESPONDENT ALREADY INTERVIEWED WITH ANOTHER U5 QUESTIONNAIRE) 1</p> <p>NO, FIRST INTERVIEW (UF4≠HH47 AND UF4≠WM3 AND UF4≠MWM3 AND UF4≠FS4 AND RESPONDENT HAS NOT BEEN INTERVIEWED WITH ANOTHER U5 QUESTIONNAIRE) 2</p>	<p>1 ⇒ UF16</p>
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<p>UF15B. Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?</p>	<p>YES, HC7[A]=1 OR HC12=1 1</p> <p>NO, HC7[A]=2 AND HC12=2 2</p>	<p>2 ⇒ UF16</p>
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UF15C. Thank you for your participation.

The National Bureau of Statistics will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 10 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ UF16</p>
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<p>UF15D. Do you have a personal phone number or does your household have a communal number where you can be reached?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ UF16</p>
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UF15E. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
UF15F. Ask for and record phone number.	-----	-----	-----
UF15G. Just to confirm, the number is (number from UF15F)? If no, return to UF15F and correct entry.	YES..... 1 NO 2☒ UF15F	YES..... 1 NO 2☒ UF15F	YES..... 1 NO 2☒ UF15F
UF15H. Is this a non-mobile or a mobile phone number?	NON-MOBILE..... 1 MOBILE 2	NON-MOBILE 1 MOBILE 2	NON-MOBILE 1 MOBILE 2
UF15I. What is the best day of the week and time of the day to call you on this number? Probe: Any other day or time? Record all mentioned.	WEEKDAYS MORNING..... A AFTERNOON..... B EVENING C OTHER (specify) D WEEKEND MORNING..... E AFTERNOON..... F EVENING G OTHER (specify) H OTHER (specify) X	WEEKDAYS MORNING..... A AFTERNOON..... B EVENING C OTHER (specify) D WEEKEND MORNING..... E AFTERNOON..... F EVENING G OTHER (specify) H OTHER (specify) X	WEEKDAYS MORNING..... A AFTERNOON..... B EVENING C OTHER (specify) D WEEKEND MORNING..... E AFTERNOON..... F EVENING G OTHER (specify) H OTHER (specify) X
UF15J. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES..... 1☒ [P2] NO 2☒ UF16	YES..... 1☒ [P3] NO 2☒ UF16	YES..... 1☒ [P4] NO 2☒ UF16

Tick here if additional questionnaire used:.....

UF16. 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