

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>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).</p> <p>A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: <div style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	UF2. Household number: <div style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF5. Mother's/Caretaker's name: Name _____	UF6. Mother's/Caretaker's line number: <div style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF7. Interviewer name and number: Name: _____ <div style="float: right; text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	UF8. Day/Month/Year of interview: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	

Repeat greeting if not already read to this respondent:

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

WE ARE FROM THE **CENTRAL STATISTICAL OFFICE**. 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 **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 (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **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 ⇒ 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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Completed .....</td> <td style="text-align: right;">01</td> </tr> <tr> <td>Not at home.....</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Refused.....</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Partly completed .....</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Incapacitated.....</td> <td style="text-align: right;">05</td> </tr> <tr> <td><b>Other (specify) _____</b></td> <td style="text-align: right;"><b>96</b></td> </tr> </table>	Completed .....	01	Not at home.....	02	Refused.....	03	Partly completed .....	04	Incapacitated.....	05	<b>Other (specify) _____</b>	<b>96</b>
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Incapacitated.....	05												
<b>Other (specify) _____</b>	<b>96</b>												

UF10. Field edited by (Name and number): Name _____ <div style="float: right; text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	UF11. Data entry clerk (Name and number): Name _____ <div style="float: right; text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>
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UF12. Record the time.	Hour and minutes ..... ____ : ____	
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AGE	AG
<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>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year <b>must</b> be recorded.</p>	<p>Date of birth</p> <p>Day ..... ____</p> <p>DK day ..... 98</p> <p>Month ..... ____</p> <p>Year ..... ____</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>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years)..... ____</p>

BIRTH REGISTRATION		BR
BR1. DOES ( <i>name</i> ) HAVE A BIRTH CERTIFICATE?  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen ..... 1	1⇒Next Module 2⇒ Next Module
	Yes, not seen ..... 2	
	No..... 3	
	DK ..... 8	
BR2. HAS ( <i>name</i> )'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes ..... 1	1⇒Next Module
	No..... 2	
	DK ..... 8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1	2⇒Next Module
	No..... 2	
BR3A. WHAT IS THE <b>MAIN</b> REASON THAT ( <i>name</i> )'S BIRTH IS NOT REGISTERED?	Costs too much ..... 01	
	Must travel too far ..... 02	
	Did not know it should be registered..... 03	
	Did not want to pay fine ..... 04	
	Does not know where to register ..... 05	
	Partner refuses ..... 06	
	No need to register child's birth ..... 07	
	Father/ Mother does not have a PIN/ID .... 08	
	Other ( <i>specify</i> ) _____ 96	
DK ..... 98		

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None ..... 00</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 <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>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>Homemade toys.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Household objects or outside objects.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		Y	N	DK	Homemade toys.....	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects.....	1	2	8	
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<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 <i>(name)</i>:</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' enter '0'. If 'don't know' enter '8'</p>	<p>Number of days left alone for more than an hour..... __</p> <p>Number of days left with other child for more than an hour..... __</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</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>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>1⇒EC6</p> <p>8⇒EC7</p>																

<p>EC5A. WHAT IS THE <b>MAIN</b> REASON (<i>name</i>) NOT ATTENDING ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Too far..... 1  Too costly..... 2  Disability..... 3  Religion..... 4  Other (specify)..... 6  DK..... 8</p>	<p>1⇒EC7  2⇒EC7  3⇒EC7  4⇒EC7  6⇒EC7  8⇒EC7</p>																																			
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?</p>	<p>Number of hours..... _ _</p>																																				
<p>EC7. 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>):</p> <p><i>If yes, ask:  WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</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>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No One	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. 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 YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1  No..... 2  DK..... 8</p>																																				
<p>EC9. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1  No..... 2  DK..... 8</p>																																				

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	1⇒BF2  8⇒BF3
BF1A. WHY HAS (NAME) NEVER BEEN BREASTFED?	No milk..... 1 Child did not take breast..... 2 Illness (child/mother)..... 3 Death (mother)..... 4 Fear of infection ..... 5  Other ( <i>specify</i> )..... 6	1⇒BF3 2⇒BF3 3⇒BF3 4⇒BF3 5⇒BF3  6⇒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 NIGHT. I AM INTERESTED IN WHETHER ( <i>name</i> ) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  DID ( <i>name</i> ) <b>DRINK PLAIN WATER</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	
BF4. DID ( <i>name</i> ) <b>DRINK INFANT FORMULA</b> 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> ) <b>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</b> 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> ) <b>DRINK JUICE OR JUICE DRINKS</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	
BF9. DID ( <i>name</i> ) <b>DRINK UMSOBHO</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2  DK..... 8	

BF10. DID ( <i>name</i> ) <b>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2 DK..... 8	
BF11. DID ( <i>name</i> ) <b>DRINK ORS (ORAL REHYDRATION SOLUTION)</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2 DK..... 8	
BF11A. DID ( <i>name</i> ) <b>DRINK EMAHEWU</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2 DK..... 8	
BF11B. DID ( <i>name</i> ) <b>DRINK TEA</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2 DK..... 8	
BF12. DID ( <i>name</i> ) <b>DRINK ANY OTHER LIQUIDS</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2 DK..... 8	
BF13. DID ( <i>name</i> ) <b>DRINK OR EAT YOGURT</b> 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) <b>EAT THIN PORRIDGE</b> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No ..... 2 DK..... 8	
BF16. DID ( <i>name</i> ) <b>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</b> 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> ) <b>DRINK ANYTHING FROM A BOTTLE WITH TIT/ NIPPLE?</b>	Yes..... 1 No ..... 2 DK..... 8	





<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><b>Other (specify) _____ X</b></p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) 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 (name) 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><b>Other (specify) _____ 6</b></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. clinic/PHU .....C</p> <p>Outreach site.....D</p> <p>Rural Health Motivator .....E</p> <p><b>Other public (specify) _____ H</b></p> <p>Private medical sector</p> <p>Private hospital .....I</p> <p>Private physician.....J</p> <p>Private pharmacy .....K</p> <p>Private clinic .....L</p> <p><b>Other private medical (specify) _____ O</b></p> <p>Other source</p> <p>Relative / Friend .....P</p> <p>Shop .....Q</p> <p>Traditional practitioner .....R</p> <p>Spiritual healer .....S</p> <p><b>Other (specify) _____ X</b></p>	

<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1  No ..... 2  DK ..... 8</p>	<p>2⇒CA14  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  Pill / Syrup..... A  Injection..... B</p> <p>Anti-malarials ..... M</p> <p>Paracetamol/Panadol/Acetaminophen ..... P  Aspirin ..... Q  Ibuprofen..... R</p> <p><b>Other (<i>specify</i>) _____ X</b>  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  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</p> <p><b>Other (<i>specify</i>) _____ 96</b>  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 Quinine ..... D Combination with Artemisinin (Coartem)..... E Mefloquine ..... F Other anti-malarial <i>(specify)</i> _____ H  Antibiotic drugs Pill / Syrup ..... I Injection..... J Doxycyclene ..... K  Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R Phenergan ..... S  <b>Other <i>(specify)</i> _____ X</b> 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><b>ML9. WHAT MEDICINE WAS (name) GIVEN?</b></p> <p><i>Probe:</i>  <b>ANY OTHER MEDICINE?</b></p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p>(Name)</p>	<p><b>Anti-malarials:</b>  SP/Fansidar ..... A  Chloroquine..... B  Quinine ..... D  Combination with Artemisinin  (Coartem)..... E  Mefloquine ..... F  Other anti-malarial  <i>(specify)</i> _____ <b>H</b></p> <p><b>Antibiotic drugs</b>  Pill / Syrup ..... I  Injection..... J  Doxycyclene ..... K</p> <p><b>Other medications:</b>  Paracetamol/Panadol/Acetaminophen ... P  Aspirin ..... Q  Ibuprofen..... R  Phenergan ..... S</p> <p><b>Other (specify)</b> _____ <b>X</b>  DK ..... Z</p>	
<p><b>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</b></p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p><b>ML11. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML6 or ML9)?</b></p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</i></p> <p><i>Record how long after the fever started the first anti-malarial was given.</i></p>	<p>Same day ..... 0  Next day ..... 1  2 days after the fever ..... 2  3 days after the fever ..... 3  4 or more days after the fever ..... 4</p> <p>DK ..... 8</p>	

**IMMUNIZATION**

**IM**

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

IM1. DO YOU HAVE A CARD WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN?  (If yes) MAY I SEE IT PLEASE?	Yes, seen .....	1	1⇒IM3
	Yes, not seen .....	2	2⇒IM6
	No card .....	3	

IM2. DID YOU EVER HAVE A VACCINATION CARD FOR <i>(name)</i> ?	Yes .....	1	1⇒IM6
	No .....	2	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

		Day	Month	Year
BCG	BCG			
POLIO AT BIRTH	OPV0			
POLIO 1	OPV1			
POLIO 2	OPV2			
POLIO 3	OPV3			
DPT1/HEP B1/HIB1	DPT/HEPB1/HIB1			
DPT2/HEP B2/HIB2	DPT/HEPB2/HIB2			
DPT/HEPB3/HIB3	DPT/HEPB3/HIB3			
MEASLES	MEASLES 1			
MEASLES (BOOSTER)	MEASLES 2			
VITAMIN A (MOST RECENT)	VIT. A			

<p>IM4. Check IM3. Are all vaccines (BCG to Vitamin A) recorded?</p> <p><input type="checkbox"/> Yes ⇒ Go to IM18</p> <p><input type="checkbox"/> No ⇒ Continue with IM5</p>
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<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION 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 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 VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes ..... 1 No ..... 2 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 IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes ..... 1 No ..... 2 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>Yes ..... 1 No ..... 2 DK..... 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks..... 1 Later ..... 2</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/HEPB/HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT/HepB/Hib vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes ..... 1 No ..... 2 DK..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM12. HOW MANY TIMES WAS A DPT/HEPB/HIB VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION – 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>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p> <p><i>Show Vitamin A capsules</i></p>	<p>Yes ..... 1 No ..... 2 DK..... 8</p>	

<p>IM19. Please tell me if (<i>name</i>) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days:</p> <p>[A] <b>2006 July Integrated Measles Campaign (after the drought in 2006)</b></p> <p>[B] <b>2009 July Integrated Measles Campaign</b></p>	<p style="text-align: right;">Y N DK</p> <p><i>Integrated Measles Campaign</i>..... 1 2 8</p> <p><i>Integrated Measles Campaign</i>..... 1 2 8</p>	
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UF13. Record the time.	Hour and minutes ..... ____ : ____	
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<p>UF14. <i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child..</i></p> <p><i>Check to see if there are other woman's or under-5 questionnaires to be administered in this household.</i></p> <p><i>Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.</i></p>
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ANTHROPOMETRY		AN
<p>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.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height/length and weight measurement	Either or both measured ..... 1 Child not present..... 2 Child or caretaker refused ..... 3 <b>Other (specify)_____ 6</b>	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg)..... Weight not measured..... 99.9	
AN4. Child's length or height	Check age of child in AG2:  <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).  <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down..... 1 _____  Height (cm) Standing up..... 2 _____  Length/Height not measured ..... 9999.9
AN5. Oedema	Observe and record  Checked Oedema present ..... 1 Oedema not present ..... 2 Unsure ..... 3  Not checked (specify reason)_____ 7	

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

Yes ⇒ Record measurements for next child.

No ⇒ End the interview with this household by thanking all participants for their cooperation.

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.

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**