

Appendix F3: Questionnaire for Children Under-Five



QUESTIONNAIRE FOR CHILDREN UNDER FIVE Sudan Multiple Indicator Survey 2014

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF0. State code	___ ___	
UF1. Cluster number :	___ ___	UF2. Household number: ___ ___
UF3. Child's name: Name _____		UF4. Child's line number: ___ ___
UF5. Mother's / Caretaker's name: Name _____		UF6. Mother's / Caretaker's line number: ___ ___
UF7. Interviewer's name and number: Name _____		UF8. Day / Month / Year of interview: ___ ___ / ___ ___ / 2014

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE CENTRAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT <i>(child's name from UF3)</i>'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 35 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 this person, then read the following:</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 35 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 03 in UF9. Discuss this result with your supervisor.</p>	

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed01</p> <p>Not at home02</p> <p>Refused03</p> <p>Partly completed04</p> <p>Incapacitated05</p> <p>Other (<i>specify</i>) _____ 96</p>
---	--

UF10. Field editor's name and number:

Name _____ _ _

UF11. Main data entry clerk's name and number:

Name _____ _ _

UF12. Record the time.	Morning 1	
	Afternoon..... 2	
	Hour and minutes..... __ __ : __ __	

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>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 birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day __ __</p> <p>DK day..... 98</p> <p>Month..... __ __</p> <p>Year 2 0 __ __</p>	
<p>AG2. 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>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) __</p>	

BIRTH REGISTRATION MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module (Early Childhood development)
	Yes, not seen.....2	2⇒Next Module (Early Childhood development)
	No3	
	DK.....8	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1	1⇒Next Module (Early Childhood development) 8⇒BR3
	No2	
	DK.....8	
BR2A. WHY WASN'T (NAME) REGISTERED?	Very expensive 1	
	Too far2	
	Did not know that a birth certificate is supposed to be registered3	
	Other (<i>specify</i>) 6	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1	
	No2	

EARLY CHILDHOOD DEVELOPMENT MODULE		EC																
<p>EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	None00 Number of children’s books.....0 __ Ten or more books 10																	
<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><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>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
Homemade toys	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects	1	2	8															
<p>EC4. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age: Newborn (less than a year, 1 or 2 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.</p>																		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	Yes 1 No 2 DK..... 8	2⇒IM20 8⇒IM20																
<p>EC5A. DURING THE LAST SEVEN DAYS OF THE PREVIOUS SCHOOL YEAR (2013-2014), HOW MANY DAYS DID <i>(name)</i> ATTEND THIS PROGRAM?</p>	Number of days _____ DK 8																	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2. <input type="checkbox"/> Child age 3 or 4 ⇒ Go to IM20 in the immunization module.		
BD2. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (NAME) DRINK (NAME OF ITEM) YESTERDAY DURING THE DAY OR THE NIGHT:		
[A] PLAIN WATER?	Plain water	Yes No DK 1 2 8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8
[C] BROTH / CLEAR SOUP (SALEGA/ MARAGA)?	Soup	1 2 8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk	__
[E] INFANT FORMULA?	Infant formula	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula	__
[F] ANY OTHER LIQUIDS? (Specify) _____	Other liquids	1 2 8

<p>BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>				
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<p><i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? <i>If 7 or more times, record '7'. If unknown, record '8'.</i></p>		Number of times drank/ate yogurt __		
[B] ANY CERELAC?	Cerelac....	1	2	8
[C] BREAD, RICE, MACARONA, PORRIDGE (ASYDA), OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains...	1	2	8
[D] PUMPKIN, CARROTS, SWEET POTATOES?	Pumpkin, carrots....	1	2	8
[E] POTATOES, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes, manioc, cassava, etc.....	1	2	8
[F] ANY GREEN, LEAFY VEGETABLES LIKE SPINACH OR MOLAOKHIYA/ WARAG/ THALIG/ ROCKET?	Green, leafy vegetables...	1	2	8
[G] MANGOES, PAPAYAS OR DALEB?	Mangoes.....	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables...	1	2	8
[I] LIVER, KIDNEY, HEART, INTESTINES, SPLEEN OR OTHER ORGAN MEATS?	Liver, kidney.....	1	2	8
[J] ANY MEAT, SUCH AS BEEF, LAMB, GOAT, CAMEL, PORK CHICKEN, OR DUCK?	Meat, such as beef, lamb, goat, etc.....	1	2	8
[K] EGGS?	Eggs...	1	2	8
[L] FRESH OR DRIED FISH / KAJEED, SARDEEN/ FASEEKH OR SHELLFISH?	Fresh or dried fish....	1	2	8
[M] ANY FOODS MADE FROM BEANS, LENTILS, CHICKPEAS, FAVA BEANS, LEMA BEANS, ADASEEYA OR LUBYA?	Foods made from lentils....	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK (MULAH ALROOB, MOLAH ALLABAN, MISH?	Cheese	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify) _____	Other food.....	1	2	8
<p>BD9. Check BD8 (Categories “A” through “O”).</p> <p><input type="checkbox"/> If you circle “Yes” at least once or all answers where “DK ⇒ Go to BD11.</p> <p><input type="checkbox"/> Else ⇒ Continue with BD10.</p>				
<p>BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night.</p> <p><input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module.</p> <p><input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.</p>				
<p>BD11. HOW MANY TIMES DID (<i>name</i>) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? <i>If 7 or more times, record '7'.</i></p>		<p>Number of times.....__</p> <p>DK.....8</p>		

IMMUNIZATION MODULE										IM
<p>If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16A will only be asked if a card is not available.</p>										
IM1. DO YOU HAVE A CARD WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>				Yes, seen 1 Yes, not seen 2 No card 3				1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (<i>name</i>)?				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 card shows that vaccination was given but no date recorded.				Date of Immunization						
				Day		Month		Year		
BCG		BCG								
POLIO AT BIRTH		OPV0								
POLIO 1 (FIRST DOSE)		OPV1								
POLIO 2 (SECOND DOSE)		OPV2								
POLIO 3 (THIRD DOSE)		OPV3								
PENTA FIRST DOSE		PENTA1								
PENTA SECOND DOSE		PENTA2								
PENTA THIRD DOSE		PENTA3								
MEASLES FIRST DOSE (OR MMR OR MR)		MEASLES 1								
MEASLES SECOND DOSE (OR MMR OR MR)		MEASLES 2								
IM4. Check IM3. Are all vaccines (BCG to Measles) recorded? <input type="checkbox"/> Yes ⇒ Go to IM19A. <input type="checkbox"/> No ⇒ Continue with IM5.										
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS? <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19A. <input type="checkbox"/> No/DK ⇒ Go to IM19.										
IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?				Yes 1 No 2 DK 8				2⇒IM19A 8⇒IM19A		

IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM?	Yes..... 1 No 2 DK..... 8	
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes..... 1 No 2 DK..... 8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes..... 1 No 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED? <i>Count only those take during routine immunization</i>	Number of times _	
IM11. HAS (<i>name</i>) EVER RECEIVED A PENTA VACCINATION – THAT IS, AN INJECTION IN THE LEFT THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, MENINGITIS AND HEPATITIS? <i>Probe by indicating that PENTA vaccination is sometimes given at the same time as Polio.</i>	Yes..... 1 No 2 DK..... 8	2⇒IM16 8⇒IM16
IM12. HOW MANY TIMES WAS THE PENTA VACCINE RECEIVED?	Number of times _	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE LEFT ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK..... 8	2 19A 8 19A
IM16A. HOW MANY TIMES (<i>name</i>) RECEIVED MEASLES DOSES?	Measles doses received _	
IM19A. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE POLIO CAMPAIGNS, POLIO NATIONAL IMMUNIZATION DAYS AND/ OR POLIO CHILD HEALTH DAYS?	Yes..... 1 No..... 2 DK..... 8	
IM19B. PLEASE TELL ME IF (<i>NAME</i>) HAS PARTICIPATED IN ANY OF THE MEASLES CAMPAIGNS, MEASLES NATIONAL IMMUNIZATION DAYS AND/ OR MEASLES CHILD HEALTH DAYS?	Yes..... 1 No..... 2 DK..... 8	
IM20. Check AG2: Age of child. <input type="checkbox"/> 6 month or more ⇒ Continue to IM21. <input type="checkbox"/> 0-5 month ⇒ Go to next module (Care of illness).		
IM21. DID THE (<i>name</i>) TAKE ANY VITAMIN A LIKE THIS IN THE LAST 6 MONTH? <i>Display the capsules & different containers to the respondent 100,000 unit (blue) for 6-11 month 200,000 unit (red) for 12-59 month</i>	Yes..... 1 No 2 DK..... 8	2⇒ IM24 8⇒ IM24
IM22. WHEN DID (<i>name</i>) RECEIVE THE LAST DOES?	Less than 6 month 1 More than 6 month..... 2 DK..... 8	

IM23. HOW DID YOU GET THE LAST DOSE?	Routine visit to health center 1 Visit to the health center while child is sick. 2 National campaign 3 Other (<i>specify</i>) _____ .6 DK..... 8	
IM24. DID THE (NAME) SUFFER FROM VISION DIFFICULTY AFTER SUN SET (NIGHT BLINDNESS)?	Yes..... 1 No 2 DK 8	

CARE OF ILLNESS MODULE		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</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>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?</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 6 DK..... 8	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	Public sector Government hospital A Government health centre B Primary heathcare unit C Community health worker D Mobile / Outreach clinic E Other public (<i>specify</i>) _____ H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) _____ X	

<p>CA4. During the time (<i>name</i>) had diarrhoea, was (<i>name</i>) given to drink:</p> <p>[A] A fluid made from a special packet called <i>amlah mualajat aljafaf</i> for ORS packet solution?</p> <p>[B] A pre-packaged ORS fluid for diarrhoea for pre-packaged ORS fluid?</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>CA4A. Check CA4: ORS.</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B.</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA4C.</p>		
<p>CA4B. WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre..... 12</p> <p>Government health post 13</p> <p>Community health worker..... 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CA4C. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets 1 2 8</p> <p>Zinc syrup..... 1 2 8</p>	
<p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E.</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA4F.</p>		

<p>CA4E. WHERE DID YOU GET THE ZINC?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre..... 12</p> <p>Government health post..... 13</p> <p>Community health worker..... 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Present at home..... 40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CA4F. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] <i>Fresh juice (lemon, karkade, gongoliz)?</i></p> <p>[B] <i>Rice water or starch?</i></p> <p>[C] <i>Water?</i></p>	<p style="text-align: right;">Y N DK</p> <p><i>Fresh juice</i> 1 2 8</p> <p><i>Rice water or starch</i> 1 2 8</p> <p><i>Water</i>..... 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p>CA6. 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)</i></p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc)..... G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous..... O</p> <p>Home remedy / Herbal medicine..... Q</p> <p>Other (<i>specify</i>) _____ X</p>	

<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	Yes 1 No 2 DK..... 8	2⇒CA14 8⇒CA14
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	Yes 1 No 2 DK..... 8	
<p>CA10. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	Yes 1 No 2 DK..... 8	2⇒CA12 8⇒CA12
<p>CA11. FROM WHERE DID YOU SEEK CARE (ADVICE OR TREATMENT)?</p> <p><i>Probe: ANYWHERE ELSE?</i></p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify the type of source and circle the appropriate code.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector:</p> Govt. hospital A Govt. health centre B Govt. health Unit..... C Village health worker D Mobile/outreach clinic..... E Other public sector(specify) H <p>Private medical sector:</p> Private hospital/clinic..... I Private physician J Private pharmacy K Mobile clinic (private)..... L Other private sector(specify) O <p>Other source:</p> Relative or friend P Shop Q Traditional healer..... R Other (specify) X	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	Yes 1 No 2 DK..... 8	2⇒CA14 8⇒CA14
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Names of medicines)</i></p>	<p>Antibiotics:</p> Pill / Syrup I Injection J <p>Other medications:</p> Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) _____ X DK..... Z	
<p>CA14. Check AG2: Is child under age 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15.</p> <p><input type="checkbox"/> No ⇒ Go to UF13.</p>		

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.	Morning	1	
	Afternoon.....	2	
	Hour and minutes.....	__ : __	

UF13A Indicate to the respondent that you will need to measure the weight and height of the child and the haemoglobin test later, ask her if she agree :

Yes

No

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

Yes ⇒ 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 her/him for her/his cooperation . before you leave the household.

Check to see if there are other woman's, or under-5 questionnaires to be administered in this household

ANTHROPOMETRY MODULE **AN**

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.

AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement:</i>	Either or both measured..... 1	
	Child not present 2	2⇒AN6
	Child or mother/caretaker refused..... 3	3⇒AN6
	Other (specify) _____ 6	6⇒AN6
AN3. <i>Child's weight:</i>	Kilograms (kg) _ . _	
	Weight not measured 99.9	⇒AN3B
AN3A. <i>Was the child undressed to the minimum?</i>		
<input type="checkbox"/> <i>Yes..... 1</i>		
<input type="checkbox"/> <i>No, the child could not be undressed to the minimum..... 2</i>		
AN3B. <i>Check age of child in AG2:</i>		
<input type="checkbox"/> <i>Child under 2 years old ⇒ Measure length (lying down).</i>		
<input type="checkbox"/> <i>Child age 2 or more years ⇒ Measure height (standing up).</i>		
AN4. <i>Child's length or height:</i>	Length / Height (cm)..... _ . _	
	Length / Height not measured 999.9	⇒ AN4B
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down 1	
	Standing up 2	
AN4B. <i>Mid upper arm circumference (MUAC)</i>	Circumference (cm)..... _ . _	
	Circumference not measured 99.9	
AN5. <i>Check both child legs for oedema and record the result</i>	Child has odema:	
<i>Observe and record</i>	Yes 1	
	No 2	
	Child not present 3	
	Refused 4	

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

Yes ⇒ Record measurements for next child.

No ⇒ Go to next module.

HAEMOGLOBIN TESTING (ANAEMIA)

HT

After questionnaires for all women and children are complete, the measurer measures the Haemoglobin.

HT1. Check AUF14: Permission given?

Yes ⇒ Continue with HT2.

No ⇒ Go to HT4.

HT2. Result of the HB measurement

HB measured 1

Child not present..... 2

2⇒HT4

Other (specify) _____ 6

6⇒HT4

HT3. HB measurements

— — . —

HT4. Is there another child in the household who is eligible for the blood test?

Yes ⇒ Go to the Haemoglobin testing module in the next child questionnaire.

No ⇒ End the testing procedure.