



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

| UNDER-FIVE CHILD INFORMATION PANEL | | UF |
|---|--|-----------|
| <i>This questionnaire is to be administered to all mothers or caretakers (see household listing) who care for a child that lives with them and is under the age of 5 years. A separate questionnaire should be used for each eligible child.</i> | | |
| UF1. Cluster number: <div style="text-align: right;"> _ _ _ _ _ </div> | UF2. Household number: <div style="text-align: right;"> _ _ </div> | |
| UF3. Child's Name: | UF4. Child's Line Number: <div style="text-align: right;"> _ _ </div> | |
| UF5. Mother's/Caretaker's Name: | UF6. Mother's/Caretaker's Line Number: <div style="text-align: right;"> _ _ </div> | |
| UF7. Interviewer name and number: _ _ | UF8. Day/Month/Year of interview: <div style="text-align: right;"> _ _ / _ _ / _ _ _ _ </div> | |
| UF9. Result of interview for children under 5 | Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6 | |
| UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about <i>(name)</i> . In what month and year was <i>(name)</i> born? <i>Probe:</i> What is his/her birthday? | Date of birth: Day _ _ Month _ _ Year _ _ _ _ | |
| UF11. How old was <i>(name)</i> at his/her last birthday? | Age in completed years _ _ | |

BIRTH REGISTRATION AND EARLY LEARNING MODULE
BR

| BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? | Yes, seen..... 1 Yes, not seen..... 2 No..... 3 DK..... 8 | 1>BR5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|-------|--------|--|--------|--------|-------|--------|--|---|---|---|---|-------------------------------------|---|---|---|---|-------------------------------------|---|---|---|---|--|---|---|---|---|-------------------------------|---|---|---|---|---|---|---|---|---|--|
| BR2. HAS (<i>name's</i>) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES? | Yes..... 1 No..... 2 DK..... 8 | 1>BR5 8>BR4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BR3. WHY IS (<i>name's</i>) BIRTH NOT REGISTERED? | Costs too much..... 1 Must travel too far..... 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register 5 Other (<i>specify</i>) 6 DK..... 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH? | Yes..... 1 No..... 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BR5. CHECK AGE OF CHILD IN UF11: CHILD IS 3 OR 4 YEARS OLD? <input type="checkbox"/> Yes. > CONTINUE WITH BR6 <input type="checkbox"/> No. > GO TO BR8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BR6. 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? | Yes..... 1 No..... 2 DK..... 8 | 2>BR8 8>BR8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND? | No. of hours __ __ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>): <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD</i> | <table border="0" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>1- READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>2- TELL STORIES TO (<i>name</i>)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>3- SING SONGS WITH (<i>name</i>)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>4- TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>5- PLAY WITH (<i>name</i>)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>6- SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table> | | | | | Mother | Father | Other | No one | 1- READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)? | A | B | X | Y | 2- TELL STORIES TO (<i>name</i>)? | A | B | X | Y | 3- SING SONGS WITH (<i>name</i>)? | A | B | X | Y | 4- TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? | A | B | X | Y | 5- PLAY WITH (<i>name</i>)? | A | B | X | Y | 6- SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS? | A | B | X | Y | |
| | Mother | Father | Other | No one | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1- READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)? | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2- TELL STORIES TO (<i>name</i>)? | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3- SING SONGS WITH (<i>name</i>)? | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4- TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5- PLAY WITH (<i>name</i>)? | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6- SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS? | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Child development | | CE |
|--|--|----|
| <i>Question CE1 is to be administered only once to each caretaker</i> | | |
| CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS <i>If 'none' enter 00</i> | Number of non-children's books 0 __ Ten or more non-children's books 10 | |
| CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ? <i>If 'none' enter 00</i> | Number of children's books 0 __ Ten or more books 10 | |
| CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. WHAT DOES <i>(name)</i> PLAY WITH? DOES HE/SHE PLAY WITH HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS? OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES? HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME? TOYS THAT CAME FROM A STORE? <i>Code Y if child does not play with any of the items mentioned.</i> | A B C D Y | |
| CE4. SINCE LAST <i>(day of the week)</i> HOW MANY TIMES WAS <i>(name)</i> LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? <i>If 'none' enter 00</i> | Number of times __ __ | |
| CE5. IN THE PAST WEEK, HOW MANY TIMES WAS <i>(name)</i> LEFT ALONE? <i>If 'none' enter 00</i> | Number of times __ __ | |

| VITAMIN A MODULE | | VA |
|--|---|--|
| VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? <i>Show capsule or dispenser for different doses</i> <i>– 100,000 IU for those 6-11 months old,</i> <i>200,000 IU for those 12-59 months old.</i> | Yes..... 1 No..... 2 DK8 | 2>NEXT MODULE 8>NEXT MODULE |
| VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE? | Months ago..... __ __ DK..... 98 | |
| VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE? | On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 Other (<i>specify</i>) 6 DK..... 8 | |

| BREASTFEEDING MODULE | | 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. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i> SOLID OR SEMI-SOLID (MUSHY) FOOD? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>BF3a. Vitamin, mineral supplements or medicine?</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>BF3b. Plain water?</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>BF3c. Sweetened, flavored water or fruit juice or tea or infusion?</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>BF3d. ORS</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>BF3e. Infant formula</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>BF3f. Tinned, powdered or fresh milk?</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>BF3g. Any other liquids?</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>BF3h. Solid or semi-solid food</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 | BF3a. Vitamin, mineral supplements or medicine? | 1 | 2 | 8 | BF3b. Plain water? | 1 | 2 | 8 | BF3c. Sweetened, flavored water or fruit juice or tea or infusion? | 1 | 2 | 8 | BF3d. ORS | 1 | 2 | 8 | BF3e. Infant formula | 1 | 2 | 8 | BF3f. Tinned, powdered or fresh milk? | 1 | 2 | 8 | BF3g. Any other liquids? | 1 | 2 | 8 | BF3h. Solid or semi-solid food | 1 | 2 | 8 | |
| | Y | N | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF3a. Vitamin, mineral supplements or medicine? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF3b. Plain water? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF3c. Sweetened, flavored water or fruit juice or tea or infusion? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF3d. ORS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF3e. Infant formula | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF3f. Tinned, powdered or fresh milk? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF3g. Any other liquids? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF3h. Solid or semi-solid food | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF4. FOR INTERVIEWER: CHECK BF3H: CHILD RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD? Yes. > 1 No > 2 GO TO NEXT MODULE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? <i>If 7 or more times, record '7'.</i> | No. of times __ Don't know.....8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CARE OF ILLNESS MODULE | | CA |
|---|--|--------------------------------|
| <p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p> | <p>Yes..... 1 No2</p> <p>DK..... 8</p> | <p>2>CA5 8>CA5</p> |
| <p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> | <p style="text-align: right;">Yes No DK</p> <p>CA2a. A fluid made from a special packet ORS? 1 2 8</p> <p>CA2b. Recommended homemade fluid? 1 2 8</p> <p>CA2c. A pre-packaged ORS fluid 1 2 8</p> | |
| <p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p> | <p>Much less or none 1 About the same (or somewhat less) 2 More 3 DK..... 8</p> | |
| <p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i></p> | <p>None 1 Much less 2 Somewhat less 3 About the same 4 More 5 DK..... 8</p> | |
| <p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> | <p>Yes..... 1 No2 DK..... 8</p> | <p>2>CA14 8>CA14</p> |
| <p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p> | <p>Yes..... 1 No2 DK..... 8</p> | <p>2>CA14 8>CA14</p> |
| <p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p> | <p>Problem in chest..... 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK..... 8</p> | <p>2>CA14 6>CA14</p> |
| <p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p> | <p>Yes..... 1 No2 DK..... 8</p> | <p>2>CA10 8>CA10</p> |

| | | |
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| <p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p><i>(Name of place)</i></p> | <p>Public sector</p> <p>Govt. hospital.....A</p> <p>Govt. health centreB</p> <p>Govt. health post.....C</p> <p>Village health workerD</p> <p>Mobile/outreach clinicE</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinicI</p> <p>Private physician.....J</p> <p>Private pharmacyK</p> <p>Mobile clinicL</p> <p>Other private</p> <p>medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative or friend.....P</p> <p>ShopQ</p> <p>Traditional practitionerR</p> <p>Other (<i>specify</i>) _____ X</p> | |
| <p>CA10. WAS (<i>name</i>) GIVEN 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>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> | <p>Antibiotic.....A</p> <p>Paracetamol/Panadol/AcetaminophenP</p> <p>Aspirin.....Q</p> <p>IbuprofenR</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK.....Z</p> | |
| <p><i>Ask the following question (CA14) only once for each mother/caretaker.</i></p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned,</i></p> <p><i>But do NOT prompt with any suggestions.</i></p> | <p>Child not able to drink or breastfeed.....A</p> <p>Child becomes sickerB</p> <p>Child develops a feverC</p> <p>Child has fast breathing.....D</p> <p>Child has difficult breathingE</p> <p>Child has blood in stoolF</p> <p>Child is drinking poorlyG</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p> | |

| IMMUNIZATION MODULE | | | | | | IM |
|---|----------------------|-------|------|--|--|------------------|
| IM1. IS THERE A VACCINATION CARD FOR (name)? | Yes, seen..... 1 | | | | | 2>IM10 3>IM10 |
| | Yes, not seen..... 2 | | | | | |
| | No..... 3 | | | | | |
| (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 | | | |
| IM2. BCG | | | | | | |
| IM3. POLIO AT BIRTH | | | | | | |
| IM3A. POLIO 1 | | | | | | |
| IM3B. POLIO 2 | | | | | | |
| IM3C. POLIO 3 | | | | | | |
| IM4A. DPT1 | | | | | | |
| IM4B. DPT2 | | | | | | |
| IM4C. DPT3 | | | | | | |
| IM5A. HEPB1 | | | | | | |
| IM5B. HEPB2 | | | | | | |
| IM5C. HEPB3 | | | | | | |
| IM6. MEASLES | | | | | | |
| IM6A. MEASLES 2 | | | | | | |
| IM8A. VITAMIN A (1) | | | | | | |
| IM8B. VITAMIN A (2) | | | | | | |
| IM8C. BOOSTER DOSE POLIO+DPT | | | | | | |

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| <p>IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? <i>Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles vaccine(s), or Vitamin A supplements.</i></p> | <p>Yes..... 1 <i>(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.)</i> No..... 2 DK..... 8</p> | <p>1>IM19 2>IM19 8>IM19</p> |
| <p>IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p> | <p>Yes..... 1 No..... 2 DK..... 8</p> | <p>2>IM19 8>IM19</p> |
| <p>IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?</p> | <p>Yes..... 1 No..... 2 DK..... 8</p> | |
| <p>IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p> | <p>Yes..... 1 No..... 2 DK..... 8</p> | <p>2>IM15 8>IM15</p> |
| <p>IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?</p> | <p>Just after birth (within two weeks) 1 Later 2</p> | |
| <p>IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?</p> | <p>No. of times __ __ </p> | |
| <p>IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p> | <p>Yes..... 1 No..... 2 DK..... 8</p> | <p>2>IM17 8>IM17</p> |
| <p>IM16. HOW MANY TIMES?</p> | <p>No. of times __ __ </p> | |
| <p>IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p> | <p>Yes..... 1 No..... 2 DK..... 8</p> | |
| <p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS RECEIVED ANY IMMUNIZATION DURING THE NATIONAL IMMUNIZATION DAYS TO PROTECT HIM/HER FROM POLIO, OR GIVEN VITAMIN A :</p> <p>IM19A. CAMPAIGN A 2002 IM19B. CAMPAIGN B 2003 IM19C. CAMPAIGN C 2004 IM19D. CAMPAIGN D 2005</p> | <p>Y N DK Campaign A..... 1 2 8 Campaign B 1 2 8 Campaign C 1 2 8 Campaign D 1 2 8</p> | |

IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker?
Check household listing, column HL8.

Yes. ⇒ End the current questionnaire and then
Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible
child.

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

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| ANTHROPOMETRY MODULE | AN |
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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 on the household listing before recording measurements.

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| AN1. <i>Child's weight.</i> | Kilograms (kg) __ __ . __ | |
| AN2. <i>Child's length or height.</i> <i>Check age of child in UF11:</i> <i>" Child under 2 years old. ⇒ Measure length (lying down).</i> <i>" Child age 2 or more years. ⇒ Measure height (standing up).</i> | Length (cm) Lying down..... 1 __ __ __ . __ Height (cm) Standing up..... 2 __ __ __ . __ | |
| AN3. <i>Measurer's name and code</i> | Name code __ __ | |
| AN4. <i>Result of measurement.</i> | Measured..... 1 Not present..... 2 Refused 3 Other (<i>specify</i>) 6 | |

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| <p>AN5. <i>Is there another child in the household who is eligible for measurement?</i></p> <p><input type="checkbox"/> Yes. ⇒ <i>Record measurements for next child.</i></p> <p><input type="checkbox"/> No. ⇒ <i>End the interview with this household by thanking all participants for their cooperation.</i></p> <p><i>Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.</i></p> |
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