

## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

### UNDER-FIVE CHILD INFORMATION PANEL

**UF**

This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).

A separate questionnaire should be used for each eligible child.

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 name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / _____

REPEAT GREETING IF NOT ALREADY READ TO THIS RESPONDENT:

*If greeting at the beginning of the household questionnaire or for another child's questionnaire has already been read to this woman, then read the following:*

WE ARE FROM MOP&D. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 - 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*name*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 - 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given* ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given* ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5  Codes refer to mother/caretaker.	Completed .....01 Not at home .....02 Refused .....03 Partly completed .....04 Incapacitated .....05  Other ( <i>specify</i> ) _____ 96
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UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
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UF12. Record the time.	Hour and minutes ..... : ..	
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<b>AGE</b>	<b>AG</b>
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<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>DO YOU HAVE ANY DOCUMENTS THAT MAY HAVE <i>(name)</i>'S DATE OF BIRTH (SUCH AS A CHILD HEALTH DAY CARD, BIRTH NOTIFICATION, OR BIRTH CERTIFICATE)?</p> <p><i>If the mother/caretaker knows the exact birth date and/or it is printed in a document/card, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year <u>must</u> be recorded</i></p> <p><i>If unknown month or year, ask for documents or use the calendar of events</i></p>	<p>Date of birth</p> <p>Day ..... : ..</p> <p>DK day ..... 98</p> <p>Month ..... : ..</p> <p>Year ..... : ..</p>
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<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. Record '0' if less than 1 year.</i></p> <p><i>Note: For most children, the age indicated on the Routine Immunization Card is <u>not current</u></i></p>	<p>Age (in completed years) ..... : ..</p>
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<p>AG3. Compare AG1 and AG2:</p> <p><input type="checkbox"/> Date of birth and age are consistent ⇒ Continue with next AG4</p> <p><input type="checkbox"/> Date of birth and age are not consistent ⇒ Probe further for both date of birth and age until consistent</p>
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AG4. Indicate how date of birth was obtained:

- Mother's/caretaker's response alone*
- Any documentation used (tick all that apply):*
  - Child Health Day card*
  - Birth notification*
  - Birth certificate*
  - Calendar of events and/or known events in household*
  - Other documentation (specify) \_\_\_\_\_*
- Other (specify) \_\_\_\_\_*

**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: Y N DK

[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? Homemade toys ..... 1 2 8

[B] TOYS FROM A SHOP OR MANUFACTURED TOYS? Toys from a shop..... 1 2 8

[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? Household objects or outside objects ..... 1 2 8

If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response

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.

ON HOW MANY DAYS IN THE PAST WEEK WAS *(name)*:

[A] LEFT ALONE FOR MORE THAN AN HOUR? Number of days 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? Number of days left with other child for more than an hour ..... \_\_

If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’

EC4. Check AG2: Age of child

Child age 3 or 4 ⇨ Continue with EC5

Child age 0, 1 or 2 ⇨ Go to Next Module

EC5. DOES *(name)* ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION

Yes ..... 1



If no, probe: THIS CAN BE IN ANY LANGUAGE (SOMALI, ARABIC, ETC.)	DK .....8	
EC10. DOES ( <i>name</i> ) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes .....1 No.....2 DK .....8	
EC11. CAN ( <i>name</i> ) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes .....1 No.....2 DK .....8	
EC12. IS ( <i>name</i> ) SOMETIMES TOO SICK TO PLAY?	Yes .....1 No.....2 DK .....8	
EC13. DOES ( <i>name</i> ) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes .....1 No.....2 DK .....8	
EC14. WHEN GIVEN SOMETHING TO DO, IS ( <i>name</i> ) ABLE TO DO IT INDEPENDENTLY?	Yes .....1 No.....2 DK .....8	
EC15. DOES ( <i>name</i> ) GET ALONG WELL WITH OTHER CHILDREN?	Yes .....1 No.....2 DK .....8	
EC16. DOES ( <i>name</i> ) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....1 No.....2 DK .....8	
EC17. DOES ( <i>name</i> ) GET DISTRACTED EASILY?	Yes .....1 No.....2 DK .....8	

BREASTFEEDING		BF
BF1. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes..... 1 No ..... 2  DK..... 8	2⇒BF3  8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No ..... 2  DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER <i>(name)</i> HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  DID <i>(name)</i> <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	
BF4. DID <i>(name)</i> <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	2⇒BF6  8⇒BF6
BF5. HOW MANY TIMES DID <i>(name)</i> DRINK INFANT FORMULA?	Number of times..... _ _ _	
BF6. DID <i>(name)</i> <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	2⇒BF8  8⇒BF8
BF7. HOW MANY TIMES DID <i>(name)</i> DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times..... _ _ _	
BF8. DID <i>(name)</i> <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	
BF9. DID <i>(name)</i> <u>DRINK MARAQCAD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	
BF10. DID <i>(name)</i> <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	

BF11. DID ( <i>name</i> ) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	
BF12. DID ( <i>name</i> ) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	
BF13. DID ( <i>name</i> ) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	2⇒BF15  8⇒BF15
BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... _ _	
BF15. DID (NAME) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	
BF16. DID ( <i>name</i> ) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	2⇒BF18  8⇒BF18
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes..... 1 No ..... 2  DK..... 8	



CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes..... 1 No ..... 2  DK..... 8	2⇒CA7  8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).  DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less..... 1 Somewhat less..... 2 About the same ..... 3 More..... 4 Nothing to drink ..... 5  DK..... 8	
CA3. DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If “less”, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less..... 1 Somewhat less..... 2 About the same ..... 3 More..... 4 Stopped food..... 5 Never gave food..... 6  DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS ( <i>name</i> ) GIVEN TO DRINK A FLUID MADE FROM A SPECIAL PACKET CALLED ORS SUCH AS THIS?  <i>Show sample ORS packet</i>	Yes..... 1 No ..... 2  DK..... 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes..... 1 No ..... 2  DK..... 8	2⇒CA7  8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic.....A</p> <p>Antimotility.....B</p> <p>Zinc .....C</p> <p>Other (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>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<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>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. 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</p> <p>Blocked or runny nose only ..... 2</p> <p>Both ..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre ..... B</p> <p>Govt. health post ..... C</p> <p>Village health worker ..... D</p> <p>Mobile / Outreach clinic ..... E</p> <p>Other public (<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>Mobile clinic ..... L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Sheikh ..... S</p> <p>Traditional Birth Attendant ..... T</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic</p> <p>Pill / Syrup ..... A</p> <p>Injection ..... B</p> <p>Anti-malarials ..... M</p> <p>Paracetamol / Panadol / Acetaminophen ... P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK ..... Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA15</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) 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 (<i>specify</i>) _____ 96</p> <p>DK ..... 98</p>	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) BEEN ILL WITH A FEVER AT ANY TIME?	Yes..... 1 No ..... 2  DK..... 8	2⇒Next Module 8⇒Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID ( <i>name</i> ) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes..... 1 No ..... 2  DK..... 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes..... 1 No ..... 2  DK..... 8	2⇒ML8 8⇒ML8
ML4. WAS ( <i>NAME</i> ) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1 No ..... 2  DK..... 8	2⇒ML8 8⇒ML8
ML5. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes..... 1 No ..... 2  DK..... 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i>  _____ (Name)	Anti-malarials: SP / Fansidar ..... A Chloroquine ..... B Amodiaquine ..... C Quinine ..... D Combination with Artemisinin ..... E  Other anti-malarial ( <i>specify</i> ) _____ H  Antibiotic drugs Pill / Syrup ..... I Injection ..... J  Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin ..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) _____ X DK..... Z	
ML7. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..... 1 No ..... 2  DK..... 8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1 No ..... 2  DK..... 8	2⇒ML10 8⇒ML10

<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</p> <p>_____</p> <p>(Name)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar ..... A</p> <p>Chloroquine ..... B</p> <p>Amodiaquine ..... C</p> <p>Quinine ..... D</p> <p>Combination with Artemisinin ..... E</p> <p>Other anti-malarial (specify) _____ H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup ..... I</p> <p>Injection ..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol/ Acetaminophen . P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (specify) _____ X</p> <p>DK ..... Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML11</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</p> <p>Record how long after the fever started the <u>first</u> anti-malarial was given.</p>	<p>Same day ..... 0</p> <p>Next day ..... 1</p> <p>2 days after the fever ..... 2</p> <p>3 days after the fever ..... 3</p> <p>4 or more days after the fever ..... 4</p> <p>DK ..... 8</p>	

IMMUNIZATION		IM												
<p>If immunization card(s) is/are available, copy the dates in IM3 for each type of immunization recorded on the card(s). IM6-IM16A are for registering vaccinations that are not recorded on the card(s). IM6-IM16A will only be asked when card(s) is/are not available.</p>														
IM1. DO YOU HAVE ONE OR MORE CARDS WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?  (If yes) MAY I SEE IT/THEM PLEASE?		Yes, at least one card seen ..... 1 Yes, no cards seen ..... 2 No cards ..... 3						2⇒IM2A 3⇒IM2						
IM1A. Observe and record the type of card(s)		Routine EPI Card ..... A Child Health Days Card 2009 ..... B Child Health Days Card 2010 ..... C  Other (specify) ..... X						A⇒IM3 B⇒IM3 B⇒IM3  X⇒IM3						
IM2. DID YOU EVER HAVE A VACCINATION OR CHILD HEALTH DAYS CARD FOR (name)?		Yes ..... 1 No ..... 2						2⇒IM6						
IM2A. DO OR DID YOU HAVE ONE OR MORE OF THE CARDS SHOWN HERE WHERE (name)'S VACCINATIONS ARE OR WERE WRITTEN DOWN? Show the sample cards and record the response		Routine EPI Card ..... A Child Health Days Card 2009 ..... B Child Health Days Card 2010 ..... C Other (specify) ..... X DK ..... Y						A⇒IM6 B⇒IM6 C⇒IM6 X⇒IM6 Y⇒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						Card						
		Day		Month		Year		A. Routine EPI Card. B. CHD 2009 C. CHD 2010 X. Other						
BCG	BCG										A	B	C	X
POLIO AT BIRTH	OPV0										A	B	C	X
POLIO 1	OPV1										A	B	C	X
POLIO 2	OPV2										A	B	C	X
POLIO 3	OPV3										A	B	C	X
DPT1	DPT1										A	B	C	X
DPT2	DPT2										A	B	C	X
DPT3	DPT3										A	B	C	X
MEASLES	MEASLES										A	B	C	X
VITAMIN A (MOST RECENT)	VITA										A	B	C	X
IM4. Check IM3. Are all vaccines (BCG to Measles) recorded? <input type="checkbox"/> Yes ⇒ Continue with IM18 <input type="checkbox"/> No ⇒ Continue with IM5														

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS/THESE CARDS, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS?</p> <p>Record ‘Yes’ only if respondent mentions vaccines shown in the table above.</p>	<p>Yes..... 1 (Probe for vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION USUALLY IN THE LEFT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM8 8⇒IM8</p>
<p>IM7A. DID (<i>name</i>) (OR THE PERSON WITH (<i>name</i>) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION?</p> <p><i>Show sample ORS packet</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p> <p><i>Show and probe:</i> THE VACCINATION IS MOST COMMONLY GIVEN IN A VIAL SUCH AS THIS</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>--IM8A. DID (<i>name</i>) (OR THE PERSON WITH (<i>name</i>) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION?</p> <p><i>Show sample ORS packet</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks..... 1</p> <p>Later..... 2</p> <p>DK..... 8</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION USUALLY IN THE RIGHT THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM11A. DID (<i>name</i>) (OR THE PERSON WITH (<i>name</i>) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH</p>	<p>Yes..... 1</p>	

AS THIS AT THE TIME OF THIS VACCINATION? <i>Show sample ORS packet</i>	No..... 2 DK ..... 8	
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times ..... _	
IM16. HAS ( <i>name</i> ) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT USUALLY IN THE RIGHT ARM OR SHOULDER AT THE AGE OF <b>9</b> MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No..... 2 DK ..... 8	2⇒IM18 8⇒IM18
IM16A. DID ( <i>name</i> ) (OR THE PERSON WITH ( <i>name</i> ) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION? <i>Show sample ORS packet</i>	Yes ..... 1 No..... 2 DK ..... 8	
IM18. HAS ( <i>name</i> ) RECEIVED A VITAMIN A DOSE LIKE THIS WITHIN THE LAST 6 MONTHS? <i>Show capsule(s)</i>	Yes ..... 1 No..... 2 DK ..... 8	
IM19. PLEASE TELL ME IF ( <i>name</i> ) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS:		
		Y N DK
[A] Jan/Feb <b>2009 CHDs</b> (Vit A, measles & polio)	Jan/Feb, 2009 CHDs ..... 1 2 8	
[B] <b>JUNE 2009 NIDs</b> (Polio)	Jun 2009 NIDs ..... 1 2 8	
[C] JULY 2009 NIDs	Jul, 2009 NIDs ..... 1 2 8	
[D] Jul/Aug <b>2009 CHDs</b> <b>(VIT A, MEASLES &amp; POLIO)</b>	Nov/Dec, 2009 CHDs ..... 1 2 8	
[E] June <b>2010 CHDs</b> <b>(VIT A, MEASLES &amp; POLIO)</b>	Jun, 2010 CHDs ..... 1 2 8	
[F] SEPT 2010 NIDs (Polio)	Sept, <b>2010 NIDs</b> ..... 1 2 8	
[G] OCTOBER 2010 <b>NIDs</b> (Polio)	Oct, <b>2010 NIDs</b> ..... 1 2 8	
[H] December <b>2010 CHDs</b> <b>(VIT A, MEASLES &amp; POLIO)</b>	Dec, 2010 CHDs ..... 1 2 8	
IM20. CHECK IM19: DID CHILD PARTICIPATE IN THE DECEMBER 2010 CHDs (IM19[H] = 1)? <input type="checkbox"/> YES (IM19[H]=1) ⇒ GO TO IM21 <input type="checkbox"/> NO (IM19[H]=2 OR 8) ⇒ GO TO UF13		
IM21. DID ( <i>name</i> ) (OR THE PERSON WITH ( <i>name</i> ) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS IN THE DECEMBER 2010 CHILD HEALTH DAYS? <i>Show sample ORS packet</i>	Packet(s) received..... 1 No packet(s) received ..... 2 DK ..... 8	2⇒UF13 8⇒UF13



<b>IM22. CHECK CAI: DID CHILD HAVE AN EPISODE OF DIARRHOEA IN THE PAST 2 WEEKS (CAI = 1)?</b> <input type="checkbox"/> YES (CAI=1) ⇒ GO TO IM24 <input type="checkbox"/> NO (CAI=2OR 8) ⇒ GO TO IM23		
<b>IM23. SINCE THE RECEIPT OF THE FREE ORS PACKET(S) IN DECEMBER, HAS (name) HAD ANY EPISODE OF DIARRHOEA?</b>	Yes, at least once..... 1 No episodes ..... 2 DK..... 8	2⇒UF13 8⇒UF13
<b>IM24. WAS/WERE THE FREE ORS PACKET(S) RECEIVED IN DECEMBER USED TO TREAT (name) FOR DIARRHOEA?</b>	Used to treat diarrhoea..... 1 Not used to treat..... 2 DK..... 8	

UF13. Record the time.	Hour and minutes.....__ : __	
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**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 him/her for his/her cooperation.

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

*Move to another woman's or under-5 questionnaire.*