

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: _____ / _____ / 2 0 2 3	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>		
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	1 ⇒UF10B 2 ⇒UF10A
UF10A. Hello, my name is (<i>your name</i>). We are from National Planning Council. 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 15 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?	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 15 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?	
YES 1 NO / NOT ASKED 2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND		UB
<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</p> <p>DAY _ _</p> <p>DK DAY 98</p> <p>MONTH..... _ _</p> <p>YEAR <u>2</u> <u>0</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>	1 ⇒UB9
<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=HH471</p> <p>NO, RESPONDENT IS NOT THE SAME, UF4≠HH472</p>	2 ⇒UB6
<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=01</p> <p>NO, ED10≠0 OR BLANK.....2</p>	1 ⇒UB8B 2 ⇒UB9
<p>UB6. Has (<i>name</i>) ever attended any early childhood education programme, such as kindergarten or KG?</p>	<p>YES.....1</p> <p>NO2</p>	2 ⇒UB9
<p>UB7. At any time since September, did (he/she) attend (programmes mentioned in UB6)?</p>	<p>YES.....1</p> <p>NO2</p>	1 ⇒UB8A 2 ⇒UB9
<p>UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?</p>	<p>YES.....1</p> <p>NO2</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>NO2</p>	
<p>UB9. Is (<i>name</i>) covered by any health insurance?</p>	<p>YES.....1</p> <p>NO2</p>	2 ⇒End

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 OBJECTS 1 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>	1 ⇒ End

<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:</i> Who engaged in this activity with (<i>name</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>EC6. 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>EC7. 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>EC8. 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>																																				

EC9. Can (<i>name</i>) dress (<i>him/herself</i>), that is, put on pants and a shirt without help?	YES 1 NO 2 DK 8	
EC10. Can (<i>name</i>) fasten and unfasten buttons without help?	YES 1 NO 2 DK 8	
EC11. Can (<i>name</i>) say 10 or more words like “mama” or “ball”?	YES 1 NO 2 DK 8	
EC12. 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”?	YES 1 NO 2 DK 8	2 ⇒ EC28 8 ⇒ EC28
EC13. Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example “The house is very big”?	YES 1 NO 2 DK 8	
EC14. Can (<i>name</i>) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?	YES 1 NO 2 DK 8	
EC15. 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? <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.	YES 1 NO 2 DK 8	
EC16. Can (<i>name</i>) recognise at least 5 letters of the alphabet?	YES 1 NO 2 DK 8	
EC17. Can (<i>name</i>) write (<i>his/her</i>) own name?	YES 1 NO 2 DK 8	
EC18. Does (<i>name</i>) recognise all numbers from 1 to 5?	YES 1 NO 2 DK 8	
EC19. 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?	YES 1 NO 2 DK 8	

<p>EC20. 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>EC21. 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>EC22. 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>EC23. Does (<i>name</i>) offer to help someone who seems to need help?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC24. Does (<i>name</i>) get along well with other children?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC25. The next two questions have five different options for answers. I am going to read these to you after each 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>EC26. 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
UCD1. Check UB2: Child's age?	AGE 0 1 AGE 1, 2, 3 OR 4 2	1 ⇒ End
UCD2. 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 <i>(name)</i> in the past month.		
	YES NO	
[A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES 1 2	
[B] Explained why <i>(name)</i> 's behavior was wrong.	EXPLAINED WRONG BEHAVIOR 1 2	
[C] Shook (him/her).	SHOOK HIM/HER 1 2	
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED 1 2	
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO 1 2	
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2	
[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2	
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME 1 2	
[I] Hit or slapped (him/her) on the face, head or ears.	HIT / SLAPPED ON FACE, HEAD OR EARS 1 2	
[J] Hit or slapped (him/her) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG 1 2	
[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2	
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 QUESTIONNAIRE FOR CHILDREN AGE 5-17?	YES 1 NO 2	2 ⇒ UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES 1 NO 2	1 ⇒ End
UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES 1 NO 2 DK / NO OPINION 8	

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 ⇒UCF7 A 2 ⇒UCF7 B
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 ⇒UCF9 A 2 ⇒UCF9 B
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 ⇒UCF1 1 2 ⇒UCF1 3
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	

<p>UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4</p>	<p>1 ⇒UCF1 4 2 ⇒UCF1 4 3 ⇒UCF1 4 4 ⇒UCF1 4</p>
<p>UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4</p>	
<p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4</p>	
<p>UCF15. Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4</p>	
<p>UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4</p>	
<p>UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4</p>	
<p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>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>	

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 NO2 DK8	2⇒BD3A 8⇒BD3A		
BD3. Is (<i>name</i>) still being breastfed?	YES.....1 NO2 DK8			
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 22	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 NO2 DK8			
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.....1 NO2 DK8			
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 NO2 DK8			
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. Please include liquids consumed outside of your home. Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:				
[A] Plain water?	PLAIN WATER	1	2	8
[B1] 100% real juice made from papaya, carrots, mango, or melon?	VITAMIN A-RICH 100% REAL JUICE	1	2	8
[B2] 100% real juice made from any other fruits or vegetables such as sugar candde, oranges or apples?	OTHER 100% REAL JUICE	1	2	8
[B3] Any packaged sweet-tasting drink such as Tang, Dandí, Baladna, Raw'a or any similar packaged sweet-tasting juice drink?	NON-NUTRITIOUS DRINKS/BEVERAGES	1	2	8
[C] Clear soup/broth	CLEAR BROTH/SOUP	1	2	8
[D] Infant formula, such as Optimal, Semilac, 123, or Enfamil?	INFANT FORMULA	1	2 √	8 √
			BD7[E]	BD7[E]

[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA DK.....8
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK 1 2 8 BD7[X] BD7[X]
[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK MILK DK.....8
[X] Any other liquids?	OTHER LIQUIDS 1 2 8 BD8 BD8
[X1] <i>Record all other liquids mentioned.</i>	(Specify) _____
<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>	<p>YES NO DK</p>
[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 8 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 Cerelac, Bledina, Gerber, Hero or Nestum?	FORTIFIED BABY FOOD 1 2 8
[C] Bread, rice, noodles, porridge, oats, bulgur, kuskus, hreesa, freeka 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, parsnips, beetroot, radish or any other foods made from roots?	FOODS MADE FROM ROOTS 1 2 8
[F] Any dark green, leafy vegetables, such as rocca, spinach, parsley, mlokhiyah, vine leaves, khobaizah, lettuce, Swiss chard?	DARK GREEN, LEAFY VEGETABLES 1 2 8
[G] Ripe mangoes, ripe papayas, watermelon, melon, or apricots?	RIPE MANGO, RIPE PAPAYA 1 2 8

[H] Any other fruits or vegetables, such as apple, banana, pear, tomato, zucchini, raddish cauliflower, cabbage, oranges, or cucumber?	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, chickpeas, fava beans, termos, peanuts or other 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 ⁸ <i>BD9</i>	8 ⁸ <i>BD9</i>
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	(Specify) _____			
BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night? <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__ DK8			

CARE OF ILLNESS		CA
<p>CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?</p>	YES 1 NO 2 DK 8	2 ⇒ CA14 8 ⇒ CA14
<p>CA2. Check BD3: Is child still breastfeeding?</p>	YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8 2	1 ⇒ CA3A 2 ⇒ CA3B
<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>	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DK 8	
<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>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>	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 7 DK 8	
<p>CA5. Did you seek any advice or treatment for the diarrhoea from any source?</p>	YES 1 NO 2 DK 8	2 ⇒ CA7 8 ⇒ CA7

<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,</u> 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 GOVERNMENT HOSPITAL..... A OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINICI OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER (specify)_____ X DK / DON'T REMEMBERZ</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 called ORS packet solution?</p> <p>[B] A pre-packaged ORS fluid called ORS fluid?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Sage or Artemisia herb?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET 1 2 8</p> <p>PRE-PACKAGED ORS FLUID 1 2 8</p> <p>ZINC TABLETS OR SYRUP 1 2 8</p> <p>SAGE OR ARTEMISIA HERB 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><u>If unable to determine whether public or private,</u> 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 GOVERNMENT HOSPITAL..... A OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINICI OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER (specify)_____ X DK / DON'T REMEMBERZ</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>GOVERNMENT HOSPITAL..... A</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER (specify)_____ X</p> <p>DK / DON'T REMEMBERZ</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/AUGMENTINE 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/AUGMENTINEL</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>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>CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ CA19</p> <p>8 ⇒ CA19</p>

<p>CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?</p>	<p>PROBLEM IN CHEST ONLY 1 BLOCKED OR RUNNY NOSE ONLY 2 BOTH..... 3 OTHER (<i>specify</i>) 6 DK..... 8</p>	<p>1 ⇒CA20 2 ⇒CA20 3 ⇒CA20 6 ⇒CA20 8 ⇒CA20</p>
<p>CA19. Check CA14: Did child have fever?</p>	<p>YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2</p>	<p>2 ⇒ End</p>
<p>CA20. Did you seek any advice or treatment for the illness from any source?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒CA22 8 ⇒CA22</p>
<p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</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 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></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL A OTHER PUBLIC MEDICAL (<i>specify</i>) H</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC I OTHER PRIVATE MEDICAL (<i>specify</i>) O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER (<i>specify</i>) X DK / DON'T REMEMBER Z</p>	
<p>CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ End 8 ⇒ End</p>
<p>CA23. What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</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 style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p>ANTIBIOTICS AMOXICILLIN L COTRIMOXAZOLE M OTHER ANTIBIOTIC PILL/SYRUP N OTHER ANTIBIOTIC INJECTION/IV O</p> <p>OTHER MEDICATIONS PARACETAMOL/PANADOL/ ACETAMINOPHEN R ASPIRIN S IBUPROFEN T</p> <p>ONLY BRAND NAME RECORDED W</p> <p>OTHER (<i>specify</i>) X DK / DON'T REMEMBER Z</p>	

CA24. Check CA23: Antibiotics mentioned?	YES, ANTIBIOTICS MENTIONED, CA23=L-O 1 NO, ANTIBIOTICS NOT MENTIONED 2	2 ⇨ End
CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</i>)? <i>Probe to identify the type of source.</i> <i>If 'Already had at home', probe to learn if the source is known.</i> <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> <hr/> <i>(Name of place)</i>	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... A OTHER PUBLIC MEDICAL (<i>specify</i>) H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC I OTHER PRIVATE MEDICAL (<i>specify</i>) O DK PUBLIC OR PRIVATE W OTHER (<i>specify</i>)..... X DK / DON'T REMEMBER Z	

MICS LINK		ML
ML1. Check UB2: Child's age?	AGE 0, 1, OR 2..... 1 AGE 3 OR 4..... 2	2 ⇒ ML3
<p>ML2. Now we would like to collect data related to the vaccination and the height and weight measurements of your child. And during this survey, the ministry of health is cooperating with us by providing us with access to retrieve data about your child's vaccination, height and weight from the national health system. This process is done by linking the child's id number and date of birth to his records in the health information system. Therefore, if you consent to us obtaining this information, you will be asked to kindly show us the child's id card so that we can note down its number. Please note that we will not access the data if you do not agree to that and that the ID number of your child will be kept confidential, and will not be shared with any other person or party nor will it be used for any other purpose. Would you like to give us access to this information?</p>		
YES..... 1 NO..... 2		1 ⇒ ML4 2 ⇒ END
<p>ML3. Now we would like to collect data related to the height and weight of your child. And during this survey, the ministry of health is cooperating with us by providing us with access to retrieve data about your child's height and weight from the national health system. This process is done by linking the child's id number and date of birth to his records in the health information system. Therefore, if you consent to us obtaining this information, you will be asked to kindly show us the child's id card so that we can note down its number. Please note that we will not access the data if you do not agree to that and that the ID number of your child will be kept confidential, and will not be shared with any other person or party nor will it be used for any other purpose. Would you like to give us access to this information?</p>		
YES..... 1 NO..... 2		2 ⇒ END
ML4. Can I see (<i>name</i>)'s ID card?	YES, ID CARD WAS SEEN..... 1 YES, ANOTHER DOCUMENT WAS SEEN..... 2 NO, NO OTHER CARD OR DOCUMENT HAS BEEN SEEN..... 3	3 ⇒ END
ML5. Record (<i>name</i>)'s ID number.	_____	
ML6. Record (<i>name</i>)'s date of birth as stated on the ID card.	___ / ___ / _____	

UF11. Record the time.	HOURS AND MINUTES __ : __	
UF12. Language of the Questionnaire.	ARABIC..... 1 ENGLISH..... 2	
UF13. Language of the Interview.	ARABIC..... 1 ENGLISH 2 OTHER LANGUAGE (specify) _____ 6	
UF14. Native language of the Respondent.	ARABIC..... 1 ENGLISH 2 OTHER LANGUAGE (specify) _____ 6	

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	
<p>UF16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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?</p> <p style="padding-left: 40px;"><input type="checkbox"/> 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.</p> <p style="padding-left: 40px;"><input type="checkbox"/> 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.</p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS