



QUESTIONNAIRE FOR CHILDREN UNDER FIVE TRINIDAD AND TOBAGO

UNDER-FIVE CHILD INFORMATION PANEL	UF
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*This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).
A separate questionnaire should be used for each eligible child.*

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 name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / _____

Repeat greeting if not already read to this respondent:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM THE MINISTRY OF THE PEOPLE AND SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT (*number*) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

MAY I START NOW?

- Yes, permission is given ⊘ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⊘ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
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UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
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UF12. <i>Record the time.</i>	Hour and minutes : ..	
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AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT 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 _ _ _ _</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 (<i>name</i>) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen..... 2 No..... 3 DK..... 8	1⇒Next Module 2⇒Next Module
BR2. HAS (<i>name</i>)’S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes..... 1 No..... 2 DK..... 8	1⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD’S BIRTH?	Yes..... 1 No..... 2	

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 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 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>																		

<p>EC5. DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒EC7 8⇒EC7</p>																																			
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?</p>	<p>Number of hours.....</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)?</p>	<table 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	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1 No..... 2 DK..... 2</p>																																				
<p>EC9. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>																																				
<p>EC10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>																																				
<p>EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>																																				

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		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. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF4. DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (<i>name</i>) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (<i>name</i>) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF9 DID (<i>name</i>) DRINK <u>BROTH/SOUP</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF10. 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	
BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION) OR GESOL</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	

BF12. Did (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF13. Did (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times __ __	
BF15. Did (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF16. Did (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times __ __	
BF18. 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	

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</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>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒CA7 8⇒CA7</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 less 2 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 less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8</p>	
<p>CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED AN ORAL REHYDRATION SOLUTION OR GESOL?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA SUCH AS PEDIALYTE?</p> <p>[C] LOCAL HOMEMADE FLUID SUCH AS COCONUT WATER, COCA COLA, GUAVA BUDS OR FLOUR AND WATER?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet/Gesol..... 1 2 8</p> <p>Pre-packaged ORS fluid..... 1 2 8</p> <p>Local homemade fluid 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒CA7 8⇒CA7</p>

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc C</p> <p>Other (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q (Local homemade fluid such as coconut water, coca cola, guava buds or flour and water).....</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>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>Govt. hospital..... A</p> <p>Govt. health centre B</p> <p>Village 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. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS 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 (<i>name</i>) 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>Antibiotic pill/syrup</p> <p>Amoxil..... A</p> <p>Ceclor..... B</p> <p>Augmentin..... C</p> <p>Curam..... D</p> <p>Cough syrup</p> <p>Tussadryl..... E</p> <p>Tylenol Cold..... F</p> <p>Robitussin..... G</p> <p>Buckleys Jack and Jill..... H</p> <p>OTC Painkillers</p> <p>Paracetamol / Panadol / Acetaminophen ... P</p> <p>Aspirin..... Q</p> <p>Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK _____ Z</p> <p>Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, HOW WAS THE STOOL DISPOSED?</p>	<p>Child used toilet / latrine 01</p> <p>Put / Rinsed into toilet or latrine..... 02</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open..... 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	

IMMUNIZATION		IM					
<p><i>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</i></p>							
IM1. DO YOU HAVE A CARD WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?		Yes, seen 1 Yes, not seen 2 No card 3				1⇒IM3 2⇒IM6	
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (<i>name</i>)?		Yes 1 No 2				1⇒IM6 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	
IM3P1. POLIO 1	ORAL POLIO VACCINE 1						
IM3P2. POLIO 2	ORAL POLIO VACCINE 2						
IM3P3. POLIO 3	ORAL POLIO VACCINE 3						
IM3BP1. 1 ST BOOSTER POLIO	ORAL POLIO VACCINE						
IM3BP2. 2 ND BOOSTER POLIO	ORAL POLIO VACCINE						
IM3D1.DPT/Dt 1	DPT/Dt 1						
IM3D2.DPT/Dt 2	DPT/Dt 2						
IM3D3.DPT/Dt 3	DPT/Dt 3						
IM3BD1. 1 ST BOOSTER DPT/Dt	DPT/Dt						
IM3BD2. 2 ND BOOSTER DPT/Dt	DPT/Dt						
IM3DHH1.PENTAVALENT(DPT/HEPB/HIB 1)	DPT/HEPB/HIB 1						
IM3DHH2. PENTAVALENT (DPT/HEPB/HIB 2)	DPT/HEPB/HIB 2						
IM3DHH3. PENTAVALENT (DPT/HEPB/HIB 3)	DPT/HEPB/HIB 3						
IM3H0. HEPB AT BIRTH	H0						
IM3H1. HEPB1	H1						
IM3H2. HEPB2	H2						
IM3H3. HEPB3	H3						

IM3. (c) Copy dates for each vaccination from the card. (d) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization						
		Day	Month	Year				
IM3M.MEASLES/MUMPS/RUBELLA	MMR							
IM3Y.YELLOW FEVER	YF							
IM3PN1.PNEUMOCOCCAL 1								
IM3PN2.PNEUMOCOCCAL 2								
IM3PN3. PNEUMOCOCCAL 3								

IM4. Check IM3. Are all vaccines (Polio to Pneumococcal) recorded?

Yes ⇒ Go to UF13

No ⇒ Continue with IM5

IM5. IN ADDITION TO WHAT IS RECORDED 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 vaccines shown in the table above.	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to UF13) No.....2 DK.....8	2⇒UF13 8⇒UF13
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?	Yes.....1 No.....2 DK.....8	2⇒UF13 8⇒UF13
IM8. Has (<i>name</i>) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....1 No.....2 DK.....8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?	First two weeks.....1 Later2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times	
IM11. HAS (NAME) EVER BEEN GIVEN "DPT/DT" VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH AND TETANUS? Probe by indicating that DPT/DT vaccination is sometimes given at the same time as Polio	Yes.....1 No.....2 DK.....2	2⇒IM12A 8⇒IM12A
IM12. HOW MANY TIMES WAS A DPT/DT VACCINATION RECEIVED?	Number of times	

<p>IM12A. HAS (NAME) EVER BEEN GIVEN “DPT/HEPB/HIB 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?</p> <p><i>Probe by indicating that DPT/HEPB/HIB vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM12B. HOW MANY TIMES WAS A DPT/HEPB/HIB VACCINATION RECEIVED?</p>	<p>Number of times _</p>	
<p>IM13. HAS (NAME) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p>PROBE BY INDICATING THAT THE HEPATITIS B VACCINE IS SOMETIMES GIVEN AT THE SAME TIME AS POLIO AND DPT VACCINES</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours.....1 Later2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A “MEASLES, MUMPS AND RUBELLA VACCINATION INJECTION (MMR)”– THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?</p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM17. HAS (<i>name</i>) EVER BEEN GIVEN A “YELLOW FEVER VACCINATION INJECTION” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER – TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MMR).</p> <p><i>Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the Measles, Mumps and Rubella (MMR) vaccine</i></p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM20. HAS (NAME) EVER BEEN GIVEN A “PNEUMOCOCCAL VACCINATION INJECTION” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING THE PNEUMOCOCCAL DISEASE?</p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM21. HOW MANY TIMES WAS A PNEUMOCOCCAL VACCINATION RECEIVED?</p>	<p>Number of times _</p>	

UF13. Record the time.

Hour and minutes :

UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

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

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

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

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

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
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 caretaker refused 3	3⇒AN6
	Other (specify) 6	6⇒AN6
AN3. Child's weight	Kilograms (kg) _ _ . _	
	Weight not measured 99.9	
AN4. Child's length or height		
<p>Check age of child in AG2:</p>		
<p>• Child under 2 years old. ▢ Measure length (lying down).</p>	<p>Length (cm) Lying down..... 1 _ _ . _</p>	
<p>• Child age 2 or more years. ▢ Measure height (standing up).</p>	<p>Height (cm) Standing up 2 _ _ . _</p>	
	Length / Height not measured 9999.9	

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

- Yes ⇒ Record measurements for next child.
- No ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.