

MODULE UF — CHILD INFORMATION PANEL

This questionnaire is administered to mothers or caretakers (see Household Questionnaire, Module HL — HOUSEHOLD LISTING, column HL9) who care for a child under five that lives with them (See Household Questionnaire, Module HL — HOUSEHOLD LISTING, column HL6). A separate questionnaire should be used for each eligible child.

UF1. Cluster Number:		UF2. Household Number:	
UF3. Child's Name:		UF4. Child's Line Number:	
Name			
UF5. Mother's/Caretaker's Name:		UF6. Mother's/Caretaker's Line Number:	
Name			
UF7. Interviewer Name:		UF8. Day/month/year of interview:	
Name			
Interviewer's ID Code:			(Day) (Month) (Year)

Repeat greetings if not already read to mother/caretaker:

We are from Statistical Office of the Republic of Serbia. We are working on survey concerned with health and education of family members. I would like to talk to you about (name from UF3) health and welfare. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

If the greetings were read to the respondent when starting with Household Questionnaire, the following text should be read:

Now I would like to talk to you about (child's name from UF3) health and other issues. This interview will take about 20 minutes, and I repeat that all the information obtained remains strictly confidential and your answers will never be identified.

May I start now?

<input type="checkbox"/>	Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview
<input type="checkbox"/>	No, permission is not given ⇒ Complete UF9. Discuss the result with your supervisor.

UF9. Result of interview for children under 5 <i>The codes refer to mother/caretaker.</i>	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (specify)	96

UF10. Field edited by:	UF11. Data entry clerk:
Name	Name
ID code	ID code

UF12. Record the time. Hour and minutes :

MODULE AG — CHILD'S AGE

AG1. Now I would like to ask you some questions about (name) health. In what day, month and year was (name) born? <i>Probe:</i> What is his/her birthday? <i>If mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i> <i>Month and year must be recorded.</i>	Date of birth	
	Day	<input type="text"/>
	DK day	98
	Month	<input type="text"/>
AG2. How old is (name)? <i>Probe:</i> How old was (name) at his/her last birthday? <i>Record age in completed years.</i> <i>Record "0" if the child is less than 1 year.</i> <i>Compare and correct AG1 and AG2 if inconsistent.</i>	Year	20 <input type="text"/>
	Child's age (in completed years)	<input type="text"/>

MODULE BR — BIRTH REGISTRATION			
BR1. Does <i>(name)</i> have a birth certificate? If “yes”, ask: May I see it?	Yes, seen	1	1 ⇨ BR3A
	Yes, not seen	2	2 ⇨ BR3A
	No	3	
	DK	8	
BR2. Has <i>(name)</i> been registered with the civil authorities?	Yes	1	1 ⇨ BR3A
	No	2	
	DK	8	
BR3. Do you know how to register your child’s birth?	Yes	1	
	No	2	
BR3A. Does <i>(name)</i> have a health insurance card? If “yes”, ask: May I see it?	Yes, seen	1	
	Yes, not seen	2	
	No	3	
	DK	8	

MODULE EC — EARLY CHILDHOOD DEVELOPMENT			
EC1. How many children’s books or picture books <i>(name)</i> has?	None	00	
	Number of children’s books	0	
	Ten or more books	10	
EC2. I am interested in learning about the things that <i>(name)</i> plays with when he/she is at home. Does he/she play with: [A] homemade toys (such as dolls, cars or some other toys made at home)? [B] toys from a shop or manufactured toys? [C] household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, leaves etc.)? <i>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i>		Yes	No DK
	Homemade toys	1	2 8
	Toys from a shop	1	2 8
	Household objects or outside objects	1	2 8
EC3. Adults who care for a child sometimes have to go out shopping, to visit doctor or have to leave young children for any other reason. Last week, how many days was <i>(name)</i> : [A] left alone longer than an hour? [B] left in care of another child, i.e. someone under 10, longer than an hour? <i>If the answer is “none”, enter “0”. If the answer is “don’t know”, enter “8”.</i>	Number of days the child was left alone longer than an hour		
	Number of days the child was left alone with another child longer than an hour		
EC4. Check AG2: Age of child <input type="checkbox"/> Child is 3 or 4 years old ⇨ Continue with EC5 <input type="checkbox"/> Child is 0, 1 or 2 years old ⇨ Go to next module			
EC5. Does <i>(name)</i> attend kindergarten or any organized learning or early childhood education programme? These can be private, government or NGO programmes.	Yes	1	
	No	2	2 ⇨ EC6B
	DK	8	8 ⇨ EC7
EC6. Within the last seven days, about how many hours did <i>(name)</i> attend that programme?	Number of hours		
EC6A. What type of facility does the child attend?	Government facility	1	1 ⇨ EC7
	Private facility	2	2 ⇨ EC7
	Facility sponsored by Roma NGO	3	3 ⇨ EC7
	Facility sponsored by another NGO	4	4 ⇨ EC7
	Denominational facility	5	5 ⇨ EC7
	Other (<i>specify</i>)	6	6 ⇨ EC7

<p>EC6B. What are the main reasons that <i>(name)</i> does not go to a kindergarten or any other early learning facility?</p> <p>Probe: Anything else?</p>	<p>Parents' attitudes</p> <p>The child will not learn much in the kindergarten A</p> <p>The child is disabled B</p> <p>Low level of services (poor conditions, inadequate personnel) C</p> <p>Poor treatment (ethnicity reasons, does not speak the language) D</p> <p>The child is taken care at home E</p> <p>Access problems</p> <p>Not admitted in the facility as both parents are unemployed F</p> <p>Overcrowded facility G</p> <p>Costly services H</p> <p>Other expenses (transport, clothes, food) too high I</p> <p>The facility is too far/no organized transport for children J</p> <p>Other (<i>specify</i>) X</p>																																					
<p>EC7. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with <i>(name)</i>:</p> <p>Read each item aloud. If "yes", ask: Who engaged in this activity with <i>(name)</i>?</p> <p>Circle all that apply.</p> <p>[A] Read books to <i>(name)</i> or looked at picture books with <i>(name)</i>? [B] Told stories to <i>(name)</i>? [C] Sang songs to or with <i>(name)</i>, including lullabies? [D] Took <i>(name)</i> outside the home, to park, yard or enclosure? [E] Played with <i>(name)</i>? [F] Named, counted, or drew things to or with <i>(name)</i>?</p>	<p>Read books</p> <p>Told stories</p> <p>Sang songs</p> <p>Took outside</p> <p>Played with</p> <p>Named/counted/drew</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/counted/drew</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/counted/drew	A	B	X	Y	
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<p>EC7A. In the past 3 days, did anyone <u>who is not a member of your household</u> and is over 15 years of age engage in any of the following activities with <i>(name)</i>:</p> <p>Read each item aloud. If "yes", ask: Who engaged in this activity with <i>(name)</i>?</p> <p>Circle all that apply.</p> <p>[A] Read books to <i>(name)</i> or looked at picture books with <i>(name)</i>? [B] Told stories to <i>(name)</i>? [C] Sang songs to or with <i>(name)</i>, including lullabies? [D] Took <i>(name)</i> outside the home, to park, yard or enclosure? [E] Played with <i>(name)</i>? [F] Named, counted or drew things to or with <i>(name)</i>?</p>	<p>Read books</p> <p>Told stories</p> <p>Sang songs</p> <p>Took outside</p> <p>Played with</p> <p>Named/counted/drew</p>	<table border="1"> <thead> <tr> <th></th> <th>Grand-mother</th> <th>Grand-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/counted/drew</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Grand-mother	Grand-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/counted/drew	A	B	X	Y	
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<p>EC8. I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some of them take first steps before others. These questions are related to several aspects of your child's development.</p> <p>Can <i>(name)</i> recognize or name at least ten letters of the alphabet?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>8</p>																																				
<p>EC9. Can <i>(name)</i> read at least four simple, popular words?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>8</p>																																				
<p>EC10. Does <i>(name)</i> know and can recognize all numbers from 1 to 10?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>8</p>																																				
<p>EC11. Can <i>(name)</i> pick up a small object with two fingers, like a stick or a rock from the ground?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>8</p>																																				
<p>EC12. Is <i>(name)</i> sometimes too sick to play?</p>	<p>Yes</p> <p>No</p> <p>DK</p>	<p>1</p> <p>2</p> <p>8</p>																																				

EC13. Does <i>(name)</i> follow simple directions on how to do something correctly?	Yes	1	
	No	2	
	DK	8	
EC14. When told to do something, can <i>(name)</i> do it on his/her own?	Yes	1	
	No	2	
	DK	8	
EC15. Does <i>(name)</i> get on well with other children?	Yes	1	
	No	2	
	DK	8	
EC16. Does <i>(name)</i> kick, bite or hit other children or adults?	Yes	1	
	No	2	
	DK	8	
EC17. Does <i>(name)</i> lose attention easily?	Yes	1	
	No	2	
	DK	8	

MODULE BF — BREASTFEEDING

BF1. Has <i>(name)</i> ever been breastfed?	Yes	1	
	No	2	2 ⇒ BF3
	DK	8	8 ⇒ BF3
BF2. Is he/she still being breastfed?	Yes	1	
	No	2	
	DK	8	
BF3. I would like to ask you about liquids that <i>(name)</i> may have had yesterday during the day or night. I am interested in whether <i>(name)</i> had that liquid even if it was combined with other foods. Did <i>(name)</i> drink plain water yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF4. Did <i>(name)</i> drink adapted baby milk (Bebelac, Aptamil, Impamil etc.) yesterday, during the day or night?	Yes	1	
	No	2	2 ⇒ BF6
	DK	8	8 ⇒ BF6
BF5. How many times did <i>(name)</i> drink adapted baby milk?	Number of times	<input type="text"/>	
BF6. Did <i>(name)</i> drink fresh or powdered animal milk yesterday, during the day or night?	Yes	1	
	No	2	2 ⇒ BF8
	DK	8	8 ⇒ BF8
BF7. How many times did <i>(name)</i> drink fresh or powdered animal milk?	Number of times	<input type="text"/>	
BF8. Did <i>(name)</i> drink juice or juice drinks yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF9. Did <i>(name)</i> eat clear soup yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF10. Did <i>(name)</i> drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF11. Did <i>(name)</i> drink oral rehydration solution — Orosal, Nelit etc., yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF12. Did <i>(name)</i> drink any other liquids yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF13. Did <i>(name)</i> drink or eat yogurt yesterday, during the day or night?	Yes	1	
	No	2	2 ⇒ BF15
	DK	8	8 ⇒ BF15

BF14. How many times did (<i>name</i>) drink or eat yogurt yesterday, during the day or night?	Number of times		
BF15. Did (<i>name</i>) eat soft cereal meal yesterday, during the day or night?	Yes	1	
	No	2	
	DK	8	
BF16. Did (<i>name</i>) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Yes	1	
	No	2	2 ⇨ BF18
	DK	8	8 ⇨ BF18
BF17. How many times did (<i>name</i>) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Number of times		
BF18. Yesterday, during the day or night, did (<i>name</i>) drink anything from a bottle (with nipple)?	Yes	1	
	No	2	
	DK	8	

MODULE CA — CARE OF ILLNESS

CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	Yes	1			
	No	2	2 ⇨ CA7		
	DK	8	8 ⇨ CA7		
CA2. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea (including breastmilk). During the time (<i>name</i>) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual? <i>If "less", probe:</i> Was he/she given much less than usual to drink, or somewhat less?	Much less	1			
	Somewhat less	2			
	About the same	3			
	More	4			
	Nothing to drink	5			
	DK	8			
CA3. During the time (<i>name</i>) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? <i>If "less", probe:</i> Was he/she given much less than usual to eat or somewhat less?	Much less	1			
	Somewhat less	2			
	About the same	3			
	More	4			
	Stopped food	5			
	Never gave food	6			
DK	8				
CA4. During the last episode of diarrhoea, did (<i>name</i>) drink any of the following: <i>Read each item aloud and record response before proceeding to the next item.</i>		Yes	No	DK	
	[A] A fluid made from a special oral rehydration solution called — orosal, nelit etc.?	Fluid from ORS packet	1	2	8
	[B] A pre-packed ORS?	Pre-packed ORS	1	2	8
	[C] Boiled rice water?	Boiled rice water	1	2	8
	[D] Instant or stock cube soup	Instant or stock cube soup	1	2	8
CA5. Was anything (else) given to treat diarrhoea?	Yes	1			
	No	2	2 ⇨ CA7		
	DK	8	8 ⇨ CA7		
CA6. What (else) was given to treat diarrhoea? <i>Probe:</i> Anything else? <i>Record all medicines given.</i> <i>Write brand name(s) of all medicines mentioned.</i> (<i>Name</i>)	Pill or Syrup				
	Antibiotic			A	
	Diarrhoea medicine			B	
	Zinc			C	
	Other (not antibiotic, diarrhoea medicine or zinc)			G	
	Unknown pill or syrup			H	
	Injection				
	Antibiotic			L	
	Non-antibiotic			M	
	Unknown injection			N	
	Infusion (intravenous)			O	
Home remedy/Herbal medicine			Q		
Other (<i>specify</i>)			X		

CA7. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	Yes	1	
	No	2	2 ⇒ CA14
	DK	8	8 ⇒ CA14
CA8. When the child had an illness with a cough, did he/she breathe faster than usual, with short, quick breaths or have difficulty breathing?	Yes	1	
	No	2	2 ⇒ CA14
	DK	8	8 ⇒ CA14
CA9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	Problem in chest only	1	
	Blocked or running nose only	2	2 ⇒ CA14
	Both	3	
	Other (<i>specify</i>)	6	6 ⇒ CA14
	DK	8	
CA10. Did you seek any advice or treatment for the illness outside the home?	Yes	1	
	No	2	2 ⇒ CA12
	DK	8	8 ⇒ CA12
CA11. From where did you seek advice or help? <i>Probe:</i> Anywhere else? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ <i>(Name of place)</i>	Public sector		
	Govt. hospital	A	
	Govt. health centre	B	
	Govt. health post	C	
	Other public (<i>specify</i>)	H	
	Private medical sector		
	Private hospital/clinic	I	
	Private physician	J	
	Private pharmacy	K	
	Other private medical (<i>specify</i>)	O	
	Other source		
	Relative/friend	P	
	Traditional practitioner	R	
Roma health mediator	S		
Other (<i>specify</i>)	X		
CA12. Was (<i>name</i>) given any medicine to treat this illness?	Yes	1	
	No	2	2 ⇒ CA14
	DK	8	8 ⇒ CA14
CA13. What medicine was (<i>name</i>) given? <i>Probe:</i> Any other medicine? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ <i>(Names of medicines)</i>	Antibiotic		
	Pill/Syrup	A	
	Injection	B	
	Paracetamol/Panadol/Acetaminofen	P	
	Aspirin	Q	
	Brufen	R	
	Other (<i>specify</i>)	X	
DK	Z		
CA14. Check AG2: Child less than 3 years? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to the Next Module			
CA15. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?	Child used toilet/latrine	01	
	Put/Rinsed into toilet or latrine	02	
	Put/Rinsed into drain or ditch	03	
	Thrown into garbage (solid waste)	04	
	Buried	05	
	Left in the open	06	
	Other (<i>specify</i>)	96	
	DK	98	
UF13. Record the time.	Hour and minutes		: : : : : : :

UF14. Is the respondent the mother or caretaker of another child age 0–4 living in this household?

Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.

No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation, and tell him/her that you will need to measure the weight and height of the child.

Check to see if there are other eligible woman (age 15–49 years) or child under 5 questionnaires to be administered in this household.

Move to the questionnaire for another woman or child under 5 or start preparations for anthropometric measurements of all children under 5 residing in that household.

MODULE AN — ANTHROPOMETRY

After questionnaires for all children are complete, the measurer weighs and measures each child.

Record weight and length/height of the child below, taking care to record the measurements on the correct questionnaire for each child.

Check the child's name and line number on the household listing before recording measurements.

AN1. Measurer's name and identification code:	Name				
	ID code				
AN2. Result of length/height and weight measurement	Either or both measured			1	
	Child not present			2	2 ⇒ AN6
	Child or caretaker refused			3	3 ⇒ AN6
	Other (specify)			6	6 ⇒ AN6
AN3. Child's weight	Kilograms (kg)			.	
	Weight not measured				99.9
AN4. Child's length or height	Length (cm)				
Check age of child in AG2:	Lying down	1		.	
<input type="checkbox"/> Child under 2 years old ⇒ Measure length (lying down)	Height (cm)				
<input type="checkbox"/> Child age 2 or more years ⇒ Measure height (standing up).	Standing up	2		.	
	Length/height not measured				9999.9

AN6. Is there another child in the household who is eligible for measurement?

Yes ⇒ Record measurements for next child.

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

Gather together all questionnaires for this household and check that all identification numbers are inserted on information panel of each questionnaire. Record total number of completed questionnaires for woman, child and man into the Household Questionnaire, Module HH — HOUSEHOLD INFORMATION PANNEL, questions HH13, HH15 and HH15A.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations