

CONFIDENTIAL



CHILDREN SITUATION SURVEY IN THAILAND 2005-2006

QUESTIONNAIRE FOR CHILDREN UNDER 5 YEARS

MICS 4

Page no.....in total.....pages for this household

4

1. Region.....	Province.....	HH 7 - REG <input type="checkbox"/>	CWT <input type="checkbox"/>
2. District.....	Sub-district.....	AREA <input type="checkbox"/>	
3. Address No.....	Rd.....	Soi.....	PSU_NO <input type="checkbox"/>
4. Urban Area	ED.....	BLK.....	Rural Area ED..... Village No..... Village Name.....
5. Primary Sampling Unit No.....			
6. Household 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)
1.....	<input type="checkbox"/> <input type="checkbox"/>	1.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.....	<input type="checkbox"/> <input type="checkbox"/>	2.....	<input type="checkbox"/> <input type="checkbox"/>
3.....	<input type="checkbox"/> <input type="checkbox"/>	3.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
UF7D-Day UF8M-Month UF8Y-Year of Interview UF9 - Interview Results (see Code in no. 7)			

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.....
(...)

Name.....
Editor

Name.....
Enumerator

Name.....
Supervisor

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SECTION 1 GENERAL CHARACTERISTIC (UF)			SECTION 2 BIRTH REGISTRATION AND EARLY LEARNING (BR)		
FOR CHILDREN AGE UNDER 5 YEARS			FOR CHILDREN AGE UNDER 5 YEARS		
NAME NO.	DAY/MONTH/YEAR OF BIRTH Record DAY, MONTH and YEAR of Birth If don't know the date, Record "98" (Copy from UF4)	AGE Record age at the last birthday (Age in completed years)	DOES....HAVE BIRTH CERTIFICATE ? (Ask to see)	FOR CODE 23.8 IN BR1	FOR CODE 2 IN BR2
			HAS BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES ?	WHY ISBIRTH NOT REGISTERED ?	DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH ?
			CODE YES.....1 (Skip to BR6)	CODE COSTS TOO MUCH.....1 (If age 3 or 4 years Skip to BR6, otherwise, skip to BR8A)	CODE YES.....1 NO.....2
			YES.....2 NO.....3 NO.....4 DK.....8	MUST TRAVEL TOO FAR.....2 DIDN'T KNOW IT SHOULD BE REGISTERED.....3 DIDN'T WANT TO PAY FINE.....4 (Cont.)	NO.....3 TO REGISTER.....5 OTHER (Specify).....6 DK.....8
			DAY MONTH YEAR UF10D UF10M UF10Y	UF11	BR1
			UF3	UF10D UF10M UF10Y	BR2
				BR3	BR4

SECTION 2 BIRTH REGISTER AND EARLY LEARNING (BR)		SECTION 3 CHILD DEVELOPMENT(CE)	
FOR CHILDREN AGE 3 OR YEARS (RECORDED 3,4 IN UF11)		FOR CHILDREN AGE UNDER 5 YEARS	
IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH ? IF YES, ask who engaged in each activity		FOR CHILDREN AGE UNDER 5 YEARS	
<p>WITHIN THE LAST SEVEN DAYS, HOW MANY HOURS DID ATTEND ?</p> <p>CODE Record no. of hours</p> <p>YES.....1 NO.....2 (Cont.)</p> <p>DK.....8 (CODE 2, 8 skip to BR8A)</p>		<p>HOW MANY BOOK ARE THERE IN THE HOUSEHOLD ?</p> <p>BOOKS OR PICTURE BOOKS DO YOU HAVE FOR..... ?</p> <p>Record Numer. If 10 or more, record "10" If none, record "00"</p>	<p>HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR..... ?</p> <p>Record Numer. If 10 or more, record "10" If none, record "00"</p>
		<p>READ BOOKS OR LOOK AT PICTURE BOOKS WITH....</p> <p>TELL STORIES TO....</p> <p>SING SONGS WITH....</p> <p>TAKE.... OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE</p>	<p>PLAY WITH</p> <p>WITH....NAMING, COUNTING, AND/OR DRAWING THINGS?</p>
<p>BR7</p>		<p>BR8 A</p> <p>BR8 B</p> <p>BR8 C</p>	<p>BR8 D</p> <p>BR8 E</p> <p>BR8 F</p>
		<p>A B X Y A B X Y A B X Y A B X Y A B X Y A B X Y</p> <p>A B X Y A B X Y A B X Y A B X Y A B X Y A B X Y</p> <p>A B X Y A B X Y A B X Y A B X Y A B X Y A B X Y</p>	<p>CE1</p> <p>CE2</p>

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SECTION 3 CHILD DEVELOPMENT (CE)			SECTION 4 BREASTFEEDING (BF)		
FOR CHILDREN AGE UNDER 5 YEARS			FOR CHILDREN AGE UNDER 5 YEARS		
WHAT TYPE OF THINGS THAT....PLAY WITH WHEN HE/SHE IS AT HOME ? (Circle all that apply)	SINCE LAST (day of the week) HOW MANY TIMES WAS ... LEFT IN THE CARE OF ANOTHER CHILD (someone less than 10 years old) ?	IN THE PAST WEEK, HOW MANY TIMES....WAS LEFT ALONE ?	HAS EVER BEEN BREASTFED ?	FOR CODE 1 IN BF1	FOR CODE 1 IN BF1
HOUSEHOLD OBJECTS (e.g. bowls, plates, cups or pots).....A	(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)	Record number of time If none, record "00"	YES..... (Cont.)	CODE 1 YES..... NO..... DK.....	IS HE/SHE STILL BEING BREASTFED ?
OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS (e.g. sticks, rocks, animals).....B		Record number of time If none, record "00"	NO..... DK.....	CODE 2 YES..... NO..... DK.....	
HOMEMADE TOYS (e.g.dolls, cars and other toys made at home).....C					
TOYS THAT CAME FROM A STORE.....D		Record number of time If NO, record "00"			
NO PLAYTHINGS MENTIONED.....Y					
CE3	CE4	CE5	BF 1	BF 2	
A B C D Y					
A B C D Y					
A B C D Y					

SECTION 5 CARE OF ILLNESS (CA)

SECTION 5 CARE OF ILLNESS (CA)									
FOR CHILDREN AGE UNDER 5 YEARS									
HAS.... HAD DIARRHOEA IN THE LAST TWO WEEKS ?		FOR CODE 1 IN CA1 DURING THIS LAST EPISODE OF DIARRHOEA, DID DRINK ANY OF THE FOLLOWING : ? (Read each item)		FOR CODE 1 IN CA1 DURING ...'S ILLNESS, DID HE/SHE MUCH LESS, ABOUT THE SAME, OR MORE "THAN USUAL ?		FOR CODE 1 IN CA5 HASHAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS ?		FOR CODE 1 IN CA6 WHENHAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING ?	
CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
YES.....1 (Cont.)	NO.....2	MUCH LESS/NONE.....1 ABOUT THE SAME.....2 MORE.....3 DK.....8	NONE.....1 MUCH LESS.....2 SOMWHAT LESS.....3 ABOUT THE SAME.....4 MORE.....5 DK.....8	NONE.....1 MUCH LESS.....2 SOMWHAT LESS.....3 ABOUT THE SAME.....4 MORE.....5 DK.....8	YES.....1 (Cont.)	NO.....2 NO.....2 DK.....8	YES.....1 (Cont.)	NO.....2 NO.....2 DK.....8	PROBLEM IN CHEST.....1 BLOCKED NOSE.....2 BOTH.....3 OTHER (Specify).....6 DK.....8
NO.....2	NO.....2								
DK.....8 (CODE 2, 8 skip to CA5)	Fluid from ORS packet	Recommended homemade fluid	Pre-packaged ORS fluid						
CA 1	CA 2 A.	CA 2 B	CA 2 C	CA 3	CA 4	CA 5	CA 6	CA 7	

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)	WAS GIVEN MEDICINE TO TREAT THIS ILLNESS ?	FOR CODE 1 IN CA10	THE LAST TIME PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS ?	WHAT MEDICINE WAS..... GIVEN ?	CODE	WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY ?	FOR CHILDREN AGE UNDER 5 YEARS (CODE 0,1,2 IN UF11)
DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME ?	PUBLIC SOURCES PRIVATE MEDICAL SOURCES OTHER SOURCE								Ask CA14 only once for each mother/caretaker
YES.....1 (Cont.)	Govt. hospital..... A. Private Hospital/Clinic.. I. Relative/Friend..... P Govt. health centre.... B. Private Physician..... J. Shop..... O CODE Village health worker.. D. Mobile Clinic..... L. Practitioner..... R Mobile/outreach clinic E. Other Private Medical Other (specify)..... X	YES.....1 (Cont.)	Antibiotic..... A (Cont.) Paracetamol/Panadol/ Put/rinsed into toilet/latrine..... 01 NO.....2 DK.....8 (CODE 2,8 skip to CA13)	Paracetamol/Panadol/ Put/rinsed into toilet/latrine..... 02 Put/rinsed into drain/ditch..... 03 Aspirin..... Q Thrown into garbage 04 Ibuprofen..... R Other (specify).... X DK.....Z Other (specify)..... Y DK.....Z	CODE (Circle all symptoms mentioned)	CODE (Circle all symptoms mentioned)	CODE (Circle all symptoms mentioned)	CODE (Circle all symptoms mentioned)	
NO.....2 DK.....8 (CODE 2,8 skip to CA10)	Other public (specify)..... O H								
CA8	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		

SECTION 6 IMMUNIZATION (IM)

FOR CHILDREN AGE UNDER 5 YEARS

Copy dates for each vaccination from the card in IM2D-IM6Y

DPT2 DPT3 DPT4

DPT1

(OPV5)

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

SECTION 6 IMMUNIZATION (IM)

FOR CHILDREN AGE UNDER 5 YEARS

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		PLEASE TELL ME IF.....HAS PARTICIPATED IN NATIONAL IMMUNIZATION DAYS IN THE THIGH/BUTTOCKS TO PREVENT FROM GETTING TETANUS, WHOOPING COUGH, Diphtheria? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)?	WEIGHT IN KILOGRAMS	LENGTH OR HEIGHT (Record height in centimetre)	RESULTS OF MEASUREMENT
YES.....1 (Cont.)	FOR CODE 1 IN IM15 FOR CODE 1 IN IM15 HOW MANY TIMES ? AGE OF 9 MONTHS OR OLDER ?	CODE Record no. of times NO.....2 DK.....8	CODE Record weight of a child in kilograms	Method of measuring LYING DOWN.....1 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).	CODE Measured.....1 NOT PRESENT THROUGH OUT SURVEY PERIOD.....2 REFUSED.....3 OTHER (Specify).....6
NO.....2 DK.....8 (CODE 2, 8 skip to IM17)					
IM15	IM16	IM17	IM19	AN1	AN2
				AN3	AN4