



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>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). A separate questionnaire should be used for each eligible child. 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.</i></p>		
UF1. Cluster 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: _____	UF8. 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 THE REPRESENTATIVES OF THE STATE STATISTICS COMMITTEE OF UKRAINE. THE STATE STATISTICS COMMITTEE AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF) ARE CURRENTLY UNDERTAKING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. WE WOULD LIKE TO POSE YOU SEVERAL QUESTIONS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. YOUR EXPERIENCE IN BUILDING YOUR FAMILY LIFE AND BRINGING UP YOUR CHILDREN WILL HAVE BIG IMPORTANCE FOR THE IMPROVEMENT OF ACTIVITIES BY THE HEALTHCARE FACILITIES AND THE SOCIAL SERVICES IN UKRAINE. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. THE INFORMATION WILL BE USED ONLY IN THE GENERALISED FORM AND ONLY TOGETHER WITH THE RESPONSES OF OTHER UKRAINIAN FAMILIES. YOU MAY ABSTAIN FROM RESPONDING TO THE QUESTIONS THAT YOU DO NOT LIKE AND ARE FREE TO INTERRUPT THE INTERVIEW ANY TIME YOU WANT. 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 (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Date of birth: Day DK day 98 Month Year.....	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	Age in completed years	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No..... 3 DK 8	1⇒BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No..... 2 DK 8	1⇒BR5 8⇒BR4
BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED?	Must travel too far 2 Did not know it should be registered..... 3 Does not know where to register 5 Other (<i>specify</i>) _____ 6 DK 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No..... 2	
BR5. <i>Check age of child in UF11: Child is 3 or 4 years old?</i>		
<input type="checkbox"/> <i>Yes.</i> ⇒ Continue with BR6		
<input type="checkbox"/> <i>No.</i> ⇒ Go to next module		
BR6. 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?	Yes 1 No..... 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	No. of hours _ _ DK.....98	

CHILD DEVELOPMENT		CE
<p><i>Some questions in this module are to be administered only once for each household visited. Others require responses for each child in the household under the age of 5 years.</i></p> <p><i>Record only one response for each question, unless otherwise indicated.</i></p>		
<p>CE1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (NAME)?</p> <p><i>If 'none' enter 00</i></p>	<p>NUMBER OF CHILDREN'S BOOKS 0 __</p> <p>TEN OR MORE BOOKS 10</p>	
<p>CE2. HOW MANY OTHER BOOKS ARE THERE IN THE HOUSEHOLD? (INCLUDING SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS)</p> <p><i>If 'none' enter 00</i></p>	<p>NUMBER OF NON-CHILDREN'S BOOKS 0 __</p> <p>TEN OR MORE NON-CHILDREN'S BOOKS 10</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? DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE 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><i>Code Y if child does not play with any of the items mentioned.</i></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 MENTIONED Y</p>	
<p>CE4. IN THE PAST WEEK, 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><i>If 'none' enter 00</i></p>	<p>NUMBER OF TIMES ____</p> <p>DK.....98</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (<i>name</i>) LEFT ALONE?</p> <p><i>If 'none' enter 00</i></p>	<p>NUMBER OF TIMES ____</p> <p>DK.....98</p>	
<p>CE6. DOES THE CHILD VISIT KINDERGARTEN, DAY CARE CENTRE, OR PARTICIPATING IN ANY KIND OF ORGANIZED DEVELOPMENTAL ACTIVITIES (DANCING, PAINTING, SPORT, MUSIC LESSONS) FOR YOUNG CHILDREN?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>1⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>IF NO</p> <p>CE6a.what is the reason?</p>	<p>NO ACCESS.....A</p> <p>NO MONEY.....B</p> <p>NO FACILITIES.....C</p> <p>OTHER.....X</p>	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No..... 2 DK 8	2⇒BF2E 8⇒BF2E
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No..... 2 DK 8	1⇒BF2B
BF2A. FOR HOW LONG (<i>name</i>) BEING BREASTFEED?	Number of full months..... _ _ DK..... 98	
BF2B. WHEN DID YOU START TO ADD OTHER FOOD TO CHILD DIET?	Months..... _ DK..... 98	
BF2C. HAVE YOU EVER RECEIVED ANY SUPPORT OR COUNSELING REGARDING BREASTFEEDING?	Yes 1 No..... 2	2⇒BF2E
BF2D. WHO PROVIDED COUNSELLING ON BREASTFEEDING TO YOU?	HEALTH PERSONNEL.....A MOTHERS SUPPORT GROUP.....B RELATIVES.....C OTHER (INDICATE).....X	
BF2E. HAVE YOU EVER USED BREASTMILK SUBSTITUTES?	Yes 1 No..... 2	2⇒BF3
BF2F. WHY DID YOU START TO USE BREASTMILK SUBSTITUTES?	NOT ENOUGH MILK.....A FORMULA ARE BETTER.....B EASY TO FEED A CHILD ARTIFICIALLYC RECOMMENDATION OF PEDIATRICIAN (VISITING NURSE).....D OTHER (SPECIFY).....X	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>		Y N DK
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements 1 2 8	
BF3B. PLAIN WATER?	B. Plain water 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS..... 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula..... 1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk..... 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids 1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	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? <i>If 7 or more times, record '7'.</i>	No. of times Don't know 8	

CARE OF ILLNESS MODULE

CA

Ask the following question (CA14) only once for each caretaker.

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?

Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever C
- Child has fast breathing D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G
- Other (specify) _____ X
- Other (specify) _____ Y
- Other (specify) _____ Z