



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Sierra Leone MICS 2017



UNDER-FIVE CHILD INFORMATION PANEL UF

UF1. Cluster number: _____	UF2. Household number: _____
UF3. Child's name and line number: Name _____	UF4. Mother's / Caretaker's name and line number: Name _____
UF5. Interviewer's name and number: Name _____	UF6. Supervisor's name and number: Name _____
UF7. Day / Month /Year of interview: ____ / ____ / 2 0 1 ____	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 HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be record 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 (<i>your name</i>). We are from Statistics Sierra Leone . We are conducting a survey about the situation of children, families and households. I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being. This interview will take about 30 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail. This interview will take about 30 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, PERMISSION IS GIVEN 1 NO, PERMISSION IS NOT GIVEN 2	1 → UNDER FIVE'S BACKGROUND MODULE 2 → UF17	

UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (<i>SPECIFY</i>) 05 NO ADULT CONSENT FOR MOTHER/CARETAKER AGE 15-17 06 OTHER (<i>SPECIFY</i>) 96
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UNDER-FIVE'S BACKGROUND UB

<p>UB0. Before I begin the interview, could you please bring (name)'s Birth Certificate, National Child Immunization Record, and any immunization record from a private health provider? We will need to refer to those documents.</p>		
<p>UB1. On what day, month and year was (name) born?</p> <p>Probe: What is (his/her) birthday?</p> <p>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day. Month and year must be recorded.</p>	<p>DATE OF BIRTH</p> <p>DAY _ _</p> <p>DK DAY98</p> <p>MONTH _ _</p> <p>YEAR 2 0 1 _</p>	
<p>UB2. How old is (name)?</p> <p>Probe: How old was (name) at (his/her) last birthday?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>If responses to UB1 and UB2 are inconsistent, probe further and correct.</p>	<p>AGE (IN COMPLETED YEARS) _</p>	
<p>UB3. Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 21</p> <p>AGE 3 OR 42</p>	<p>1 → UB9</p>
<p>UB4. Check the respondent's line number (UF4) and the respondent to the Household Questionnaire (HH47):</p>	<p>RESPONDENT IS THE SAME, UF4=HH471</p> <p>RESPONDENT IS NOT THE SAME, UF4≠HH472</p>	<p>2 → UB6</p>
<p>UB5. Check ED10 in the Education module in the Household Questionnaire: Is the child attending ECE in the current school year?</p>	<p>YES, ED10=01</p> <p>NO, ED10≠0 OR BLANK2</p>	<p>1 → UB8B</p> <p>2 → UB9</p>
<p>UB6. Has (name) ever attended any early childhood education programme, such as nursery or pre-school or community ECD centre?</p>	<p>YES1</p> <p>NO2</p>	<p>2 → UB9</p>
<p>UB7. At any time since September 2016, did (he/she) attend (programmes mentioned in UB6)?</p>	<p>YES1</p> <p>NO2</p>	<p>1 → UB8A</p> <p>2 → UB9</p>
<p>UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?</p> <p>UB8B. You have mentioned that (name) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?</p>	<p>YES1</p> <p>NO2</p>	
<p>UB9. Is (name) covered by any health insurance?</p>	<p>YES1</p> <p>NO2</p>	<p>2 → End</p>
<p>UB10. What type of health insurance is (name) covered by?</p> <p>Record all mentioned.</p>	<p>MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE . A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (SPECIFY) X</p>	

BIRTH REGISTRATION		BR
<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 → End</p> <p>2 → End</p>
<p>BR2. Has (name)'s birth been registered with Civil Registration Authority?</p> <p><i>Probe if necessary:</i> This is also called the Office of Births and Deaths</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>1 → End</p>
<p>BR3. Do you know how to register (name)'s birth?</p>	<p>YES 1</p> <p>NO 2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC																																									
<p>EC1. How many children’s books or picture books do you have for (name)?</p>	<p>NONE00</p> <p>NUMBER OF CHILDREN’S BOOKS 0 —</p> <p>TEN OR MORE BOOKS 10</p>																																										
<p>EC2. I am interested in learning about the things that (name) plays with when (he/she) is at home.</p> <p>Does (he/she) play with: Y N DK</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>HOMEMADE TOYS.....1 2 8</p> <p>TOYS FROM A SHOP.....1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS1 2 8</p>																																										
<p>EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.</p> <p>On how many days in the past week was (name):</p> <p>[A] left alone for more than an hour?</p> <p>[B] left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p>If ‘None’ record ‘0’. If ‘Don’t know’ record ‘8’.</p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR —</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR —</p>																																										
<p>EC4. Check UB2: Child’s age?</p>	<p>AGE 0, 1, OR 2 1</p> <p>AGE 3 OR 4 2</p>	1 → End																																									
<p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name):</p> <p><i>If ‘Yes’, ask:</i></p> <p>Who engaged in this activity with (name)?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>‘No one’ cannot be record if any household member age 15 and above engaged in activity with child.</i></p>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>[A] Read books or looked at picture books with (name)?</td> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B] Told stories to (name)?</td> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[C] Sang songs to or with (name), including lullabies?</td> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[D] Took (name) outside the home?</td> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[E] Played with (name)?</td> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[F] Named, counted, or drew things for or with (name)?</td> <td>Named</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	[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																																							
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<p>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.</p> <p>Can (name) identify or name at least ten letters of the alphabet?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC7. Can (name) read at least four simple, popular words?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC8. Does (name) know the name and recognize the symbol of all numbers from 1 to 10?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC9. Can (name) pick up a small object with two fingers, like a stick or a rock from the ground?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC10. Is (name) sometimes too sick to play?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC11. Does (name) follow simple directions on how to do something correctly?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC12. When given something to do, is (name) able to do it independently?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC13. Does (name) get along well with other children?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC14. Does (name) kick, bite, or hit other children or adults?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	
<p>EC15. Does (name) get distracted easily?</p>	<p>YES1 NO.....2</p> <p>DK8</p>	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0.....1 AGE 1, 2, 3 OR 4.....2	1 → End
UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with <i>(name)</i> in the past month.		YES NO
[A] Took away privileges, forbade something <i>(name)</i> liked or did not allow <i>(him/her)</i> to leave the house.	TOOK AWAY PRIVILEGES.....1	2
[B] Explained why <i>(name)</i> 's behavior was wrong.	EXPLAINED WRONG BEHAVIOR.....1	2
[C] Shook <i>(him/her)</i> .	SHOOK HIM/HER1	2
[D] Shouted, yelled at or screamed at <i>(him/her)</i> .	SHOUTED, YELLED, SCREAMED1	2
[E] Gave <i>(him/her)</i> something else to do.	GAVE SOMETHING ELSE TO DO1	2
[F] Spanked, hit or slapped <i>(him/her)</i> on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1	2
[G] Hit <i>(him/her)</i> on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT1	2
[H] Called <i>(him/her)</i> dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME1	2
[I] Hit or slapped <i>(him/her)</i> on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS1	2
[J] Hit or slapped <i>(him/her)</i> on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG1	2
[K] Beat <i>(him/her)</i> up, that is hit <i>(him/her)</i> over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD1	2
UCD3. 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 OPINION8	

CHILD FUNCTIONING (AGE 2-4)		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 11 AGE 2, 3 OR 42	1 → End
UCF2. I would like to ask you some questions about difficulties (name) may have. Does (name) wear glasses?	YES1 NO2	
UCF3. Does (name) use a hearing aid?	YES1 NO2	
UCF4. Does (name) use any equipment or receive assistance for walking?	YES1 NO2	
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. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (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?	YES, UCF2=11 NO, UCF2=22	1 → UCF7A 2 → UCF7B
UCF7A. When wearing (his/her) glasses, does (name) have difficulty seeing? UCF7B. Does (name) have difficulty seeing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT SEE AT ALL4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=11 NO, UCF3=22	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 DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT HEAR AT ALL4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=11 NO, UCF4=22	1 → UCF11 2 → UCF13
UCF11. Without (his/her) equipment or assistance, does (name) have difficulty walking?	SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK AT ALL4	
UCF12. With (his/her) equipment or assistance, does (name) have difficulty walking?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK AT ALL4	1 → UCF14 2 → UCF14 3 → UCF14 4 → UCF14
UCF13. Compared with children of the same age, does (name) have difficulty walking?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK AT ALL4	

<p>UCF14. Compared with children of the same age, does (name) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY.....1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PICK UP AT ALL.....4</p>	
<p>UCF15. Does (name) have difficulty understanding you?</p>	<p>NO DIFFICULTY.....1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT UNDERSTAND AT ALL.....4</p>	
<p>UCF16. When (name) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY.....1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT BE UNDERSTOOD AT ALL.....4</p>	
<p>UCF17. Compared with children of the same age, does (name) have difficulty learning things?</p>	<p>NO DIFFICULTY.....1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT LEARN THINGS AT ALL.....4</p>	
<p>UCF18. Compared with children of the same age, does (name) have difficulty playing?</p>	<p>NO DIFFICULTY.....1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PLAY AT ALL.....4</p>	
<p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (name) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL1 LESS2 THE SAME3 MORE4 A LOT MORE.....5</p>	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	2 → End
BD2. Has (<i>name</i>) ever been breastfed?	YES 1 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 Oral Rehydration Salt solution (ORS) 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. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night. Please include liquids consumed outside of your home. Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:		
	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 broth/clear soup?	CLEAR BROTH 1 2 8	
[D] Infant formula, such as Nan, SMA, Lactogen or Guigoz?	INFANT FORMULA 1 2 ↓ 8 ↓ BD7[E] BD7[E]	
[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA _	
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK 1 2 ↓ 8 ↓ BD7[X] BD7[X]	
[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK MILK _	
[X] Any other liquids?	OTHER LIQUIDS 1 2 ↓ 8 ↓ BD8 BD8	
[X1] Record all other liquids mentioned.	(SPECIFY)	
BD8. Now I would like to ask you about everything that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home. Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (<i>name</i>) ate at that time. Probe: Anything else? Record answers using the food groups below. What did (<i>name</i>) 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.</i>		

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? <i>Note that liquid/drinking yogurt should be captured in BD7.</i>	YOGURT	1	2↘ BD8[B]	8↘ BD8[B]
[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OFTIMES ATEYOGURT			
[B] Any baby food, such as Cerelac, Benemix or Friscream?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as potato leaves and cassava leaves?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe pawpaw?	RIPE MANGO, RIPE PAWPAP	1	2	8
[H] Any other fruits or vegetables, such as oranges, pineapple, water-melon, cucumber, bananas?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2↘ BD9	8↘ BD9
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	(SPECIFY)			
BD9. How many times did (name) eat any solid, semi-solid or soft foods yesterday during the day or night? <i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i>	NUMBER OFTIMES			
<i>If 7 or more times, record '7'.</i>	DK			8

IMMUNIZATION										IM	
IM2. Do you have a Child Health Card or immunization records from a private health provider or any other document where (name)'s vaccinations are written down?		YES, HAS ONLY CARD(S).....1							1 → IM5		
		YES, HAS ONLY OTHER DOCUMENT.....2									
		YES, HAS CARD(S) AND OTHER DOCUMENT.....3							3 → IM5		
		NO, HAS NO CARDS AND NO OTHER DOCUMENT.....4									
IM3. Did you ever have a Child Health Card or immunization records from a private health provider for (name)?		YES.....1									
		NO.....2									
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2.....1							2 → IM11		
		HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4.....2									
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) Write '44' in day column if documents show that vaccination was given but no date recorded.		Date of Immunization									
		Day	Month	Year							
BCG	BCG			2	0	1					
Polio (OPV) (at birth)	OPV0			2	0	1					
Polio (OPV) 1	OPV1			2	0	1					
Pentavalent (DPTHibHepB) 1	Penta1			2	0	1					
Pneumococcal (Conjugate) 1	PCV1			2	0	1					
Rotavirus 1	Rota1			2	0	1					
Polio (OPV) 2	OPV2			2	0	1					
Pentavalent (DPTHibHepB) 2	Penta2			2	0	1					
Pneumococcal (Conjugate) 2	PCV2			2	0	1					
Rotavirus 2	Rota2			2	0	1					
Polio (OPV) 3	OPV3			2	0	1					
Pentavalent (DPTHibHepB) 3	Penta3			2	0	1					
Pneumococcal (Conjugate) 3	PCV3			2	0	1					
Measles	Measles			2	0	1					
Yellow Fever	YF			2	0	1					
IM7. Check IM6. Are all vaccines (BCG to YF) recorded?		YES.....1							1 → End		
		NO.....2									

<p>IM8. Did (<i>name</i>) participate in any of the following campaigns, national immunization days or child health days:</p>	<p style="text-align: right;">Y N DK</p>	
<p>[A] 24-28 Nov 2016 Maternal and Child Health Week (Mamie and Pikin well body week) , Vitamin A, Albendazole, RI antigen for defaulters</p>	<p>24-28 NOV 2016 MCHWEEK (MAMIE AND PIKIN WELL BODY WEEK)1 2 8</p>	
<p>[B] 25 April – 1 May 2016 Measles Campaign (Western Area Districts), Measles vaccine</p>	<p>25 APR – 1 MAY 2016 MEASLES CAMPAIN1 2 8</p>	
<p>[C] 9 – 15 May 2016 Measles Campaign (Other Districts), Measles vaccine</p>	<p>9-15 MAY 2016 MEASLES CAMPAIN1 2 8</p>	
<p>[D] 28 – 31 Oct 2016 Polio NIDs, OPV (Oral Polio Vaccine)</p>	<p>POLIO NID.....1 2 8</p>	
<p>[E] 24 – 27 Feb 2017 Polio NIDs, OPV (Oral Polio Vaccine)</p>	<p>POLIO NID.....1 2 8</p>	
<p>[F] 24 – 27 Mar 2017 Polio NIDs, OPV (Oral Polio Vaccine)</p>	<p>POLIO NID.....1 2 8</p>	
<p>IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the campaigns, immunization days or child health days just mentioned?</p>	<p>YES1 NO2 DK8</p>	<p>2 → End 8 → End</p>
<p>IM10. Go back to IM6 and probe for these vaccinations.</p> <p><i>Record '66' in the corresponding day column for each vaccine received.</i></p> <p><i>For vaccinations not received record '00'.</i></p> <p><i>When finished, go to End of module.</i></p>		<p>→ End</p>
<p>IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunization day or child health day?</p>	<p>YES1 NO2 DK8</p>	
<p>IM12. Did (<i>name</i>) participate in any of the following campaigns, national immunization days or child health days:</p>	<p style="text-align: right;">Y N DK</p>	
<p>[A] 24-28 Nov 2016 Maternal and Child Health Week (Mamie and Pikin well body week) , Vitamin A, Albendazole, RI antigen for defaulters</p>	<p>24-28 NOV 2016 MCHWEEK (MAMIE AND PIKIN WELL BODY WEEK)1 2 8</p>	
<p>[B] 25 April – 1 May 2016 Measles Campaign (Western Area Districts), Measles vaccine</p>	<p>25 APR – 1 MAY 2016 MEASLES CAMPAIN1 2 8</p>	
<p>[C] 9 – 15 May 2016 Measles Campaign (Other Districts), Measles vaccine</p>	<p>9-15 MAY 2016 MEASLES CAMPAIN1 2 8</p>	
<p>[D] 28 – 31 Oct 2016 Polio NIDs, OPV (Oral Polio Vaccine)</p>	<p>POLIO NID.....1 2 8</p>	
<p>[E] 24 – 27 Feb 2017 Polio NIDs, OPV (Oral Polio Vaccine)</p>	<p>POLIO NID.....1 2 8</p>	
<p>[F] 24 – 27 Mar 2017 Polio NIDs, OPV (Oral Polio Vaccine)</p>	<p>POLIO NID.....1 2 8</p>	

IM13. Check IM11 and IM12:	ALL NO OR DK 1 AT LEAST ONEYES 2	1 → End
IM14. Has (name) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DK 8	
IM16. Has (name) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i>	YES 1 NO 2 DK 8	2 → IM20 8 → IM20
IM17. Were the first polio drops received in the first two weeks after birth?	YES 1 NO 2 DK 8	
IM18. How many times were the polio drops received?	NUMBER OFTIMES —	
IM20. Has (name) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the Polio drops.</i>	YES 1 NO 2 DK 8	2 → IM22 8 → IM22
IM21. How many times was the Pentavalent vaccine received?	NUMBER OFTIMES —	
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? <i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 → IM24 8 → IM24
IM23. How many times was the pneumococcal vaccine received?	NUMBER OFTIMES —	
IM24. Has (name) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea? <i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 → IM26 8 → IM26
IM25. How many times was the rotavirus vaccine received?	NUMBER OFTIMES —	
IM26. Has (name) ever received a Measles vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles?	YES 1 NO 2 DK 8	
IM27. Has (name) ever received the Yellow Fever vaccination – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting Yellow Fever? <i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the Measles vaccine.</i>	YES 1 NO 2 DK 8	

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (name) had diarrhoea?	YES.....1	2→ CA14
	NO.....2	
	DK.....8	8→ CA14
CA2. Check BD3: Is child still breastfeeding?	YES, BD3=1.....1	1→ CA3A
	NO OR DK, BD3=2 OR 8.....2	2→ CA3B
<p>CA3A. I would like to know how much (name) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>During the time (name) 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: Was (he/she) given much less than usual to drink, or somewhat less?</i></p> <p>CA3B. I would like to know how much (name) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>During the time (name) 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: Was (he/she) given much less than usual to drink, or somewhat less?</i></p>	MUCH LESS1	
	SOMEWHAT LESS.....2	
	ABOUT THE SAME.....3	
	MORE4	
	NOTHING TO DRINK.....5	
	DK.....8	
CA4. During the time (name) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat?	MUCH LESS1	
	SOMEWHAT LESS.....2	
	ABOUT THE SAME.....3	
	MORE4	
	STOPPED FOOD.....5	
	NEVER GAVE FOOD.....7	
	DK.....8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES.....1	2→ CA7
	NO.....2	
	DK.....8	8→ CA7

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do not prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <hr/> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (SPECIFY) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (SPECIFY) O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (SPECIFY) X</p>	
<p>CA7. During the time (name) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called ORS packet solution?</p> <p>[B] A pre-packaged ORS fluid?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Sugar Salt Solution?</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>ZINCTABLETS OR SYRUP 1 2 8</p> <p>SUGAR & SALT SOLUTION 1 2 8</p>	
<p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B] 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B] 2</p>	<p>2 → CA10</p>
<p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <hr/> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (SPECIFY) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (SPECIFY) O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (SPECIFY) X</p> <p>DK / DON'T REMEMBER Z</p>	

<p>CA10. Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 1 NO, CA7[C] ≠1 2</p>	<p>2 → CA12</p>
<p>CA11. Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <hr/> <p><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C COMMUNITY HEALTH WORKER D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (SPECIFY) H</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC I PRIVATE PHYSICIAN J PRIVATE PHARMACY K COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L MOBILE CLINIC M OTHER PRIVATE MEDICAL (SPECIFY) O</p> <p>OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R</p> <p>OTHER (SPECIFY) X DK / DON'T REMEMBER Z</p>	
<p>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 → CA14 8 → CA14</p>
<p>CA13. What else was given to treat the diarrhoea?</p> <p><i>Probe: Anything else?</i></p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <hr/> <p><i>(Name of brand)</i></p> <hr/> <p><i>(Name of brand)</i></p>	<p>PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY (ANTI-DIARRHOEA) B OTHER PILL OR SYRUP G UNKNOWN PILL OR SYRUP H</p> <p>INJECTION ANTIBIOTIC L NON-ANTIBIOTIC M UNKNOWN INJECTION N</p> <p>INTRAVENOUS (IV) O HOME REMEDY /HERBAL MEDICINE Q OTHER (SPECIFY) X</p>	
<p>CA14. At any time in the last two weeks, has (name) been ill with a fever?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 → CA16 8 → CA16</p>
<p>CA15. At any time during the illness, did (name) have blood taken from (his/her) finger or heel for testing?</p>	<p>YES 1 NO 2 DK 8</p>	

<p>CA16. At any time in the last two weeks, has (name) had an illness with a cough?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>CA17. At any time in the last two weeks, has <i>(name)</i> had fast, short, rapid breaths or difficulty breathing?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 → CA19 8 → CA19</p>
<p>CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?</p>	<p>PROBLEM IN CHEST ONLY 1 BLOCKED OR RUNNY NOSE ONLY 2 BOTH 3 OTHER (<i>SPECIFY</i>) 6 DK 8</p>	<p>1 → CA20 2 → CA20 3 → CA20 6 → CA20 8 → CA20</p>
<p>CA19. Check CA14: Did child have fever?</p>	<p>YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2</p>	<p>2 → CA30</p>
<p>CA20. Did you seek any advice or treatment for the illness from any source?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 → CA22 8 → CA22</p>
<p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do not prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <hr/> <p><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C COMMUNITY HEALTH WORKER D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (<i>SPECIFY</i>) H</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC I PRIVATE PHYSICIAN J PRIVATE PHARMACY K COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L MOBILE CLINIC M OTHER PRIVATE MEDICAL (<i>SPECIFY</i>) O</p> <p>OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R OTHER (<i>SPECIFY</i>) X</p>	
<p>CA22. At any time during the illness, was (name) given any medicine for the illness?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 → CA30 8 → CA30</p>

<p>CA23. What medicine was (name) given?</p> <p><i>Probe: Any other medicine?</i></p> <p><i>Record all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <hr/> <p><i>(Name of brand)</i></p> <hr/> <p><i>(Name of brand)</i></p>	<p>ANTI-MALARIALS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT) A</p> <p>SP / FANSIDAR B</p> <p>CHLOROQUINE C</p> <p>AMODIAQUINE D</p> <p>QUININE PILLS E</p> <p>INJECTION/IV F</p> <p>ARTESUNATE RECTAL G</p> <p>INJECTION/IV H</p> <p>OTHER ANTI-MALARIAL (<i>SPECIFY</i>) K</p> <p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>COTRIMOXAZOLE M</p> <p>OTHER ANTIBIOTIC PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN R</p> <p>ASPIRIN S</p> <p>IBUPROFEN T</p> <p>OTHER (<i>SPECIFY</i>) X</p> <p>DK Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-O 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED 2</p>	<p>2 → CA26</p>
<p>CA25. Where did you get the (name of medicine from CA23, codes L to O)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <hr/> <p><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (<i>SPECIFY</i>) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (<i>SPECIFY</i>) O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (<i>SPECIFY</i>) X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA26. Check CA23: Anti-malarials mentioned?</p>	<p>YES, ANTI-MALARIALS MENTIONED, CA23=A-K 1</p> <p>NO, ANTI-MALARIALS NOT MENTIONED 2</p>	<p>2 → CA30</p>

<p>CA27. Where did you get the (name of medicine from CA23, codes A to K)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <hr/> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL(SPECIFY) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (SPECIFY) O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (SPECIFY) X</p> <p>DK / DON'T REMEMBER..... Z</p>	
<p>CA28. Check CA23: More than one antimalarial record in codes A to K?</p>	<p>YES, MULTIPLE ANTI-MALARIALS MENTIONED 1</p> <p>NO, ONLY ONE ANTIMALARIAL MENTIONED..... 2</p>	<p>1 → CA29A</p> <p>2 → CA29B</p>
<p>CA29A. How long after the fever started did (name) first take the first of the (name all anti-malarials record in CA23, codes A to K)?</p> <p>CA29B. How long after the fever started did (name) first take (name of anti-malarial from CA23, codes A to K)?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>2 DAYS AFTER FEVER STARTED 2</p> <p>3 OR MORE DAYS AFTER FEVER STARTED..... 3</p> <p>DK 8</p>	
<p>CA30. Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 1</p> <p>AGE 3 OR 4 2</p>	<p>2 → End</p>
<p>CA31. The last time (name) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET / LATRINE 01</p> <p>PUT / RINSED INTO TOILET OR LATRINE 02</p> <p>PUT / RINSED INTO DRAIN OR DITCH..... 03</p> <p>THROWN INTO GARBAGE (SOLID WASTE) 04</p> <p>BURIED..... 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER (SPECIFY) 96</p> <p>DK 98</p>	

UF11. Record the time.	HOURS AND MINUTES : ..	
UF12. Language of the Questionnaire.	ENGLISH 1	
UF13. Language of the Interview.	ENGLISH01	
	KRIO02	
	MENDE03	
	TEMNE04	
	MANDINGO05	
	LOKO06	
	SHERBRO07	
	LIMBA08	
	KISSI09	
	KONO 10	
	SUSU 11	
	FULLAH 12	
	KRIM 13	
	YALUNKA 14	
	KORANKO 15	
	VAI 16	
	OTHER LANGUAGE (SPECIFY)96	
UF14. Native language of the Respondent.	ENGLISH01	
	KRIO02	
	MENDE03	
	TEMNE04	
	MANDINGO05	
	LOKO06	
	SHERBRO07	
	LIMBA08	
	KISSI09	
	KONO 10	
	SUSU 11	
	FULLAH 12	
	KRIM 13	
	YALUNKA 14	
	KORANKO 15	
	VAI 16	
	OTHER LANGUAGE (SPECIFY)96	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1	
	YES, PARTS OF THE QUESTIONNAIRE2	
	NO, NOT USED3	

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 caretaker of another 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 caretaker 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 / Caretaker'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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG) CHILD NOT PRESENT99.3 CHILD REFUSED99.4 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?	YES1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM2	
AN10. Check AN4: Child's age?	AGE 0 OR 11 AGE 2, 3 OR 42	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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM).....	
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of the height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	CHILD REFUSED999.4 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 DOWN1 STANDING UP.....2	
AN13. Today's date: Day / Month / Year: _____ / _____ / 2 0 1 _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES1 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