

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

MODULE UF – CHILD INFORMATION PANEL													
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Questionnaire, Module HL – LIST OF HOUSEHOLD MEMBERS, column HL15) who care for a child that lives with them and is under the age of 5 years (see Household Questionnaire, Module HL – LIST OF HOUSEHOLD MEMBERS, column HL7B). A separate questionnaire is to be filled in for each eligible child.</i></p>													
UF1. Cluster number: <div style="text-align: right;"> _ _ _ </div>	UF2. Household number: <div style="text-align: right;"> _ _ </div>												
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right;"> _ _ </div>												
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: <div style="text-align: right;"> _ _ </div>												
UF7. Interviewer's name and ID code: Name _____ <div style="text-align: right;"> _ _ _ </div>	UF8. Day / Month / Year of interview: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> _ _ (Day)</div> <div style="text-align: center;"> _ _ (Month)</div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">0</td> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">4</td> </tr> </table> (Year) </div> </div>	2	0	1	4								
2	0	1	4										
<p><i>Repeat greeting if not already read to mother or caretaker:</i></p> <p>WE ARE FROM THE STATISTICAL OFFICE OF THE REPUBLIC OF SERBIA. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>													
<p><i>If greeting at the beginning of the Household Questionnaire has already been read to mother or caretaker, then read the following text:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>													
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle '03' in the question UF9. Discuss this result with your supervisor.</p>													
UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Questionnaire is completed</td> <td style="text-align: right;">01</td> </tr> <tr> <td>Mother/caretaker not at home.....</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Mother/caretaker refuses the interview.....</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Questionnaire partly completed</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Mother/caretaker incapacitated</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Other (specify): _____</td> <td style="text-align: right;">96</td> </tr> </table>	Questionnaire is completed	01	Mother/caretaker not at home.....	02	Mother/caretaker refuses the interview.....	03	Questionnaire partly completed	04	Mother/caretaker incapacitated	05	Other (specify): _____	96
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Mother/caretaker incapacitated	05												
Other (specify): _____	96												
UF10. Field editor's name and ID code: Name _____ <div style="text-align: right;"> _ _ _ </div>	UF11. Main data entry clerk's name and ID code: Name _____ <div style="text-align: right;"> _ _ _ </div>												

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MODULE AG – CHILD’S AGE

AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF *(name)*.

ON WHAT DAY, MONTH AND YEAR WAS *(name)* BORN?

Probe:
WHAT IS HIS/HER BIRTHDAY?

If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.

Month and year must be recorded.

Date of birth

Day.....

--	--

DK day 98

Month.....

--	--

Year.....

2	0		
---	---	--	--

AG2. HOW OLD IS *(name)*?

Probe:
HOW OLD WAS *(name)* AT HIS/HER LAST BIRTHDAY?

Record age in completed years.

Record '0' if less than 1 year

Compare and correct AG1 and/or AG2 if inconsistent.

Child's age (in completed years)

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MODULE BR – BIRTH REGISTRATION

<p>BR1. DOES (name) HAVE A BIRTH CERTIFICATE?</p> <p><i>If „yes“, ask:</i> MAY I SEE IT?</p>	<p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No 3</p> <p>DK 8</p>	<p>1⇒BR3A</p> <p>2⇒BR3A</p>
<p>BR2. HAS (name)'S BIRTH BEEN REGISTERED IN THE BIRTH REGISTER?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1⇒BR3A</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH IN THE BIRTH REGISTER?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>BR3A. DOES (name) HAVE A HEALTH INSURANCE CARD?</p> <p><i>If „yes“, ask:</i> MAY I SEE IT?</p>	<p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No 3</p> <p>DK 8</p>	

MODULE BG – BIRTH GRANT

<p>BG1. DID YOU APPLY FOR THE BIRTH GRANT FOR (name) NO LATER THAN SIX MONTH AFTER HE/SHE WAS BORN?</p> <p><i>Explain, if necessary:</i></p> <p>WHEN I SAY THE BIRTH GRANT I MEAN FINANCIAL SUBSIDY PARENT IS ENTITLED TO AFTER A CHILD IS BORN AND THE FIRST FOUR CHILDREN IN THE FAMILY ARE ENTITLED TO IT. ONE CAN APPLY WITHIN THE FIRST SIX MONTHS OF THE CHILD'S BIRTH.</p>	<p>Yes.....1 No2</p>	<p>2⇒BG3</p>
<p>BG2. DID YOU RECEIVE THE BIRTH GRANT?</p>	<p>Yes.....1 No2</p>	<p>1⇒Next module 2⇒ Next module</p>
<p>BG3. WHAT IS THE MAIN REASON YOU DID NOT APPLY FOR THE BIRTH GRANT?</p>	<p>Did not need any.....01 Unaware of the program.....02 Did not know how to apply.....03 Complicated administrative procedure04 Expensive administrative procedure.....05 I know I do not meet conditions.....06 There is still time / I will apply.....07 Other (<i>specify</i>).....96</p>	

MODULE EC – EARLY CHILDHOOD DEVELOPMENT

<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.....0 <input type="checkbox"/></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, LEAVES, ETC.)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<p style="text-align: right;">Yes No 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, 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 TEN YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If „none“, enter '0'.</i> <i>If „don't know“, enter '8'.</i></p>	<p>Number of days a child was left alone for more than an hour..... <input type="checkbox"/></p> <p>Number of days child was left with other child for more than an hour..... <input type="checkbox"/></p>	

EC4. Check AG2: Age of child		
<input type="checkbox"/> Child age 0 ⇒ Go to the Next Module <input type="checkbox"/> Child age 1 or 2 ⇒ Go to the EC7 <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5		
EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes..... 1 No 2 DK 8	2⇒EC6B 8⇒EC7
EC6A. WHAT TYPE OF FACILITY DOES THE CHILD ATTEND?	Government facility 1 Private facility..... 2 Facility sponsored by Roma NGO 3 Facility sponsored by another NGO 4 Denominational facility..... 5 Other (specify) 6	1⇒EC7 2⇒EC7 3⇒EC7 4⇒EC7 5⇒EC7 6⇒EC7
EC6B. WHAT ARE THE MAIN REASONS THAT (name) DOES NOT GO TO A KINDERGARTEN OR ANY OTHER EARLY LEARNING FACILITY? <i>Probe:</i> ANYTHING ELSE?	Parents' attitudes The child will not learn much in the kindergarten..... A The child is disabled B Low level of services (poor conditions, inadequate personnel) C Poor treatment (ethnicity reasons, does not speak the language)....D The child is taken care at home E Access problems Not admitted in the facility as both parents are unemployed.....F Overcrowded facility G Costly services H Other expenses (transport, clothes, food) too high..... I The facility is too far/no organized transport for children..... J Other (specify) X	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If „yes“: ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO (name) OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (NAME) OUTSIDE THE HOME, COMPOUND OR YARD?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED OR DREW THINGS TO (name) OR WITH (name)?</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 child 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 child outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted/drew	A	B	X	Y	
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<p>EC7A. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 1 or 2 ⇒ Go to the Next Module</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC8</p>																																					
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (name)'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF CYRILLIC / LATIN ALPHABET?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				

EC12. IS (name) SOMETIMES TOO SICK TO PLAY?	Yes1 No.....2 DK8	
EC13. CAN (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes1 No.....2 DK8	
EC14. WHEN TOLD SOMETHING TO DO, IS (name) ABLE TO DO IT INDEPENDENTLY?	Yes1 No.....2 DK8	
EC15. DOES (name) GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No.....2 DK8	
EC16. DOES (name) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No.....2 DK8	
EC17. DOES (name) GET DISTRACTED EASILY?	Yes1 No.....2 DK8	

MODULE BD – BREASTFEEDING AND DIETARY INTAKE

BD1. Check AG2: Age of child

- Child age 0, 1 or 2 ⇒ Continue with BD2
- Child age 3 or 4 ⇒ Go to UF13

BD2. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BD4 8⇒BD4
BD3. IS <i>(name)</i> STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID <i>(name)</i> DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8	
BD5. DID <i>(name)</i> DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD6. 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	
BD7. I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR NIGHT. I AM INTERESTED TO KNOW WHETHER <i>(name)</i> TOOK THAT LIQUID EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID <i>(name)</i> DRINK (<i>Name of liquid</i>) YESTERDAY DURING THE DAY OR THE NIGHT:		
[A] PLAIN WATER?	Plain water	1 2 8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8
[C] CLEAR SOUP?	Soup	1 2 8
[D] MILK SUCH AS POWDERED OR FRESH ANIMAL MILK?	Milk	1 2 8
<i>If "yes" ask: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'.</i>	Number of times drank milk	<input type="text"/>
[E] INFANT FORMULA (BEBELAC, APTAMIL, IMPAMIL, HIPPI, NESTLE AND ALIKE)?	Infant formula.....	1 2 8
<i>If "yes" ask: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'.</i>	Number of times drank infant formula	<input type="text"/>
[F] ANY OTHER LIQUIDS? LIQUID (<i>specify</i>)	Other liquids	1 2 8

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (*name*) HAD THAT FOOD EVEN IF COMBINED WITH OTHER FOODS.

PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.

Did (<i>name</i>) eat (<i>Name of food</i>) yesterday during the day or night:		Yes	No	DK
[A] YOGURT / SOUR MILK?	Yogurt / sour milk	1	2	8
<i>If "yes" ask:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGHURT / SOUR MILK? <i>If 7 or more</i>	Number of times drank/ate yoghurt / sour milk..... <input type="text"/>			
[B] BABY CEREALS (BABY KING, MILUPA, HIPPI, NESTLE AND ALIKE)?	Baby cereals	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, FARINA OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN OR CARROT?	Pumpkin or carrot	1	2	8
[E] WHITE POTATOES OR ANY OTHER FOODS MADE FROM ROOTS?	Root vegetables	1	2	8
[F] SPINACH, SWISS CHARD, KALE OR ANY OTHER DARK GREEN, LEAFY VEGETABLES?	Dark green leafy vegetables	1	2	8
[G] APRICOT OR CANTALOUPE?	Apricot or cantaloupe	1	2	8
[H] OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEYS, HEART OR OTHER OFFAL?	Liver, kidneys, heart or other offal	1	2	8
[J] ANY MEAT SUCH AS VEAL/YOUNG BEEF, PORK, LAMB, GOAT, CHICKEN OR TURKEY?	Meat such as veal/young beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FISH?	Fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS OR LENTILS?	Food made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid or soft food	1	2	8
FOOD (<i>specify</i>)				

BD9. Check BD8 (Categories „A“ through „O“)

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

BD10. Ask additional question to determine whether the child ate solid, semi-solid or soft food yesterday, during the day or night

- The child did not eat or the respondent does not know ⇒ Go to Next Module
- The child ate at least one solid, semi-solid, or soft food mentioned by the respondent ⇒ Go back to BD8 and record food the child ate yesterday [A through O]. When finished, continue with BD11.

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?
*If 7 or more times, record '7'.
 If unknown, circle '8'.*

Number of times
 DK.....8

MODULE IM – IMMUNIZATION

If personal immunization card / maternity hospital discharge list is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 will only be asked when immunization card/maternity hospital discharge list is not available.

IM1. DO YOU HAVE A CARD WHERE (name)'s VACCINATIONS ARE WRITTEN DOWN? <i>If „Yes”, ask: MAY I SEE IT, PLEASE?</i>	Yes, seen..... 1 Yes, not seen..... 2 No 3	1⇨IM3 2⇨IM6		
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?	Yes 1 No 2	1⇨IM6 2⇨IM6		
IM3 (a) Copy dates for each vaccination from the card. (b) Write '44' in „Day” column if the card shows that vaccination was given but no date recorded. (c) Circle '1' in the „Combined pentavalent vaccine (PENTAXIM or INFANRIX)” column if the card shows that monovalent vaccine was given as a part of combined pentavalent vaccine (PENTAXIM or INFANRIX). Otherwise circle '2'.	Date of Immunization			Combined pentavalent vaccine (PENTAXIM or INFANRIX)
	Day	Month	Year	
BCG				
OPV1 / IPV1				1 2
OPV2 / IPV2				1 2
OPV3 / IPV3				1 2
DTP1				1 2
DTP2				1 2
DTP3				1 2
HEPB1				
HEPB2				
HEPB3				
Hib1				1 2
Hib2				1 2
Hib3				1 2
MMR1				
IM4. Check IM3. Are all vaccines (BCG to MMR1) recorded? <input type="checkbox"/> Yes ⇨ Go to IM20 <input type="checkbox"/> No ⇨ Continue with IM5				

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS? <input type="checkbox"/> <i>Yes</i> ⇒ Go back to IM3 and ask about these vaccinations and record '66' in the appropriate day column for each vaccine mentioned. When finished, go to IM20 <input type="checkbox"/> <i>No / DK</i> ⇒ Go to IM20		
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES?	Yes 1 No 2 DK 8	2⇒IM20 8⇒IM20
IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS, THAT IS, AN INJECTION IN THE LEFT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes 1 No 2 DK 8	
IM7A. HAS (name) EVER RECEIVED COMBINED PENTAVALENT VACCINE (PENTAXIM OR INFANRIX)? <i>Probe by indicating that pentavalent vaccine is usually given at the suggestion of pediatrician or parent's request and it prevents child from getting polio, diphtheria, tetanus, whooping cough and diseases caused by bacteria Hib.</i>	Yes 1 No 2 DK 8	2⇒IM8 8⇒IM8
IM7B. HOW MANY TIMES (name) RECEIVED THE COMBINED PENTAVALENT VACCINE?	Number of times <input type="text"/>	
IM7C. Check IM7B: How many times is combined pentavalent vaccine received? <input type="checkbox"/> <i>Number of times 1 or 2</i> ⇒ Continue with IM8 <input type="checkbox"/> <i>Number of times 3</i> ⇒ Go to IM13		
IM8 HAS (name) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO (POLIO VACCINE)?	Yes 1 No 2 DK 8	2⇒IM11 8⇒IM11
IM10. HOW MANY TIMES (name) RECEIVED POLIO VACCINE AS VACCINATION DROPS IN THE MOUTH?	Number of times <input type="text"/>	
IM11. HAS (name) EVER RECEIVED A DTP VACCINATION, THAT IS, AN INJECTION IN THE THIGH OR THE UPPER ARM TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that DTP vaccination is almost always given at the same time as Polio.</i>	Yes 1 No 2 DK 8	2⇒IM12A 8⇒IM12A
IM12. HOW MANY TIMES (name) RECEIVED THE DTP VACCINE?	Number of times <input type="text"/>	

<p>IM12A. HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING MENINGITIS / PNEUMONIA OR ANY OTHER DISEASE CAUSED BY BACTERIA HAEMOPHILUS INFLUENZAE TYPE B?</p> <p><i>Probe by indicating that the Hib vaccine is almost always given at the same time as Polio and DTP vaccines</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇨IM13</p> <p>8⇨IM13</p>
<p>IM12B. HOW MANY TIMES (<i>name</i>) RECEIVED THE HIB VACCINE?</p>	<p>Number of times <input type="text"/></p>	
<p>IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION, THAT IS, AN INJECTION IN THE THIGH OR THE UPPER ARM TO PREVENT HIM/HER FROM GETTING HEPATITIS B (INFECTIOUS HEPATITIS B) ?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DTP vaccines</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇨IM16</p> <p>8⇨IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM15. HOW MANY TIMES (<i>name</i>) RECEIVED THE HEPATITIS B VACCINE?</p>	<p>Number of times <input type="text"/></p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MMR VACCINE, THAT IS, A SHOT IN THE UPPER ARM (AT THE AGE OF 12 MONTHS OR OLDER) TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM20. Issue a Questionnaire for Vaccination Records at Health Facility for this child. Complete the Module HF – UNDER-FIVE CHILD INFORMATION PANEL and go to UF13.</p>		

UF13. Record the time.

Hour and minutes

		:		
--	--	---	--	--

UF14. Check List of Household Members, columns HL7B and dL15.

Is the respondent (a person who answered questions from this questionnaire) mother or caretaker of another child aged 0-4 living in this household?

- Yes ⇒ Tell to respondent that you will need to measure weight and height of the child later. Take the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE that the same respondent needs to respond to*
- No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell him/her that you will need to measure weight and height of the child before you leave the household*

Check to see if there are other women's or under-five questionnaires to be administered in this household.

MODULE AN – ANTHROPOMETRY

After questionnaires for all children are complete, the measurer measures both the weight and height/length of each child. Record weight and length/height below, taking care that measures are recorded in the right questionnaire for each child. Check the child's name and line number in the HOUSEHOLD QUESTIONNAIRE, Module HL – LIST OF HOUSEHOLD MEMBERS, column HL7B, before you start recording measurements

AN1. <i>Measurer's name and ID code:</i>	Name: _____ ID code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AN2. <i>Result of height/length and weight measurement</i>	Measured one or both 1 Child not present 2 Child or mother/caretaker refused 3 Other (<i>specify</i>): 6	2 ⇒ AN6 3 ⇒ AN6 6 ⇒ AN6
AN3. <i>Child's weight</i>	Kilograms (kg) <input type="text"/> <input type="text"/> . <input type="text"/> Weight not measured 99.9	
AN3A. <i>Was the child undressed to the minimum?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum		
AN3B. <i>Check child's age in AG2:</i> <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (while lying down). <input type="checkbox"/> Child age 2 or more years ⇒ Measure height (while standing up).		
AN4. <i>Child's length or height</i>	Length / Height (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Length / Height not measured 999.9	⇒ AN6
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down 1 Standing up 2	

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

- Yes ⇒ Record measurements for the next child.
- No ⇒ Check if there is any other women's or questionnaire for children under five to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

QUESTIONNAIRE FOR VACCINATION RECORDS AT HEALTH FACILITY

MODUL HF – CHILD INFORMATION PANEL

This questionnaire is to be used at health facilities to record information on vaccinations for children age 0-2 years. A separate questionnaire should be filled in for each eligible child.

The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This information panel should be completed before visiting the health facility.

This questionnaire must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child!

Read the following text to the mother or caretaker:

AS YOU ARE AWARE, CHILD'S VACCINATION RECORD IS USUALLY KEPT IN THE HEALTH FACILITY THAT IS RESPONSIBLE FOR ADMINISTER VACCINATIONS TO A CHILD WITHIN THE REGULAR IMMUNISATION PROGRAMME.

AS PART OF THIS SURVEY, IN ADDITION TO VACCINATION RECORDS KEPT AT HOME, WE ARE COLLECTING IMMUNISATION DATA ON ALL CHILDREN AGED 0-2 FROM VACCINATION RECORDS KEPT IN HEALTH FACILITIES. IMMUNISATION DATA COLLECTED FROM HEALTH FACILITY RECORDS IS PARTICULARLY IMPOTRANT FOR SUPPLEMENTING DATA FROM VACCINATION CARDS KEPT AT HOME AND WILL HELP PREPARE MORE PRECISE ESTIMATES OF IMMUNISATION COVERAGE OF CHILDREN THIS AGE IN SERBIA. AGAIN, ALL THE INFORMATION WE OBTAIN FROM HEALTH FACILITY RECORDS WILL REMA N STRICTLY CONFIDENTIAL AND ANONYMOUS.

DO YOU HAVE ANY QUESTIONS?

I HAVE HERE A CONSENT FORM WHICH I WILL ASK YOU TO SIGN IF YOU AGREE TO THE COLLECTION OF VACCINATION RECORDS FOR *(name of the child)* FROM THE HEALTH FACILITY.

DO YOU GRANT YOUR CONSENT FOR US TO COLLECT VACCINATION RECORDS FOR *(name of the child)* FROM THE HEALTH FACILITY?

HF0. Results of request for consent to collect vaccination records from the health facility	Consent of mother/legal guardian granted	01
	Consent of mother/legal guardian not granted	02
	Father/legal guardian absent for an extended period of time.....	03
	Other <i>(specify)</i>	96

HF1. Cluster number: <input type="text"/>	HF2. Household number: <input type="text"/>
HF3. Child's name and surname: <input type="text"/>	HF4. Child's line number: <input type="text"/>

HF5. Mother's/Caretaker's name: Name _____	HF6. Mother's/Caretaker's line number: <div style="text-align: right;"> _ _ </div>
HF7. Interviewer's name and ID code: Name _____ _ _	HF8. Day / Month / Year of facility visit: <div style="text-align: center;"> _ _ _ _ 2 0 1 4 <i>(Day) (Month) (Year)</i> </div>
HF9. Day, Month and Year of birth: <i>(From AG1 in the Questionnaire for Children Under Five)</i> _ _ _ _ 2 0 1 _ _ <i>(Day) (Month) (Year)</i>	HF10. Name of health facility: _____ HF10A. Name and number of the fieldwork staff member that visited the health facility: Name _____ _ _
HF11. Result of health facility visit:	Vaccination records seen.....)1 Vaccination records not seen.....)2 Other (<i>specify</i>) _____)6
HF11A. Field editor's name and ID code: Name _____ _ _	HF11B. Main data entry clerk's name and ID code: Name _____ _ _

MODULE HF - IMMUNIZATION
HF12. Record day, month and year of birth as specified in vaccination records.

		2	0	1	
(Day)	(Month)	(Year)			

HF13.

- (a) Copy dates for each vaccination from the card.
- (b) Write '44' in „Day“ column if the card shows vaccination was given but no date recorded.
- (c) Circle '1' in „Combined pentavalent vaccine (PENTAXIM or INFANRIX)“ column if the card shows monovalent vaccine was given as a part of combined pentavalent vaccine (PENTAXIM or INFANRIX). Otherwise circle '2'.

Combined pentavalent vaccine (PENTAXIM or INFANRIX)

Date of immunization

Day

Month

Year

Yes

No

BCG
OPV1/IPV1
OPV2/IPV2
OPV3/IPV3
DTP1/DTaP1
DTP2/DTaP2
DTP3/DTaP3
HEPB1
HEPB2
HEPB3
Hib1
Hib2
Hib3
MMR1

1 2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

For the purpose of 2014 Serbia Multiple Indicator Cluster Survey (MICS) which is conducted by Statistical Office of the Republic of Serbia, in accordance with Contract with Unicef, contracted on 13th of August, 2013, with contract number 15 broj 052-694/1, the following agreement is going to be given:

AGREEMENT

I, below signed mother/caretaker, agree that information related to vaccination for child _____ (*name and surname from HF3*) is going to be copied in the Health Facility _____ (*name of the Health Facility from HF10*).

Mother/caretaker's signature: _____

Personal No: _____

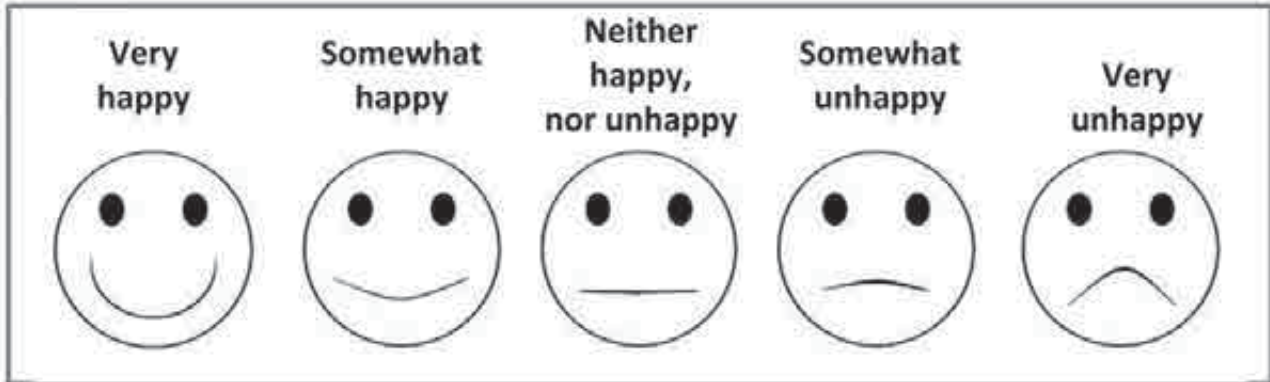
Reg No: _____

Issuing authority: _____

Date: _____

RESPONSE CARDS

HAPPINESS



SATISFACTION



ATTITUDES

