▪▪▪MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Turks and Caicos Islands MICS, 2019/2020

UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. *Cluster number:* ___ ___ ___	**UF2**. *Household number:* ___ ___	
UF3. *Child's name and line number:* NAME _____ ___ ___	**UF4**. *Mother's / Caretaker's name and line number:* NAME _____ ___ ___	
UF5. *Interviewer's name and number:* NAME _____ ___ ___ ___	**UF6**. *Supervisor's name and number:* NAME _____ ___ ___ ___	
UF7. *Day / Month / Year of interview:* ___ ___ / ___ ___ / 2 0 ___ ___	**UF8**. *Record the time:*	HOURS : MINUTES ___ ___ : ___ ___

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be 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 NO, FIRST INTERVIEW 2	1 ⇨UF10B 2 ⇨UF10A
UF10A. Hello, my name is (*your name*). We are from Department of Statistics. 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 **20** minutes, and the information will be used to make decisions about TCI's development. 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 **20** 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*
 	
Codes refer to mother/caretaker.
Discuss any result not completed with Supervisor.
	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

UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (***name***)'s Birth Certificate, Immunization Card, and any immunisation record from a private health provider? We will need to refer to those documents.		

UB1. On what day, month and year was (***name***) born?
 	
Probe:
What is (his/her) birthday?
 	
If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.
 	
Month and year must be recorded.
	DATE OF BIRTH
	  DAY .... __ __
	
	  DK DAY 98
	
	  MONTH................................... __ __
	
	  YEAR .... 2 0 __ __	

UB2. How old is (***name***)? *Probe*: How old was (***name***) at (his/her) last birthday? *Record age in completed years.* *Record '0' if less than 1 year.* *If responses to UB1 and UB2 are inconsistent, probe further and correct.*	AGE (IN COMPLETED YEARS) .... __	
UB3. *Check UB2: Child's age?*	AGE 0, 1, OR 2...1 AGE 3 OR 4 2	1⇨*UB9*

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?*	YES, RESPONDENT IS THE SAME,
	  UF4=HH47 1
	NO, RESPONDENT IS NOT THE SAME,
	  UF4≠HH47 2
		2⇨*UB6*

UB5. *Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?*	YES, ED10=0...1 NO, ED10≠0 OR BLANK.......................................2	1⇨*UB8B* 2⇨*UB9*
UB6. Has (***name***) ever attended any early childhood education programme, such as nursery school, preschool or kindergarten?	YES...1 NO 2	2⇨*UB9*
UB7. At any time since September 2019, did (he/she) attend (*nursery school, preschool or kindergarten*)?	YES...1 NO 2	1⇨*UB8A* 2⇨*UB9*
UB8A. Does (he/she) currently attend (*nursery school, preschool or kindergarten*)? **UB8B**. You have mentioned that (***name***) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	YES...1 NO 2	

MICS6.UF.2

UB9. Is (*name*) covered by any health insurance? *If 'No', probe:* Does (*name*) have NHIP?	YES ....1 NO 2	2 ⇨*End*

UB10. What type of health insurance is (*name*) covered by?
 	
Record all mentioned.
	NATIONAL HEALTH INSURANCE PLAN
	   (NHIP) ....A
	HEALTH INSURANCE THROUGH
	   EMPLOYER..B
	OTHER PRIVATELY PURCHASED
	   COMMERCIAL HEALTH INSURANCE........D
	
	OTHER (*specify*) _____ X	

MICS6.UF.3

BIRTH REGISTRATION		BR
BR1. Does (*name*) have a birth certificate? *If yes, ask:* May I see it?	YES, SEEN..1 YES, NOT SEEN ....2 NO ....3 DK 8	1⇨*End* 2⇨*End*
BR2. Has (*name*)'s birth been registered with the Registrar General's Office?	YES..1 NO ....2 DK 8	1⇨*End*
BR3. Do you know how to register (*name*)'s birth?	YES..1 NO 2	

MICS6.UF.4

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (*name*)?	NONE .... 00 NUMBER OF CHILDREN'S BOOKS .... <u>0</u> __ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that (*name*) plays with when (he/she) is at home. Does (he/she) play with: [A] Homemade toys, such as dolls, cars, or other toys made at home? [B] Toys from a shop or manufactured toys? [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?	Y N DK HOMEMADE TOYS ....1 2 8 TOYS FROM A SHOP...............................1 2 8 HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	
EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week was (*name*): [A] Left alone for more than an hour? [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? *If 'None' record '0'. If 'Don't know' record '8'.*	NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR... __ NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR .... __	
EC4. *Check UB2: Child's age?*	AGE 0 OR 1..1 AGE 2, 3 OR 4..2	1 ⇨*End*

MICS6.UF.5

EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (*name*): *If 'Yes', ask:* Who engaged in this activity with (*name*)? *A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.* *Record all that apply.* *'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.*		MOTHER	FATHER	OTHER	NO ONE	
[A] Read books or looked at picture books with (*name*)?	READ BOOKS	A	B	X	Y	
[B] Told stories to (*name*)?	TOLD STORIES	A	B	X	Y	
[C] Sang songs to or with (*name*), including lullabies?	SANG SONGS	A	B	X	Y	
[D] Took (*name*) outside the home?	TOOK OUTSIDE	A	B	X	Y	
[E] Played with (*name*)?	PLAYED WITH	A	B	X	Y	
[F] Named, counted, or drew things for or with (*name*)?	NAMED	A	B	X	Y	

EC5G. *Check UB2: Child's age?*	AGE 2 .... 1 AGE 3 OR 4 2	1 ⇨*End*

EC6. I would like to ask you some questions about the health and development of (*name*). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of (*name*)'s development. Can (*name*) identify or name at least ten letters of the alphabet?	YES .... 1 NO .... 2 DK 8	
EC7. Can (*name*) read at least four simple, popular words?	YES .... 1 NO .... 2 DK 8	
EC8. Does (*name*) know the name and recognize the symbol of all numbers from 1 to 10?	YES .... 1 NO .... 2 DK 8	

EC9. Can (*name*) pick up a small object with two fingers, like a stick or a rock from the ground?	YES .... 1 NO .... 2 DK 8	
EC10. Is (*name*) sometimes too sick to play?	YES .... 1 NO .... 2 DK 8	
EC11. Does (*name*) follow simple directions on how to do something correctly?	YES .... 1 NO .... 2 DK 8	
EC12. When given something to do, is (*name*) able to do it independently?	YES .... 1 NO .... 2 DK 8	
EC13. Does (*name*) get along well with other children?	YES .... 1 NO .... 2 DK 8	
EC14. Does (*name*) kick, bite, or hit other children or adults?	YES .... 1 NO .... 2 DK 8	
EC15. Does (*name*) get distracted easily?	YES .... 1 NO .... 2 DK 8	

MICS6.UF.7

CHILD DISCIPLINE		UCD
UCD1. *Check UB2: Child's age?*	AGE 0 .... 1 AGE 1, 2, 3 OR 4 2	1 ⇨*End*

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

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?*	YES .... 1 NO... 2	2 ⇨*UCD5*
UCD4. *Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?*	YES .... 1 NO... 2	1 ⇨*End*

MICS6.UF.8

UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES .... 1 NO .... 2 DK / NO OPINION 8	

MICS6.UF.9

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 (***name***) may have. Does (***name***) wear glasses?	YES ....1 NO 2	
UCF3. Does (***name***) use a hearing aid?	YES ....1 NO 2	
UCF4. Does (***name***) 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 (***name***) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* Remember the four possible answers: Would you say that (***name***) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. *Check UCF2: Child wears glasses?*	YES, UCF2=1..1 NO, UCF2=2 2	1⇨*UCF7A* 2⇨*UCF7B*
UCF7A. When wearing (his/her) glasses, does (***name***) have difficulty seeing? **UCF7B**. Does (***name***) 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 (***name***) have difficulty hearing sounds like peoples' voices or music? **UCF9B**. Does (***name***) 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 (***name***) have difficulty walking?	SOME DIFFICULTY..2 A LOT OF DIFFICULTY ....3 CANNOT WALK AT ALL...4	
UCF12. With (his/her) equipment or assistance, does (***name***) 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*

MICS6.UF.10

UCF13. Compared with children of the same age, does (*name*) have difficulty walking?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT WALK AT ALL...4	
UCF14. Compared with children of the same age, does (*name*) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT PICK UP AT ALL 4	
UCF15. Does (*name*) have difficulty understanding you?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT UNDERSTAND AT ALL............................4	
UCF16. When (*name*) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT BE UNDERSTOOD AT ALL 4	
UCF17. Compared with children of the same age, does (*name*) have difficulty learning things?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT LEARN THINGS AT ALL.........................4	
UCF18. Compared with children of the same age, does (*name*) have difficulty playing?	NO DIFFICULTY ....1 SOME DIFFICULTY...2 A LOT OF DIFFICULTY ....3 CANNOT PLAY AT ALL 4	
UCF19. The next question has five different options for answers. I am going to read these to you after the question. Compared with children of the same age, how much does (*name*) kick, bite or hit other children or adults? Would you say: not at all, less, the same, more or a lot more?	NOT AT ALL..1 LESS..2 THE SAME ....3 MORE ....4 A LOT MORE..5	

MICS6.UF.11

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 (*name*) ever been breastfed?	YES.. 1	
	NO.. 2	2⇨*BD3A*
	DK.. 8	8⇨*BD3A*
BD3. Is (*name*) 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 (*name*) <u>drink anything from a bottle with a nipple</u>?	YES.. 1	
	NO.. 2	
	DK.. 8	
BD5. Did (*name*) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.. 1	
	NO.. 2	
	DK.. 8	
BD6. Did (*name*) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES.. 1	
	NO.. 2	
	DK.. 8	

MICS6.UF.12

BD7. Now I would like to ask you about all other liquids that (*name*) may have had yesterday during the day or the night. Please include liquids consumed outside of your home. Did (*name*) drink (*name of item*) yesterday during the day or the night:		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Clear broth or clear soup?	CLEAR BROTH	1	2	8
[D] Infant formula, such as Lactogen, Similac, Enfamil, Enfagrow?	INFANT FORMULA	1	2 ☂ *BD7[E]*	8 ☂ *BD7[E]*
[D1] How many times did (*name*) drink infant formula? *If 7 or more times, record '7'.*	NUMBER OF TIMES DRANK INFANT FORMULA...................................__ DK..8			
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 ☂ *BD7[X]*	8 ☂ *BD7[X]*
[E1] How many times did (*name*) drink milk? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES DRANK MILK ....__			
[X] Any other liquids?	OTHER LIQUIDS	1	2 ☂ *BD8*	8 ☂ *BD8*
[X1] *Record all other liquids mentioned.*	(*Specify*) _____			

MICS6.UF.13

BD8. Now I would like to ask you about <u>everything</u> that (*name*) ate yesterday during the day or the night. Please include foods consumed outside of your home.
- Think about when (*name*) woke up yesterday. Did (he/she) eat anything at that time?
If 'Yes' ask: Please tell me everything (*name*) ate at that time. *Probe:* Anything else?
Record answers using the food groups below.
- What did (*name*) do after that? Did (he/she) eat anything at that time?
Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.

For each food group not mentioned after completing the above ask: Just to make sure, did (*name*) eat (*food group items*) yesterday during the day or the night		YES	NO	DK
[A] Yogurt made from animal milk? *Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.*	YOGURT	1	2 ⭢ BD8[B]	8 ⭢ BD8[B]
[A1] How many times did (*name*) eat yogurt? *If 7 or more times, record '7'.*	NUMBER OF TIMES ATE YOGURT ...._ DK..8			
[B] Any baby food, such as Cerelac, Gerber, or Nestum?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as callaloo, pak choy, kale, spinach, turnip greens?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas?	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as cabbage, guava, sugar apple, soursop, pineapple, sapodillas, bananas, plantain, okra, corn, oranges, grapes or strawberries?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8

MICS6.UF.14

[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ⇩ *BD9*	8 ⇩ *BD9*
[X1] *Record all other solid, semi-solid, or soft food that do not fit food groups above.*	(Specify) _____			

BD9. How many times did (**name**) eat any solid, semi-solid or soft foods yesterday during the day or night? *If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].* *If 7 or more times, record '7'.*	NUMBER OF TIMES .... __ DK.. 8

MICS6.UF.15

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 an Immunisation Card, immunisation records from a private health provider or any other document where (*name*)'s vaccinations are written down?	YES, HAS ONLY CARD(S).................................... 1
	 YES, HAS ONLY OTHER
	   DOCUMENT.. 2
	 YES, HAS CARD(S) AND OTHER
	   DOCUMENT.. 3
	 NO, HAS NO CARDS AND NO OTHER
	   DOCUMENT.. 4
		1 ⇨*IM5*
		
		 3 ⇨*IM5*

IM3. Did you ever have an Immunisation Card or immunisation records from a private health provider for (*name*)?	YES .... 1 NO 2	
IM4. *Check IM2:*	HAS ONLY OTHER DOCUMENT, IM2=2 .... 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4.................... 2	 2 ⇨*IM11*

IM5. May I see the card(s) (and/or) other document?	YES, ONLY CARD(S) SEEN.................................... 1
	 YES, ONLY OTHER DOCUMENT SEEN.............. 2
	 YES, CARD(S) AND
	   OTHER DOCUMENT SEEN 3
	 NO CARDS AND
	   NO OTHER DOCUMENT SEEN........................... 4
		
		 4 ⇨*IM11*

IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.	DATE OF IMMUNISATION					

IM6.		DATE OF IMMUNISATION				
(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.		**DAY**	**MONTH**	**YEAR**		
BCG	BCG			2	0	
Polio (IPV) 1	IPV1			2	0	
Polio (OPV) 1	OPV1			2	0	
Polio (OPV) 2	OPV2			2	0	
Polio (OPV) 3	OPV3			2	0	
Pentavalent (DTPHibHepB) 1	Penta1			2	0	
Pentavalent (DTPHibHepB) 2	Penta2			2	0	
Pentavalent (DTPHibHepB) 3	Penta3			2	0	
1st DPT Booster	DPT1			2	0	
1st MMR	MMR1			2	0	
2nd MMR	MMR2			2	0	

MICS6.UF.16

IM7. *Check IM6: Are all vaccines (BCG to 2nd MMR) recorded?*	YES .... 1 NO 2	1 ⇨*End*
IM8. Did (*name*) participate in any of the following vaccination week campaigns or national immunisation days: Y N DK [A] August to November 2019 [B] March to April 2019 [C] August to November 2018 [D] March to April 2018	CAMPAIGN A .... 1 2 8 CAMPAIGN B .... 1 2 8 CAMPAIGN C .... 1 2 8 CAMPAIGN D 1 2 8	
IM9. In addition to what is recorded on the document(s) you have shown me, did (*name*) receive any other vaccinations including vaccinations received during the vaccination week campaigns or national immunisation days just mentioned?	YES .... 1 NO .... 2 DK 8	2 ⇨*End* 8 ⇨*End*
IM10. *Go back to IM6 and probe for these vaccinations.* *Record '66' in the corresponding day column for each vaccine received. For each vaccination not received record '00' in day column.* *When finished, go to End of module.*		⇨*End*
IM11. Has (*name*) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a vaccination week campaign or national immunisation day?	YES .... 1 NO .... 2 DK 8	
IM12. Did (*name*) participate in any of the following vaccination week campaigns or national immunisation days: Y N DK [A] August to November 2019 [B] March to April 2019 [C] August to November 2018 [D] March to April 2018	CAMPAIGN A .... 1 2 8 CAMPAIGN B .... 1 2 8 CAMPAIGN C .... 1 2 8 CAMPAIGN D 1 2 8	
IM13. *Check IM11 and IM12:*	ALL NO OR DK .... 1 AT LEAST ONE YES 2	1 ⇨*End*
IM14. Has (*name*) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar?	YES .... 1 NO .... 2 DK 8	

IM16. Has (*name*) ever received any vaccination to protect (him/her) from polio?	YES .... 1 NO .... 2 DK 8	2⇨*IM20* 8⇨*IM20*
IM17. Was the polio injection received around two months after birth with another injection for other diseases?	YES .... 1 NO .... 2 DK 8	
IM19. Has (*name*) received polio drops to protect (him/her) against polio?	YES .... 1 NO .... 2 DK 8	2⇨*IM20* 8⇨*IM20*
IM19A. How many times were the polio drops received?	NUMBER OF TIMES .... __ DK 8	
IM20. Has (*name*) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? *Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio injection or drops.*	YES .... 1 NO .... 2 DK 8	2⇨*IM26* 8⇨*IM26*
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES .... __ DK 8	
IM26. Has (*name*) ever received a MMR vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles, mumps and rubella?	YES .... 1 NO .... 2 DK 8	2⇨*IM27A* 8⇨*IM27A*
IM26A. How many times was the MMR vaccine received?	NUMBER OF TIMES .... __ DK 8	
IM27A. Has (*name*) ever received the DPT Booster – that is, an injection in the arm at the age of 18 months or older - to boost (his/her) immunity against diphtheria, tetanus and whooping cough? *Probe by indicating that the first DPT booster is sometimes given at the same time as the second MMR dose.*	YES .... 1 NO .... 2 DK 8	

MICS6.UF.18

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (*name*) 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 (*name*) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine. During the time (*name*) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? *If 'less', probe:* Was (he/she) given much less than usual to drink, or somewhat less? **CA3B.** I would like to know how much (*name*) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine. During the time (*name*) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? *If 'less', probe:* 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	
CA4. During the time (*name*) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat? *If 'less', probe:* 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

MICS6.UF.19

CA6. Where did you seek advice or treatment? *Probe:* Anywhere else? *Record all providers mentioned, but do not prompt with any suggestions.* *Probe to identify each type of provider.* *If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.* _____ *(Name of place)*	**PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL..........................A GOVERNMENT HEALTH CENTRE............B GOVERNMENT HEALTH POST ....C COMMUNITY HEALTH WORKER.............D MOBILE / OUTREACH CLINIC...................E OTHER PUBLIC MEDICAL (specify) _____ H **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL / CLINIC ....I PRIVATE PHYSICIAN..................................J PRIVATE PHARMACY ....K COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ....L MOBILE CLINIC ....M OTHER PRIVATE MEDICAL (specify) _____ O DK PUBLIC OR PRIVATE ....W **OTHER SOURCE** RELATIVE / FRIEND ....P SHOP / MARKET / STREET ....Q TRADITIONAL PRACTITIONER ....R OTHER (specify) _____ X DK / DON'T REMEMBER.........................Z	
CA7. During the time (*name*) had diarrhoea, was (he/she) given: [A] A fluid made from a special packet called Oral Rehydration Salt solution (ORS? [B] A pre-packaged ORS fluid called Pedialyte? [C] Zinc tablets or syrup?	Y N DK FLUID FROM ORS PACKET ....1 2 8 PRE-PACKAGED ORS FLUID............1 2 8 ZINC TABLETS OR SYRUP...............1 2 8	
CA8. *Check CA7[A] and CA7[B]: Was child given any ORS?*	YES, YES IN CA7[A] OR CA7[B] ....1 NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B] 2	2⇨*CA10*

MICS6.UF.20

CA9. Where did you get the (*ORS mentioned in CA7[A] and/or CA7[B]*)? *Probe to identify the type of source.* *If 'Already had at home', probe to learn if the source is known.* <u>*If unable to determine whether public or private,*</u> *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.* _____ *(Name of place)*	**PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL..........................A GOVERNMENT HEALTH CENTRE............ B GOVERNMENT HEALTH POST .... C COMMUNITY HEALTH WORKER............ D MOBILE / OUTREACH CLINIC...................E OTHER PUBLIC MEDICAL (*specify*) _____ H **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL / CLINIC ....I PRIVATE PHYSICIAN.................................. J PRIVATE PHARMACY ....K COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ....L MOBILE CLINIC .... M OTHER PRIVATE MEDICAL (*specify*) _____ O DK PUBLIC OR PRIVATE .... W **OTHER SOURCE** RELATIVE / FRIEND ....P SHOP / MARKET / STREET ....Q TRADITIONAL PRACTITIONER .... R OTHER (*specify*) _____ X DK / DON'T REMEMBER ....Z	
CA10. *Check CA7[C]: Was child given any zinc?*	YES, CA7[C]=1 .... 1 NO, CA7[C] ≠1 2	2 ⇨*CA12*

MICS6.UF.21

CA11. Where did you get the zinc?
 	
Probe to identify the type of source.
 	
If 'Already had at home', probe to learn if the source is known.
 	
<u>*If unable to determine whether public or private,*</u> *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.*
 	
_____
(Name of place)
	PUBLIC MEDICAL SECTOR
	GOVERNMENT HOSPITAL........................... A
	GOVERNMENT HEALTH CENTRE............ B
	GOVERNMENT HEALTH POST C
	COMMUNITY HEALTH WORKER..............D
	MOBILE / OUTREACH CLINIC....................E
	OTHER PUBLIC MEDICAL
	  (specify) _____ H
	
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL / CLINIC I
	PRIVATE PHYSICIAN.................................. J
	PRIVATE PHARMACY .... K
	COMMUNITY HEALTH WORKER
	  (NON-GOVERNMENT) L
	MOBILE CLINIC .... M
	OTHER PRIVATE MEDICAL
	  (specify) _____ O
	
	DK PUBLIC OR PRIVATE ....W
	
	OTHER SOURCE
	  RELATIVE / FRIEND ....P
	  SHOP / MARKET / STREET ....Q
	  TRADITIONAL PRACTITIONER .... R
	
	OTHER *(specify)* _____ X
	DK / DON'T REMEMBER ....Z	

CA12. Was anything else given to treat the diarrhoea?	YES .... 1 NO.. 2 DK.. 8	2 ⇨*CA14* 8 ⇨*CA14*

CA13. What else was given to treat the diarrhoea?
 	
Probe:
Anything else?
 	
Record all treatments given. Write brand name(s) of all medicines mentioned.
 	
_____
(Name of brand)
 	
_____
(Name of brand)
	PILL OR SYRUP
	  ANTIBIOTIC.. A
	  ANTIMOTILITY (ANTI-DIARRHOEA) ...... B
	  OTHER PILL OR SYRUP.............................G
	  UNKNOWN PILL OR SYRUP ....H
	
	INJECTION
	  ANTIBIOTIC.. L
	  NON-ANTIBIOTIC .... M
	  UNKNOWN INJECTION ....N
	
	INTRAVENOUS (IV) ....O
	
	HOME REMEDY /
	  HERBAL MEDICINE ....Q
	
	OTHER *(specify)* _____ X	

MICS6.UF.22

CA14. At any time in the last two weeks, has (*name*) been ill with a fever?	YES ....1 NO ....2 DK 8	
CA16. At any time in the last two weeks, has (*name*) had an illness with a cough?	YES ....1 NO ....2 DK 8	
CA17. At any time in the last two weeks, has (*name*) had fast, short, rapid breaths or difficulty breathing?	YES ....1 NO ....2 DK 8	 2⇨*CA19* 8⇨*CA19*
CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY ....1 BLOCKED OR RUNNY NOSE ONLY ....2 BOTH...3 OTHER (*specify*) _____ 6 DK 8	1⇨*CA20* 2⇨*CA20* 3⇨*CA20* 6⇨*CA20* 8⇨*CA20*
CA19. *Check CA14: Did child have fever?*	YES, CA14=1 ....1 NO OR DK, CA14=2 OR 8 2	 2⇨*CA30*
CA20. Did you seek any advice or treatment for the illness from any source?	YES ....1 NO ....2 DK 8	 2⇨*CA22* 8⇨*CA22*

MICS6.UF.23

CA21. From where did you seek advice or treatment?
 	
Probe: Anywhere else?
 	
Record all providers mentioned, but do <u>not</u> prompt with any suggestions.
 	
Probe to identify each type of provider.
 	
<u>*If unable to determine if public or private sector,*</u> *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.*
 	
_____
(Name of place)
	PUBLIC MEDICAL SECTOR
	GOVERNMENT HOSPITAL........................... A
	GOVERNMENT HEALTH CENTRE............ B
	GOVERNMENT HEALTH POST C
	COMMUNITY HEALTH WORKER.............D
	MOBILE / OUTREACH CLINIC...................E
	OTHER PUBLIC MEDICAL
	  (*specify*) _____ H
	
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL / CLINIC I
	PRIVATE PHYSICIAN.................................... J
	PRIVATE PHARMACY .... K
	COMMUNITY HEALTH WORKER
	  (NON-GOVERNMENT) L
	MOBILE CLINIC .... M
	OTHER PRIVATE MEDICAL
	  (*specify*) _____ O
	
	DK PUBLIC OR PRIVATE .... W
	
	OTHER SOURCE
	RELATIVE / FRIEND ....P
	SHOP / MARKET / STREET ....Q
	TRADITIONAL PRACTITIONER .... R
	
	OTHER (*specify*) _____ X
	DK / DON'T REMEMBER.........................Z	

CA22. At any time during the illness, was (*name*) given any medicine for the illness?	YES .... 1 NO.. 2 DK.. 8	2⇨*CA30* 8⇨*CA30*

CA23. What medicine was (*name*) given?
 	
Probe:
Any other medicine?
 	
Record all medicines given.
 	
<u>*If unable to determine type of medicine,*</u> *write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.*
 	
_____
(Name of brand)
 	
_____
(Name of brand)
	ANTIBIOTICS
	AMOXICILLIN L
	COTRIMOXAZOLE .... M
	OTHER ANTIBIOTIC
	  PILL/SYRUP..N
	OTHER ANTIBIOTIC
	  INJECTION/IV ....O
	
	OTHER MEDICATIONS
	PARACETAMOL/PANADOL/
	  ACETAMINOPHEN.................................... R
	ASPIRIN ....S
	IBUPROFEN..T
	
	ONLY BRAND NAME RECORDED.............. W
	
	OTHER (*specify*) _____ X
	DK / DON'T REMEMBER ....Z	

MICS6.UF.24

CA24. *Check CA23: Antibiotics mentioned?*	YES, ANTIBIOTICS MENTIONED, CA23=L-O .... 1 NO, ANTIBIOTICS NOT MENTIONED 2	2⇨CA30
CA25. Where did you get the (*name of medicine from CA23, codes L to O*)? *Probe to identify the type of source.* *If 'Already had at home', probe to learn if the source is known.* <u>*If unable to determine whether public or private,*</u> *write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.* _____ *(Name of place)*	**PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL .... A GOVERNMENT HEALTH CENTRE .... B GOVERNMENT HEALTH POST .... C COMMUNITY HEALTH WORKER .... D MOBILE / OUTREACH CLINIC .... E OTHER PUBLIC MEDICAL (*specify*) _____ H **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL / CLINIC .... I PRIVATE PHYSICIAN .... J PRIVATE PHARMACY .... K COMMUNITY HEALTH WORKER (NON-GOVERNMENT) .... L MOBILE CLINIC .... M OTHER PRIVATE MEDICAL (*specify*) _____ O DK PUBLIC OR PRIVATE .... W **OTHER SOURCE** RELATIVE / FRIEND .... P SHOP / MARKET / STREET .... Q TRADITIONAL PRACTITIONER .... R OTHER (*specify*) _____ X DK / DON'T REMEMBER .... Z	
CA30. *Check UB2: Child's age?*	AGE 0, 1 OR 2 .... 1 AGE 3 OR 4 2	2⇨End
CA31. The last time (*name*) passed stools, what was done to dispose of the stools?	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 OTHER (*specify*) _____ 96 DK 98	

MICS6.UF.25

UF11. *Record the time.*	HOURS AND MINUTES .... __ __ : __ __	
UF12. *Language of the Questionnaire.*	ENGLISH ....1 CREOLE 2	
UF13. *Language of the Interview.*	ENGLISH...1 CREOLE ....2 SPANISH ....3 OTHER LANGUAGE (*specify*) _____ 6	
UF14. *Native language of the Respondent.*	ENGLISH...1 CREOLE ....2 SPANISH ....3 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	

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 <u>another</u> 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.*

MICS6.UF.26

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

MICS6.UF.27

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:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	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 UNDRESSED TO THE MINIMUM 2	
AN9A. *Was the child's hair an obstruction to measurement?*	NO, HAIR WAS NOT AN OBSTRUCTION .... 1 YES, HAIR WAS AN OBSTRUCTION.................. 2	*1 ⇨AN10*
AN9B. *Was the hair taken down?*	YES, HAIR NO LONGER AN OBSTRUCTION.... 1 NO, HAIR REMAINED AN OBSTRUCTION........ 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. Record the result of length measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.* **AN11B**. *The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	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? Lying down or standing up?*	LYING DOWN.. 1 STANDING UP 2	

AN13. *Today's date: Day / Month / Year:* __ __ / __ __ / 2 0 1 __		
AN14. *Is there another child under age 5 in the household who has not yet been measured?*	YES .... 1 NO 2	1 ⇨*Next Child*
AN15. *Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.*		

MICS6.UF.29

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MICS6.UF.30