



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

SITUATION OF WOMEN AND CHILDREN IN THAILAND, 2558

Thailand

UNDER-FIVE CHILD INFORMATION PANEL		UF												
<p>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.</p>														
UF1. Cluster number: _____	UF2. Household number: _____													
UF3. Child's name: Name _____	UF4. Child's line number: _____													
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____													
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / 201 __													
<p>Repeat greeting if not already read to this respondent:</p> <p>WE ARE FROM <i>NATIONAL STATISTICAL OFFICE</i>. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>													
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>														
<p>UF9. Result of interview for children under 5</p> <p>Codes refer to mother/caretaker.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Completed</td> <td style="text-align: right;">01</td> </tr> <tr> <td>Not at home</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Refused</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Partly completed</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Incapacitated</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Other (<i>specify</i>) _____</td> <td style="text-align: right;">96</td> </tr> </table>		Completed	01	Not at home	02	Refused	03	Partly completed	04	Incapacitated	05	Other (<i>specify</i>) _____	96
Completed	01													
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Other (<i>specify</i>) _____	96													

UF12. Record the time.	Hour and minutes..... _ _ : _ _	
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AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON 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>DK day.....98</p> <p>Month..... _ _</p> <p>Year 2 5 5 _</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

“THE BIRTH CERTIFICATE IS ISSUED BY THE REGISTRAR AFTER A REPORT OF BIRTH IS MADE AT THE DISTRICT OR MUNICIPAL OFFICE. IF THE PARENT/GUARDIAN ONLY HAS A “CERTIFICATE OF REPORT OF BIRTH” ISSUED BY THE DELIVERING HOSPITAL THEN THAT INDICATES THAT A BIRTH CERTIFICATE HAS NOT BEEN ISSUED.”

<p>BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?</p> <p><i>If yes, ask:</i> MAY I SEE IT?</p>	<p>Yes, seen..... 1</p> <p>Yes, not seen..... 2</p> <p>No 3</p> <p>DK..... 8</p>	<p>1⇒Next Module</p>
<p>BR2. HAS <i>(name)</i>'S BIRTH CERTIFICATE BEEN ISSUED BY THE REGISTRAR AT THE DISTRICT OR MUNICIPALITY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1⇒Next Module</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER <i>(name)</i>'S BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒BR5</p>
<p>BR4. DO YOU KNOW THAT YOU HAVE TO REPORT THE BIRTH AND OBTAIN A BIRTH CERTIFICATE FOR <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>
<p>BR5. WHAT IS THE MAIN REASON FOR NOT REPORTING THE BIRTH AND OBTAIN A BIRTH CERTIFICATE FOR <i>(name)</i>?</p>	<p>High cost..... 1</p> <p>Too far to travel 2</p> <p>Did not want to be fined..... 3</p> <p>Did go to the district/municipality, but the registrar did not register the birth 4</p> <p>Do not know the location of registrar's office 5</p> <p>Other (specify) 6</p> <p>DK..... 8</p>	

EARLY CHILDHOOD DEVELOPMENT

EC

<p>EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children’s books0 __</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>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</p>	<p style="text-align: right;">Y N DK</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>EC2D. DOES HE/SHE PLAY WITH ELECTRONIC DEVICES (SUCH AS MOBILE PHONE, TABLET OR GAME PLAYER)?</p>	<p>Yes 1</p> <p>No2</p> <p>DK.....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>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>	

EC4. Check AG2: Age of child.

Child age 0, 1 or 2 ⇒ Go to Next Module.

Child age 3 or 4 ⇒ Continue with EC5.

<p>EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table border="0"> <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/counted</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/counted	A	B	X	Y	
	Mother	Father	Other	No one																																	
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Named/counted	A	B	X	Y																																	
<p>EC8. 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.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1 No 2 DK..... 8</p>																																				

EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes 1 No 2 DK..... 8	
EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes 1 No 2 DK..... 8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes 1 No 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes 1 No 2 DK..... 8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes 1 No 2 DK..... 8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes 1 No 2 DK..... 8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes 1 No 2 DK..... 8	

BREASTFEEDING AND DIETARY INTAKE
BD

 BD1. *Check AG2: Age of child*

- Child age 0, 1 or 2 ⇒ Continue with BD2.*
- Child age 3 or 4 ⇒ Go to IMMUNIZATION Module*

BD2. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes..... 1 No 2 DK..... 8	2⇒BD4 8⇒BD4
BD3. IS (<i>name</i>) STILL BEING BREASTFED?	Yes..... 1 No 2 DK..... 8	2⇒BD4 8⇒BD4
BD3A. HOW MANY TIMES WAS (<i>name</i>) BREASTFED YESTERDAY, DURING THE DAY OR NIGHT?	Number of times breastfeed.....__ __	
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 ORS (ORAL REHYDRATION SOLUTION)</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 (OTHER) LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</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>		
<p>[A] PLAIN WATER?</p> <p>IF THE RESPONDENT SAYS "YES", THEN PROBE TO LEARN SPECIFICALLY THAT THE CHILD WAS GIVEN WATER ONLY FOR DRINKING AND NOT FOR MOUTH WASH OR CLEANING TO ASCERTAIN THE RESPONSE.</p>	<p>Plain water</p>	<p>Yes No DK</p> <p>1 2 8</p>
<p>[B] JUICE OR JUICE DRINKS?</p>	<p>Juice or juice drinks</p>	<p>1 2 8</p>
<p>[C] NAMSOUF?</p>	<p>Namsouf</p>	<p>1 2 8</p>
<p>[D] MILK SUCH AS FRESH MILK, TINNED, PACKED, BOXED, UHT, PASTEURIZED, POWDERED, SOYA OR CORN?</p>	<p>Milk</p>	<p>1 2 8</p>
<p><i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK MILK? <i>If unknown, record '98'.</i></p>	<p>Number of times drank milk..... __ __</p>	
<p>[E] INFANT FORMULA?</p>	<p>Infant formula</p>	<p>1 2 8</p>
<p><i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i></p>	<p>Number of times drank infant formula __</p>	
<p>[F] ANY OTHER LIQUIDS? <i>(Specify)</i> _____</p>	<p>Other liquids</p>	<p>1 2 8</p>

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.				
PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.				
DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate yogurt..... __		
[B] ANY FORTIFIED BABY FOOD, E.G., CERELAC, NESTLE, PEDIASURE?	Fortified baby food, e.g. Cerelac	1	2	8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT FORTIFIED BABY FOOD? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate fortified food..... __		
[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 OR VEGETABLES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS, THAI MELON, CANTALOUPE, AND MELON?	Ripe mangoes, papayas, Thai melon, etc.	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? <i>(Specify)</i> _____	Other solid, semi-solid, or soft food	1	2	8

BD9. Check BD8 (Categories “A” through “O”).

- At least one “Yes” or all “DK” ⇒ Go to BD11.
- Else ⇒ Continue with BD10.

BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night.

- The child did not eat or the respondent does not know ⇒ Go to Next Module.
- The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?

If 7 or more times, record '7'.

Number of times —

DK..... 8

IMMUNIZATION

IM

If an immunization (**child health**) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16B will only be asked if a card is not available.

IM1. DO YOU HAVE A CARD WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>	Yes, seen.....	1	1⇒IM3
	Yes, not seen.....	2	2⇒IM6
	No card	3	
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR <i>(name)</i> ?	Yes.....	1	1⇒IM6
	No	2	2⇒IM6
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card 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		
DPT 1	DPT1		
DPT 2	DPT2		
DPT 3	DPT3		
DPT 4	DPT4		
DPT 5	DPT5		
HEPB AT BIRTH	HEP0		
HEPB 1	HEP1		
HEPB 2	HEP2		
HEPB 3	HEP3		
MMR 1	MMR1		
MMR 2	MMR2		
JAPE 1	JE1		
JAPE 2	JE2		
JAPE 3	JE3		

IM4. Check IM3. Are all vaccines (BCG to JE3) recorded?

Yes ⇒ Go to IM19.

No ⇒ Continue with IM5.

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19.

No/DK ⇒ Go to IM19.

<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 OR CHILD HEALTH DAY?</p>	<p>Yes.....1 No2 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 No2 DK.....8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?</p>	<p>Yes.....1 No2</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 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 No2 DK.....8</p>	<p>2⇒IM13 8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?</p>	<p>Number of times _</p>	

<p>IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH 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</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>IM16A. HAS (<i>name</i>) EVER RECEIVED A JE VACCINE TO PREVENT HIM/HER FROM GETTING JAPANESE ENCEPHALITIS – THAT IS, A SHOT ON THE UPPER ARM OR THIGH?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒IM19</p> <p>8⇒IM19</p>
<p>IM16B. HOW MANY TIMES WAS A JE VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS:</p> <p>[A] MR CAMPAIGN FOR CHILDREN AGE 2.5 TO 7 YEARS OLD (1 MAY – 30 SEPTEMBER 2015)</p> <p>[B] POLIO CAMPAIGN FOR SPECIAL TARGET GROUP (1 JANUARY – 30 APRIL 2015)</p>	<p style="text-align: right;">Y N DK</p> <p>MR campaign..... 1 2 8</p> <p>Polio campaign 1 2 8</p>	

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p> <p>BY DIARRHEA I MEAN THE CHIDL HAD AT LEAST THREE STOOLS A DAY, OR STOOLS WITH MUCUS AND BLOOD AT LEAST ONE TIME, OR LIQUID STOOLS MORE THAN ONE TIME PER DAY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA6A</p> <p>8⇒ CA6A</p>
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</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></p> <p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less 1</p> <p>Somewhat less 2</p> <p>About the same 3</p> <p>More 4</p> <p>Nothing to drink 5</p> <p>DK..... 8</p>	
<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, OR NOTHING TO EAT?</p> <p><i>If 'less', probe:</i></p> <p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less 1</p> <p>Somewhat less 2</p> <p>About the same 3</p> <p>More 4</p> <p>Stopped food 5</p> <p>Never gave food 6</p> <p>DK..... 8</p>	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA4</p> <p>8⇒CA4</p>

<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... A</p> <p>Government health centre B</p> <p>Community health worker D</p> <p>Mobile / Outreach 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>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK A FLUID MADE FROM ORS PACKET?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA4F</p> <p>8⇒CA4F</p>
<p>CA4B. WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital.....11</p> <p>Government health centre12</p> <p>Community health worker14</p> <p>Mobile / Outreach clinic15</p> <p>Other public (<i>specify</i>) _____16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>Other private medical (<i>specify</i>) _____26</p> <p>Other source</p> <p>Relative / Friend.....31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (<i>specify</i>) _____96</p>	
<p>CA4F. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK HEALTH PERSONNEL RECOMMENDED HOMEMADE FLUID?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>

<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>_____ (Name)</p>	<p>Pill or Syrup Antibiotic A Antimotility B Other pill or syrup (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H</p> <p>Injection Antibiotic L Non-antibiotic M Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1 No 2 DK 8</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 No 2 DK 8</p>	<p>2⇒CA9A 8⇒CA9A</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 No 2 DK 8</p>	<p>2⇒CA10 8⇒CA10</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 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) 6 DK 8</p>	<p>1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10</p>
<p>CA9A. <i>Check CA6A: Had fever?</i></p> <p><input type="checkbox"/> <i>Child had fever ⇒ Continue with CA10.</i></p> <p><input type="checkbox"/> <i>Child did not have fever ⇒ Go to CA14.</i></p>		
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... A</p> <p>Government health centre B</p> <p>Community health worker D</p> <p>Mobile / Outreach 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>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>

<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotics:</p> <p>Pill / SyrupI</p> <p>Injection.....J</p> <p>Other medications:</p> <p>Paracetamol..... P</p> <p>AspirinQ</p> <p>Ibuprofen..... R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK..... Z</p>	
<p>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B.</p> <p><input type="checkbox"/> No ⇒ Go to CA14.</p>		
<p>CA13B. WHERE DID YOU GET THE (<i>name of medicine from CA13</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital11</p> <p>Government health centre12</p> <p>Community health worker14</p> <p>Mobile / Outreach clinic15</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend.....31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CA14. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13.</p>		

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
	Buried	05
	Left in the open	06
	Used disposable diapers and thrown into garbage.....	07
	Thrown into garbage but did not use disposable diapers.....	08
	Other (<i>specify</i>) _____	96
	DK.....	98

UF13. <i>Record the time.</i>	Hour and minutes ____ : ____	
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UF14. *Check List of Household Members, columns HL7B and HL15.*
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 her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.*

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 questionnaires, 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 in the List of Household Members 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 measured1	
	Child not present.....2	2⇒AN6
	Child or mother/caretaker refused3	3⇒AN6
	Other (<i>specify</i>) _____ 6	6⇒AN6
AN3. <i>Child's weight:</i>	Kilograms (kg)..... _____	
	Weight not measured..... 99.9	
AN3A. <i>Was the child undressed to the minimum?</i>		
<input type="checkbox"/> Yes.		
<input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B. <i>Check age of child in AG2:</i>		
<input type="checkbox"/> Child under 2 years old ⇒ Measure length (lying down).		
<input type="checkbox"/> Child age 2 or more years ⇒ Measure height (standing up).		
AN4. <i>Child's length or height:</i>	Length / Height (cm) _____	
	Length / Height not measured 999.9	⇒ AN5
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down.....1	
	Standing up.....2	
AN5. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes.....1	2⇒ AN6
	No2	
	DK.....8	8⇒ AN6
AN5A. HOW MUCH DID (<i>name</i>) WEIGH? <i>If a card is available, record weight from card.</i>	From card 1 (kg) ____ . _____	
	From recall 2 (kg) ____ . _____	
	DK..... 99998	

AN6. Is there another child in the household who is eligible for measurement?

Yes ⇒ Record measurements for next child.

No ⇒ Check if there are any other individual questionnaires to be completed in the household. If yes, then proceed interviewing until all eligible are interviewed.

Interviewer's Observations

Supervisor's Observations

Measurer's Observations