



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: ___ ___ / ___ ___ / <u>2 0 2 1</u>	UF8. Record the start 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 recorded 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 1 ⇒UF10B NO, FIRST INTERVIEW 2 2 ⇒UF10A
UF10A. Hello, my name is (your name). We are from Central Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (child's name from UF3)'s health and well-being. This interview will take about 35 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 (child's name from UF3)'s health and well-being in more detail. This interview will take about 35 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..... 1 NO / NOT ASKED..... 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 (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND		UB
<p>UB0. Before I begin the interview, could you please bring (<i>name</i>)'s Birth Certificate, Child Health Card, and any immunisation record from a private health provider? We will need to refer to those documents.</p>		
<p>UB1. On what day, month and year was (<i>name</i>) born?</p> <p><i>Probe:</i> What is (his/her) birthday?</p> <p><i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH DAY _ _</p> <p>DK DAY..... 98</p> <p>MONTH _ _</p> <p>YEAR <u>2</u> <u>0</u> _ _</p>	
<p>UB2. How old is (<i>name</i>)?</p> <p><i>Probe:</i> How old was (<i>name</i>) at (his/her) last birthday?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p>	<p>AGE (IN COMPLETED YEARS)..... _</p>	
<p>UB3. Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2 1</p> <p>AGE 3 OR 4 2</p>	<p>1 ⇒ End</p>
<p>UB4. Check the respondent's line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?</p>	<p>YES, RESPONDENT IS THE SAME, UF4=HH47 1</p> <p>NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2</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=0..... 1</p> <p>NO, ED10≠0 OR BLANK 2</p>	<p>1 ⇒ UB8B</p> <p>2 ⇒ End</p>
<p>UB6. Has (<i>name</i>) ever attended any early childhood education programme, such as pre-school or grade 0?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ End</p>
<p>UB7. At any time since January 2021, did (he/she) attend (programmes mentioned in UB6)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ UB8A</p> <p>2 ⇒ End</p>

<p>UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?</p> <p>UB8B. You have mentioned that (<i>name</i>) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?</p>	<p>YES 1</p> <p>NO 2</p>	
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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 ⇒ <i>End</i>
	YES, NOT SEEN..... 2	2 ⇒ <i>End</i>
	NO..... 3	
	DK..... 8	
BR2. Has (<i>name</i>)’s birth been registered with the Ministry of Home Affairs?	YES..... 1	1 ⇒ <i>End</i>
	NO..... 2	
	DK..... 8	
BR3. Do you know how to register (<i>name</i>)’s birth?	YES..... 1	
	NO..... 2	
BR4. What is the main reason for not registering (<i>name</i>)’s birth?	WAITING TIME TOO LONG/ SLOW SERVICE/ LENGTHY ADMINISTRATIVE PROCESSES 01	
	OFFICES TOO FAR (TRAVEL COSTS) .. 02	
	DID NOT KNOW CHILD SHOULD BE REGISTERED..... 03	
	DID NOT WANT TO PAY FINE/PENALTY 04	
	PARENT/PARTNER REFUSES/ NOT AVAILABLE 05	
	NO NEED TO REGISTER CHILD’S BIRTH 06	
	FATHER/ MOTHER DOES NOT HAVE A PIN/ID 07	
	DO NOT KNOW HOW TO REGISTER CHILD..... 08	
	CHILD BORN IN FOREIGN COUNTRY .. 09	
	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 <u>0</u> ..</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>Y N DK</p> <p>HOMEMADE TOYS..... 1 2 8</p> <p>TOYS FROM A SHOP..... 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 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 (<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><i>If 'None' record '0'. If 'Don't know' record '8'.</i></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 OR 1..... 1</p> <p>AGE 2, 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 (<i>name</i>):</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with (<i>name</i>)?</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 recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories or folk tales to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for or with (<i>name</i>)?</p>	<table border="1"> <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</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	A	B	X	Y	
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<p>EC21. I would like to ask you about certain things (<i>name</i>) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.</p> <p>Can (<i>name</i>) walk on an uneven surface, for example a bumpy or steep road, without falling?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>																																				
<p>EC22. Can (<i>name</i>) jump up with both feet leaving the ground?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>																																				
<p>EC23. Can (<i>name</i>) dress (<i>him/herself</i>), that is, put on (pants and a top / skirt and a top) without help?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>																																				

<p>EC24. Can (<i>name</i>) fasten and unfasten buttons without help?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC25. Can (<i>name</i>) say 10 or more words like “mama” or “ball”?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC26. Can (<i>name</i>) speak using sentences of 3 or more words that go together, for example “I want water - Ngifuna kunatsa emanti” or “Grandma is asleep - Gogo ulele endlini”?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	<p>2 ⇒ ECD28 8 ⇒ ECD28</p>
<p>EC27. Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example “Mbali does not want to play- Sipho akafuni kudlala nami ibhola”?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC28. Can (<i>name</i>) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water- Ngifuna emanti,” or “He/She plays with the ball- Udlala ibhola”?</p> <p><i>If yes probe:</i> Here we mean that the child is able to make a distinction between talking about themselves and about another person.</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC29. If you show (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or animal, can (<i>he/she</i>) consistently name it?</p> <p><i>Probe:</i> By consistently I mean that (<i>he/she</i>) uses the same word to refer to the same object, even if the word used is not fully correct.</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC30. Can (<i>name</i>) recognise at least 5 letters of the alphabet?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC31. Can (<i>name</i>) write (<i>his/her</i>) own name?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC32. Does (<i>name</i>) recognise <u>all</u> numbers from 1 to 5?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC33. If you ask (<i>name</i>) to give you 3 objects, such as 3 stones or 3 sweets, does (<i>he/she</i>) give you the correct amount?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	

<p>EC34. Can (<i>name</i>) count 10 objects, for example 10 fingers, 10 stones or 10 bottle tops, without mistakes?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC35. Can (<i>name</i>) do an activity, such as colouring or moulding objects with clay, without repeatedly asking for help or giving up too quickly?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC36. Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC37. Does (<i>name</i>) offer to help someone who seems to need help?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC38. Does (<i>name</i>) get along well with other children?</p>	<p>YES..... 1 NO..... 2 DK..... 8</p>	
<p>EC39. The next two questions have five different options for answers. I am going to read these to you after each question.</p> <p>How often does (<i>name</i>) seem to be very sad or depressed?</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY 1 WEEKLY..... 2 MONTHLY..... 3 A FEW TIMES A YEAR 4 NEVER 5 DK..... 8</p>	
<p>EC40. Compared with children of the same age, how much does (<i>name</i>) 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 ALL 1 LESS..... 2 THE SAME..... 3 MORE..... 4 A LOT MORE 5</p>	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0.....1 AGE 1, 2, 3 OR 42	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 <u>you or any other adult in your household</u> has used this method with (<i>name</i>) <u>in the past month</u> .	<p style="text-align: right;">YES NO</p> <p>[A] Took away privileges, forbade something (<i>name</i>) liked or did not allow (him/her) to leave the house. TOOK AWAY PRIVILEGES.....1 2</p> <p>[B] Explained why (<i>name</i>)'s behavior was wrong. EXPLAINED WRONG BEHAVIOR.....1 2</p> <p>[C] Shook (him/her). SHOOK HIM/HER1 2</p> <p>[D] Shouted, yelled at or screamed at (him/her). SHOUTED, YELLED, SCREAMED1 2</p> <p>[E] Gave (him/her) something else to do. GAVE SOMETHING ELSE TO DO1 2</p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand. SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1 2</p> <p>[G] Hit (him/her) 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</p> <p>[H] Called (him/her) dumb, lazy or another name like that. CALLED DUMB, LAZY OR ANOTHER NAME1 2</p> <p>[I] Hit or slapped (him/her) on the face, head or ears. HIT / SLAPPED ON THE FACE, HEAD OR EARS1 2</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg. HIT / SLAPPED ON HAND, ARM OR LEG1 2</p> <p>[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could. BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD.....1 2</p>	
UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?	YES1 NO2	2 ⇒UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES1 NO2	1 ⇒ End

<p>UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?</p>	<p>YES1 NO2 DK / NO OPINION8</p>	
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CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End
UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses?	YES 1 NO 2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES 1 NO 2	
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 (<i>name</i>) 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 (<i>name</i>) 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=1 1 NO, UCF2=2 2	1 ⇒ UCF7A 2 ⇒ UCF7B
UCF7A. When wearing (his/her) glasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 ⇒ UCF9A 2 ⇒ UCF9B
UCF9A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 ⇒ UCF11 2 ⇒ UCF13
UCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14

<p>UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4</p>	
<p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4</p>	
<p>UCF15. Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4</p>	
<p>UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4</p>	
<p>UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4</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 ⇨ BD3 A 8 ⇨ BD3 A
BD3. Is (<i>name</i>) still being breastfed?	YES 1 NO 2 DK 8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2 2	2 ⇨ End
BD4. 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	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES 1 NO 2 DK 8	
BD6. 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	

<p>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.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Fruit juice or fruit-flavored drinks including those made from syrups or powders?	JUICE OR JUICE DRINKS	1	2	8
[C] Clear broth/Soup (Umsobho)?	CLEAR BROTH/SOUP (UMSOBHO)	1	2	8
[D] Infant formula, such as (NAN, Lactogen, Infa-Care)	INFANT FORMULA	1	2 \surd	8 \surd
<p>[D1] How many times did (<i>name</i>) drink infant formula?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA..... _</p> <p>DK..... 8</p>			
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 \surd	8 \surd
<p>[E1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK MILK..... _</p>			
[E2] Was the milk or were any of the milk drinks a sweet or flavoured type of milk, including from sugar or sweeteners added at home?	SWEET MILK	1	2	8
[F] Yoghurt drinks, such as Yogi Sip?	YOGHURT DRINKS	1	2 \surd	8 \surd
<p>[F1] How many times did (<i>name</i>) drink yoghurt drinks?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK YOGHURT DRINKS..... _</p>			
[F2] Was the yoghurt or were any of the yoghurt drinks a sweet or flavoured type of yoghurt, including from sugar or sweeteners added at home?	SWEET YOGHURT DRINKS	1	2	8
[G] Chocolate drinks, including those made from powders such as Milo, Hot Chocolate, Nesquik, cocoa?	CHOCOLATE DRINKS	1	2	8
[H] Tea, coffee, or herbal drinks such as green tea, mint tea, lemon grass tea, etc.?	TEA/ COFFEE DRINKS	1	2 \surd	8 \surd

[H1] Was the tea or coffee drink or were any of the tea or coffee drinks sweet including from sugar or sweeteners added at home?	SWEET TEA/ COFFEE DRINKS	1	2	8
[I] Soft/cold drinks like Coca cola or Fanta, malt drinks, sports drinks or energy drinks?	SOFT/ COLD DRINKS	1	2	8
[J] Emahewu?	EMAHEWU	1	2 \surd <i>BD7[X]</i>	8 \surd <i>BD7[X]</i>
[J1] Was the emahewu sweet or flavoured including from sugar or sweeteners added at home?	SWEET EMAHEWU	1	2	8
[X] Any other liquids?	OTHER LIQUIDS	1	2 \surd <i>BD8</i>	8 \surd <i>BD8</i>
[X1] <i>Record all other liquids mentioned.</i>	(Specify) _____ _____			
[X2] Was the drink or were any of these drinks sweetened?	SWEET OTHER LIQUIDS	1	2	8

<p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- 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.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time? <i>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></p>					
<p><i>For each food group not mentioned after completing the above ask:</i> Just to make sure, did (<i>name</i>) eat (food group items) yesterday during the day or the night</p>			YE		
			S	NO	DK
<p>[A] Yogurt other than yoghurt drinks? <i>Note that liquid/drinking yogurt should be captured in BD7[F] or BD7[X], depending on milk content.</i></p>	YOGURT	1	2 ∅	8 ∅	BD8[B] BD8[B]
<p>[A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'.</i></p>	NUMBER OF TIMES ATE YOGURT				8
	DK.....				8
<p>[B] Any baby food, such as (Purity, Cerelac, Nestum?)</p>	FORTIFIED BABY FOOD	1	2		8
<p>[C] Bread, rice, porridge, liphalishi, soft porridge (indengane, incwancwa, inembe, umhidvwo), sorghum, samp, mealie rice, or other foods made from grains e.g. spaghetti, weetbix, etc?</p>	FOODS MADE FROM GRAINS	1	2		8
<p>[D] Pumpkin, butternut, carrots, squash, or sweet potatoes that are yellow or orange inside?</p>	PUMPKIN, CARROTS, SQUASH, ETC.	1	2		8
<p>[E] White potatoes, white yams, cassava, or any other foods made from roots?</p>	FOODS MADE FROM ROOTS	1	2		8
<p>[F] Any dark green, leafy vegetables, such as spinach, ligusha, inkakha, ishubaba, imbuya, chuchuzza or umbhidvo wetintsanga?</p>	DARK GREEN, LEAFY VEGETABLES	1	2		8
<p>[F1] Any other vegetables, such as tomatoes, onion, beetroot, cabbage or green or yellow pepper?</p>	OTHER VEGETABLES	1	2		8
<p>[G] Ripe mangoes or ripe paw paws?</p>	RIPE MANGO, RIPE PAWPAW	1	2		8
<p>[H] Any other fruits such as bananas, guavas, tincozi, tineyi, emantulwa, ematelemba, apples, plums, peaches?</p>	OTHER FRUITS	1	2		8
<p>[I] Liver, kidney, heart, offals or other organ meats?</p>	ORGAN MEATS	1	2		8
<p>[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck?</p>	OTHER MEATS	1	2		8

[J1] Processed meats such as boerewors, sausages, viennas, hot dogs, ham, bacon, salami, canned meat, polony, burger patties?	PROCESSED 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, jugo beans, peanuts or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Emasi, cheese?	EMASI, CHEESE	1	2	8
[O] Sweet foods such as chocolates, candies including emascoopers, pastries, cakes, doughnuts emafethi, biscuits, or frozen treats like ice cream and popsicles including iceblock?	SWEET FOODS	1	2	8
[P] Chips, puffs including emakip-kip, emabomfohlo, emanik-naks, simba-chips, instant noodles?	FRIED FOODS	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 [∩] BD9	8 [∩] BD9
[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.	(Specify) _____			
BD9. How many times did (<i>name</i>) 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> <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES _ DK..... 8			

IMMUNISATION							IM	
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2					2 ⇒ End	
IM2. Do you have a Child Health Card, immunisation records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CARD(S).....1 YES, HAS ONLY OTHER DOCUMENT2 YES, HAS CARD(S) AND OTHER DOCUMENT3 NO, HAS NO CARDS AND NO OTHER DOCUMENT4					1 ⇒IM5 3 ⇒IM5	
IM3. Did you ever have a Child Health Card or immunisation records from a private health provider for (<i>name</i>)?		YES.....1 NO.....2						
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 ...1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=42					2 ⇒IM11	
IM5. May I see the card(s) (and/or) other document?		YES, ONLY CARD(S) SEEN1 YES, ONLY OTHER DOCUMENT SEEN2 YES, CARD(S) AND OTHER DOCUMENT SEEN3 NO CARDS AND NO OTHER DOCUMENT SEEN4					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 IMMUNISATION						
		DAY		MONTH		YEAR		
BCG	BCG					2	0	
Polio (OPV) (at birth)	OPV0					2	0	
Polio (OPV) 1	OPV1					2	0	
Polio (OPV) 2	OPV2					2	0	
Polio (OPV) 3	OPV3					2	0	
Polio (OPV) 4	OPV4					2	0	
Polio (IPV)	IPV					2	0	
Pentavalent (DTPHibHepB) 1	Penta1					2	0	
Pentavalent (DTPHibHepB) 2	Penta2					2	0	
Pentavalent (DTPHibHepB) 3	Penta3					2	0	
Pneumococcal (Conjugate) 1	PCV1					2	0	
Pneumococcal (Conjugate) 2	PCV2					2	0	

Pneumococcal (Conjugate) 3	PCV3					2	0			
Rotavirus 1	Rota1					2	0			
Rotavirus 2	Rota2					2	0			
MR 1/Measles Rubella	MR1					2	0			
MR 2/Measles Rubella	MR2					2	0			
DTP Booster	DPT					2	0			
Vitamin A (At 6 months)	VITA1					2	0			
Vitamin A (At 12 months)	VITA2					2	0			
Albendazole (At 12 months)	Albendazole					2	0			
Albendazole (At 18 months)	Albendazole					2	0			
IM7. Check IM6: Are all vaccines (BCG to Albendazole Second Dose) recorded?		YES.....	1							1 ⇒End
		NO.....	2							
IM8. Did (<i>name</i>) participate in any of the following national immunisation days or child health days:										
[A] The 2021 national immunisation campaign which was held from 7 to 12 June, for Measles Rubella, Vitamin A and Albendazole		2021 NATIONAL IMMUNISATION A	1	2	8					
[B] The 2020 child health days campaign which was held in the first week of each of the following months: October, November, December		2020 CHILD HEALTH DAYS B.....	1	2	8					
[C] The 2019 child health days campaign which was held in May		2019 CHILD HEALTH DAYS C.....	1	2	8					
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations?		YES.....	1							2 ⇒End
		NO.....	2							
		DK.....	8							8 ⇒End
IM10. Go back to IM6 and probe for these vaccinations.										
<i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i>										⇒End
<i>When <u>finished</u>, go to End of module.</i>										
IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases including vaccinations received during child health days or at outreach site?		YES.....	1							
		NO.....	2							
		DK.....	8							

<p>IM12. Did (<i>name</i>) participate in any of the following national immunisation days or child health days:</p> <p>[A] The 2021 national immunisation campaign which was held from 7 to 12 June, for Measles Rubella, Vitamin A and Albendazole</p> <p>[B] The 2020 child health days campaign which was held in the first week of each of the following months: October, November, December</p> <p>[C] The 2019 child health days campaign which was held in May</p>	<p style="text-align: right;">Y N DK</p> <p>2021 NATIONAL IMMUNISATION A 1 2 8</p> <p>2020 CHILD HEALTH DAYS B..... 1 2 8</p> <p>2019 CHILD HEALTH DAYS C..... 1 2 8</p>	
<p>IM13. Check IM11 and IM12:</p>	<p>ALL NO OR DK..... 1</p> <p>AT LEAST ONE YES 2</p>	<p>1 ⇒ End</p>
<p>IM14. Has (<i>name</i>) ever received a BCG vaccination against tuberculosis – that is, an injection in the left forearm or in the arm if vaccinated in RSA that usually causes a scar?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio?</p> <p><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></p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ IM20</p> <p>8 ⇒ IM20</p>
<p>IM17. Were the first polio drops received in the first two weeks after birth?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>IM18. How many times were the polio drops received?</p>	<p>NUMBER OF TIMES —</p> <p>DK..... 8</p>	
<p>IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio?</p> <p><i>Probe to ensure that both were given, drops and injection.</i></p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>IM20. Has (<i>name</i>) 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?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i></p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ IM22</p> <p>8 ⇒ IM22</p>

IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES__ DK.....8	
IM22. Has (<i>name</i>) 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 OF TIMES__ DK.....8	
IM24. Has (<i>name</i>) 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 OF TIMES__ DK.....8	
IM26. Has (<i>name</i>) ever received a MR vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles and rubella?	YES.....1 NO.....2 DK.....8	2⇒IM27 8⇒IM27
IM26A. How many times was the MR vaccine received?	NUMBER OF TIMES__ DK.....8	
IM27A. Has (<i>name</i>) ever received the DTP Booster – that is, an injection in the thigh at the age of 18 months or older - to boost (his/her) immunity against diphtheria, tetanus and pertussis? <i>Probe by indicating that the first DTP booster is sometimes given at the same time as the second MR dose or fourth Polio dose.</i>	YES.....1 NO.....2 DK.....8	
IM28A. Has (name) ever received Vitamin A?	YES.....1 NO.....2 DK.....8	2⇒IM29A 8⇒IM29A
IM28B. How many times was Vitamin A received?	NUMBER OF TIMES__ DK.....8	
IM29A. Has (name) ever received Albendazole?	YES.....1 NO.....2 DK.....8	2⇒End 8⇒End

IM29B. How many times was Albendazole received?	NUMBER OF TIMES_	
	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 ⇨ CA14 8 ⇨ CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8 2	1 ⇨ CA3A 2 ⇨ CA3B
CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine. 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	
CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine. 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?		
CA4. 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 7 DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES 1 NO 2 DK 8	2 ⇨ CA7 8 ⇨ CA7

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><u><i>If unable to determine if public, private sector, mission or NGO sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></u></p> <hr/> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT CLINIC/PHU C</p> <p>RURAL HEALTH MOTIVATOR D</p> <p>MOBILE/ OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>) ____ F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC G</p> <p>PRIVATE PHYSICIAN H</p> <p>PRIVATE PHARMACY/ CHEMIST I</p> <p>PRIVATE MOBILE/ OUTREACH CLINIC J</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) __ K</p> <p>MISSION MEDICAL SECTOR</p> <p>MISSION HOSPITAL..... L</p> <p>MISSION CLINIC..... M</p> <p>MISSION OUTREACH SITE..... N</p> <p>OTHER MISSION MEDICAL (<i>specify</i>) ____ O</p> <p>NGO MEDICAL SECTOR</p> <p>NGO CLINIC P</p> <p>NGO OUTREACH SITE Q</p> <p>OTHER NGO MEDICAL (<i>specify</i>) _____ R</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGOS</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND T</p> <p>SHOP / MARKET / STREET U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>SPIRITUAL HEALER W</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK/ DON'T REMEMBER Z</p>	
<p>CA7. During the time (<i>name</i>) 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] Salt sugar solution (Emanti eluswayi nashukela) ?</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>ZINC TABLETS OR SYRUP.....1 2 8</p> <p>SALT SUGAR SOLUTION1 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, private, mission or NGO 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 style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT CLINIC/PHU C</p> <p>RURAL HEALTH MOTIVATOR D</p> <p>MOBILE/ OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) ____ F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC G</p> <p>PRIVATE PHYSICIAN H</p> <p>PRIVATE PHARMACY/ CHEMIST I</p> <p>PRIVATE MOBILE/ OUTREACH CLINIC J</p> <p>OTHER PRIVATE MEDICAL (specify) __ K</p> <p>MISSION MEDICAL SECTOR</p> <p>MISSION HOSPITAL..... L</p> <p>MISSION CLINIC..... M</p> <p>MISSION OUTREACH SITE..... N</p> <p>OTHER MISSION MEDICAL (specify) ____ O</p> <p>NGO MEDICAL SECTOR</p> <p>NGO CLINIC P</p> <p>NGO OUTREACH SITE Q</p> <p>OTHER NGO MEDICAL (specify) _____ R</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGOS</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND T</p> <p>SHOP / MARKET / STREET U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>SPIRITUAL HEALER W</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</p> <p>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, private, mission or NGO 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT CLINIC/PHU C</p> <p>RURAL HEALTH MOTIVATOR D</p> <p>MOBILE/ OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>) ____ F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC G</p> <p>PRIVATE PHYSICIAN H</p> <p>PRIVATE PHARMACY / CHEMIST I</p> <p>PRIVATE MOBILE/ OUTREACH CLINIC J</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) __ K</p> <p>MISSION MEDICAL SECTOR</p> <p>MISSION HOSPITAL.....L</p> <p>MISSION CLINIC..... M</p> <p>MISSION OUTREACH SITE..... N</p> <p>OTHER MISSION MEDICAL (<i>specify</i>)__ O</p> <p>NGO MEDICAL SECTOR</p> <p>NGO CLINIC P</p> <p>NGO OUTREACH SITE Q</p> <p>OTHER NGO MEDICAL (<i>specify</i>) _____ R</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGOS</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND T</p> <p>SHOP / MARKET / STREET U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>SPIRITUAL HEALER W</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK/ DON'T REMEMBER Z</p>	
<p>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA14</p> <p>8 ⇒ CA14</p>

<p>CA13. 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 style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTICA</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) B</p> <p>OTHER PILL OR SYRUPG</p> <p>UNKNOWN PILL OR SYRUPH</p> <p>INJECTION</p> <p>ANTIBIOTICL</p> <p>NON-ANTIBIOTICM</p> <p>UNKNOWN INJECTIONN</p> <p>INTRAVENOUS (IV).....O</p> <p>HOME REMEDY / HERBAL MEDICINE.....Q</p> <p>OTHER (<i>specify</i>) _____X</p>	
<p>CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇨CA16</p> <p>8 ⇨CA16</p>
<p>CA15. At any time during the illness, did (<i>name</i>) have blood taken from (his/her) finger or heel for testing?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	
<p>CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</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>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇨CA19</p> <p>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 ONLY1</p> <p>BLOCKED OR RUNNY NOSE ONLY2</p> <p>BOTH.....3</p> <p>OTHER (<i>specify</i>) _____6</p> <p>DK8</p>	<p>1 ⇨CA20</p> <p>2 ⇨CA20</p> <p>3 ⇨CA20</p> <p>6 ⇨CA20</p> <p>8 ⇨CA20</p>
<p>CA19. Check CA14: Did child have fever?</p>	<p>YES, CA14=1.....1</p> <p>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>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇨CA22</p> <p>8 ⇨CA22</p>

<p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p><i>Record all providers mentioned, but do <u>not</u> 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, private, mission or NGO 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT CLINIC/PHU C</p> <p>RURAL HEALTH MOTIVATOR D</p> <p>MOBILE/ OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>) ____ F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC G</p> <p>PRIVATE PHYSICIAN H</p> <p>PRIVATE PHARMACY / CHEMIST I</p> <p>PRIVATE MOBILE/ OUTREACH CLINIC J</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) __ K</p> <p>MISSION MEDICAL SECTOR</p> <p>MISSION HOSPITAL..... L</p> <p>MISSION CLINIC..... M</p> <p>MISSION OUTREACH SITE..... N</p> <p>OTHER MISSION MEDICAL (<i>specify</i>) ____ O</p> <p>NGO MEDICAL SECTOR</p> <p>NGO CLINIC P</p> <p>NGO OUTREACH SITE Q</p> <p>OTHER NGO MEDICAL (<i>specify</i>) _____ R</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGOS</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND T</p> <p>SHOP / MARKET / STREET U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>SPIRITUAL HEALER W</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK/ DON'T REMEMBER Z</p>	
<p>CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ CA30</p> <p>8 ⇨ CA30</p>

<p>CA23. What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <hr/> <p style="text-align: center;"><i>(Name of brand)</i></p> <hr/> <p style="text-align: center;"><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</p> <p> PILLS E</p> <p> INJECTION/IV F</p> <p>ARTESUNATE</p> <p> RECTAL..... G</p> <p> INJECTION/IV H</p> <p>COARTEM / MEFLOQUINE..... I</p> <p>DOXYCYCLINE J</p> <p>OTHER ANTI-MALARIAL (specify) _____ K</p> <p>ANTIBIOTICS</p> <p>AMOXICILLIN..... L</p> <p>COTRIMOXAZOLE..... M</p> <p>ERYTHROMYCIN N</p> <p>OTHER ANTIBIOTIC</p> <p> PILL/SYRUP O</p> <p>OTHER ANTIBIOTIC</p> <p> INJECTION/IV P</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN..... R</p> <p>ASPIRIN..... S</p> <p>IBUPROFEN T</p> <p>ONLY BRAND NAME RECORDED..... W</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-P 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED ... 2</p>	<p>2 ⇨ CA26</p>

<p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to P</i>)?</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, private, mission or NGO 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT CLINIC/PHU C</p> <p>RURAL HEALTH MOTIVATOR D</p> <p>MOBILE/ OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>) ____ F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC G</p> <p>PRIVATE PHYSICIAN H</p> <p>PRIVATE PHARMACY / CHEMIST I</p> <p>PRIVATE MOBILE/ OUTREACH CLINIC J</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) __ K</p> <p>MISSION MEDICAL SECTOR</p> <p>MISSION HOSPITAL..... L</p> <p>MISSION CLINIC..... M</p> <p>MISSION OUTREACH SITE..... N</p> <p>OTHER MISSION MEDICAL (<i>specify</i>) ____ O</p> <p>NGO MEDICAL SECTOR</p> <p>NGO CLINIC P</p> <p>NGO OUTREACH SITE Q</p> <p>OTHER NGO MEDICAL (<i>specify</i>) _____ R</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGOS</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND T</p> <p>SHOP / MARKET / STREET U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>SPIRITUAL HEALER W</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 (<i>name of medicine from CA23, codes A to K</i>)?</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, private, mission or NGO 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT CLINIC/PHU C</p> <p>RURAL HEALTH MOTIVATOR D</p> <p>MOBILE/ OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>) ____ F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC G</p> <p>PRIVATE PHYSICIAN H</p> <p>PRIVATE PHARMACY I</p> <p>PRIVATE MOBILE/ OUTREACH CLINIC J</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) __ K</p> <p>MISSION MEDICAL SECTOR</p> <p>MISSION HOSPITAL..... L</p> <p>MISSION CLINIC..... M</p> <p>MISSION OUTREACH SITE..... N</p> <p>OTHER MISSION MEDICAL (<i>specify</i>)__ O</p> <p>NGO MEDICAL SECTOR</p> <p>NGO CLINIC P</p> <p>NGO OUTREACH SITE Q</p> <p>OTHER NGO MEDICAL (<i>specify</i>) _____ R</p> <p>DK PUBLIC, PRIVATE, MISSION OR NGOS</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND T</p> <p>SHOP / MARKET / STREET U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>SPIRITUAL HEALER W</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK/ DON'T REMEMBER Z</p>	
<p>CA28. Check CA23: More than one antimalarial recorded 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 (<i>name</i>) first take the first of the (<i>name all anti-malarials recorded in CA23, codes A to K</i>)?</p> <p>CA29B. How long after the fever started did (<i>name</i>) first take (<i>name of anti-malarial from CA23, codes A to K</i>)?</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 (<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, DITCH, FLOWING WATER OR RIVER 03 THROWN INTO GARBAGE (SOLID WASTE) 04 BURIED 05 LEFT IN THE OPEN 06 OTHER (<i>specify</i>) _____ 96 DK 98</p>	
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UF11. Record the time.	HOURS AND MINUTES__ __ : __ __	
UF12. Language of the Questionnaire.	ENGLISH 1 SISWATI 2	
UF13. Language of the Interview.	ENGLISH 1 SISWATI 2	
UF14. Native language of the Respondent.	ENGLISH 1 SISWATI 2 OTHER LANGUAGE (specify) 6	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE..... 2 NO, NOT USED 3	

UF15A. Check the name and line number of this questionnaire's respondent (UF4). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), WOMAN QUESTIONNAIRE (WM3), MAN QUESTIONNAIRE (MWM3), UNDER 5 QUESTIONNAIRE (UF4) and 5-17 QUESTIONNAIRE (FS4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?	YES, ALREADY INTERVIEWED (UF4=HH47 OR UF4=WM3 OR UF4=MWM3 OR UF4=FS4 OR RESPONDENT ALREADY INTERVIEWED WITH ANOTHER U5 QUESTIONNAIRE)1 NO, FIRST INTERVIEW (UF4≠HH47 AND UF4≠WM3 AND UF4≠MWM3 AND UF4≠FS4 AND RESPONDENT HAS NOT BEEN INTERVIEWED WITH ANOTHER U5 QUESTIONNAIRE) 2	1 ⇒ UF16
UF15B. Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?	YES, HC7[A]=1 OR HC12=1..... 1 NO, HC7[A]=2 AND HC12=2 2	2 ⇒ UF16

UF15C. Thank you for your participation.		
<p>The Central Statistical Office will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 30 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?</p>		
YES..... 1		
NO 2		2 ⇒ UF16

UF15D. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES.....1 NO.....2	2 ⇒ UF16
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UF15E. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
UF15F. Ask for and record phone number.	-----	-----	-----
UF15G. Just to confirm, the number is (<i>number from UF15F</i>)? <i>If no, return to UF15F and correct entry.</i>	YES.....1 NO.....2☒ UF15F	YES.....1 NO.....2☒ UF15F	YES.....1 NO.....2☒ UF15F
UF15H. Is this a fixed line or a mobile phone number?	FIXED LINE.....1 MOBILE.....2	FIXED LINE.....1 MOBILE.....2	FIXED LINE.....1 MOBILE.....2
UF15I. What is the best day of the week and time of the day to call you on this number? <i>Probe: Any other day or time?</i> <i>Record all mentioned.</i>	WEEKDAYS MORNING.....A AFTERNOON.....B EVENING.....C OTHER (specify).....D WEEKEND MORNING.....E AFTERNOON.....F EVENING.....G OTHER (specify).....H OTHER (specify).....X	WEEKDAYS MORNING.....A AFTERNOON.....B EVENING.....C OTHER (specify).....D WEEKEND MORNING.....E AFTERNOON.....F EVENING.....G OTHER (specify).....H OTHER (specify).....X	WEEKDAYS MORNING.....A AFTERNOON.....B EVENING.....C OTHER (specify).....D WEEKEND MORNING.....E AFTERNOON.....F EVENING.....G OTHER (specify).....H OTHER (specify).....X
UF15J. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES.....1☒ [P2] NO.....2☒ UF16	YES.....1☒ [P3] NO.....2☒ UF16	YES.....1☒ [P4] NO.....2☒ UF16
			Tick here if additional questionnaire used:.....☐

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 PRESENT AFTER REVISITS 99.3 CHILD REFUSED 99.4 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?	YES 1 NO, THE CHILD COULD NOT BE UNDRRESSED TO THE MINIMUM 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨ AN11A 2 ⇨ AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Once the board is turned on, click connect to ready the CAPI application to receive data from digital board. Once ready, begin measurement: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> AN11B. The child is at least 2 years old and should be measured standing up. Once the board is turned on, click connect to ready the CAPI application to receive data from digital board. Once ready, begin measurement: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED 999.5 OTHER (specify) 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
AN12. How was the child actually measured? <i>Lying down or standing up?</i>	LYING DOWN 1 STANDING UP 2	
AN13. Today's date: Day / Month / Year: _____ / _____ / <u>2 0 2</u> _____		

AN14. <i>Is there another child under age 5 in the household who has not yet been measured?</i>	YES..... 1 NO 2	1 ⇨ <i>Next Child</i>
AN15. <i>Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.</i>		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE