

CONFIDENTIAL



CHILDREN SITUATION SURVEY IN THAILAND 2005-2006

QUESTIONNAIRE FOR CHILDREN UNDER 5 YEARS

MICS 4

Page no. in total pages for this household

1. Region Province

2. District Sub-district

3. Address No. Rd. Soi

4. Urban Area ED BLK Rural Area ED Village Name

5. Primary Sampling Unit No.

6. Household No.

HH 7 - REG CWT

AREA

PSU_NO

UF2 - HH_NO

| UF3 - Child's Name (Copy from HL2 in MICS2 Questionnaire) | UF4 - Child's Line No. (Copy from HL1 in MICS2) | UF5 - Mother's/Caretaker's Name (Copy from HL2 in MICS2 Questionnaire) | UF6 - Mother's/Caretaker's Line No. (Copy from HL8 in MICS2) | UF8D-Day | UF8M-Month | UF8Y-Year of Interview | UF9 - Interview Results (see Code in no. 7) |
|--|--|---|---|--------------------------|--------------------------|--------------------------|--|
| 1..... | <input type="checkbox"/> | 1..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2..... | <input type="checkbox"/> | 2..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3..... | <input type="checkbox"/> | 3..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Result of Interview for children under 5 years (Record Code in in UF9)

1. Completed 2. Not at Home (3 times call back) 3. Refused 5. Incapacitated 6. Other (Specify).....

Name..... Enumerator

Editing and Coding: Date..... Name..... Editor

Name....., Checker

(.....) Supervisor

MIC4 - 4

| SECTION 3 CHILD DEVELOPMENT (CE) | | SECTION 4 BREASTFEEDING (BF) | |
|--|--|---|---|
| FOR CHILDREN AGE UNDER 5 YEARS | | FOR CHILDREN AGE UNDER 5 YEARS | |
| <p>WHAT TYPE OF THINGS THAT...PLAY WITH WHEN HE/SHE IS AT HOME ? (Circle all that apply)</p> <p>HOUSEHOLD OBJECTS (e.g. bowls, plates, cups or pots).....A</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS (e.g.sticks, rocks, animals).....B</p> <p>HOMEMADE TOYS (e.g.dolls, cars and other toys made at home).....C</p> <p>TOYS THAT CAME FROM A STORE.....D</p> <p>NO PLAYTHINGS MENTIONED.....Y</p> | <p>SINCE LAST (day of the week) HOW MANY TIMES WAS ... LEFT IN THE CARE OF ANOTHER CHILD (someone less than 10 years old) ?</p> <p>(Sometimes adults taken care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children with others)</p> <p>Record number of time If NO, record "00"</p> | <p>HAS EVER BEEN BREASTFED ?</p> <p>YES.....1 (Cont.) NO.....2 DK.....8 (CODE 2, 8 skip to BF3 A)</p> | <p>FOR CODE 1 IN BF1 IS HE/SHE STILL BEING BREASTFED ?</p> <p>YES.....1 NO.....2 DK.....8</p> |
| CE3 | CE4 | CE5 | BF 1 |
| A B C D Y | | | BF 2 |
| A B C D Y | | | |
| A B C D Y | | | |

| SECTION 5 CARE OF ILLNESS (CA) | | | | | |
|--------------------------------|---|---|---|-------|---------------------|
| FOR CHILDREN AGE UNDER 5 YEARS | | FOR CHILDREN AGE UNDER 5 YEARS | | | |
| FOR CODE 1.3,8 IN CA7 | FOR CODE 1 IN CA8 FROM WHERE DID YOU SEEK CARE ? (Circle all providers mentioned) PUBLIC SOURCES PRIVATE MEDICAL SOURCES OTHER SOURCE Govt. hospital..... A Private Hospital/Clinic.. I Relative/Friend..... P Govt. health centre..... B Private Physician..... J Shop..... Q Govt. health post..... C Pharmacy..... K Traditional Village health worker. D Mobile Clinic..... L Practitioner..... R Mobile/outreach clinic E Other Private Medical Other (specify)..... X Other public (specify)..... O (specify)..... H (If source is hospital, health center, or clinic, write the name of the place) | FOR CODE 1 IN CA10 WHAT MEDICINE WAS..... GIVEN ? CODE Antibiotic.....A Paracetamol/Panadol/ Acetaminophen....P Aspirin.....O Ibuprofen.....R Other (specify).....X DK.....Z (Circle all medicines given) | FOR CHILDREN AGE UNDER 3 YEARS (CODE 0,1,2 IN UF11) THE LAST TIMEPASSED STOOLS. WHAT WAS DONE TO DISPOSE OF THE STOOLS ? CODE Child used toilet/latrine.....01 Put/rinsed into toilet/latrine..02 Put/rinsed into drain/ditch...03 Thrown into garbage04 Buried.....05 Left in the open.....06 Other (specify).....96 DK.....98 | | |
| FOR CODE 1.3,8 IN CA7 | FOR CODE 1 IN CA8 FROM WHERE DID YOU SEEK CARE ? (Circle all providers mentioned) PUBLIC SOURCES PRIVATE MEDICAL SOURCES OTHER SOURCE Govt. hospital..... A Private Hospital/Clinic.. I Relative/Friend..... P Govt. health centre..... B Private Physician..... J Shop..... Q Govt. health post..... C Pharmacy..... K Traditional Village health worker. D Mobile Clinic..... L Practitioner..... R Mobile/outreach clinic E Other Private Medical Other (specify)..... X Other public (specify)..... O (specify)..... H (If source is hospital, health center, or clinic, write the name of the place) | FOR CODE 1 IN CA10 WHAT MEDICINE WAS..... GIVEN ? CODE Antibiotic.....A Paracetamol/Panadol/ Acetaminophen....P Aspirin.....O Ibuprofen.....R Other (specify).....X DK.....Z (Circle all medicines given) | FOR CHILDREN AGE UNDER 3 YEARS (CODE 0,1,2 IN UF11) THE LAST TIMEPASSED STOOLS. WHAT WAS DONE TO DISPOSE OF THE STOOLS ? CODE Child used toilet/latrine.....01 Put/rinsed into toilet/latrine..02 Put/rinsed into drain/ditch...03 Thrown into garbage04 Buried.....05 Left in the open.....06 Other (specify).....96 DK.....98 | | |
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| CA 8 | CA 9 | CA 10 | CA 11 | CA 13 | CA 14 |
| | A B C D E H I J K L O P Q R X | | A P Q R X Z | | A B C D E F G X Y Z |
| | A B C D E H I J K L O P Q R X | | A P Q R X Z | | A B C D E F G X Y Z |
| | A B C D E H I J K L O P Q R X | | A P Q R X Z | | A B C D E F G X Y Z |

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| SECTION 6 IMMUNIZATION (IM) | | | | | | | | | | | | | | | | | | | | | |
|--|-----|------------------|------------------|------------------|------------------|-------------|---------------|--------------|---------------|-----------------|----------------|---------------|-----------------|----------------|---------------|-----------------|----------------|---------------|-----------------|----------------|------|
| FOR CHILDREN AGE UNDER 5 YEARS | | | | | | | | | | | | | | | | | | | | | |
| Copy dates for each vaccination from the card in IM2D-IM6Y | | | | | | | | | | | | | | | | | | | | | |
| IS THERE A VACCINATION CARD FOR ? | BCG | POLIO1 (OPV1) | POLIO2 (OPV2) | POLIO3 (OPV3) | POLIO4 (OPV4) | DAY IM2D | MONTH IM2M | YEAR IM2Y | DAY IM3 BD | MONTH IM3 BM | YEAR IM3 BY | DAY IM3 CD | MONTH IM3 CM | YEAR IM3 CY | DAY IM3 DD | MONTH IM3 DM | YEAR IM3 DY | DAY IM3 ED | MONTH IM3 EM | YEAR IM3 EY | |
| | | | | | | | | | | | | | | | | | | | | | CODE |
| YES, SEEN.....1 | | | | | | | | | | | | | | | | | | | | | |
| (Cont.) | | | | | | | | | | | | | | | | | | | | | |
| YES, NOT SEEN.....2 | | | | | | | | | | | | | | | | | | | | | |
| NO.....3 | | | | | | | | | | | | | | | | | | | | | |
| (CODE 2,3, skip to IM10) | | | | | | | | | | | | | | | | | | | | | |
| IM1 | | | | | | | | | | | | | | | | | | | | | |

Write '44' in day column if card shows that vaccination was given but no date recorded.

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| SECTION 6 IMMUNIZATION (IM) | | | | | | | | | | | |
|--|--------|--------|------------------------------|--------|--------|------------------------------|--------|--------|------------------------------|--------|--------|
| FOR CHILDREN AGE UNDER 5 YEARS | | | | | | | | | | | |
| Copy dates for each vaccination from the card in IM2D-IM6Y | | | | | | | | | | | |
| DPT5 | | | HEPB1 or DPTHEPB1 (DPTH1) | | | HEPB2 or DPTHEPB2 (DPTH2) | | | HEPB3 or DPTHEPB3 (DPTH3) | | |
| DAY | MONTH | YEAR | DAY | MONTH | YEAR | DAY | MONTH | YEAR | DAY | MONTH | YEAR |
| IM4 ED | IM4 EM | IM4 EY | IM5 AD | IM5 AM | IM5 AY | IM5 BD | IM5 BM | IM5 BY | IM5 CD | IM5 CM | IM5 CY |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Write '44' in day column if card shows that vaccination was given but no date recorded.

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| SECTION 6 IMMUNIZATION (IM) | | SECTION 7 ANTHROPOMETRY (AN) | | | | |
|--|---|---|---|--|--------|---------------|
| FOR CHILDREN AGE UNDER 5 YEARS | | The measurer weighs and measures each child under 5 years after interviewed | | | | |
| FOR CODE 2, 3 IN IM1 | | WEIGHT Record weight of a child in kilograms | LENGTH OR HEIGHT (Record height in centimetre) Method of measuring LYING DOWN.....1 STANDING UP.....2 Child under 2 years old, measure length (lying down). Child age 2 or more years, measure height (standing up). | RESULTS OF MEASUREMENT MEASURED.....1 NOT PRESENT THROUGH OUT SURVEY PERIOD.....2 REFUSED.....3 OTHER (Specify).....6 | | |
| HAS EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" - AN INJECTION IN THE THIGH/BUTTOCKS TO PREVENT FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO) ? | PLEASE TELL ME IFHAS PARTICIPATED IN NATIONAL IMMUNIZATION DAYS (POLIO) ? | | | | Method | Length/Height |
| HASEVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR - A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER ? | YES.....1 NO.....2 DK.....8 | CODE | CODE | CODE | | |
| FOR CODE 1 IN IM15 HOW MANY TIMES ? | Record no. of times | YES.....1 (Cont.) NO.....2 DK.....8 (CODE 2, 8 skip to IM17) | YES.....1 NO.....2 DK.....8 | IM15 | | |
| IM15 | IM16 | IM17 | IM19 | AN1 | | |
| | | | | AN2A | AN2 | AN4 |
| | | | | | | |
| | | | | | | |
| | | | | | | |