



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

2015 TURKMENISTAN MULTIPLE INDICATOR CLUSTER SURVEY

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>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).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
<p>UF1. Cluster number:</p> <p style="text-align: right;">_____</p>	<p>UF2. Household number:</p> <p style="text-align: right;">_____</p>	
<p>UF3. Child's name:</p> <p>Name _____</p>	<p>UF4. Child's line number:</p> <p style="text-align: right;">_____</p>	
<p>UF5. Mother's / Caretaker's name:</p> <p>Name _____</p>	<p>UF6. Mother's / Caretaker's line number:</p> <p style="text-align: right;">_____</p>	
<p>UF7. Interviewer's name and number:</p> <p>Name _____</p>	<p>UF8. Day / Month / Year of interview:</p> <p style="text-align: right;">_____ / _____ / 201_____</p>	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE STATE STATISTICS COMMITTEE. 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"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>	

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed01</p> <p>Not at home02</p> <p>Refused03</p> <p>Partly completed04</p> <p>Incapacitated05</p> <p>Other (<i>specify</i>) _____ 96</p>
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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><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day..... 98</p> <p>Month..... ____</p> <p>Year 201 ____</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><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ____</p>	

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen.....2	
	No.....3	
	DK.....8	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRY OFFICE?	Yes 1	1⇒Next Module
	No 2	
	DK.....8	
BR3. DO YOU KNOW HOW TO REGISTER (name)'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>None00</p> <p>Number of children’s books.....0 __</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><i>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i></p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>Homemade toys</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
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<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><i>If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’.</i></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 0, 1 or 2 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.</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>Yes 1</p> <p>No2</p> <p>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 <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 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/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	
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<p>EC8. 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>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</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>Yes1</p> <p>No2</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>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

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 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 CARE OF ILLNESS Module.

BD2. HAS (name) EVER BEEN BREASTFED?	Yes1 No2 DK.....8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes1 No2 DK.....8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes1 No2 DK.....8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (name of item) YESTERDAY DURING THE DAY OR THE NIGHT:		
[A] PLAIN WATER?	Plain water	Yes No DK 1 2 8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8
[C] CLEAR BROTH?	Clear broth	1 2 8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk	___

[E] INFANT FORMULA SUCH AS NESTLE (NESTOGEN, NAN), NUTRILAC, BELLACT, SEMILAC?	Infant formula	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula	_____		
[P1] CLEAR TEA/TEA <u>WITHOUT</u> MILK OR DAIRY PRODUCTS?	Water-based tea	1	2	8
[F] ANY OTHER LIQUIDS? (Specify)_____	Other liquids	1	2	8
BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.				
PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.				
DID (name) EAT (name of food) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK
[A] YOGURT OR KEFIR (GATYK)?	Yogurt or kefir (gatyk)	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT OR KEFIR (GATYK)? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt or kefir (gatyk)	_____		
[B] ANY COMMERCIALY FORTIFIED BABY FOODS MADE FROM GRAINS, SUCH AS NESTLE, NUTRILAC, BELLACT, SEMILAC?	Nestle, Nutrilac, Bellact, Semilac	1	2	8
[C] BREAD, RICE, NOODLES, SEMOLINA, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN OR CARROTS?	Pumpkin or carrots	1	2	8
[E] POTATOES OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes or any food made from roots, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE PERSIMMON AND DRIED OR FRESH APRICOTS?	Ripe persimmon and dried or fresh apricot	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, CAMEL, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, lamb, camel, pork, , goat, chicken, duck etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, MASH (MUNG BEAN) OR NUTS?	Foods made from beans, peas, etc.	1	2	8

[N] CHEESE, SHEEP CHEESE, COTTAGE CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese, sheep cheese, cottage cheese or other food made from milk	1 2 8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify) _____	Other solid, semi-solid, or soft food	1 2 8
BD9. Check BD8 (Categories "A" through "O"). <input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11. <input type="checkbox"/> 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. <input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module. <input type="checkbox"/> 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? <i>If 7 or more times, record '7'.</i>	Number of times — DK 8	

IMMUNIZATION		IM									
<p><i>If an immunization passport/card available, copy the dates in IM3 for each type of immunization recorded on the passport/card. IM6-IM17 will only be asked if a card is not available.</i></p>											
IM1. DO YOU HAVE AN IMMUNIZATION PASSPORT/CARD AT HOME WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>		Yes, seen passport / card 1 Yes, not seen passport / card 2 No immunization passport / card..... 3	1⇒IM3 2⇒IM6								
IM2. DID YOU EVER HAVE A VACCINATION PASSPORT/CARD AT HOME FOR (<i>name</i>)?		Yes 1 No 2	1⇒IM6 2⇒IM6								
IM3. (a) Copy dates for each vaccination from the passport/card. (b) Write '44' in day column if passport/card shows that the vaccination was given but no date recorded.		<table border="1"> <thead> <tr> <th colspan="4">Date of Immunization</th> </tr> <tr> <th>Day</th> <th>Month</th> <th colspan="2">Year</th> </tr> </thead> </table>		Date of Immunization				Day	Month	Year	
Date of Immunization											
Day	Month	Year									
BCG (2 ND -3 RD DAYS OF LIFE)	BCG										
POLIO (2 ND -3 RD DAYS OF LIFE)	OPV0										
POLIO 1	OPV1										
POLIO 2	OPV2										
POLIO 3	OPV3										
POLIO 4	OPV4										
PENTAVALENT1 DPT1-HEPB2-HIB1	PENTA1										
PENTAVALENT2 DPT2-HEPB3-HIB2	PENTA2										
PENTAVALENT3 DPT3-HEPB4-HIB3	PENTA3										
DPT 1	DPT1										
DPT 2	DPT2										
DPT 3	DPT3										
DPT 4	DPT4										
HEPB AT BIRTH	HEP1										
HEPB 2	HEP2										
HEPB 3	HEP3										
HEPB 4	HEP4										
HIB 1	HIB1										
HIB 2	HIB2										
HIB 3	HIB3										
MEASLES (OR MMR OR MR)	MEASLES										
IM4. Check IM3. Are all vaccines (BCG to measles) recorded? <input type="checkbox"/> Yes ⇒ Go to IM19. <input type="checkbox"/> No ⇒ Continue with IM5.											

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS PASSPORT/CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN IMMUNIZATION DAYS?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ 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.</p> <p><input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM19.</p>		
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN AN IMMUNIZATION DAY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM19</p> <p>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</p> <p>No 2</p> <p>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</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM10A</p> <p>8⇒M10A</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times __</p>	
<p>IM10A. HAS (<i>name</i>) EVER RECEIVED A PENTA VACCINATION (DPT-HEPB-HIB) – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B?</p> <p><i>Probe by indicating that the pentavalent (DPT-HepB-Hib) vaccination is sometimes given at the same time as Polio.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM10B. HOW MANY TIMES WAS THE PENTA (DPT-HEPB-HIB) 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 the DPT vaccination is sometimes given at the same time as Polio.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM13</p> <p>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>No 2</p> <p>DK 8</p>	<p>2⇒IM15A</p> <p>8⇒IM15A</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?</p>	<p>Number of times ___</p>	
<p>IM15A. HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZA TYPE B?</p> <p><i>Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio and DPT vaccines.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM15B. HOW MANY TIMES WAS THE HIB VACCINE 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 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE POLIO CAMPAIGNS:</p> <p>[A] 1ST POLIO VACCINATION CAMPAIGN (2013, SEPTEMBER, OCTOBER)?</p> <p>[B] 2ND POLIO VACCINATION CAMPAIGN (2014, APRIL, MAY)?</p>	<p style="text-align: right;">Y N DK</p> <p>1st campaign 1 2 8</p> <p>2nd campaign 1 2 8</p>	
<p>IM20. Issue a <i>QUESTIONNAIRE FORM FOR IMMUNIZATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire and go to Next Module.</p>		
<p>IM21. CAN YOU PLEASE TELL ME THE NAME OF THE HEALTH FACILITY WHERE WE CAN FIND A MEDICAL CARD WITH (<i>name</i>)’S IMMUNIZATION RECORDS?</p> <p>_____</p>		
<p>IM22. CAN YOU PLEASE TELL ME (<i>name</i>)’S FULL NAME AND SURNAME WITH WHICH WE CAN FIND HIS/HER MEDICAL CARD IN THE HEALTH FACILITY?</p> <p>_____</p>		
<p>IM23. IS THE MEDICAL CARD WITH (<i>name</i>)’S IMMUNIZATION RECORDS KEPT IN THE HEALTH FACILITY THAT IS RESPONSIBLE FOR THIS HOUSEHOLD ADDRESS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒Next Module</p>
<p>IM24. CAN YOU PLEASE TELL ME THE ADDRESS (FULL NAME OF VELAYAT, ETRAP / CITY, SETTLEMENT) WHICH CAN BE USED TO FIND THE MEDICAL CARD CONTAINING (<i>name</i>)’S IMMUNIZATION RECORDS IN THE HEALTH FACILITY?</p> <p>_____</p>		

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒CA6A 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> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less.....1 Somewhat less2 About the same.....3 More.....4 Nothing to drink.....5 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> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less.....1 Somewhat less2 About the same.....3 More.....4 Stopped food5 Never gave food6 DK.....8</p>	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒CA4 8⇒CA4</p>
<p>CA3B. 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.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public sector Government hospital / clinic A Health centre B Government health post C Mobile / Outreach clinic E State pharmacy F Other public (<i>specify</i>) _____ H</p> <p>Private medical sector Private hospital / clinic I Private physician..... J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O</p> <p>Other source Relative / Friend..... P Shop Q 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 A SPECIAL ORS PACKET CALLED REGIDRON, APEKTRA OR REGIDRAT?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒CA4C 8⇒CA4C</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 style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital/clinic.....11</p> <p>Health centre12</p> <p>Government health post13</p> <p>Mobile / Outreach clinic15</p> <p>State pharmacy17</p> <p>Other public (specify)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 (specify)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 (specify)96</p>	
<p>CA4C. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets 1 2 8</p> <p>Zinc syrup 1 2 8</p>	
<p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E.</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA5.</p>		
<p>CA4E. WHERE DID YOU GET THE ZINC?</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 style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital/clinic.....11</p> <p>Health centre12</p> <p>Government health post13</p> <p>Mobile / Outreach clinic15</p> <p>State pharmacy.....17</p> <p>Other public (specify)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 (specify)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 (specify)96</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>_____</p> <p style="text-align: center;">(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</p> <p>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</p> <p>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</p> <p>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</p> <p>Both 3</p> <p>Other (<i>specify</i>) _____ 6 DK 8</p>	<p>1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10</p>
<p>CA9A. Check CA6A: Had fever?</p> <p><input type="checkbox"/> Child had fever ⇒ Continue with CA10.</p> <p><input type="checkbox"/> Child did not have fever ⇒ Go to CA14.</p>		
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No 2</p> <p>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><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital/clinic..... A</p> <p>Health centre B</p> <p>Government health post C</p> <p>Mobile / Outreach clinic E</p> <p>State pharmacy..... F</p> <p>Other public (specify) _____ 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 (specify) _____ O</p> <p>Other source</p> <p>Relative / Friend..... P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (specify) _____ X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotics:</p> <p>Pill / Syrup..... I</p> <p>Injection..... J</p> <p>Other medications:</p> <p>Paracetamol / Panadol P</p> <p>Ibuprofen / Ibufen..... R</p> <p>Other (specify) _____ X</p> <p>DK..... Z</p>	

CA13A. Check CA13: Antibiotic mentioned (codes I or J)?

Yes ⇒ Continue with CA13B.

No ⇒ Go to CA14

<p>CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?</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 style="text-align: center;"><i>(Name of place)</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Public sector</td> </tr> <tr> <td>Government hospital/clinic.....</td> <td style="text-align: right;">11</td> </tr> <tr> <td>Health centre</td> <td style="text-align: right;">12</td> </tr> <tr> <td>Government health post</td> <td style="text-align: right;">13</td> </tr> <tr> <td>Mobile / Outreach clinic</td> <td style="text-align: right;">15</td> </tr> <tr> <td>State pharmacy.....</td> <td style="text-align: right;">17</td> </tr> <tr> <td>Other public (specify) _____</td> <td style="text-align: right;">16</td> </tr> <tr> <td colspan="2">Private medical sector</td> </tr> <tr> <td>Private hospital / clinic</td> <td style="text-align: right;">21</td> </tr> <tr> <td>Private physician.....</td> <td style="text-align: right;">22</td> </tr> <tr> <td>Private pharmacy</td> <td style="text-align: right;">23</td> </tr> <tr> <td>Mobile clinic</td> <td style="text-align: right;">24</td> </tr> <tr> <td>Other private medical (specify) _____</td> <td style="text-align: right;">26</td> </tr> <tr> <td colspan="2">Other source</td> </tr> <tr> <td>Relative / Friend.....</td> <td style="text-align: right;">31</td> </tr> <tr> <td>Shop</td> <td style="text-align: right;">32</td> </tr> <tr> <td>Traditional practitioner</td> <td style="text-align: right;">33</td> </tr> <tr> <td>Already had at home</td> <td style="text-align: right;">40</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: right;">96</td> </tr> </table>	Public sector		Government hospital/clinic.....	11	Health centre	12	Government health post	13	Mobile / Outreach clinic	15	State pharmacy.....	17	Other public (specify) _____	16	Private medical sector		Private hospital / clinic	21	Private physician.....	22	Private pharmacy	23	Mobile clinic	24	Other private medical (specify) _____	26	Other source		Relative / Friend.....	31	Shop	32	Traditional practitioner	33	Already had at home	40	Other (specify) _____	96
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CA14. Check AG2: Age of child.

Child age 0, 1 or 2 ⇒ Continue with CA15.

Child age 3 or 4 ⇒ Go to UF13.

<p>CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Child used toilet / latrine</td> <td style="text-align: right;">01</td> </tr> <tr> <td>Put / Rinsed into toilet or latrine.....</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Put / Rinsed into drain or ditch</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Thrown into garbage (solid waste)</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Buried</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Left in the open</td> <td style="text-align: right;">06</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td>DK.....</td> <td style="text-align: right;">98</td> </tr> </table>	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 (specify) _____	96	DK.....	98
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DK.....	98																

UF13. Record the time.	Hour and minutes..... ____ : ____
-------------------------------	-----------------------------------

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, or under-5 questionnaires to be administered in this 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. Measurer's name and number:	Name _____	
AN2. Result of height/length and weight measurement:	Either or both measured 1	
	Child not present 2	2⇒AN6
	Child or mother/caretaker refused 3	3⇒AN6
	Other (specify) _____ 6	6⇒AN6
AN3. Child's weight:	Kilograms (kg) ____ . ____	
	Weight not measured 99.9	
AN3A. Was the child undressed to the minimum?		
<input type="checkbox"/> Yes.		
<input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B. Check age of child in AG2:		
<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. Child's length or height:	Length / Height (cm)..... ____ . ____	
	Length / Height not measured..... 999.9	⇒AN6
AN4A. How was the child actually measured? Lying down or standing up?	Lying down 1	
	Standing up 2	

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.

Interviewer's Observations

Supervisor's Observations

Measurer's Observations

Appendix F4. Questionnaire Form for Immunization Records at Health Facility



QUESTIONNAIRE FORM FOR IMMUNIZATION RECORDS AT HEALTH FACILITY

2015 TURKMENISTAN MULTIPLE INDICATOR CLUSTER SURVEY

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the immunization for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name: Name _____	HF4. Child's line number: _____	
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: _____	
HF7. Interviewer's name and number: Name _____	HF9. Day, month and year of birth (from AG1 in Questionnaire for Children Under-5) _____ / _____ / 2 01 ____	
HF9A. Address required to find the child's vaccination record/form 63 in the health facility _____		

HF8. Day / Month / Year of facility visit: _____ / _____ / 2 01 ____	HF8A. Supervisor's name and number: Name _____
HF10. Name of health facility: _____	HF10A. Address of health facility: _____
HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (<i>specify</i>) _____ 96

IMMUNIZATION											HF
HF12. Record day, month and year of birth as written on immunization record.				____ / ____ / 201 ____							
HF13. (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 (2 ND -3 RD DAYS OF LIFE)	BCG										
POLIO (2 ND -3 RD DAYS OF LIFE)	OPV0										
POLIO 1	OPV1										
POLIO 2	OPV2										
POLIO 3	OPV3										
POLIO 4	OPV4										
PENTAVALENT1 DPT1-HEPB2-HIB1	PENTA1										
PENTAVALENT2 DPT2-HEPB3-HIB2	PENTA2										
PENTAVALENT3 DPT3-HEPB4-HIB3	PENTA3										
DPT 1	DPT1										
DPT 2	DPT2										
DPT 3	DPT3										
DPT 4	DPT4										
HEPB AT BIRTH	HEP1										
HEPB 2	HEP2										
HEPB 3	HEP3										
HEPB 4	HEP4										
HIB 1	HIB1										
HIB 2	HIB2										
HIB 3	HIB3										
MEASLES (OR MMR OR MR)	MEASLES										