



QUESTIONNAIRE FOR CHILDREN UNDER FIVE [THAILAND]

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</p>		
UF1. EA number from the MICS sample: <div style="text-align: right; margin-top: 10px;">_ _ _ _</div>	UF2. Household number: <div style="text-align: right; margin-top: 10px;">_ _ _ _</div>	
UF1A. Household cluster (from listing) Households with children under 5 years.....1 Households with no children under 5 years.....2	<div style="text-align: right; margin-top: 10px;">_ _ _ _</div>	
UF3. Child's name (copy from HL2 of the Household Listing Form): First-Last name _____	UF4. Child's ordinal number (copy from HL1 of the Household Listing Form): <div style="text-align: right; margin-top: 10px;">_ _ _ _</div>	
UF5. Mother's / Caretaker's name (copy from HL2 of the Household Listing Form): First-Last name _____	UF6. Mother's / Caretaker's ordinal number (copy from HL8 of the Household Survey Form): : <div style="text-align: right; margin-top: 10px;">_ _ _ _</div>	
UF7. Interviewer name and number: First-Last name _____ _ _ _	UF8. Day / Month / Year of interview: <div style="text-align: right; margin-top: 10px;">_ _ _ / _ _ _ / 2 0 1 2</div>	

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20-25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE.

MAY I START NOW?

- Yes, permission is given* ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given* ⇒ Complete UF9.

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed01 Not at home during 3 visits02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>) _____ 96
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UF12. STARTING TIME OF THE INTERVIEW.	Hour and minutes..... ____ : ____	
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AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day ____</p> <p>Month..... ____</p> <p>Year ____</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) ____</p>	

BIRTH REGISTRATION		BR
<p><i>The birth certificate is issued by the registrar after a birth report is sent to the district or municipality. If the parent/guardian has only a "birth report" issued by the delivering hospital, the child's birth was not yet registered.</i></p>		
BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen.....2 No3 DK.....8	1⇒Next Module 3⇒BR2A
BR2. HAS (<i>name</i>)'S BIRTH CERTIFICATE BEEN ISSUED BY THE REGISTRAR AT THE DISTRICT OR MUNICIPALITY?	Yes 1 No2 DK.....8	1⇒Next Module
BR2A. DO YOU KNOW THAT YOU HAVE TO REPORT THE BIRTH AND OBTAIN A BIRTH CERTIFICATE FOR (<i>name</i>)?	Yes 1 No2	2⇒Next Module
BR2B. WHAT IS THE MAIN REASON FOR NOT REPORTING THE BIRTH AND OBTAIN A BIRTH CERTIFICATE FOR (<i>name</i>)?	High cost.....1 Too far to travel.....2 Did not want to be fined.....3 Did go to the district/municipality, but the registrar did not register the birth.....4 Other (specify).....6 DK.....8	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DOES THIS HOUSEHOLD HAVE FOR (<i>name</i>)?</p> <p><i>(Not including school books or books for older children/adults)</i></p> <p><i>If 10 or more books, record "10".</i></p> <p><i>If none, record "00".</i></p>	<p>Number of children's books..... __ __</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: Y N DK</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>Homemade toys1 2 8</p> <p>Toys from a shop.....1 2 8</p> <p>Household objects or outside objects1 2 8</p>	
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, DO HOUSEHOLD CHORES OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS (<i>name</i>):</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p>If 'none' enter '0'. If 'don't know' enter '8'.</p>	<p>Number of days left alone for more Than an hour.....__</p> <p>Number of days left with other child for more than an hour.....__</p>	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>		
<p>EC5. DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?</p>	<p>Number of hours..... __ __</p>	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">Mother</th> <th style="width: 15%;">Father</th> <th style="width: 15%;">Other</th> <th style="width: 15%;">No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Told stories</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Sang songs</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Took outside</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Played with</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Named/counted</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																				

Appendix G. Questionnaires

EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes1 No2 DK.....8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No2 DK.....8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No2 DK.....8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes1 No2 DK.....8	

BREASTFEEDING		BF
BF1. HAS <i>(name)</i> EVER BEEN BREASTFED? <i>(By natural mother or other women)</i>	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED? <i>(By natural mother or other women, at least once a day)</i>	Yes 1 No 2 DK 8	1⇒BF3
BF2A. FOR HOW MANY MONTHS HAS HE/SHE EVER BEEN BREASTFED CONTINUOUSLY? <i>IF LESS THAN 1 MONTH RECORD "00".</i> <i>IF DON'T KNOW RECORD "98".</i>	Number of times ____	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT <i>(name)</i> MAY HAVE HAD IN THE PAST 24 HOURS (DAY AND NIGHT). I AM INTERESTED IN WHETHER <i>(name)</i> HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID <i>(name)</i> <u>DRINK PLAIN WATER</u> ?	Yes 1 No 2 DK 8	
BF4. DID <i>(name)</i> <u>DRINK INFANT FORMULA</u> ?	Yes 1 No 2 DK 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID <i>(name)</i> DRINK INFANT FORMULA?	Number of times ____	
BF6. DID <i>(name)</i> <u>DRINK TINNED, BOXED, POWDERED OR FRESH ANIMAL MILK</u> ?	Yes 1 No 2 DK 8	2⇒BF7A 8⇒BF7A
BF7. HOW MANY TIMES DID <i>(name)</i> DRINK TINNED, BOXED, POWDERED OR FRESH ANIMAL MILK?	Number of times ____	
BF7A. DID <i>(name)</i> <u>DRINK SWEETENED CONDENSED MILK</u> ?	Yes 1 No 2 DK 8	2⇒BF8 8⇒BF8
BF7B. HOW MANY TIMES DID <i>(name)</i> DRINK SWEETENED CONDENSED MILK?	Number of times ____	
BF8. DID <i>(name)</i> <u>DRINK JUICE OR JUICE DRINKS</u> ?	Yes 1 No 2 DK 8	

Appendix G. Questionnaires

BF9. DID (<i>name</i>) <u>DRINK CLEAR SOUP/CLEAR BROTH?</u>	Yes1 No2 DK.....8	
BF10. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERALS SUPPLEMENTS OR ANY MEDICINES SUCH AS FISH LIVER OIL, IRON?</u>	Yes1 No2 DK.....8	
BF11. DID (<i>name</i>) <u>DRINK ORS (ORAL REHYDRATION SALTS)?</u>	Yes1 No2 DK.....8	
BF11A. DID (<i>name</i>) <u>DRINK SODA / SWEETENED DRINKS?</u>	Yes1 No2 DK.....8	
BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS?</u>	Yes1 No2 DK.....8	
BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT?</u>	Yes1 No2 DK.....8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT?	Number of times _ _	
BF15. DID (<i>name</i>) <u>EAT RICE PORRIDGE?</u>	Yes1 No2 DK.....8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD?</u>	Yes1 No2 DK.....8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD SUCH AS MASHED RICE OR MASHED BANANA?	Number of times _ _	
BF18. WITHIN LAST 24 HOURS (DAY AND NIGHT), DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes1 No2 DK.....8	

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA (LOOSE STOOLS AT LEAST THREE TIMES A DAY, BLOODY MUCOUS IN THE STOOLS AT LEAST ONCE A DAY, OR WATERY STOOL MORE THAN ONCE A DAY)?</p>	Yes 1 No 2 DK 8	2⇒CA7 8⇒CA7
<p>CA2. HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST-MILK)?</p> <p>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?</p> <p><i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK 8	
<p>CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL?</p> <p><i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK 8	
<p>CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>[A] FLUID FROM ORS PACKET.....</p> <p>[C] HEALTH PERSONNEL RECOMMENDED HOMEMADE FLUID.....</p>	<p style="text-align: right;">Y N DK</p> Fluid from ORS packet 1 2 8 Health personnel recommended homemade fluid..... 1 2 8	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	Yes 1 No 2 DK 8	2⇒CA7 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc C</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc)..... G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous..... O</p> <p>Herbal/traditional medicine..... Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA6A. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of health outlet)</p>	<p>Did not seek advice or treatment Y</p> <p>DK..... Z</p> <p>Public sector</p> <p>Govt. hospital A</p> <p>Maternal and child health hospital..... B</p> <p>Health centre/Sub-district health promotion hospital/BMA health centre ... C</p> <p>Village health volunteer (VHV) D</p> <p>Mobile clinic E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinic..... I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative/friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>

CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA12 8⇒CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? _____ (Name of health outlet)	Public sector Govt. hospital A Maternal and child health hospital..... B Health centre/Sub-district health promotion hospital/BMA health centre ... C Village health volunteer (VHV) D Mobile clinic E Other public (<i>specify</i>) _____ H Private medical sector Private hospital/clinic..... I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O Other source Relative/friend P Shop Q Traditional practitioner R Other (<i>specify</i>) X	
CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Antibiotic Pill/Syrup A Injection B Anti-malarials..... M Paracetamol P Aspirin Q Ibuprofen R Other (<i>specify</i>) _____ X DK..... Z	
CA14. Check AG2: Child age under 3? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME (<i>name</i>) 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 (<i>specify</i>) _____ 96 DK..... 98	

IMMUNIZATION		IM								
If an immunization booklet is available, copy the dates in IM3 for each type of immunization recorded on the booklet. IM6-IM1 are for registering vaccinations that are not recorded on the booklet. IM6-IM17 will only be asked when a booklet is not available.										
IM1. DO YOU HAVE A BOOKLET WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN? <i>(If yes)</i> MAY I SEE IT PLEASE?			Yes, seen 1 Yes, not seen 2 No booklet 3					1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A VACCINATION BOOKLET FOR <i>(name)</i> ?			Yes 1 No 2					1⇒IM6 2⇒IM6		
IM3. (a) Copy dates for each vaccination from the booklet. (b) Write '44' in day column if booklet shows that vaccination was given but no date recorded.			Date of Immunization							
			Day		Month		Year			
BCG	BCG									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
POLIO 4	OPV4									
POLIO 5	OPV5									
DPT1	DPT1									
DPT2	DPT2									
DPT3	DPT3									
DPT4	DPT4									
DPT5	DPT5									
HEPB AT BIRTH	H0									
HEPB1	H1									
HEPB2	H2									
HEPB3	H3									
MEASLES	MMR									
JAPE 1	JE1									
JAPE 2	JE2									
JAPE 3	JE3									

<p>IM4. Check IM3. Are all vaccines (BCG to JapE 3) recorded?</p> <p><input type="checkbox"/> Yes ⇒ Go to IM19</p> <p><input type="checkbox"/> No ⇒ Continue with IM5</p>		
<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS BOOKLET, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS FROM ELSEWHERE THAT ARE NOT RECORDED, INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record 'Yes' only if respondent mentions vaccines shown in the table above.</p>	<p>Yes 1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM19)</p> <p>No 2 DK 8</p>	<p>2⇒IM19 8⇒IM19</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒IM19 8⇒IM19</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks 1 Later 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒IM13 8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours 1 Later 2</p>	

Appendix G. Questionnaires

IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times _	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK 8	
IM16A. HAS (<i>name</i>) EVER RECEIVED A JE VACCINE - TO PREVENT HIM/HER FROM GETTING JAPANESE ENCEPHALITIS?	Yes 1 No 2 DK 8	2⇒IM19 8⇒IM19
IM16B. HOW MANY TIMES WAS A JE VACCINE RECEIVED?	Number of times _	
IM19. Has (<i>name</i>) ever participated in a polio prevention campaign?"	Yes 1 No 2 DK 8	

UF13. Ending time of interview (hours and minutes).	Hour and minutes : ..	
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UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?

Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to be administered to the same respondent.

No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child.

Check to see if there are other woman’s, man’s or under-5 questionnaires to be administered in this household.

Move to another woman’s or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY		AN
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.		
AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement.</i>	Either or both measured..... 1	
	Child not present 2	2⇒AN6
	Child or caretaker refused 3	3⇒AN6
	Other (<i>specify</i>) _____ 6	6⇒AN6
AN3. <i>Child's weight.</i>	Kilograms (kg)__ . __	
	Weight not measured99.9	
AN4. <i>Child's length or height.</i>		
Check age of child in AG2:		
<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).	Length (cm) Lying down 1 ____ . __	
<input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Height (cm) Standing up 2 ____ . __	
	Length / Height not measured9999.9	

AN6. Is there another child in the household who is eligible for measurement?
<input type="checkbox"/> Yes ⇒ Record measurements for next child.
<input type="checkbox"/> No ⇒ Check whether there are any other household members who are eligible for interview. If yes, then _____ proceed interviewing until all eligible are interviewed.