

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).</p> <p>A separate questionnaire should be used for each eligible child.</p> <p>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</p>		
UF1. ED number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____		
UF7A. Start Date (Day/Month/Year) of interview: _____ / _____ / _____		
UF8. End Date (Day/Month/Year) of interview: _____	_____ / _____ / _____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (<i>name</i>). In what month and year was (<i>name</i>) born? <i>Probe:</i> What is his/her birthday? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day DK day 98 Month Year	
UF11. How old was (<i>name</i>) at his/her last birthday? Record age in completed years.	Age in completed years	

Question CE1 is to be administered only once to each caretaker

<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p>If 'none' enter 00</p>	<p>Number of non-children's books.....0 __</p> <p>Ten or more non-children's books.....10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (<i>name</i>)?</p> <p>If 'none' enter 00</p>	<p>Number of children's books.....0 __</p> <p>Ten or more books10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (<i>name</i>) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE</p> <p>THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p>If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<p>Household objects (bowls, plates, cups, pots)A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves)B</p> <p>Homemade toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a store D</p> <p>No playthings mentionedY</p>	
<p>CE4. 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 WITH OTHERS. SINCE LAST (<i>day of the week</i>) HOW MANY TIMES WAS (<i>name</i>) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (<i>name</i>) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes..... 1 No..... 2 DK..... 8	2 → BF3 8 → BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No..... 2 DK..... 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA? BF3D. ORAL REHYDRATION SOLUTION (ORS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	Y N DK A. Vitamin supplements..... 1 2 8 B. Plain water 1 2 8 C. Sweetened water or juice..... 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk 1 2 8 G. Other liquids..... 1 2 8 H. Solid or semi-solid food..... 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? <input type="checkbox"/> Yes. → Continue with BF5 <input type="checkbox"/> No or DK. → Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? If 7 or more times, record '7'.	No. of times Don't know..... 8	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	Yes..... 1 No..... 2 DK..... 8	2→CA5 8→CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED AN ORAL REHYDRATION SOLUTION OR GESOL?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA SUCH AS PEDIALYTE?</p> <p>CA2D. LOCAL HOMEMADE FLUID SUCH AS COCONUT WATER, COCA COLA, GUAVA BUDS OR FLOUR AND WATER?</p>	<p style="text-align: right;">Yes No DK</p> A. Fluid from ORS packet/Gesol 1 2 8 C. Pre-packaged ORS fluid 1 2 8 D. Local homemade fluid..... 1 2 8	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	Much less or none 1 About the same (or somewhat less) 2 More 3 DK..... 8	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If “less”, probe: MUCH LESS OR A LITTLE LESS?</p>	None 1 Much less 2 Somewhat less 3 About the same 4 More 5 DK..... 8	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	Yes..... 1 No..... 2 DK..... 8	2→CA12 8→CA12
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	Yes..... 1 No..... 2 DK..... 8	2→CA12 8→CA12
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	Problem in chest..... 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK..... 8	2→CA12 6→CA12
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	Yes..... 1 No..... 2 DK..... 8	2→CA10 8→CA10

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital.....A</p> <p>Govt. health centreB</p> <p>Govt. health post.....C</p> <p>Village health workerD</p> <p>Mobile/outreach clinicE</p> <p>Other public (<i>specify</i>).....H</p> <p>Private medical sector</p> <p>Private hospital/clinicI</p> <p>Private physician.....J</p> <p>Private pharmacyK</p> <p>Mobile clinicL</p> <p>Other private</p> <p>medical (<i>specify</i>).....O</p> <p>Other source</p> <p>Relative or friend.....P</p> <p>ShopQ</p> <p>Traditional practitionerR</p> <p>Other (<i>specify</i>)</p> <p>X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→CA12</p> <p>8→CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Amoxil.....A</p> <p>CeclorB</p> <p>AugmentinC</p> <p>Curam.....D</p> <p>Tussadryl.....E</p> <p>Tylenol Cold.....F</p> <p>Robitussin.....G</p> <p>Buckleys Jack and Jill.....H</p> <p>Paracetamol/Panadol/AcetaminophenP</p> <p>Aspirin.....Q</p> <p>IbuprofenR</p> <p>Other (<i>specify</i>).....X</p> <p>DK.....Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. → Continue with CA13</p> <p><input type="checkbox"/> No. → Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, HOW WAS THE STOOL DISPOSED?</p>	<p>Child used toilet/latrine01</p> <p>Put/rinsed into toilet or latrine02</p> <p>Thrown into garbage (solid waste)04</p> <p>Buried05</p> <p>Left in the open.....06</p> <p>Other (<i>specify</i>).....96</p> <p>DK.....98</p>	

<p>Ask the following question (CA14) only once for each mother/caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeed..... A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing..... D</p> <p>Child has difficulty breathing..... E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>	
---	---	--

IMMUNIZATION MODULE

IM

If an immunization card is available, copy the dates in IM3B-IM7 for each type of immunization recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen.....1 Yes, not seen.....2 No.....3	2 → IM10 3 → IM10
(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
IM3B. POLIO 1 OPV1		
IM3C. POLIO 2 OPV2		
IM3D. POLIO 3 OPV3		
IM4A. DPT1 DPT1		
IM4B. DPT2 DPT2		
IM4C. DPT3 DPT3		
IM4D. HiB1 HiB1		
IM4E. HiB2 HiB2		
IM4F. HiB3 HiB3		
IM4G. HEPB1 HEPB1		
IM4H. HEPB2 HEPB2		
IM4I. HEPB3 HEPB3		
IM5A. DPTHEPBHiB1 DPTHEPBHiB1		
IM5B. DPTHEPBHiB2 DPTHEPBHiB2		
IM5C. DPTHEPBHiB3 DPTHEPBHiB3		
IM6. MEASLES MUMPS AND RUBELLA MMR		
IM7. YELLOW FEVER YF		

<p>IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record ‘Yes’ only if respondent mentions OPV 1-3, DPT 1-3, HepB 1-3, HiB 1-3, DPTHePBHiB 1-3, MMR, or Yellow Fever vaccine(s).</p>	<p>Yes.....1 (Probe for vaccinations and write ‘66’ in the corresponding day column on IM2 to IM8B.) No.....2 DK.....8</p>	<p>1→IM20 2→IM20 8→IM20</p>
<p>IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM20 8→IM20</p>
<p>IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM14A 8→IM14A</p>
<p>IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?</p>	<p>Just after birth (within two weeks).....1 Later.....2</p>	
<p>IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?</p>	<p>No. of times.....__ __</p>	
<p>IM14A. HAS (<i>name</i>) EVER BEEN GIVEN “DPTHEPBHiB VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH, TETANUS, HEPATITIS B AND INFLUENZA TYPE B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM15 8→IM15</p>
<p>IM14B. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?</p>	<p>No. of times.....__ __</p>	
<p>IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM16A 8→IM16A</p>
<p>IM16. HOW MANY TIMES?</p>	<p>No. of times.....__ __</p>	
<p>IM16A. HAS (<i>name</i>) EVER BEEN GIVEN “HiB ONLY VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING INFLUENZA TYPE B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM16C 8→IM16C</p>
<p>IM16B. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?</p>	<p>No. of times.....__ __</p>	

<p>IM16C. Has (<i>name</i>) EVER BEEN GIVEN “HEPB ONLY VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM17 8→IM17</p>
<p>IM16D. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?</p>	<p>No. of times.....</p>	
<p>IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES MUMPS AND RUBELLA VACCINATION INJECTIONS (MMR)” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES MUMPS AND RUBELLA?</p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM18. HAS (<i>name</i>) EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MMR)</p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. → End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. → End the interview with this respondent by thanking him/her for his/her cooperation.</p>		