



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE



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: _____ / _____ / 2023	UF8. Record the time:	HOURS : MINUTES _____ : _____

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.

UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY ..... 1 NO, FIRST INTERVIEW ..... 2	1 ⇒UF10B 2 ⇒UF10A
<p>UF10A. Hello, my name is (<i>your name</i>). We are from Nauru 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. This interview will take about 20 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>(<i>Your name</i>) ña egō. Ama bain Nauru Bureau of Statistics. Ama eow bitune survey towe añōgen eoniñ, edodu mwe eñamet ewak. A teñ dorer aw añōgen tsimorun (<i>child's name from UF3</i>). Bitune ama kidō nan abu edae raquō. Memak mana edorer ama òtsinim eab meta atsin ne. Tsinya waeo teñ aneiy ama kudo oa teñ idug bitune interview, magada kor wa paname. Gona n òaweiy?</p>	<p>UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail. This interview will take about 20 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>Ñage a teñ nim dorer aw añōgen (<i>child's name from UF3</i>) tsimorun. Bitune ama kidō nan abu edae raquō. Memak mana edorer ama òtsinim eab meta atsin ne. Tsinya waeo teñ aneiy ama kudo oa teñ idug bitune interview, magada kor wa paname. Gona n òaweiy?</p>	
YES ..... 1 NO / NOT ASKED ..... 2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

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

UNDER-FIVE'S BACKGROUND		UB
<b>UB0.</b> Before I begin the interview, could you please bring <b>(name)</b> 's Birth Certificate and any immunisation record from a private health provider? We will need to refer to those documents.. <b>Ian obwen aeo ðaweijida, magada gona aiyyuk ðrean wan (name)'s buch bein daein an pudu mwe itamo record towe immunisation atsin turin wan amen health provider? Mwa nan teñ edadorerei.</b>		
<b>UB1.</b> On what day, month and year was <b>(name)</b> born? <b>Edae ken, maramen mwe eobweni ñaga pudu (name)?</b>  <i>Probe:</i> What is (his/her) birthday? <b>Eken daein (his/her) pudu ?</b>  <i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i>  <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY ..... ____  DK DAY ..... 98  MONTH..... ____  YEAR ..... <u>2</u> <u>0</u> ____	
<b>UB2.</b> How old is <b>(name)</b> ? <b>Egeten an obweni (name)?</b>  <i>Probe:</i> How old was <b>(name)</b> at (his/her) last birthday? <b>Egeten an obweni (name) ñago dugin an daein pudu.</b>  <i>Record age in completed years.</i>  <i>Record '0' if less than 1 year.</i>  <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) ..... ____	
<b>UB3.</b> Check UB2: Child's age?	AGE 0, 1, OR 2..... 1 AGE 3 OR 4 ..... 2	1 ⇒ End
<b>UB4.</b> 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?	YES, RESPONDENT IS THE SAME, UF4=HH47 ..... 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 ..... 2	2 ⇒ UB6
<b>UB5.</b> Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?	YES, ED10=0 ..... 1 NO, ED10≠0 OR BLANK ..... 2	1 ⇒ UB8B 2 ⇒ End
<b>UB6.</b> Has <b>(name)</b> ever attended any early childhood education programme, such as playcentre or kindergarten? <b>Iña tsinia (name) meta tamo early childhood education programme, tekei playcentre/kindergarten?</b>	YES..... 1 NO ..... 2	2 ⇒ End

<b>UB7.</b> At any time since February 2023, did (he/she) attend ( <i>programmes mentioned in UB6</i> )? <i>Atsin ñago ean February 2022, (he/she) meta aijuk bita (programmes mentioned in UB6)?</i>	YES..... 1 NO ..... 2	1 ⇒ <i>UB8A</i> 2 ⇒ <i>End</i>
<b>UB8A.</b> Does (he/she) currently attend ( <i>programmes mentioned in UB6</i> )? <i>(he/she) meta aijuk (programmes mentioned in UB6) mana edae ñaga?</i>  <b>UB8B.</b> You have mentioned that ( <i>name</i> ) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme? <i>Awe ogein dadoreiej ñaga (name) ogein meta early childhood education programme ean mane edaein kereri.Iña (he/she) meta aijuk bitune programme?</i>	YES..... 1 NO ..... 2	

BIRTH REGISTRATION		BR
<b>BR1.</b> Does <i>(name)</i> have a birth certificate? <b>Tsimine aiyuk wan buch in daein an pudu (name)?</b>  <i>If yes, ask:</i> May I see it? <b>Gona ña aea?</b>	YES, SEEN.....1 YES, NOT SEEN .....2 NO .....3  DK .....8	1 ⇒ End 2 ⇒ End
<b>BR2.</b> Has <i>(name)</i> 's birth been registered with the Government Birth Death and Marriage (BDM) Registrar? <b>Ogein oiya buch n an daein pudu (name) turun Government Birth Death mwe Marriage (BDM) Registrar?</b>	YES.....1 NO .....2  DK .....8	1 ⇒ End
<b>BR3.</b> Do you know how to register <i>(name)</i> 's birth? <b>Wo tsid aiyuk amamo en buch n an daein pudu (name)?</b>	YES.....1 NO .....2	

EARLY CHILDHOOD DEVELOPMENT		EC
<b>EC1.</b> How many children's books or picture books do you have for <i>(name)</i> ? <b>Egen ebakin wan eoniñ da buch oa da buch mana etamineiy ean mwa godowa ea (name)?</b>	NONE ..... 00 NUMBER OF CHILDREN'S BOOKS ..... <u>0</u> ..... TEN OR MORE BOOKS ..... 10	
<b>EC2.</b> I am interested in learning about the things that <i>(name)</i> plays with when (he/she) is at home. <b>Ateñ tsied mana imin (name) karamoneiy ia (amune/eitune) tuk anowak.</b>  Does (he/she) play with: <b>Ada (he/she) karamon epoa:</b>  [A] Homemade toys, such as dolls, cars, or other toys made at home? <b>Beit karamon tekei, degūmurun, odo, oa beit karamon mana eōmamo eow anowak?</b>  [B] Toys from a shop or manufactured toys? <b>Beit karamon erow iat etoa oa beit karamon eōmamoeow eñat kamamo?</b>  [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? <b>Mūñana imin bein anowak, tekei iwur it ijeiji, oa imin ñana ibowōñ aton, tekei dabwike, epe, imingōgōrō meg ian gan oa ret imin erō?</b>	<div style="text-align: right;">Y N DK</div>  HOMEMADE TOYS ..... 1 2 8  TOYS FROM A SHOP ..... 1 2 8  HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS ..... 1 2 8	
<b>EC3.</b> 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. <b>Edae ibiun tsimine daein an eñab bina raña eoniñ nan erowi ewak bwe re nim tuwap, gabūr ekarawin, oa ian imit ibiun mwe re nim erowi kor eoniñ.</b>  On how many days in the past week was <i>(name)</i> : <b>Egen ibum ean bita eweek wowaen (name)</b>  [A] Left alone for more than an hour? <b>Ogein erowi dugun eiquot hour oa raquō ken?</b>  [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? <b>Iña tsinia eoniñ yon raña, raquō ea bet eiquot hour, tekei, eoniñ ñea ijōñin atae an obweni?</b>  <i>If 'None' record '0'. If 'Don't know' record '8'.</i>	NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR..... NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR .....	
<b>EC4.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇒ End

<p><b>EC5.</b> In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <b>(name)</b>:</p> <p><b>Ean mane aijubum nuwawen, iña tsinia awe oa eñamen ewak ngabina atamaijimo an eobeni eada ar riring mañgane ememori epoda (name):</b></p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with <b>(name)</b>? <b>Ijegen meg iturun ean bitune ememori itañin (name)?</b></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 <b>(name)</b>? <b>Retinei da buch oa aea buch timine taminei yan epoa (name)?</b></p> <p>[B] Told stories to <b>(name)</b>? <b>Pana (name) etoroñab ibiun?</b></p> <p>[C] Sang songs to or with <b>(name)</b>, including lullabies? <b>Riañei iriañ oa riañ epoa (name), oa riaña riañin mimi?</b></p> <p>[D] Took <b>(name)</b> outside the home? <b>Abu (name) atonin bita ewak?</b></p> <p>[E] Played with <b>(name)</b>? <b>Karamōn turun (name)?</b></p> <p>[F] Named, counted, or drew things for or with <b>(name)</b>? <b>Totuwa eg, ôdadū, oa eare imit ibiun epoa (name)?</b></p>	<table> <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><b>EC21.</b> 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><b>Ateng kudeiyuw imit ibiun (<i>name</i>) muṅgane awe wo gona riring. Magada wo ta amekon ian am kamarar aga oining gona ngabeda mwe ajida eman iat ekekae emed. Tekeiy, ibiun ar awedon edorer ea ibiun, oa ar awedon araiy ebiun edorer mwe eō dugdug ia bwita ngaim eogona riring memak muṅgane imin nga enim kudeiyuwen. Wō ogona panamwe ia tsimine am eō tueb ian muṅgana am dorer wo nim aneiy eame.</b></p> <p>Can (<i>name</i>) walk on an uneven surface, for example a bumpy or steep road, without falling?</p> <p><b>Ogana (<i>name</i>) ōd onge ean etong ngana ya mo medanan, tekeiy ja pougudu pwakada oa an garudo medanan, mwe eo pudu?</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC22.</b> Can (<i>name</i>) jump up with both feet leaving the ground?</p> <p><b>Ogana (<i>name</i>) ri ituga epoa aro nanan erowi ijung?</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC23.</b> Can (<i>name</i>) dress (<i>him/herself</i>), that is, put on pants and a shirt without help?</p> <p><b>Ogana (<i>name</i>) ajuk teiy (<i>him/herself</i>) edowa bwetowon, mana kor, edowa an tungjeng mwe an tsiod mwe eko bouken?</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC24.</b> Can (<i>name</i>) fasten and unfasten buttons without help?</p> <p><b>Ogana (<i>name</i>) ajuk teiy pwaden eiy mwe roda won pwaden mwe eko bouken?</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC25.</b> Can (<i>name</i>) say 10 or more words like “mama” or “ball”?</p> <p><b>Ogana (<i>name</i>) ajuk araij atai oa ebak eket edorer tekeiy “inō” oa “dabor”?</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC26.</b> 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><b>Ogana (<i>name</i>) ajuk pwat etorongub eon an oganan eyju oa ebak eket edorer ngana ar arowonagada, tekeiy “a teng ebok” oa “bwita ewak owak”?</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2⇒EC28</p> <p>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>Ogana (<i>name</i>) pwat etorongub ion ean an ogonon ea aijimo oa ebak ekena edorer āgana epoda, tekeiy “Ngea bita ewak owak okor”?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>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>Ogana (<i>name</i>) emwi an owonan inon mangane edorer “nga,” “awe,” “cita,” oa “amea,” tek eiy “nga teng eiy ebok,” oa “eiy ōn ered”?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>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>Ia awe ewewida (<i>name</i>) imiton ion (<i>he/she</i>) tsied kor bwita, gat equor oa imin gakara, nan gona (<i>he/she</i>) koreda pwan egen?</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>Ia eiy koreda pwan bita edorer touwe bita imin (<i>he/she</i>) owanun en tuk bita edorer ngea pwanan tuk bita imin, ngaga bwet eō kor emi ngarana edorer.</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p>EC30. Can (<i>name</i>) recognise at least 5 letters of the alphabet?</p> <p>Gona (<i>name</i>) ōijuwōñ oa pan egon 5 alphabet</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p>EC31. Can (<i>name</i>) write (<i>his/her</i>) own name?</p> <p>Ogana (<i>name</i>) teiy ere (<i>his/her</i>) egen?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p>EC32. Does (<i>name</i>) recognise all numbers from 1 to 5?</p> <p>(<i>Name</i>) tsiet aiyuk egon mwe oiyuwōñ bita kewewin memak mana kadad atsin aiquen ea 5?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p>EC33. If you ask (<i>name</i>) to give you 3 objects, such as 3 stones does (<i>he/she</i>) give you the correct amount?</p> <p>Ogana oudana (<i>name</i>) nim oijaw eijyu imin, tekeiy eiyju epe oa tamo imin mwe num eijyu ebakun, anan (<i>he/she</i>) ajuk emwi eboukin?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p>EC34. Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?</p> <p>Ogana (<i>name</i>) adu atai imin, tek eiy atai tsinabwem oa atai blocks, mwe ya pwer?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	



<p><b>EC35.</b> 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><b>Ogana (<i>name</i>) aiyuk riring imiton, tek eiy kara oa karamen oa amamoen blocks, mwe ya redoa an kudo boug oa pwarin eado?</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC36.</b> Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”</p> <p><b>Ogana (<i>name</i>) ajuk udo aŋgon aran an doudu ion eya inen mwe itongin ija eko na bita ngame, tek eiy “inga eita ibu?”</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC37.</b> Does (<i>name</i>) offer to help someone who seems to need help?</p> <p><b>Ogana (<i>name</i>) ajuk toto an boug ea engame nga bwina ar eteng eiy boug?</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC38.</b> Does (<i>name</i>) get along well with other children? (<i>Name</i>) gona meg epoa eoniñ ibiun?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>EC39.</b> The next two questions have five different options for answers. I am going to read these to you after each question.</p> <p><b>Nan marowa ayu kudō ngage aworin eiyjimo ekekeyet medenan ekudor. Anon retinai ow mungane erewet ikudōr ion mwe ion.</b></p> <p>How often does (<i>name</i>) seem to be very sad or depressed?</p> <p><b>Atowon wongon an (<i>name</i>) wō yed eroi kor oa mwijinga?</b></p> <p>Would you say: daily, weekly, monthly, a few times a year, or never?</p> <p><b>Wo nan uge dorer: jaranjara, tedain iyat eweek, tedain iyat mwaramen, oa ewad daen yat eobweni, oa ekeo kor?</b></p>	<p>DAILY..... 1</p> <p>WEEKLY ..... 2</p> <p>MONTHLY ..... 3</p> <p>A FEW TIMES A YEAR ..... 4</p> <p>NEVER..... 5</p> <p>DK ..... 8</p>	
<p><b>EC40.</b> Compared with children of the same age, how much does (<i>name</i>) kick, bite, or hit other children or adults?</p> <p><b>Kewew eiy eon oining bwina tsidobo ara eobweni, atowon an (<i>name</i>) tudeiy, kamwid, oa ere ben a oining ibun oa engub?</b></p> <p>Would you say: not at all, less, the same, more, or a lot more?</p> <p><b>Wo nan uge am dorer ajuk: ekobwiwid ja uga, ewad, tsidabo, oa ebak eken?</b></p>	<p>NOT AT ALL..... 1</p> <p>LESS..... 2</p> <p>THE SAME ..... 3</p> <p>MORE..... 4</p> <p>A LOT MORE ..... 5</p> <p>DK ..... 8</p>	

CHILD DISCIPLINE		UCD
<b>UCD1.</b> Check UB2: Child's age?	AGE 0 ..... 1 AGE 1, 2, 3 OR 4 ..... 2	1 ⇒ End
<p><b>UCD2.</b> Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <b>(name)</b> in the past month.</p> <p><b>Eñab owunon emedena ibiun nim ereri ea eoniñ bita eōr ñea emwi oa nim pana bita eōr eo mo. Aña nan retsineiy earut eōr ñane ouwanon. Amagada paname tsinia awe oa eñab ibiun ian am ewak ura ouwanon bitune eōr epoa (name) mana maramen nuwawen</b></p> <p>[A] Took away privileges, forbade something <b>(name)</b> liked or did not allow (him/her) to leave the house.</p> <p><b>Ōkeō ereden, ōkeō woun mana imin (name) teñeiy oa eo oiya towōn (him/her) nim erowi ewak.</b></p> <p>[B] Explained why <b>(name)</b>'s behavior was wrong.</p> <p><b>Ōkidō adekai eo emwi eōrin (name).</b></p> <p>[C] Shook (him/her).</p> <p><b>Eiriran (him/her).</b></p> <p>[D] Shouted, yelled at or screamed at (him/her).</p> <p><b>Warewar ei, eturañañ ei (him/her).</b></p> <p>[E] Gave (him/her) something else to do.</p> <p><b>Oija (him/her) imin enim ririñ.</b></p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.</p> <p><b>Ijatow, tamwitōn oa ibarorow (him/her) ean oebin ouwanon bem.</b></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><b>Eirira (him/her) ean oebin oa tamō ean rabadan epoa imin tekei perr, ekadage, edabike oa imin ñana enowewe.</b></p> <p>[H] Called (him/her) dumb, lazy or another name like that.</p> <p><b>Emwemwinōn (him/her) eikūba, kenañanañ oa eg ion.</b></p>		
		YES NO
TOOK AWAY PRIVILEGES ..... 1		2
EXPLAINED WRONG BEHAVIOR ..... 1		2
SHOOK HIM/HER ..... 1		2
SHOUTED, YELLED, SCREAMED ..... 1		2
GAVE SOMETHING ELSE TO DO ..... 1		2
SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND ..... 1		2
HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ..... 1		2
CALLED DUMB, LAZY OR ANOTHER NAME ..... 1		2

<p>[I] Hit or slapped (him/her) on the face, head or ears. <b>Eirira oa ijatow (him/her) ean emen, túbūn oa dānūñen.</b></p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg. <b>Eirira oa ijatow (him/her) ean ben oa nanan.</b></p> <p>[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could. <b>Eira (him/her), tekei oai kor eira en (him/her).</b></p>	<p>HIT / SLAPPED ON THE FACE, HEAD OR EARS ..... 1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG ..... 1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD ..... 1 2</p>	
<p><b>UCD3.</b> Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>2 ⇒ UCD5</p>
<p><b>UCD4.</b> 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><b>UCD5.</b> Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? <b>Wa tūebon ñana tsinia wanim añabida oa ereri eoniñ iat dabar, teñeiy kor bita eoniñ enim kaduwai mwe kanakei?</b></p>	<p>YES ..... 1 NO ..... 2</p> <p>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. <b>Ateñ kidō yaw ikidō añogen an kejeija (<i>name</i>) ogein arowōña.</b>  Does ( <i>name</i> ) wear glasses? <b>Ouwanon perati (<i>name</i>)?</b>	YES ..... 1 NO ..... 2	
UCF3. Does ( <i>name</i> ) use a hearing aid? <b>(<i>Name</i>) ouwanon beit kaiyot edorer?</b>	YES ..... 1 NO ..... 2	
UCF4. Does ( <i>name</i> ) use any equipment or receive assistance for walking? <b>(<i>Name</i>) ouwanon imin oa teñei ipuok dogin an dūgidugo?</b>	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. <b>Ean mana kidō ñage, A nan kōñaw wanim ñnei eow ean am ijij equon atsin ean mane aeq ikidō. Atsin ean mane ikidō, gona aiyuk pan ñaga (<i>name</i>): 1) Eko kejeja, 2) timine an kejeja, 3) ebak kor kejeja, oa 4) ñea (ameta/eita) eogona</b>  <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? <b>Ōmaran mana aeq ikidō: Gona w'ouge aem ñaga (<i>name</i>) 1) Eko kejeja, 2) timine an kejeja, 3) ebak kor kejeja, oa 4) ñea (ameta/eita) eogona</b>		
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? <b>Tsinia (ameta/eita) ouwanon perati, Ada (<i>name</i>) omo aiyuk an tero?</b>  UCF7B. Does ( <i>name</i> ) have difficulty seeing? <b>(<i>Name</i>) Eo garo an terō?</b>	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

<p><b>UCF9A.</b> When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p> <p><b>Tsinia (ameta/eita) ouwanon bait kaiyot edorer (<i>name</i>) Eo garo ea an kaiyot noñit imin tekeiy an dorer eñame oa noñit ekeōñ?</b></p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT HEAR AT ALL ..... 4</p>	
<p><b>UCF9B.</b> Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p> <p><b>Ada (<i>name</i>) eo garo ea an kaiyot noñit imin tekeiy an dorer eñame oa ekeōñ?</b></p>		
<p><b>UCF10.</b> Check UCF4: Child uses equipment or receives assistance for walking?</p>	<p>YES, UCF4=1 ..... 1</p> <p>NO, UCF4=2 ..... 2</p>	<p>1 ⇨ UCF11</p> <p>2 ⇨ UCF13</p>
<p><b>UCF11.</b> Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?</p> <p><b>Tsinia (ameta/eita) dūgidugo mwe eo ouwanon imin oa eñame puok, timine an eiyaia (<i>name</i>) tsinia dūgidugo?</b></p>	<p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT WALK AT ALL ..... 4</p>	
<p><b>UCF12.</b> With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?</p> <p><b>Tsinia (ameta/eita) ouwanon imin oa eñame puok, (<i>name</i>) timine an eiyaia?</b></p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT WALK AT ALL ..... 4</p>	<p>1 ⇨ UCF14</p> <p>2 ⇨ UCF14</p> <p>3 ⇨ UCF14</p> <p>4 ⇨ UCF14</p>
<p><b>UCF13.</b> Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p> <p><b>Kababoana eoniñ bina etsitobo an obweni, timine an eiyaia (<i>name</i>) tsinia dūgidugo?</b></p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT WALK AT ALL ..... 4</p>	
<p><b>UCF14.</b> Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p> <p><b>Kababoana eoniñ bina etsitobo an obweni, timine an eiyaia (<i>name</i>) tsinia ijida imin ñana kadudu owunon ben?</b></p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT PICK UP AT ALL ..... 4</p>	
<p><b>UCF15.</b> Does (<i>name</i>) have difficulty understanding you?</p> <p><b>Ada (<i>name</i>) tsimine an eiyaia tsinia nim kokon metuwa mana imin awe reit pan?</b></p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT UNDERSTAND AT ALL ..... 4</p>	
<p><b>UCF16.</b> When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p> <p><b>Tsinia (<i>name</i>) dorer, tsimine aiyuk an eo metuaw (<i>ameta/eita</i>)?</b></p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT BE UNDERSTOOD AT ALL ..... 4</p>	
<p><b>UCF17.</b> Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p> <p><b>Kababoana eoniñ bina etsitobo an obweni, timine an eiyaia (<i>name</i>) ean an kereri eiya imin?</b></p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT LEARN THINGS AT ALL ..... 4</p>	

<b>UCF18.</b> Compared with children of the same age, does <b>(name)</b> have difficulty playing? <b>Kababoana conĩñ bina etsitobo an obweni,</b> <b>(name) timine an eiyaea tsinia nim karamen?</b>	NO DIFFICULTY .....	1	
	SOME DIFFICULTY .....	2	
	A LOT OF DIFFICULTY .....	3	
	CANNOT PLAY AT ALL .....	4	

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1.</b> Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2 ⇒ End
<b>BD2.</b> Has ( <i>name</i> ) ever been breastfed? ( <i>Name</i> ) ogein ōkimama?	YES.....1 NO .....2 DK .....8	2 ⇒ BD3A 8 ⇒ BD3A
<b>BD3.</b> Is ( <i>name</i> ) still being breastfed? ( <i>Name</i> ) reit ōkimama?	YES.....1 NO .....2 DK .....8	
<b>BD3A.</b> Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 2 .....2	2 ⇒ End
<b>BD4.</b> Yesterday, during the day or night, did ( <i>name</i> ) drink anything from a bottle with a nipple? Ŋago nene, ean mana ibūm oa ōbūm, iña tsinia ( <i>name</i> ) ren atsin ean dōbadōr epoa mwet kimama?	YES.....1 NO .....2 DK .....8	
<b>BD5.</b> Did ( <i>name</i> ) drink Oral Rehydration Salt solution (ORS) yesterday, during the day or night? Inga ( <i>name</i> ) ren Oral Rehydration Salt solution (ORS) ŋago nene, ean mana ibūm oa ōbūm?	YES.....1 NO .....2 DK .....8	
<b>BD6.</b> Did ( <i>name</i> ) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night? Inga ( <i>name</i> ) ren oa ijeiji vitamin oa mineral supplements oa tamo ekogomwe ŋago nene, ean mana ibūm oa ōbūm?	YES.....1 NO .....2 DK .....8	

<p><b>BD7.</b> Now I would like to ask you about all other liquids that <b>(name)</b> may have had yesterday during the day or the night.</p> <p><b>Ñage ateñ ūdōnuw añogen memak mūñana ibiun liquids mana (name) gona ogein nim ñago nene, ean mana ibūm oa ōbūm.</b></p> <p>Please include liquids consumed outside of your home.</p> <p><b>Amagada epoda liquids nim atonin am ewak</b></p> <p>Did <b>(name)</b> drink <b>(name of item)</b> yesterday during the day or the night:</p> <p><b>Inga jya (name) nim (name of item) ñago nene, ean mana ibūm oa ōbūm.</b></p>	<p>YES NO DK</p>	
<p>[A] Plain water? <b>Ebōk?</b></p>	<p>PLAIN WATER 1 2 8</p>	
<p>[B] Juice or juice drinks? <b>Juice oa juice eren?</b></p>	<p>JUICE OR JUICE DRINKS 1 2 8</p>	
<p>[C] Clear broth, clear soup? <b>E tob ngea derder/bwebwe/miroro?</b></p>	<p>CLEAR BROTH 1 2 8</p>	
<p>[D] Infant formula, such as S26, Lactogen? <b>Nimet eoniñ, tekei S26, Lactogen?</b></p>	<p>INFANT FORMULA 1 2 8 BD7[E] BD7[E]</p>	
<p>[D1] How many times did <b>(name)</b> drink infant formula? <b>Egen ebakin an (name) nim nimet eoniñ formula?</b></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA .....8</p> <p>DK.....8</p>	
<p>[E] Milk from animals, such as fresh, tinned, or powdered milk? <b>Ikimama atsin ean imingōgōro, tekei fresh, iat diriboūt oa powdered ikimama?</b></p>	<p>MILK 1 2 8 BD7[X] BD7[X]</p>	
<p>[E1] How many times did <b>(name)</b> drink milk? <b>Egen ebakin daein (name) an ren kimama?</b></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK MILK .....8</p> <p>DK.....8</p>	
<p>[X] Any other liquids? <b>Iña iyu liquids?</b></p>	<p>OTHER LIQUIDS 1 2 8 BD8 BD8</p>	
<p>[X1] <i>Record all other liquids mentioned.</i></p>	<p>(Specify) _____</p>	



<p><b>BD8.</b> 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?  <b>Ñage atēñ kidō eaw aňoget imin memak (name) òn ñago nene, ean mana ibūm oa òbūm. Magada pan bet mana ijeiji eiy òn atonin bwim.</b></p> <p>- <b>Amaran aňogen (name) ñaga rida ñago nene. Tsimine imin (he/she) òn mana edae ñaga?</b>  <i>If 'Yes' ask:</i> Please tell me everything (<i>name</i>) ate at that time. <i>Probe:</i> Anything else?  <i>If 'Yes' ask:</i> <b>Amagada gona paname memak (name) un ngaga iyat bita edae. Prob: Inga ju?</b>  <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?  <b>Iken imin (name) ririñ iruwin? Tsimine imin (he/she) òn mana edae ñaga?</b>  <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  <b>Ogein nim garō, (name) òn (food group items) ñago nene, mana edae oa bita ibum.</b></p>					
		YES	NO	DK	
<p>[A] Yogurt made from animal milk?  <b>Yogurt eamamo atsin ean kimaman mingōgōrō?</b></p> <p><i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i></p>		YOGURT	1	2 5 BD8[B]	8 5 BD8[B]
<p>[A1] How many times did (<i>name</i>) eat yogurt?  <b>Egen ebakin edae (name) òn yogurt?</b></p> <p><i>If 7 or more times, record '7'.</i></p>		<p>NUMBER OF TIMES ATE  YOGURT .....  DK.....8</p>			
<p>[B] Any baby food, such as Heinz, Farex Baby Rice?  <b>Iña aňōt eoniñ, tekei Heinz, Farex Baby Rice?</b></p>		FORTIFIED BABY FOOD	1	2	8
<p>[C] Bread, rice, noodles, porridge, or other foods made from grains?  <b>Brot, reid, noodle, porridge, oa mana ijeiji eamamo eow atsin ean grains?</b></p>		FOODS MADE FROM GRAINS	1	2	8
<p>[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?  <b>Pumpkin, carrot, squash, oa pededa ñana Babobo oa Miraro ian?</b></p>		PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
<p>[E] White potatoes, white yams, cassava, or any other foods made from roots?  <b>Pōdeda Burubur, Yams burubur, cassava, oa itamo ijeiji amamo atsin ean awaran?</b></p>		FOODS MADE FROM ROOTS	1	2	8
<p>[F] Any dark green, leafy vegetables, such as bele leaves?  <b>Itamo ret imin erō ñea aditur, tekei ret bele?</b></p>		DARK GREEN, LEAFY VEGETABLES	1	2	8

[G] Ripe mangoes or ripe papayas ? <b>Dōmangko ñan emer oa dababeiya emer oa pumpkin oa doremeren?</b>	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as grapes, cabbage or tomatoes? <b>Itamo quan oa badetabor, tekei mana quan oa badetabor itsiet?</b>	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats? <b>Aān, kidney, idirūko oa itamo ibūriot imin?gōgōro.</b>	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats? <b>Tamo earut duwen, tekei ikū, ikumo, etsiape, etsige, domo, derak oa toded amamo atsin ean mane duwen?</b>	OTHER MEATS	1	2	8
[K] Eggs? <b>Peit damo?</b>	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried? <b>Iu oa igupa, ñea tsimedu oa emadetō?</b>	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these? <b>Bean, peas, lentils oa nuts, epoa itamo ijeiji amamo eow atsin mane?</b>	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk? <b>Cheese oa ijeiji ibiun amamo atsin kimaman imin gōgōro?</b>	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, semi-solid, or soft food? <b>Ijeiji enowewe, eo kor enowewe, oa ijeiji ñea emeroro?</b>	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 <sup>5</sup> BD9	8 <sup>5</sup> BD9
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	(Specify) _____			
<b>BD9.</b> How many times did ( <b>name</b> ) eat any solid, semi-solid or soft foods yesterday during the day or night? <b>Egen ebakit edae (name) ñn ijeiji ñana enowewe, eo kor enowewe oa ijeiji emeroro ñago nene, ean mana edae oa ñaga abum.</b>  <i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i>  <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES .....  DK .....8			

IMMUNISATION										IM
<b>IM1.</b> Check UB2: Child's age?		AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2						2 ⇒ End		
<b>IM2.</b> Do you have a Child Health Card, immunisation records from a private health provider or any other document where ( <i>name</i> )'s vaccinations are written down? <b>Timine aiyuk wam Child Health Card, immunisations record atsin turin private health provider oa mana da buch ibiun ere eow ian mana wan (<i>name</i>)'s beit etabab.</b>		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		
<b>IM3.</b> Did you ever have a Child Health Card or immunisation records from a private health provider for ( <i>name</i> )? <b>Timine kor wam Child Health Card oa immunization record atsin turin private health provider dogin (<i>name</i>)?</b>		YES.....1 NO .....2								
<b>IM4.</b> Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 .....1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 .....2						2 ⇒ IM11		
<b>IM5.</b> May I see the Child Health Card (and/or) other document? <b>Gona ña aea mana Child Health Card (mwe/oa) da buch ibiun?</b>		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		
<b>IM6.</b> (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.		<b>DATE OF IMMUNISATION</b>								
		<b>DAY</b>		<b>MONTH</b>		<b>YEAR</b>				
BCG	BCG					2	0			
HBV (at birth)	HepB0					2	0			
Polio (OPV) 1	OPV1					2	0			
Polio (OPV) 2	OPV2					2	0			
Polio (OPV) 3	OPV3					2	0			
Polio (IPV) 3	IPV3					2	0			
Pentavalent (DTPHibHepB) 1	Penta1					2	0			
Pentavalent (DTPHibHepB) 2	Penta2					2	0			
Pentavalent (DTPHibHepB) 3	Penta3					2	0			
Pneumococcal (Conjugate) 1	PCV1					2	0			
Pneumococcal (Conjugate) 2	PCV2					2	0			
Pneumococcal (Conjugate) 3	PCV3					2	0			

Rotavirus 1	Rota1					2	0			
Rotavirus 2	Rota2					2	0			
MR 1	MR1					2	0			
MR 2	MR2					2	0			
DPT	DPT					2	0			
<b>IM7. Check IM6: Are all vaccines (BCG to DPT) recorded?</b>		YES.....1 NO .....2								1 ⇒End
<b>IM8A. Did (name) participate in April 2023 immunization week?</b> <b>Iña tsinia (name) meta mane week n an arenan kogomwe iyan April 2023?</b>		YES.....1 NO .....2 DK .....8								
<b>IM9. In addition to what is recorded on the document(s) you have shown me, did (name) receive any other vaccinations including vaccinations received during the April 2023 Immunization week just mentioned?</b> <b>Ean mana erepot ian wan dabuch(s) mana awe aweida me, inga tsinia (name) ogein oiya etabab ibiun epoa mana kōgōmwē arub oiya ean bita maramen April arub epan?</b>		YES.....1 NO .....2 DK .....8								2 ⇒End 8 ⇒End
<b>IM10. Go back to IM6 and probe for these vaccinations.</b>  <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i>  <i>When <u>finished</u>, go to End of module.</i>										⇒End
<b>IM11. Has (name) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in April 2023 Immunization Week?</b> <b>Iña tsinia (name) ogein abu etabab ñana nan idug (him/her) adat erut earak, epoa etabab ogein abu ean bita April Immunization week?</b>		YES.....1 NO .....2 DK .....8								
<b>IM12A. Did (name) participate in the April 2023 immunization week?</b> <b>Iña tsinia (name) meta mane April 2023 week n an arenan kogomwe?</b>		YES.....1 NO .....2 DK .....8								
<b>IM13. Check IM11 and IM12A:</b>		ALL NO OR DK .....1 AT LEAST ONE YES.....2								1 ⇒IM28
<b>IM14. Has (name) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar?</b> <b>Iña tsinia (name) ogein abu BCG tebab bwe dōgin TB – ñea, etabab eiyoñ ean ben oa baraunbwen ina nan tsimine an meta scar?</b>		YES.....1 NO .....2 DK .....8								

<p><b>IM15.</b> 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?</p> <p><b>Iña tsinia (<i>name</i>) ogein abu Hepatitis B tebab – ñea, etabab eiyōn ean onan nim adug earak Hepatitis B – ean bita adamonin anarama ma aeq hour eruwin an pudu?</b></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><b>IM16.</b> Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio?</p> <p><b>Iña tsinia (<i>name</i>) ogein abu tebab ñea totu ian mwin nim eraña (ameta/eita) atsin ean polio?</b></p> <p><i>Probe by indicating that the first drop is usually given at the same time as injections to prevent other diseases.</i></p>	<p>YES.....1</p> <p>NO .....2</p> <p>DK .....8</p>	<p>2 ⇒ IM20</p> <p>8 ⇒ IM20</p>
<p><b>IM18.</b> How many times were the polio drops received?</p> <p><b>Egen ebakin an daein oiya mane polio drops?</b></p>	<p>NUMBER OF TIMES ....._</p> <p>DK .....8</p>	
<p><b>IM19.</b> The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio?</p> <p><b>Bitu dugin edae (<i>name</i>) oiya bita polio drops, (ameta/eita) etabab eiyān bet tebab dōgin dugien polio?</b></p> <p><i>Probe to ensure that both were given, drops and injection.</i></p>	<p>YES.....1</p> <p>NO .....2</p> <p>DK .....8</p>	
<p><b>IM20.</b> Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?</p> <p><b>Iña tsinia (<i>name</i>) ogein oiya Pentavalent tebab – ngea, etabab eiyān ian onan enim adug (ameta/eita) tsinia nim gona tetanus, whooping cough, diphtheria, Hepatitis B, mwe Haemophilus influenza type b?</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</p> <p>NO .....2</p> <p>DK .....8</p>	<p>2 ⇒ IM22</p> <p>8 ⇒ IM22</p>
<p><b>IM21.</b> How many times was the Pentavalent vaccine received?</p> <p><b>Egen ebakit edae an oiya (<i>name</i>) bita tebab Pentavalent?</b></p>	<p>NUMBER OF TIMES ....._</p> <p>DK .....8</p>	

<p><b>IM22.</b> Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?</p> <p><b>Inga tsinia (name) ogein abu Pneumococcal Conjugate ngea, etabab eiyan enim adug (him/her) tsinia nim gona pneumococcal, epoa infect denigum mwe meningitis wo gona eo eon pneumococcus?</b></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</p> <p>NO .....2</p> <p>DK .....8</p>	<p>2 ⇒IM24</p> <p>8 ⇒IM24</p>
<p><b>IM23.</b> How many times was the Pneumococcal vaccine received?</p> <p><b>Egen ebakin am abu bita Pneumococcal tebab?</b></p>	<p>NUMBER OF TIMES ....._</p> <p>DK .....8</p>	
<p><b>IM24.</b> Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea?</p> <p><b>Iña tsinia (name) ogein abu bita rotavirus-ngea bwe iey, ren ebok ngea udon yan mwim enim adug diarrhoea?</b></p> <p><i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES.....1</p> <p>NO .....2</p> <p>DK .....8</p>	<p>2 ⇒IM26</p> <p>8 ⇒IM26</p>
<p><b>IM25.</b> How many times was the rotavirus vaccine received?</p> <p><b>Egen ebakin am abu bita rotavirus vaccine?</b></p>	<p>NUMBER OF TIMES ....._</p> <p>DK .....8</p>	
<p><b>IM26.</b> Has (<i>name</i>) ever received a MR/MMR vaccine – that is, a shot in the arm at the age of 12 months or older - to prevent (him/her) from getting measles and rubella?</p> <p><b>Iña tsinia (name) ogein abu MR tebab – ñea tebab eiyan ben ñaga atamaro an maram oa eñab iken – bwe nim raña (ameta/eita) atsin ean earak measles, mumps mwe rubella?</b></p>	<p>YES.....1</p> <p>NO .....2</p> <p>DK .....8</p>	<p>2 ⇒IM27B</p> <p>8 ⇒IM27B</p>
<p><b>IM26A.</b> How many times was the MR/MMR vaccine received?</p> <p><b>Egen ebakin edae oiya en bita MR tebab</b></p>	<p>NUMBER OF TIMES ....._</p> <p>DK .....8</p>	
<p><b>IM27B.</b> Has (<i>name</i>) ever received the DPT Booster vaccination?</p> <p><b>Iña tsinia (name) ogein oiya bita tebab DPT?</b></p>	<p>YES.....1</p> <p>NO .....2</p> <p>DK .....8</p>	
<p><b>IM28.</b> Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the Information Panel on that Questionnaire</p>		

CARE OF ILLNESS		CA
<b>CA1.</b> In the last two weeks, has ( <i>name</i> ) had diarrhoea? <b>Ian bita aro week wawen, iña tsinia (<i>name</i>) gona diarrhoea?</b>	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ CA14 8 ⇒ CA14
<b>CA2.</b> Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK ..... 1 NO OR DK, BD3=2 OR 8 ..... 2	1 ⇒ CA3A 2 ⇒ CA3B
<b>CA3A.</b> 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. <b>Ateñ tsid egen ouwakin oiya en (<i>name</i>) eren ean mana edae ñaga diarrhoea? Metu bet kimama en, Oral Rehydration Salt solution (ORS) mwe mana liquid ibiun oiya epoa ekogomwe.</b>  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? <b>Ean mana edae (<i>name</i>) tuk yan an diarrhoea, iña tsinia (ameta/eita) aredoatu an oiya nimen eren, oa touga ñaben, oa owak eken?</b>  <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less? <b>Iña tsinia (ameta/eita) aredoatu an oiya nimen, oa kadudu okor?</b> <b>CA3B.</b> 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. <b>Ateñ tsied egen ouwakin oiya en (<i>name</i>) eren ean mana edae ñaga diarrhoea? Metu bet kimama en, Oral Rehydration Salt solution (ORS) mwe mana liquid ibiun oiya epoa ekogomwe.</b>  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? <b>Ean mana edae (<i>name</i>) tuk yan an diarrhoea, iña tsinia (ameta/eita) aredoatu an oiya nimen eren, oa touga ñaben, oa owak eken?</b>  <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less? <b>Iña tsinia (ameta/eita) aredoatu an oiya nimen, oa kadudu okor?</b>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DK ..... 8	

<p><b>CA4.</b> 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><b>Ean mana edae (<i>name</i>) gona diarrhoea, iāga tsinia (ameta/eita) aredoatu oiya en ōñan ijeiji, touga ñaben, ebak eken, oa eko kor imin ōn?</b></p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less?</p> <p><b>Iña tsinia (ameta/eita) aredoatu an daein ijeiji oa kadudu kor?</b></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><b>CA5.</b> Did you seek any advice or treatment for the diarrhoea from any source?</p> <p><b>Wō anani añogen oa ōgōmwe en bein bita diarrhoea atsin aton?</b></p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>2 ⇒ CA7 8 ⇒ CA7</p>
<p><b>CA6.</b> Where did you seek advice or treatment?</p> <p><b>I ino wa kanani advice oa ōgōmwe en?</b></p> <p><i>Probe: Anywhere else?</i> <b>Iña iju etañ?</b></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>If 'Already had at home', probe to learn if the source is known.</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVERNMENT HEALTH CENTRE ..... B GOVERNMENT HEALTH POST ..... C COMMUNITY HEALTH WORKER ..... D MOBILE / OUTREACH CLINIC ..... E OTHER PUBLIC MEDICAL (specify) ..... H</p> <p><b>OTHER SOURCE</b> RELATIVE / FRIEND ..... P SHOP / MARKET / STREET ..... Q TRADITIONAL PRACTITIONER ..... R OTHER (specify) ..... X DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA7.</b> During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p><b>Ean mana edae (<i>name</i>) gona bita diarrhoea, iña (ameta/eita) oiya:</b></p> <p>[A] A fluid made from a special packet called ORS packet solution? <b>Ekōgōme meg iat packet ORS solution egen?</b></p> <p>[C] Zinc tablets or syrup? <b>Zinc tablets oa syrup coconut water?</b></p> <p>[D] Coconut water? <b>Ini ?</b></p>	<p>Y N DK</p> <p>FLUID FROM ORS PACKET ..... 1 2 8</p> <p>ZINC TABLETS OR SYRUP ..... 1 2 8</p> <p>COCONUT WATER ..... 1 2 8</p>	
<p><b>CA8.</b> Check CA7[A] : Was child given any ORS?</p>	<p>YES, YES IN CA7[A] ..... 1 NO, 'NO' OR 'DK' IN CA7[A] ..... 2</p>	<p>2 ⇒ CA10</p>



<p><b>CA9. Where did you get the (ORS mentioned in CA7[A])?</b>  <b>I ino òni bita (ORS mentioned in CA7[A])?</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><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  GOVERNMENT HEALTH POST ..... C  COMMUNITY HEALTH WORKER..... D  MOBILE / OUTREACH CLINIC ..... E  OTHER PUBLIC MEDICAL  (specify) ..... H</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND ..... P  SHOP / MARKET / STREET ..... Q  TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X  DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA10. Check CA7[C]: Was child given any zinc?</b></p>	<p>YES, CA7[C]=1 ..... 1  NO, CA7[C] ≠1 ..... 2</p>	<p>2 ⇒ CA12</p>
<p><b>CA11. Where did you get the zinc?</b>  <b>I ino òni bita zinc?</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><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  GOVERNMENT HEALTH POST ..... C  COMMUNITY HEALTH WORKER..... D  MOBILE / OUTREACH CLINIC ..... E  OTHER PUBLIC MEDICAL  (specify) ..... H</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND ..... P  SHOP / MARKET / STREET ..... Q  TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X  DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA12. Was anything else given to treat the diarrhoea?</b>  <b>Iña iju imin oija bwe nim ògòmwe bita diarrhoea?</b></p>	<p>YES ..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ CA14  8 ⇒ CA14</p>

<p><b>CA13.</b> What else was given to treat the diarrhoea?  <b>. Iken bet iju oiya bwe nim ōgōmwē</b>  <b>diarrhoea?</b></p> <p><i>Probe:</i>          Anything else?  <b>Iña iju?</b></p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name of brand)</p>	<p><b>PILL OR SYRUP</b></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><b>INJECTION</b></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 (specify) ..... X</p>	
<p><b>CA14.</b> At any time in the last two weeks, has (<b>name</b>) been ill with a fever?  <b>Ean mana aro week wawen, iña tsinia</b>  <b>(name) arak eiy ikūñijow?</b></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>CA16.</b> At any time in the last two weeks, has (<b>name</b>) had an illness with a cough?  <b>Ean mana aro week wawen, iña tsinia</b>  <b>(name) arak eiy beōbeō?</b></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>CA17.</b> At any time in the last two weeks, has (<b>name</b>) had fast, short, rapid breaths or difficulty breathing?  <b>Ean mana aro week wawen, iña tsinia</b>  <b>(name) meta wipō, ebeo gon oa eija ea an ōnani gon</b></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ CA19</p> <p>8 ⇒ CA19</p>
<p><b>CA18.</b> Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?  <b>Ñea bita an wipō oa eija ea an ōnani gon</b>  <b>dugun bita an eo mo ian barran oa ōbōñ bodin?</b></p>	<p>PROBLEM IN CHEST ONLY ..... 1</p> <p>BLOCKED OR RUNNY NOSE ONLY ..... 2</p> <p>BOTH ..... 3</p> <p>OTHER (specify) ..... 6</p> <p>DK ..... 8</p>	<p>1 ⇒ CA20</p> <p>2 ⇒ CA20</p> <p>3 ⇒ CA20</p> <p>6 ⇒ CA20</p> <p>8 ⇒ CA20</p>
<p><b>CA19.</b> Check CA14: Did child have fever?</p>	<p>YES, CA14=1 ..... 1</p> <p>NO OR DK, CA14=2 OR 8 ..... 2</p>	<p>2 ⇒ CA30</p>
<p><b>CA20.</b> Did you seek any advice or treatment for the illness from any source?  <b>Wō anani añogen oa ōgōmwē en bein bita</b>  <b>earak atsin aton</b></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ CA22</p> <p>8 ⇒ CA22</p>

<p><b>CA21.</b> From where did you seek advice or treatment?  <b>Atsin I ino wanani añogen oa ògòmwe?</b></p> <p><i>Probe:</i> Anywhere else?  <b>Iña iju etañ?</b></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><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  GOVERNMENT HEALTH POST ..... C  COMMUNITY HEALTH WORKER..... D  MOBILE / OUTREACH CLINIC ..... E  OTHER PUBLIC MEDICAL  (specify) ..... H</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND ..... P  SHOP / MARKET / STREET ..... Q  TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X  DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA22.</b> At any time during the illness, was (<i>name</i>) given any medicine for the illness?  <b>Ean mana edae ñaga arak, iña (<i>name</i>) ogein oiija kògòmwe dogin bita arak?</b></p>	<p>YES ..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ CA30  8 ⇒ CA30</p>
<p><b>CA23.</b> What medicine was (<i>name</i>) given?  <b>Ikegen ekogome oiija (<i>name</i>)?</b></p> <p><i>Probe:</i>  Any other medicine?  <b>Iña iju ekogome?</b></p> <p><i>Record all medicines given.</i></p> <p><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></p> <p>_____</p> <p>(Name of brand)</p> <p>_____</p> <p>(Name of brand)</p>	<p><b>ANTIBIOTICS</b>  AMOXICILLIN ..... L  COTRIMOXAZOLE ..... M  OTHER ANTIBIOTIC  PILL/SYRUP ..... N  OTHER ANTIBIOTIC  INJECTION/IV ..... O</p> <p><b>OTHER MEDICATIONS</b>  PARACETAMOL/PANADOL/  ACETAMINOPHEN ..... R  ASPIRIN ..... S  IBUPROFEN ..... T</p> <p>ONLY BRAND NAME RECORDED ..... W</p> <p>OTHER (specify) ..... X  DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA24.</b> Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED,  CA23=L-O ..... 1  NO, ANTIBIOTICS NOT MENTIONED ..... 2</p>	<p>2 ⇒ CA30</p>

<p><b>CA25.</b> Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?  <i>Wa aniw i bita (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><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE ..... B</p> <p>GOVERNMENT HEALTH POST ..... C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC ..... E</p> <p>OTHER PUBLIC MEDICAL  (specify) ..... H</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND ..... P</p> <p>SHOP / MARKET / STREET ..... Q</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) ..... X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA30.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 ..... 1</p> <p>AGE 3 OR 4 ..... 2</p>	<p>2 ⇒ End</p>
<p><b>CA31.</b> The last time (<i>name</i>) passed stools, what was done to dispose of the stools?  <i>Ñago tokin (name) passed stools, ikegen imin ririña enim buriow bita stools.</i></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 (specify) ..... 96</p> <p>DK ..... 98</p>	

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

MICS PLUS CONSENT		
<b>UF15A.</b> 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: <i>HOUSEHOLD QUESTIONNAIRE (HH47), WOMAN QUESTIONNAIRE (WM3), MAN QUESTIONNAIRE (MWM3) or 5 to 17 QUESTIONNAIRE (FS4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?</i>	YES, ALREADY INTERVIEWED (UF4=HH47 OR UF4=WM3 OR UF4=MWM3 OR UF4=FS4) .....1  NO, FIRST INTERVIEW (UF4≠HH47 AND UF4≠WM3 AND UF4≠MWM3 AND UF4≠FS4) .....2	1 ⇒ UF16
<b>UF15B.</b> Thank you for your participation. <b>Tubwa kor dogin wam participation.</b>  The Nauru 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 15 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? <b>Ama Nauru Bureau of Statistics nan tuk riring ikūdo inon iyat derpon dōgit eoniñ epo n amenbwieni me rat ewak ion oa ion bwain imur. Ama teng emwinuw mwe wanim totow am buok ian bitune survey. Ia wa teng totow am buok, gona ajuk oiyame wam numpun derpon bwe mam gonan egadaw ama ekur ngea edae omo iaw. Bwita derpon interview nun abu edae tekeiy aeta ma aijimo minute, mwe ama gonan tuk ebak ama kuredaw iyat maramen inon. Am buok iyan bitune survey eiy voluntary, mwe tsiniya teng totu am doer ngage, wa gona meta ino imur. Inan eko bet pumwen eaww bwe dogin am participate ian bita derapon survey. A eibibokiei mane information wanan totow iyan bwita derpon interview anan ogog mwe yab epoa engame atonin wama team. Wa teng ajuk participate?</b>		
YES.....1 NO.....2		2 ⇒ UF16

<b>UF15C.</b> Do you have a personal phone number or does your household have a communal number where you can be reached? <b>Timine wam derapon numpa oa inga wami numpa na anowakin bwieme ngea mwa epo yan mana mwa gona ring eiy?</b>	YES.....1 NO .....2	2 ⇒ UF16
<b>UF15D.</b> 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. <b>Gona oijame wami derapon mana mwa epo yan na bwieme, mwe magada, wea oija kama tamo mana derapon numpa mana wan personal numpa ambina engamen ami ewak. Magada, gona oijame bita numpa amam gonan contact eiyju?</b>		

	[P1] BEST NUMBER	[P2] 2 <sup>ND</sup> NUMBER	[P3] 3 <sup>RD</sup> NUMBER
<b>UF15E.</b> Ask for and record phone number.	_____	_____	_____
<b>UF15F.</b> Just to confirm, the number is (number from UF15E)? <b>Anum ta emi, wam numpa ngune (number from UF15E)?</b> If no, return to UF15E and correct entry.	YES.....1 NO.....2 ⇒ UF15E	YES.....1 NO.....2 ⇒ UF15E	YES.....1 NO.....2 ⇒ UF15E

<b>UF15G.</b> Is this a fixed line or a mobile phone number? <b>Ngune eiy land line numpa oa mobile numpa?</b>	FIXED LINE..... 1 MOBILE ..... 2	FIXED LINE..... 1 MOBILE..... 2	FIXED LINE..... 1 MOBILE ..... 2
<b>UF15H1.</b> Usually, what time of the day would be best to call you on this number? <b>Iket edae mo jya num ring eiyuw ian bitune numpa?</b>	<b>PERIOD</b> BETWEEN..... AND .....  ANY TIME ..... 95 OTHER ( <i>specify</i> ) ____ 96	<b>PERIOD</b> BETWEEN ..... AND .....  ANY TIME ..... 95 OTHER ( <i>specify</i> ) ____ 96	<b>PERIOD</b> BETWEEN ..... AND .....  ANY TIME ..... 95 OTHER ( <i>specify</i> ) ____ 96
<b>UF15H2.</b> Usually, what days of the week are best to call you on this number? <b>Iket ibum iat eweek jya gona ring eiyu ian bitune numpa?</b>  <i>Probe: Any other day?</i> <b>Inga jyu ibum mo?</b>  <i>If X is recorded, no other answer is possible</i>	MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X	MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X	MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X
<b>UF15I.</b> 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? <b>Omaron, awe gona epoa kama wami numpa ngea mwa epo yan anowakon bwieme, mwe magada, wea oiya kama wami personal numpa mana wan engamen ami ewak. Inga jyu numpa mam owonan jya num ring eiyjuw.</b>	YES..... 1 ☹ [P2]  NO..... 2 ☹ UF16	YES ..... 1 ☹ [P3]  NO ..... 2 ☹ UF16	YES..... 1 ☹ [P4]  NO..... 2 ☹ UF16

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

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

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



**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

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

ANTHROPOMETRY		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG)..... ____ . ____  CHILD NOT PRESENT AFTER REVISITS .... 99.3 CHILD REFUSED ..... 99.4 RESPONDENT REFUSED ..... 99.5  OTHER (specify) ..... 99.6	99.3 ⇨ AN13 99.4 ⇨ AN10 99.5 ⇨ AN10  99.6 ⇨ AN10
AN9. Was the child undressed to the minimum?	YES ..... 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM ..... 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇨ AN11A 2 ⇨ AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) ..... ____ . ____  CHILD REFUSED ..... 999.4 RESPONDENT REFUSED ..... 999.5  OTHER (specify) ..... 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13  999.6 ⇨ AN13
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN ..... 1 STANDING UP ..... 2	
AN13. Today's date: Day / Month / Year: _____ / _____ / 2023		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES ..... 1 NO ..... 2	1 ⇨ Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

**INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

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**MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

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**SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

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# FORM FOR VACCINATION RECORDS AT HEALTH FACILITY



UNDER-FIVE CHILD INFORMATION PANEL		HF
<i>This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name and line number: NAME _____	HF4. Mother's / Caretaker's name and line number: NAME _____	
HF5. Name and number of field staff recording at facility: NAME _____	HF6. Interviewer's name and number: NAME _____	
HF7. Day / Month / Year of facility visit: ____ / ____ / <u>2</u> <u>0</u> ____	HF8. Record the time:	HOURS : MINUTES ____ : ____
HF9. Child's day, month and year of birth: Copy from UB2 in the UNDER-FIVE'S BACKGROUND Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE ____ / ____ / <u>2</u> <u>0</u> ____	HF10. Write the name of health facility: _____	⇒HF11

HF15. Result of health facility visit:	RECORDS AVAILABLE AT FACILITY COPIED ..... 01 NOT COPIED (specify) _____ 02  RECORDS NOT AVAILABLE AT FACILITY (specify) _____ 03  OTHER (specify) _____ 96
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IMMUNIZATION										HF
<b>HF11.</b> Record day, month and year of birth as written on vaccination record/card:				____ / ____ / <u>2</u> <u>0</u> ____						
<b>HF12.</b> (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		
BCG	BCG					2	0			
HBV (at birth)	HepB0					2	0			
Polio (OPV) 1	OPV1					2	0			
Polio (OPV) 2	OPV2					2	0			
Polio (OPV) 3	OPV3					2	0			
Polio (IPV) 3	IPV3					2	0			
Pentavalent (DTPHibHepB) 1	Penta1					2	0			
Pentavalent (DTPHibHepB) 2	Penta2					2	0			
Pentavalent (DTPHibHepB) 3	Penta3					2	0			
Pneumococcal (Conjugate) 1	PCV1					2	0			
Pneumococcal (Conjugate) 2	PCV2					2	0			
Pneumococcal (Conjugate) 3	PCV3					2	0			
Rotavirus 1	Rota1					2	0			
Rotavirus 2	Rota2					2	0			
MMR/MR 1	MMR/MR1					2	0			
MMR/MR 2	MMR/MR2					2	0			
DPT	DPT					2	0			
<b>HF13.</b> For each vaccination <u>not</u> recorded enter '00' in day column.										

<b>HF14.</b> Record the time.	HOURS AND MINUTES ..... : ..	⇒HF15
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**DATA COLLECTOR'S OBSERVATIONS****SUPERVISOR'S OBSERVATIONS**