QUESTIONNAIRE FOR CHILDREN UNDER FIVE
2019 SERBIA MICS

UNDER-FIVE CHILD INFORMATION PANEL	UF

UF1. *Cluster number:* ___ ___ ___	**UF2**. *Household number:* ___ ___
UF3. *Child's name and line number:* NAME _____ ___ ___	**UF4**. *Mother's / Caregiver'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 1 9	**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 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
UF10A. Hello, my name is (*your name*). We are from Statistical Office of the Republic of Serbia. We are conducting a survey about the situation of children, women, families and households. I would like to talk to you about (*child's name from UF3*)'s health and well-being. This interview will take about 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 (*child's name from UF3*)'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*
 	
Codes refer to mother/caregiver.
Discuss any result not completed with Supervisor.
	COMPLETED...01
	MOTHER/CAREGIVER NOT AT HOME............................02
	REFUSED...03
	PARTLY COMPLETED 04
	MOTHER/CAREGIVER INCAPACITATED
	  (*specify*) _____ 05
	
	NO ADULT CONSENT FOR MOTHER/
	  CAREGIVER AGE 15-17...06
	
	OTHER (*specify*)_____ 96

UNDER-FIVE'S BACKGROUND		UB
UB0. *Before I begin the interview, could you please bring (name)'s Birth Certificate, Vaccination card, hospital release form and any immunisation record from a private health provider? We will need to refer to those documents.*		

UB1. On what day, month and year was (*name*) born?
 	
Probe:
What is (his/her) birthday?
 	
If the mother/caregiver knows the exact date of birth, also record the day; otherwise, record '98' for day.
 	
Month and year <u>must</u> be recorded.
	DATE OF BIRTH
	  DAY ....__ __
	
	  DK DAY...98
	
	  MONTH...__ __
	
	  YEAR ....<u>2</u> <u>0</u> <u>1</u> __	

UB2. 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.* *If responses to UB1 and UB2 are inconsistent, probe further and correct.*	AGE (IN COMPLETED YEARS) ....__	
UB3. *Check UB2: Child's age?*	AGE 0, 1, OR 2.....................................1 AGE 3 OR 4..2	1⇨UB9

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?*	YES, RESPONDENT IS THE SAME,
	  UF4=HH47 1
	NO, RESPONDENT IS NOT THE SAME,
	  UF4≠HH47 2
		2⇨UB6

UB5. *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⇨UB9
UB6. Has (*name*) ever attended any early childhood education programme, such as kindergarten?	YES...1 NO 2	2⇨UB9
UB7. At any time since September 2019, did (he/she) attend early childhood education programme, such as kindergarten?	YES...1 NO 2	1⇨UB8A 2⇨UB9
UB8A. Does (*name*) currently attend an early childhood education programme, such as kindergarten? **UB8B**. You have mentioned that (*name*) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	YES...1 NO 2	2⇨UB8D

UB8C. What type of facility does (*name*) attend?	GOVERNMENT FACILITY ....1 PRIVATE FACILITY ....2 FACILITY SPONSORED BY NGO....................3 FACILITY SPONSORED BY DENOMINATIONAL ORGANIZATION .....4 OTHER (*specify*) _____ 6	1⇨*UB9* 2⇨*UB9* 3⇨*UB9* 4⇨*UB9* 6⇨*UB9*

UB8D. There are several possible reasons for a child not to attend a kindergarten. Now, I will read to you some of these reasons and would like to ask you to tell me if any of these was at least in part, a reason for (*name*) not to attend a kindergarten:
 	
[A] (*Name*) will not learn anything important in kindergarten.
 	
[B] Children in the kindergarten that (*name*) was supposed to attend do not receive enough individual attention because the groups are too large in relation to the number of staff.
 	
[C] (*Name*) will receive inadequate treatment (ethnicity reasons, does not speak the language, etc.).
 	
[D] (*Name*) is cared for at home.
 	
[E] (*Name*) often gets sick in kindergarten.
 	
[F] (*Name*) was not admitted to the facility because both parents are unemployed and do not qualify.
 	
[G] The facility (*name*) was supposed to attend did not have space at the time (*name*) was supposed to enrol.
 	
[H] There is no facility in the proximity of home.
 	
[I] Kindergarten costs are too high.
 	
[J] Other expenses relate to kindergarten, such as transportation, clothing, food are too high.
	YES NO DK
	
	PARENTS' ATTITUDES
	THE CHILD WILL NOT LEARN
	  ANYTHING IMPORTANT IN
	  KINDERGARTEN 1 2 8
	
	GROUPS OVERCROWDED,
	  LACK OF ATTENTION...............1 2 8
	
	INADEQUATE TREATMENT 1 2 8
	
	CHILD CARED FOR AT HOME...1 2 8
	
	OFTEN GETTING SICK 1 2 8
	
	ACCESS PROBLEMS
	BOTH PARENTS ARE
	  UNEMPLOYED...........................1 2 8
	
	OVERCROWDED FACILITY 1 2 8
	
	THE FACILITY IS TOO FAR........1 2 8
	
	FINANCIAL PROBLEMS
	COSTLY SERVICES......................1 2 8
	
	OTHER EXPENSES TOO
	  HIGH 1 2 8	

UB9. Is (*name*) covered by any health insurance?	YES.. 1 NO 2	 2⇨*End*
UB10. What type of health insurance is (*name*) covered by? *Record all mentioned.*	COMPULSORY HEALTH INSURANCE ....F VOLUNTARY PRIVATE HEALTH INSURANCE ....D OTHER (*specify*) _____ X	

BIRTH REGISTRATION		BR
BR1. Does *(name)* have a birth certificate? *If yes, ask:* May I see it?	YES, SEEN..1 YES, NOT SEEN ....2 NO ....3 DK 8	1⇨*End* 2⇨*End*
BR2. Has (*name*)'s birth been registered in the birth register?	YES..1 NO ....2 DK 8	1⇨*End*
BR3. Do you know how to register (*name*)'s birth in the birth register?	YES..1 NO 2	

BIRTH GRANT		BG
BG0. Are you aware of birth grant?	YES .... 1 NO 2	 2⇨*End*
BG1. Did you apply for the birth grant for (**name**)? *Probe by indicating that the birth grant can be obtained after a child is born and is intended for the first four children in the family.*	YES .... 1 NO 2	 2⇨*BG3*
BG2. Did you receive the birth grant?	YES .... 1 NO 2	 2⇨*End*

BG2A. *Check UB1: On what day, month and year was the child born?*
 	
 If the day of child's birth is unknown: record '1' only if the child was born in January, February, March, April, May or June 2018, otherwise record '2'.
	CHILD WAS BORN BETWEEN
	    25 DECEMBER 2017 AND 30 JUNE 2018 1
	
	 CHILD WAS NOT BORN BETWEEN
	    25 DECEMBER 2017 AND 30 JUNE 2018 2
		
		 2⇨*End*

BG2B. Did you receive a new resolution for birth grant in line with new Law on financial support to the family with children that has been applied from 1st of July 2018?	YES .... 1 NO 2	1⇨*End* 2⇨*End*

BG3. What is the <u>main</u> reason you did not apply for the birth grant?	DID NOT NEED ANY 01
	 DID NOT KNOW HOW TO APPLY 02
	 COMPLICATED ADMINISTRATIVE
	   PROCEDURE 03
	 EXPENSIVE ADMINISTRATIVE
	   PROCEDURE 04
	 I DO NOT MEET THE CONDITIONS AS
	 CHILDREN ARE NOT
	   IMMUNISED 05
	 I DO NOT MEET THE CONDITIONS AS
	   CHILDREN DO NOT ATTEND
	   PREPARATORY PRE-SCHOOL
	   PROGRAM OR SCHOOL 06
	 I DO NOT MEET CONDITIONS
	   (*specify*) _____ 07
	
	 THERE IS STILL TIME / I AM
	   PREPARING TO APPLY 08
	
	 OTHER (*specify*) _____ 96	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (*name*)?	NONE .... 00 NUMBER OF CHILDREN'S BOOKS .... 0 __ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that (*name*) plays with when (he/she) is at home. Does (he/she) play with: [A] Homemade toys, such as rag dolls, rag balls, or 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.?	Y N DK HOMEMADE TOYS .... 1 2 8 TOYS FROM A SHOP .... 1 2 8 HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	
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. On how many days in the past week was (*name*): [A] Left alone for more than an hour? [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? *If 'None' record '0'. If 'Don't know' record '8'.*	NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR .... __ NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR .... __	
EC4. *Check UB2: Child's age?*	AGE 0 .... 1 AGE 1, 2, 3 OR 4 2	1 ⇨*End*

		MOTHER	FATHER	OTHER	NO ONE
EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (*name*): *If 'Yes', ask:* Who engaged in this activity with (*name*)? *A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.* *Record all that apply.* *'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.*					
[A] Read books or looked at picture books with (*name*)?	READ BOOKS	A	B	X	Y
[B] Told stories to (*name*)?	TOLD STORIES	A	B	X	Y
[C] Sang songs to or with (*name*), including lullabies?	SANG SONGS	A	B	X	Y
[D] Took (*name*) outside the home?	TOOK OUTSIDE	A	B	X	Y
[E] Played with (*name*)?	PLAYED WITH	A	B	X	Y
[F] Named, counted, or drew things for or with (*name*)?	NAMED	A	B	X	Y

		MOTHER	FATHER	OTHER	NO ONE
EC5A. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities for or with (*name*): *If 'Yes', ask:* Who engaged in this activity for or with (*name*)? *A foster/step mother or father living in the household who engaged for or with the child should be coded as mother or father.* *Record all that apply.* *'No one' cannot be recorded if any household member age 15 and above engaged in activity for or with child.*					
[A] Prepared food for or with (*name*)?	PREPARED FOOD	A	B	X	Y
[B] Cleaned the room for or with (*name*)?	CLEANED ROOM	A	B	X	Y

EC5G. *Check UB2: Child's age?*	AGE 1 OR 2 .... 1 AGE 3 OR 4 2	1 ⇨*End*

EC6. 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. Can (***name***) identify or name at least ten letters of the alphabet?	YES .... 1 NO .... 2 DK 8
EC7. Can (***name***) read at least four simple, popular words?	YES .... 1 NO .... 2 DK 8
EC8. Does (***name***) know the name and recognize the symbol of all numbers from 1 to 10?	YES .... 1 NO .... 2 DK 8
EC9. Can (***name***) pick up a small object with two fingers, like a stick or a rock from the ground?	YES .... 1 NO .... 2 DK 8
EC10. Is (***name***) sometimes too sick to play?	YES .... 1 NO .... 2 DK 8
EC11. Does (***name***) follow simple directions on how to do something correctly?	YES .... 1 NO .... 2 DK 8
EC12. When given something to do, is (***name***) able to do it independently?	YES .... 1 NO .... 2 DK 8
EC13. Does *(name)* get along well with other children?	YES .... 1 NO .... 2 DK 8
EC14. Does (***name***) kick, bite, or hit other children or adults?	YES .... 1 NO .... 2 DK 8
EC15. Does (***name***) get distracted easily?	YES .... 1 NO .... 2 DK 8

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 behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with *(name)* <u>in the past month</u>.
 	
                                                       YES NO
 	
[A] Took away privileges, forbade something *(name)* liked or did not allow (him/her) to leave the house.
 	
[B] Explained why *(name)*'s behaviour was wrong.
 	
[C] Shook (him/her).
 	
[D] Shouted, yelled at or screamed at (him/her).
 	
[E] Gave (him/her) something else to do.
 	
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.
 	
[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.
 	
[H] Called (him/her) dumb, lazy or another name like that.
 	
[I] Hit or slapped (him/her) on the face, head or ears.
 	
[J] Hit or slapped (him/her) on the hand, arm, or leg.
 	
[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.
	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
	
	HIT / SLAPPED ON THE FACE,
	   HEAD OR EARS 1 2
	
	HIT / SLAPPED ON HAND,
	   ARM OR LEG 1 2
	
	BEAT UP, HIT OVER AND OVER
	   AS HARD AS ONE COULD 1 2	

UCD3. *Check UF4: Is this respondent the mother or caregiver 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 (*name*) may have. Does (*name*) wear glasses or *contact lenses*?	YES ....1 NO 2	
UCF3. Does (*name*) use a hearing aid?	YES ....1 NO 2	
UCF4. Does (*name*) 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 (*name*) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* Remember the four possible answers: Would you say that (*name*) 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 or contact lenses?*	YES, UCF2=1 ....1 NO, UCF2=2 2	1⇨*UCF7A* 2⇨*UCF7B*
UCF7A. When wearing (his/her) glasses or contact lenses, does (*name*) have difficulty seeing? **UCF7B**. Does (*name*) have difficulty seeing?	NO DIFFICULTY ....1 SOME DIFFICULTY.......................................2 A LOT OF DIFFICULTY ....3 CANNOT SEE AT ALL 4	
UCF8. *Check UCF3: Child uses a hearing aid?*	YES, UCF3=1 ....1 NO, UCF3=2 2	1⇨*UCF9A* 2⇨*UCF9B*
UCF9A. When using (his/her) hearing aid(s), does (*name*) have difficulty hearing sounds like peoples' voices or music? **UCF9B**. Does (*name*) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY ....1 SOME DIFFICULTY.......................................2 A LOT OF DIFFICULTY ....3 CANNOT HEAR AT ALL 4	
UCF10. *Check UCF4: Child uses equipment or receives assistance for walking?*	YES, UCF4=1 ....1 NO, UCF4=2 2	1⇨*UCF11* 2⇨*UCF13*
UCF11. Without (his/her) equipment or assistance, does (*name*) have difficulty walking?	SOME DIFFICULTY.......................................2 A LOT OF DIFFICULTY ....3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (*name*) have difficulty walking?	NO DIFFICULTY ....1 SOME DIFFICULTY.......................................2 A LOT OF DIFFICULTY ....3 CANNOT WALK AT ALL 4	1⇨*UCF14* 2⇨*UCF14* 3⇨*UCF14* 4⇨*UCF14*

UCF13. Compared with children of the same age, does (*name*) have difficulty walking?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT WALK AT ALL 4	
UCF14. Compared with children of the same age, does (*name*) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT PICK UP AT ALL 4	
UCF15. Does (*name*) have difficulty understanding you?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When (*name*) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT BE UNDERSTOOD AT ALL 4	
UCF17. Compared with children of the same age, does (*name*) have difficulty learning things?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT LEARN THINGS AT ALL 4	
UCF18. Compared with children of the same age, does (*name*) have difficulty playing?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT PLAY AT ALL 4	
UCF19. The next question has five different options for answers. I am going to read these to you after the question. Compared with children of the same age, how much does (*name*) kick, bite or hit other children or adults? Would you say: not at all, less, the same, more or a lot more?	 NOT AT ALL..1 LESS ....2 THE SAME ....3 MORE ....4 A LOT MORE...5	

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 (*name*) ever been breastfed?	YES...1 NO ....2 DK 8	2⇨*BD3A* 8⇨*BD3A*
BD3. Is (*name*) still being breastfed?	YES...1 NO ....2 DK 8	
BD3A. *Check UB2: Child's age?*	AGE 0 OR 1...1 AGE 2 2	2⇨*End*
BD4. Yesterday, during the day or night, did (*name*) <u>drink anything from a bottle with a nipple</u>?	YES...1 NO ....2 DK 8	
BD5. Did (*name*) <u>drink Oral Rehydration solution</u> such as Orosal or Rehidran yesterday, during the day or night?	YES...1 NO ....2 DK 8	
BD6. Did (*name*) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES...1 NO ....2 DK 8	
BD7. Now I would like to ask you about all other liquids that (*name*) may have had yesterday during the day or the night. Please include liquids consumed outside of your home. Did (*name*) drink (*name of item*) yesterday during the day or the night:		

		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Clear soup?	CLEAR SOUP	1	2	8
[D] Infant formula, (Bebelac, Aptamil, Impamil, Hipp, Nestle and alike)?	INFANT FORMULA	1	2 ⇩ *BD7[E]*	8 ⇩ *BD7[E]*
[D1] How many times did (*name*) drink infant formula? *If 7 or more times, record '7'.*	NUMBER OF TIMES DRANK INFANT FORMULA ....__ DK...8			
[E] Milk from animals, such as fresh, tinned, or powdered milk or liquid/drinking yogurt?	MILK	1	2 ⇩ *BD7[P]*	8 ⇩ *BD7[P]*
[E1] How many times did (*name*) drink milk? *If 7 or more times, record '7'.*	NUMBER OF TIMES DRANK MILK ....__ DK...8			
[P] Tea?	TEA	1	2	8
[X] Any other liquids?	OTHER LIQUIDS	1	2 ⇩ *BD8*	8 ⇩ *BD8*
[X1] *Record all other liquids mentioned.*	(*Specify*) _____			

		YES	NO	DK
BD8. Now I would like to ask you about <u>everything</u> that (*name*) ate yesterday during the day or the night. Please include foods consumed outside of your home. - Think about when (*name*) woke up yesterday. Did (he/she) eat anything at that time? *If 'Yes' ask:* Please tell me everything (*name*) ate at that time. *Probe:* Anything else? *Record answers using the food groups below.* - What did (*name*) do after that? Did (he/she) eat anything at that time? *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.*				

For each food group not mentioned after completing the above ask: Just to make sure, did (*name*) eat (*food group items*) yesterday during the day or the night		YES	NO	DK
[A] Yogurt made from animal milk? *Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.*	YOGURT	1	2 ⇨ BD8[B]	8 ⇨ BD8[B]
[A1] How many times did (*name)* eat yogurt? *If 7 or more times, record '7'.*	NUMBER OF TIMES ATE YOGURT ....__ DK.. 8			
[B] Any baby food (Baby King, Milupa, Hipp, Nestle alike)?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, polenta, semolina or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin or carrots that are yellow or orange inside?	PUMPKIN, CARROTS	1	2	8
[E] White potatoes, parsnips, turnips or any other foods made from roots that are white inside?	FOODS MADE FROM ROOTS	1	2	8
[F] Spinach, Swiss chard, kale, broccoli or any other dark green, leafy vegetables?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Fresh or dried apricots, ripe cantaloupe that is orange inside or raw sour cherries?	APRICOT, CANTALOUPE OR RAW SOUR CHERRIES	1	2	8
[H] Other fruits or vegetables such as bananas, apples, grapes, tomato, zucchini, cauliflower?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any meat, such as veal/young beef, pork, lamb, goat, chicken or turkey or sausages made from these meats?	OTHER MEATS OR SOUSAGES	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish?	FISH	1	2	8
[M] Beans, peas, lentils or nuts (walnuts and almonds), 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 ⇨ BD9	8 ⇨ BD9
[X1] *Record all other solid, semi-solid, or soft food that do not fit food groups above.*	(*Specify*) _____			

BD9. How many times did (*name*) eat any solid, semi-solid or soft foods yesterday during the day or night? *If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].* *If 7 or more times, record '7'.*	NUMBER OF TIMES ....__ DK 8	

IMMUNISATION							IM

IM1. *Check UB2: Child's age?*	AGE 0, 1, OR 2 ....1 AGE 3 OR 4 2						2 ⇨*End*

IM2. Do you have a vaccination card, immunisation records from a private health provider, maternity hospital discharge list or any other document where (*name*)'s vaccinations are written down?	YES, HAS ONLY CARD(S) 1
	YES, HAS ONLY OTHER DOCUMENT 2
	YES, HAS CARD(S) AND OTHER
	   DOCUMENT 3
	NO, HAS NO CARDS AND NO OTHER
	   DOCUMENT 4
							1 ⇨IM5
							
							3 ⇨IM5

IM3. Did you ever have a vaccination card or immunisation records from a private health provider for (*name*)?	YES ....1 NO...2						
IM4. *Check IM2:*	HAS ONLY OTHER DOCUMENT, IM2=2.............1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2						2 ⇨IM11

IM5. May I see the card(s) and/or other document?	YES, ONLY CARD(S) SEEN 1
	YES, ONLY OTHER DOCUMENT SEEN 2
	YES, CARD(S) AND
	   OTHER DOCUMENT SEEN 3
	NO CARDS AND
	   NO OTHER DOCUMENT SEEN 4
							4 ⇨IM11

IM6. (a) *Copy dates for each vaccination from the documents.* (b) *Record '44' in day column if documents show that vaccination was given but no date recorded.*	DATE OF IMMUNISATION						
	DAY		**MONTH**		**YEAR**		
BCG					2	0	1	
OPV1					2	0	1	
OPV2					2	0	1	
OPV3					2	0	1	
OPV R1					2	0	1	
IPV1					2	0	1	
IPV2					2	0	1	
IPV3					2	0	1	
IPV R1					2	0	1	
DTP1					2	0	1	
DTP2					2	0	1	
DTP3					2	0	1	
DTP R1					2	0	1	
HepB1 (HB1/Hb1)					2	0	1	
HepB2 (HB2/Hb2)					2	0	1	
HepB3 (HB3/Hb3)					2	0	1	
Hem. Inf B 1 (Hib1/H1b1)					2	0	1	
Hem. Inf B 2 (Hib2/H1b2)					2	0	1	
Hem. Inf B 3 (Hib3/H1b3)					2	0	1	
Hem. Inf B R1 (Hib R1/H1b R1)					2	0	1	
MMR					2	0	1	
Pneumococcal (Conjugate) 1 (PCV1)					2	0	1	
Pneumococcal (Conjugate) 2 (PCV2)					2	0	1	
Pneumococcal (Conjugate) 3 (PCV3)					2	0	1	
Pneumococcal (Conjugate) R1 (PCV R1)					2	0	1	

IM7. *Check IM6: Are all vaccines (BCG to PCV R1) recorded?*	YES ....1 NO 2	1 ⇨*IM28*
IM9. In addition to what is recorded on the document(s) you have shown me, did (*name*) receive any other vaccinations?	YES ....1 NO ....2 DK 8	2 ⇨ *IM28* 8 ⇨ *IM28*
IM10. *Go back to IM6 and probe for these vaccinations.* *Record '66' in the corresponding day column for each vaccine received.* *For vaccinations not received record '00'.* *When finished, go to End of module.*		⇨ *IM28*
IM11. Has (*name*) ever received any vaccinations to prevent (him/her) from getting diseases?	YES ....1 NO ....2 DK 8	2 ⇨ *IM28* 8 ⇨ *IM28*
IM14. 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	
IM15A. Did (*name*) ever receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease?	YES ....1 NO ....2 DK 8	2 ⇨*IM20* 8 ⇨*IM20*
IM15B. Was the first Hepatitis B vaccine received in maternity hospital within 24 hours after birth?	YES ....1 NO ....2 DK 8	
IM15C. How many times (*name*) received the hepatitis B vaccine?	NUMBER OF TIMES ....__ DK 8	
IM20. Has (*name*) ever received a combined pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, polio, and Haemophilus influenzae type b? *Probe by indicating that pentavalent vaccine is usually given at the suggestion of paediatrician or parent's request.*	YES ....1 NO ....2 DK 8	2 ⇨*IM21B* 8 ⇨*IM21B*
IM21. How many times was the combined pentavalent vaccine received?	NUMBER OF TIMES ....__ DK 8	
IM21A. *Check IM21: How many times is combined pentavalent vaccine received?*	IM21<4 OR IM21=8 ....1 IM21≥4 AND IM21≠8 2	2 ⇨*IM22*
IM21B. Has (*name*) ever received an: [A] Oral Polio Vaccine (OPV) – vaccination drops in the mouth to protect him/her from polio? [B] Inactivated Polio Vaccine (IPV) – that is, an injection in the thigh or shoulder to protect him/her from polio?	YES NO DK ORAL POLIO VACCINE ....1 2 8 INACTIVATED POLIO VACCINE 1 2 8	

IM21C. *Check IM21B: Has child ever received oral or inactivated polio vaccine?*	YES, IM21B[A]=1 OR IM21B[B]=1 ....1 NO OR DK, IM21B[A] ≠1 AND IM21B[B] ≠1 2	*2 ⇨ IM21E*
IM21D. How many times (*name*) received polio vaccine? *Ensure that the response here refers to the total number of polio vaccines, including both oral and inactivated polio vaccines.*	NUMBER OF TIMES ....__ DK..8	
IM21E. 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? *Probe by indicating that DTP vaccination is almost always given at the same time as polio.*	YES...1 NO...2 DK..8	*2 ⇨ IM21G* *8 ⇨ IM21G*
IM21F. How many times (*name*) received the DTP vaccine?	NUMBER OF TIMES ....__ DK..8	
IM21G. Has (*name*) 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? *Probe by indicating that the Hib vaccine is almost always given at the same time as polio and DTP vaccines.*	YES...1 NO...2 DK..8	*2 ⇨ IM22* *8 ⇨ IM22*
IM21H. How many times (*name*) received the Hib vaccine?	NUMBER OF TIMES ....__ DK..8	
IM22. Has (*name*) 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? *Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the combined pentavalent vaccination.*	YES...1 NO...2 DK..8	*2 ⇨IM26* *8 ⇨IM26*
IM23. How many times was the Pneumococcal vaccine received?	NUMBER OF TIMES ....__ DK..8	
IM26. Has (*name*) 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?	YES...1 NO...2 DK..8	
IM28. *Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the Information Panel on that Questionnaire.*		

UF11. *Record the time.*	HOURS AND MINUTES .... __ __ : __ __
UF13. *Language of the Interview.*	SERBIAN...2 OTHER LANGUAGE (*specify*) _____ 6
UF14. What is your native language?	SERBIAN...02 ALBANIAN ....03 BOSNIAN ....04 HUNGARIAN...05 ROMA..06 OTHER LANGUAGE (*specify*) _____ 96
UF15. *Was a translator used for any parts of this questionnaire?*	YES, THE ENTIRE QUESTIONNAIRE.....................1 YES, PARTS OF THE QUESTIONNAIRE ....2 NO, NOT USED..3

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 Information Panel on that Form.*

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caregiver of <u>another</u> 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 caregiver 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 / Caregiver'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:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	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:* *Read the record back to the Measurer and also ensure that he/she verifies your record.* **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:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	LENGTH / HEIGHT (CM) .... ___ ___ ___ . ___ CHILD REFUSED...999.4 RESPONDENT REFUSED ....999.5 OTHER (*specify*)_____ 999.6	999.4 ⇨*AN13* 999.5 ⇨*AN13* 999.6 ⇨*AN13*
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:* ___ ___ / ___ ___ / 2 0 1 9		
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

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MICS

**FORM FOR VACCINATION RECORDS
AT HEALTH FACILITY
2019 SERBIA MICS**

UNDER-FIVE CHILD INFORMATION PANEL	HF

This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-2 years.

Read the following text to the mother or caregiver:

As you know, as part of this survey we are collecting immunisation data for all children age 0-2 years. Besides vaccination cards kept at home, immunisation data is collected from records that are kept at health facilities. Immunisation data collected from health facility records is particularly important for supplementing data from vaccination cards kept at home and will help prepare more precise estimates of immunisation coverage. I have here a consent form that I would ask you to sign if you consent to the collection of (***name***)'s vaccination records from the health facility. Again, all the information we collect will remain strictly confidential and anonymous. Do you have any questions? Do you grant consent for us to collect (***name***)'s vaccination records from the health facility?

HF0. *Results of request for consent to collect vaccination records from the health facility:*	CONSENT OF MOTHER/CAREGIVER............................01 NO CONSENT OF MOTHER/CAREGIVER.....................02 FATHER/CAREGIVER ABSENT FOR AN EXTENDED PERIOD OF TIME ....03 OTHER (*specify*) _____96
HF1. *Cluster number:* ___ ___ ___	**HF2**. *Household number:* ___ ___
HF3. *Child's name and line number:* NAME_____ ___ ___	**HF4**. *Mother's/Caregiver'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:* ___ ___ /___ ___ / 2 0 1 9	**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* ___ ___ / ___ ___ / 2 0 1 ___	**HF10**. *Record 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

IMMUNIZATION								HF

HF11. Record day, month and year of birth as written on vaccination record/card:				__ __ / __ __ / 2 0 1 __				

HF12. (c) Copy dates for each vaccination from the card. (d) Write '44' in day column if card shows that vaccination was given but no date recorded.	DATE OF IMMUNIZATION							
	DAY		MONTH		YEAR			
BCG					2	0	1		
OPV1					2	0	1		
OPV2					2	0	1		
OPV3					2	0	1		
OPV R1					2	0	1		
IPV1					2	0	1		
IPV2					2	0	1		
IPV3					2	0	1		
IPV R1					2	0	1		
DTP1					2	0	1		
DTP2					2	0	1		
DTP3					2	0	1		
DTP R1					2	0	1		
HepB1 (HB1/Hb1)					2	0	1		
HepB2 (HB2/Hb2)					2	0	1		
HepB3 (HB3/Hb3)					2	0	1		
Hem. Inf B 1 (Hib1/H1b1)					2	0	1		
Hem. Inf B 2 (Hib2/H1b2)					2	0	1		
Hem. Inf B 3 (Hib3/H1b3)					2	0	1		
Hem. Inf B R1 (Hib R1/H1b R1)					2	0	1		
MMR					2	0	1		
Pneumococcal (Conjugate) 1 (PCV1)					2	0	1		
Pneumococcal (Conjugate) 2 (PCV2)					2	0	1		
Pneumococcal (Conjugate) 3 (PCV3)					2	0	1		
Pneumococcal (Conjugate) R1 (PCV R1)					2	0	1		
HF13. For each vaccination *not* recorded enter '00' in day column.								

HF14. Record the time.	HOURS AND MINUTES ....__ __ : __ __	⇨HF15

DATA COLLECTOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

For the purpose of the 2019 Serbia Multiple Indicator Cluster Survey (MICS) that is conducted by the Statistical Office of the Republic of Serbia in accordance with the Contract with the UNICEF Serbia Country Office, contracted on 1 February 2018, contract number '03 broj 404-110', the following consent is given:

CONSENT

I, the below undersigned mother/caregiver, give consent for information related to vaccinations received by child_____ (*name and surname from HF3*) to be copied at the Health Facility_____ (*name of the Health Facility from HF10*).

Mother's/caregiver's signature: _____

Personal No of mother/caregiver: _____

Reg. No: _____

Issuing authority: _____

Date: _____