

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: _____ / _____ / <u>2</u> <u>5</u> <u>6</u> <u>2</u>	UF8. Record the time:	HOURS : MINUTES _____ : _____

<p>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.</p>		
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 (<i>your name</i>). We are from National Statistical Office. 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. This interview will take about 20 minutes. 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 (<i>child's name from UF3</i>)'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	

<p>UF17. Result of interview for children under 5</p> <p>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</p>	<p>COMPLETED 01</p> <p>NOT AT HOME 02</p> <p>REFUSED 03</p> <p>PARTLY COMPLETED 04</p> <p>INCAPACITATED (specify) _____ 05</p> <p>NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06</p> <p>OTHER (specify) _____ 96</p>
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UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (<i>name</i>)'s Birth Certificate, Maternal and Child Health Handbook, 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 (<i>name</i>) born? <i>Probe:</i> 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 <u>must</u> be recorded.	DATE OF BIRTH DAY _ _ DK DAY 98 MONTH..... _ _ YEAR <u>2</u> <u>5</u> _ _	
UB2. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) 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=00 1 NO, ED10≠00 OR BLANK..... 2	1 ⇔ UB8B 2 ⇔ UB9
UB6. Has (<i>name</i>) ever attended any early childhood education programme, such as Children's Development Centre, early childhood skills and development promotion school, public and private nursery school, etc.?	YES..... 1 NO 2	2 ⇔ UB9
UB7. At any time since May 2562, did (he/she) attend (programmes mentioned in UB6)?	YES..... 1 NO 2	1 ⇔ UB8A 2 ⇔ UB9
UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?	YES..... 1	
UB8B. You have mentioned that (<i>name</i>) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	NO 2	

UB9. Is (<i>name</i>) covered by any health insurance?	YES 1 NO 2	2 ⇒ Next module
UB10. What type of health insurance is (<i>name</i>) covered by? <i>Record all mentioned.</i>	COMMUNITY HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER..... B PRIVATE HEALTH INSURANCE..... D UNIVERSAL HEALTH-CARE COVERAGE SCHEME E GOVERNMENT OFFICER..... F LOCAL ADMINISTRATIVE ORGANIZATION G STATE ENTERPRISES OR INDEPENDENT AGENCIES..... H OTHER (<i>specify</i>) _____ X	

BIRTH REGISTRATION		BR
BR1. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it?	YES, SEEN.....1 YES, NOT SEEN2 NO3 DK8	1 ⇔ <i>Next module</i>
BR2. Has (<i>name</i>)'s birth been registered with <i>the civil authorities</i> ?	YES.....1 NO2 DK8	1 ⇔ <i>Next module</i>
BR3. Do you know how to register (<i>name</i>)'s birth?	YES.....1 NO2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. How many children's books or picture books do you have for (<i>name</i>)?</p>	<p>NONE 00</p> <p>NUMBER OF CHILDREN'S BOOKS <u>0</u> ..</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>Y N DK</p> <p>HOMEMADE TOYS 1 2 8</p> <p>TOYS FROM A SHOP 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p>	
<p>EC2D. Does (<i>child's name</i>) play with electronic devices such as mobile phones, tablets, game consoles?</p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW8</p>	<p>2⇒EC3</p> <p>8⇒EC3</p>
<p>EC2E. Normally, how many hours does (<i>child's name</i>) play with these electronic devices in a day?</p> <p><i>If less than one hour, record '00'.</i></p> <p><i>If 'Don't know', record '98'.</i></p>	<p>NUMBER OF HOURS..... __ __</p> <p>DON'T KNOW98</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' record '0'. If 'Don't know' record '8'.</p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR..... __</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR __</p>	
<p>EC4. Check UB2: Child's age?</p>	<p>AGE 0 OR 1 1</p> <p>AGE 2, 3 OR 4 2</p>	<p>1⇒Next module</p>

<p>EC5. In the past 3 days, did you or any household member age 15 or over 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>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with <i>(name)</i>?</p> <p>[B] Told stories to <i>(name)</i>?</p> <p>[C] Sang songs to or with <i>(name)</i>, including lullabies?</p> <p>[D] Took <i>(name)</i> outside the home?</p> <p>[E] Played with <i>(name)</i>?</p> <p>[F] Named, counted, or drew things for or with <i>(name)</i>?</p>	<table border="1"> <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</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	A	B	X	Y	
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<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 2 1</p> <p>AGE 3 OR 4 2</p>	<p>1 ⇒ Next module</p>																																			
<p>EC6. I would like to ask you some questions about the health and development of <i>(name)</i>. 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 <i>(name)</i>'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>EC7. 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>EC8. 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>EC9. 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>																																				

EC10. Is (<i>name</i>) sometimes too sick to play?	YES..... 1 NO 2 DK 8	
EC11. Does (<i>name</i>) follow simple directions on how to do something correctly?	YES..... 1 NO 2 DK 8	
EC12. When given something to do, is (<i>name</i>) able to do it independently?	YES..... 1 NO 2 DK 8	
EC13. Does (<i>name</i>) get along well with other children?	YES..... 1 NO 2 DK 8	
EC14. Does (<i>name</i>) kick, bite, or hit other children or adults?	YES..... 1 NO 2 DK 8	
EC15. Does (<i>name</i>) get distracted easily?	YES..... 1 NO 2 DK 8	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0 1 AGE 1, 2, 3 OR 4 2	1 ⇒ Next module
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 (<i>name</i>) <u>in the past month</u> . [A] Took away privileges, forbade something (<i>name</i>) liked or did not allow (him/her) to leave the house. [B] Explained why (<i>name</i>)'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 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.	<p style="text-align: right;">YES NO</p> <p>TOOK AWAY PRIVILEGES 1 2</p> <p>EXPLAINED WRONG BEHAVIOR 1 2</p> <p>SHOOK HIM/HER 1 2</p> <p>SHOUTED, YELLED, SCREAMED 1 2</p> <p>GAVE SOMETHING ELSE TO DO 1 2</p> <p>SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2</p> <p>CALLED DUMB, LAZY OR ANOTHER NAME 1 2</p> <p>HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG 1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2</p>	
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 ⇒ Next module
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	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2 ⇒ Next module
BD2. Has (<i>name</i>) ever been breastfed?	YES.....1 NO2 DK8	2 ⇒ BD3A 8 ⇒ BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES.....1 NO2 DK8	2 ⇒ BD3A 8 ⇒ BD3A
BD3A1. Yesterday, both during the day and night, how many times did (<i>child's name</i>) receive breast milk?	NUMBER OF TIMES RECEIVED BREAST MILK__ __	
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 22	2 ⇒ Next module
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES.....1 NO2 DK8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.....1 NO2 DK8	
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 NO2 DK8	

<p>BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night.</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>								
[A] Plain water?	PLAIN WATER	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	YES	NO	DK	1	2	8
YES	NO	DK						
1	2	8						
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8			
1	2	8						
[C] Clear broth, clear soup?	CLEAR BROTH, CLEAR SOUP	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8			
1	2	8						
[D] Infant formula such as Enfalac, Dumex, Hi-Q, S-26, etc.?	INFANT FORMULA	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 \surd</td> <td style="text-align: center;">8 \surd</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[E]</i></td> <td style="text-align: center;"><i>BD7[E]</i></td> </tr> </table>	1	2 \surd	8 \surd		<i>BD7[E]</i>	<i>BD7[E]</i>
1	2 \surd	8 \surd						
	<i>BD7[E]</i>	<i>BD7[E]</i>						
<p>[D1] How many times did (<i>name</i>) drink infant formula?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If DK, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA—</p>							
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 \surd</td> <td style="text-align: center;">8 \surd</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[F]</i></td> <td style="text-align: center;"><i>BD7[F]</i></td> </tr> </table>	1	2 \surd	8 \surd		<i>BD7[F]</i>	<i>BD7[F]</i>
1	2 \surd	8 \surd						
	<i>BD7[F]</i>	<i>BD7[F]</i>						
<p>[E1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK MILK—</p>							
[F] Sugary drinks, such as carbonated soft drinks, sweetened drinks, sweetened soy milk, tea and coffee?	SUGARY DRINKS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8			
1	2	8						
[X] Any other liquids?	OTHER LIQUIDS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 \surd</td> <td style="text-align: center;">8 \surd</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD8</i></td> <td style="text-align: center;"><i>BD8</i></td> </tr> </table>	1	2 \surd	8 \surd		<i>BD8</i>	<i>BD8</i>
1	2 \surd	8 \surd						
	<i>BD8</i>	<i>BD8</i>						
[X1] Record all other liquids mentioned.	(Specify) _____							

<p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask:</i> Please tell me everything (<i>name</i>) ate at that time. <i>Probe:</i> Anything else? <i>Record answers using the food groups below.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time? <i>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.</i></p>					
<p><i>For each food group not mentioned after completing the above ask:</i> Just to make sure, did (<i>name</i>) eat (food group items) yesterday during the day or the night</p>		YES	NO	DK	
<p>[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i></p>		YOGURT	1	2 \varnothing BD8[B]	8 \varnothing BD8[B]
<p>[A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'. If DK, record '8'.</i></p>		NUMBER OF TIMES ATE YOGURT__			
<p>[B] Any baby food, such as Cerelac, Nestle, PediaSure, etc.?</p>		FORTIFIED BABY FOOD	1	2	8
<p>[C] Bread, rice, noodles, porridge, or other foods made from grains?</p>		FOODS MADE FROM GRAINS	1	2	8
<p>[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</p>		PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
<p>[E] White potatoes, white yams, cassava, or any other foods made from roots?</p>		FOODS MADE FROM ROOTS	1	2	8
<p>[F] Any dark green, leafy vegetables, such as Chinese kale, broccoli, spinach, ivy gourd, water spinach</p>		DARK GREEN, LEAFY VEGETABLES	1	2	8
<p>[G] Ripe mangoes, ripe papayas, cantaloupes, melons, or peach?</p>		RIPE MANGO, RIPE PAPAYA	1	2	8
<p>[H] Any other fruits or vegetables, such as bananas, apples, guavas, rambutans, lychees, water chestnuts, cabbage, etc.?</p>		OTHER FRUITS OR VEGETABLES	1	2	8
<p>[I] Liver, kidney, heart or other organ meats?</p>		ORGAN MEATS	1	2	8
<p>[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?</p>		OTHER MEATS	1	2	8
<p>[K] Eggs?</p>		EGGS	1	2	8
<p>[L] Fish or shellfish, either fresh or dried?</p>		FRESH OR DRIED FISH	1	2	8
<p>[M] Beans, peas, lentils or nuts, including any foods made from these?</p>		FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
<p>[N] Cheese or other food made from animal milk?</p>		CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8

[O] Crunchy snacks or semi-processed foods that are salty such as instant noodles?	SALTY CRUNCHY SNACKS OR SEMI- PROCESSED FOODS	1	2	8	
[P] Sweets such as cakes, cookies, candy, Thai desserts?	SWEETS	1	2	8	
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI- SOLID, OR SOFT FOOD	1	2 \sphericalangle BD9	8 \sphericalangle BD9	
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	<i>(Specify)</i> _____				
<p>BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES__</p> <p>DK8</p>				

IMMUNISATION							IM	
IM2. Do you have the Maternal and Child Health Handbook (the Pink Book), immunisation records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?	YES, HAS ONLY CARD(S)	1					1 ⇒ IM5	
	YES, HAS ONLY OTHER DOCUMENT	2						
	YES, HAS CARD(S) AND OTHER DOCUMENT	3					3 ⇒ IM5	
	NO, HAS NO CARDS AND NO OTHER DOCUMENT	4						
IM3. Did you ever have the Maternal and Child Health Handbook (the Pink Book) or immunisation records from a private health provider for (<i>name</i>)?	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 Health Handbook (and/or) other document?	YES, ONLY HEALTH HANDBOOK SEEN	1						
	YES, ONLY OTHER DOCUMENT SEEN	2						
	YES, HEALTH HANDBOOK AND OTHER DOCUMENT SEEN	3						
	NO HEALTH HANDBOOK 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							
		DAY		MONTH		YEAR		
BCG	BCG				2	5		
Hepatitis B (at birth)	HepB0				2	5		
Polio (OPV) 1	OPV1				2	5		
Polio (OPV) 2	OPV2				2	5		
Polio (OPV) 3	OPV3				2	5		
Polio (OPV) 4	OPV4				2	5		
Polio (OPV) 5	OPV5				2	5		
Polio (IPV)	IPV				2	5		
Diphtheria, tetanus, whooping cough 1	DTP1				2	5		
Diphtheria, tetanus, whooping cough 2	DTP2				2	5		
Diphtheria, tetanus, whooping cough 3	DTP3				2	5		
Diphtheria, tetanus, whooping cough 4	DTP4				2	5		
Diphtheria, tetanus, whooping cough 5	DTP5				2	5		
Hepatitis B 1	HepB1				2	5		
Hepatitis B 2	HepB2				2	5		

Hepatitis B 3	HepB3					2	5			
Measles, mumps, rubella 1	MMR1					2	5			
Measles, mumps, rubella 2	MMR2					2	5			
Encephalitis 1	JE1					2	5			
Encephalitis 2	JE2					2	5			
Encephalitis 3	JE3					2	5			
IM7. Check IM6: Are all vaccines (BCG to Encephalitis) recorded?	YES 1 NO 2									1 ⇒ Next module
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations?	YES 1 No 2 DK 8									2 ⇒ Next module 8 ⇒ Next module
IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column. When <u>finished</u>, go to End of module.</i>										⇒ Next module
IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases?	YES 1 NO 2 DK 8									
IM13. Check IM11:	NO OR DK 1 YES 2									1 ⇒ Next module
IM14. 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?	YES 1 NO 2 DK 8									
IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?	YES, WITHIN 24 HOURS 1 YES, BUT NOT WITHIN 24 HOURS 2 NO 3 DK 8									3 ⇒ IM16 8 ⇒ IM16
IM15A. How many times was the Hepatitis B received?	NUMBER OF TIMES ___ DK 8									
IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i>	YES 1 NO 2 DK 8									2 ⇒ IM26 8 ⇒ IM26

<p>IM17. Were the first polio drops received in the first two weeks after birth?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>IM18. How many times were the polio drops received?</p>	<p>NUMBER OF TIMES DK 8</p>	
<p>IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio? <i>Probe to ensure that both were given, drops and injection.</i></p>	<p>YES 1 NO 2 DK 8</p>	
<p>IM26. Has (<i>name</i>) 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?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ IM29 8 ⇒ IM29</p>
<p>IM26A. How many times was the MMR vaccine received?</p>	<p>NUMBER OF TIMES DK 8</p>	
<p>IM29. Has (<i>child's name</i>) ever received a DTP vaccine, to prevent diphtheria, tetanus, whooping cough, shot in the thigh, hip or upper arm? <i>Probe by indicating that sometimes it is shot at the same time as the polio vaccine.</i></p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ IM31 8 ⇒ IM31</p>
<p>IM30. How many time did (<i>child's name</i>) receive DTP vaccine?</p>	<p>NUMBER OF TIMES DK 8</p>	
<p>IM31. Has (<i>child's name</i>) ever received a encephalitis JE vaccine shot in the thigh, hip or upper arm?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ UF11 8 ⇒ UF11</p>
<p>IM32. How many times did (<i>child's name</i>) receive a JE vaccine?</p>	<p>NUMBER OF TIMES DK 8</p>	

UF11. Record the time.	HOURS AND MINUTES :	
UF12. Language of the Questionnaire.	THAI 1 ENGLISH..... 2	
UF13. Language of the Interview.	THAI 1 ENGLISH..... 2 OTHER LANGUAGE (specify) 6	
UF14. Native language of the Respondent.	THAI 01 ENGLISH..... 02 CHINESE 03 BURMESE 04 KHMER / KUY 05 MALAY / JAWI..... 06 LAO..... 07 KAREN 08 HMONG..... 09 LAHU 10 MON..... 11 LAWA 12 AKHA 13 NYEU 14 SHAN 15 OTHER LANGUAGE (specify) 96	
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	
<p>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.</p> <p>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?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-14 selected for Questionnaire for Children Age 5-14 in this household?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG).....__ __ . __ CHILD NOT PRESENT AFTER REVISITS ...99.3 CHILD REFUSED99.4 RESPONDENT REFUSED99.5 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	
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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) __ __ . __ CHILD REFUSED999.4 RESPONDENT REFUSED999.5 OTHER (specify) _____ 999.6	999.4 ⇨AN12A 999.5 ⇨AN12A 999.6 ⇨AN12A
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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP..... 2	
AN12A. Was (<i>child's name</i>) weighed at birth?	WEIGHED 1 NOT WEIGHED 2 DON'T KNOW 8	2⇨AN12C 8⇨AN12C
AN12B. What was the birth weight of (<i>child's name</i>)? <i>If the Health Handbook is available, record the weight as stated in the Handbook.</i>	FROM HEALTH HANDBOOK 1 (KG) __ . __ __ FROM INQUIRY 2 (KG) __ . __ __ DK9.998	

AN12C. Was (<i>child's name</i>) measured the length at birth?	MEASURED 1 NOT MEASURED 2 DK 8	2 ⇒ AN13 8 ⇒ AN13
AN12D. What was the birth length of (<i>child's name</i>)? <i>If the Health Handbook is available, record the length as stated in the Handbook.</i>	FROM HEALTH HANDBOOK 1 (CM) ____ . ____ FROM INQUIRY 2 (CM) ____ . ____ DK 99.98	
AN13. Today's date: Day / Month / Year:	____ / ____ / <u>2</u> <u>5</u> <u>6</u> <u>2</u>	
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.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE