

## Appendix F3. Questionnaire for Children Under Five

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>UF</b>
<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).                      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.</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	
<p>Repeat greeting if not already read to this respondent:                      We are from State Statistical Department of the Republic of Uzbekistan. We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about 20 minutes. 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.</p>		
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? Probe: 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 (name) at his/her last birthday? Record age in completed years.	Age in completed years..... ___	



CHILD DEVELOPMENT		CE
Question CE1 is to be administered only once to each caretaker		
CE1. How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books. If 'none' enter 00	Number of non-children's books ..... 0 __ Ten or more non-children's books ..... 10	
CE2. How many children's books or picture books do you have for (name)? If 'none' enter 00	Number of children's books ..... 0 __ Ten or more books ..... 10	
CE3. I am interested in learning about the things that (name) plays with when he/she is at home. What does (name) play with?  Does he/she play with  household objects, such as bowls, plates, cups or pots?  objects and materials found outside  the living quarters, such as sticks, ... rocks, animals, shells, or leaves?  homemade toys, such as dolls, cars and other toys made at home?  toys that came from a store?  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  Code Y if child does not play with any of the items mentioned.	Household objects (bowls, plates, cups, pots) ..... A  Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) ..... B  Homemade toys (dolls, cars and other toys made at home) ..... C  Toys that came from a store ..... D  No playthings mentioned ..... Y	
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 (day of the week) how many times was (name) left in the care of another child (that is, someone less than 10 years old)? If 'none' enter 00	Number of times ..... -- --	
CE5. In the past week, how many times was (name) left alone? If 'none' enter 00	Number of times ..... -- --	



CARE OF ILLNESS MODULE		CA
CA1. Has (name) had diarrhoea in the last two weeks, that is, since (day of the week) of the week before last? Diarrhea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes.....1 No.....2 DK.....8	2⇒CA5 8⇒CA5
CA2. During this last episode of diarrhoea, did (name) drink any of the following: Read each item aloud and record response before proceeding to the next item.		
CA2a. A fluid made from a special packet called (Rehydron)?	A. Fluid from ORS packet.....1 2 8	
CA2b. Medical worker-recommended homemade fluid?	B. Recommended homemade fluid.....1 2 8	
CA2d. Sweetened or salted solution?	D. Sweetened or salted solution.....1 2 8	
CA3. During (name's) illness, did he/she drink much less, about the same, or more than usual?	Much less or none.....1 About the same (or somewhat less).....2 More.....3 DK.....8	
CA4. During (name's) illness, did he/she eat less, about the same, or more food than usual? If "less", probe: much less or a little less?	None.....1 Much less.....2 Somewhat less.....3 About the same.....4 More.....5 DK.....8	
CA4a. Check CA2A: ORS packet used? <input type="checkbox"/> Yes⇒ Continue with CA4B <input type="checkbox"/> No⇒ Go to CA5		
CA4b. Where did you get the (local name for ORS packet from CA2A)?	Public sector Govt. hospital.....11 Govt. health centre.....12 Govt. health post.....13 Village health worker.....14 Mobile/outreach clinic.....15 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 or friend.....31 Shop.....32 Traditional practitioner.....33 Other (specify).....96 DK.....98	
CA4c. How much did you pay for the (local name for ORS packet from CA2A)?	Local currency..... _ _ _ _ Free.....99996 DK.....99998	
CA5. Has (name) had an illness with a cough at any time in the last two weeks, that is, since (day of the week) of the week before last?	Yes.....1 No.....2 DK.....8	2⇒CA12 8⇒CA12
CA6. When (name) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes.....1 No.....2 DK.....8	2⇒CA12 8⇒CA12
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest.....1 Blocked nose.....2 Both.....3 Other (specify).....6 DK.....8	2⇒CA12 6⇒CA12
CA8. Did you seek advice or treatment for the illness outside the home?	Yes.....1 No.....2 DK.....8	2⇒CA10 8⇒CA10

<p>CA9. From where did you seek care? Anywhere else? Circle all providers mentioned, but do NOT prompt with any suggestions. 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>----- (Name of place)</p>	<p>Public sector Govt. hospital ..... A Govt. health centre ..... B Govt. health post ..... C Village health worker ..... D Mobile/outreach clinic (Ambulance) ..... E Other public (specify) ..... H Private medical sector Private hospital/clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (specify) ..... O Other source Relative or friend ..... P Shop ..... Q Traditional practitioner ..... R Other (specify) ..... X</p>	
<p>CA10. Was (name) given medicine to treat this illness?</p>	<p>Yes ..... 1 No ..... 2 DK ..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. What medicine was (name) given? Circle all medicines given.</p>	<p>Antibiotic (Ampicillin, Amoxicillin, other) ..... A Paracetamol / Panadol/ Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R Other (specify) ..... X DK ..... Z</p>	
<p>CA11a. Check CA11: Antibiotic given? <input type="checkbox"/> Yes. ⇒ Continue with CA11B <input type="checkbox"/> No. ⇒ Go to CA12</p>		
<p>CA11b. Where did you get the antibiotic?</p>	<p>Public sector Govt. hospital ..... 11 Govt. health centre ..... 12 Govt. health post ..... 13 Village health worker ..... 14 Mobile/outreach clinic ..... 15 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 or friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Other (specify) ..... 96 DK ..... 98</p>	
<p>CA11c. How much did you pay for the antibiotic?</p>	<p>Local currency ..... -- -- -- -- Free ..... 99996 DK ..... 99998</p>	
<p>CA12. Check UF11: Child aged under 3? <input type="checkbox"/> Yes. ⇒ Continue with CA13 <input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. The last time (name) passed stools, what was done to dispose of the stools?</p>	<p>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</p>	
<p>Ask the following question (CA14) only once for each mother/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 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 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</p>	

immunization module									IM
If an immunization card is available, copy the dates in IM2-IM7 for each type of immunization recorded on the card. Then ask mother/care-taker questions IM10-IM19.									
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					
IM2. BCG	BCG								
IM3a. Polio at birth	OPV0								
IM3b. Polio 1	OPV1								
IM3c. Polio 2	OPV2								
IM3d. Polio 3	OPV3								
IM3e. Polio 4	OPV4								
IM4a. DPT1	DPT1								
IM4b. DPT2	DPT2								
IM4c. DPT3	DPT3								
IM4d. DPT4	DPT4								
IM5a. HepB1	HepB1								
IM5b. HepB2	HepB2								
IM5c. HepB3	HepB3								
IM6. Measles	Measles								
IM7. Mumps	Mumps								
IM10. Has (name) 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⇒IM19 8⇒IM19
IM11. Has (name) ever been given a BCG vaccination against tuberculosis—that is, an injection in the arm or shoulder that caused a scar?	Yes.....1 No.....2 DK.....8								
IM12. Has (name) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases—that is, polio?	Yes.....1 No.....2 DK.....8								2⇒IM15 8⇒IM15
IM13. How old was he/she when the first dose was given—just after birth (within two weeks) or later?	Just after birth (within two weeks).....1 Later.....2								
IM14. How many times has he/she been given these drops?	No. of times.....__ __								
IM15. Has (name) ever been given "DPT vaccination injections"—that is, an injection in the thigh or buttocks—to prevent him/her from getting tetanus, whooping cough AND DIPHTHERIA (sometimes given at the same time as polio)	Yes.....1 No.....2 DK.....8								2⇒IM16a 8⇒IM16a

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IM16. How many times?	No. of times..... _ _ _	
IM16a. Has (name) ever been given "HepB 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 or DTP)	Yes.....1 No.....2 DK.....8	2⇒IM17 8⇒IM17
IM16b. How many times?	No. of times..... _ _ _	
IM17. Has (name) ever been given "Measles vaccination injections" or MMR—that is, a shot in the arm at the age of 12 months or older—to prevent him/her from getting measles?	Yes.....1 No.....2 DK.....8	
IM18. Has (name) ever been given "Mumps vaccination injections"—that is, a shot in the arm at the age of 16 months or older—to prevent him/her from getting mumps?	Yes.....1 No.....2 DK.....8	
IM19. Please tell me if (name) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days: IM19a. 07/05–08/05 Vit. A—A	Campaign A ..... Y N DK 1 2 8	
IM20a Find all information necessary to identify immunization card in medical institution. After completion of interview refer to the medical institution and fill Immunization module by data from Medical institution. Full Child's name: _____ Address: _____ Address of medical institution, where child's medical history is being kept, including immunization card _____		
IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8. <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. <input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation. If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.		

**ANTHROPOMETRY MODULE** **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 on the household listing before recording measurements.

AN1. Child's weight.	Kilograms (kg)..... _ _ _ . _ _	
AN2. Child's length or height. Check age of child in UF11: <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).	Length (cm) Lying down..... 1 _ _ _ . _ _ Height (cm) Standing up..... 2 _ _ _ . _ _	
AN3. Measurer's identification code.	Measurer code..... _ _ _	
AN4. Result of measurement.	Measured.....1 Not present.....2 Refused.....3 Other (specify).....6	
AN5. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes. ⇒ Record measurements for next child. <input type="checkbox"/> 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.		



IMMUNIZATION MODULE BY DATA FROM MEDICAL INSTITUTION								IMF	
IMF1a. Check IM20 a. Have you got the information on medical institution, where immunization card is being kept?	Yes.....							1	2⇒IMF9
	No.....							2	
IMF1b. Was the medical institution visited?	Yes.....							1	2⇒IMF9
	No.....							2	
IMF1c. Are there available immunization records for (Child's name) in that medical institution?	Yes.....							1	2⇒IM F9
	No.....							2	
(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					
IMF2. BCG	BCG								
IMF3a. Polio at birth	OPV0								
IMF3b. Polio 1	OPV1								
IMF3c. Polio 2	OPV2								
IMF3d. Polio 3	OPV3								
IMF3e. Polio 4	OPV4								
IMF4a. DPT1	DPT1								
IMF4b. DPT2	DPT2								
IMF4c. DPT3	DPT3								
IMF4d. DPT4	DPT4								
IMF5a. HepB1	HepB1								
IMF5b. HepB2	HepB2								
IMF5c. HepB3	HepB3								
IMF6. Measles	Measles								
IMF7. Mumps	Mumps								

IMF9. End.