

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>UF</b>
<b>UF1. Cluster number:</b> _____	<b>UF2. Household number:</b> _____	
<b>UF3. Child's name and line number:</b> NAME _____	<b>UF4. Mother's / Caretaker's name and line number:</b> NAME _____	
<b>UF5. Interviewer's name and number:</b> NAME _____	<b>UF6. Supervisor's name and number:</b> NAME _____	
<b>UF7. Day / Month / Year of interview:</b> _____ / _____ / <u>2 0 2</u> _____	<b>UF8. Record the time:</b>	HOURS : MINUTES _____ : _____

<p><i>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.</i></p>		
<b>UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</b>	YES, INTERVIEWED ALREADY ..... 1 NO, FIRST INTERVIEW ..... 2	1 ⇒UF10B 2 ⇒UF10A
<b>UF10A.</b> Hello, my name is ( <i>your name</i> ). We are from the State Committee of Republic of Uzbekistan on Statistics. 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. This interview will take about 15 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. If you have any questions about the survey, we will provide contact of person from the State Committee on Statistics of the Republic of Uzbekistan, who is in charge of this survey. May I start now?	<b>UF10B.</b> Now I would like to talk to you about ( <i>child's name from UF3</i> )'s health and well-being in more detail. This interview will take about 15 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
Yes ..... 1 No / NOT ASKED ..... 2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

<b>UF17. Result of interview for children under 5</b>  <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED ..... 01 NOT AT HOME ..... 02 REFUSED ..... 03 PARTLY COMPLETED ..... 04 INCAPACITATED (specify) _____ 05  NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 ..... 06  OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND		UB
<p><b>UB0.</b> Before I begin the interview, could you please bring (name)'s Birth Certificate, VACCINATION CARD (FORM 63), PATIENT MEDICAL RECORDS (FORM 112), Immunization passport, and any statements from private medical institutions? We will need to refer to those documents.</p>		
<p><b>UB1.</b> 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 date of birth, also record the day; otherwise, record '98' for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH</p> <p>DAY ..... _ _</p> <p>DK DAY ..... 98</p> <p>MONTH..... _ _</p> <p>YEAR ..... <u>2</u> <u>0</u> _ _</p>	
<p><b>UB2.</b> 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>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p>	<p>AGE (IN COMPLETED YEARS) ..... _</p>	
<p><b>UB3.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2..... 1</p> <p>AGE 3 OR 4 ..... 2</p>	<p>1 ⇒ End</p>
<p><b>UB4.</b> Check the respondent's line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?</p>	<p>YES, RESPONDENT IS THE SAME, UF4=HH47 ..... 1</p> <p>NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 ..... 2</p>	<p>2 ⇒ UB6</p>
<p><b>UB5.</b> Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending pre-school education in the current 2020/2021 school year?</p>	<p>YES, ED10=0 ..... 1</p> <p>NO, ED10≠0 OR BLANK..... 2</p>	<p>1 ⇒ UB8B</p> <p>2 ⇒ End</p>
<p><b>UB6.</b> Has (<i>name</i>) ever attended any pre-school education programme, such as public (state) or private preschool educational institutions, short-term stay group?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒ End</p>
<p><b>UB7.</b> At any time since September, did (he/she) attend (<i>programmes mentioned in UB6</i>)?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	<p>1 ⇒ UB8A</p> <p>2 ⇒ End</p>
<p><b>UB8A.</b> Does (he/she) currently attend (<i>programmes mentioned in UB6</i>)?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>UB8B.</b> You have mentioned that (<i>name</i>) has attended an pre-school education programme this 2020/2021 school year. Does (he/she) currently attend this programme?</p>		

BIRTH REGISTRATION		BR
<b>BR1.</b> Does ( <i>name</i> ) have a birth certificate?  <i>If yes, ask:</i> May I see it?	YES, SEEN.....1	1 ⇨End
	YES, NOT SEEN .....2	2 ⇨End
	NO .....3	
	DK .....8	
<b>BR2.</b> Has ( <i>name</i> )’s birth been registered with the Civil Registry Office?	YES.....1	1 ⇨End
	NO .....2	
	DK .....8	
<b>BR3.</b> Do you know how to register ( <i>name</i> )’s birth?	YES.....1	
	NO .....2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p><b>EC1.</b> 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 ..... <u>0</u> ..</p> <p>TEN OR MORE BOOKS ..... 10</p>	
<p><b>EC2.</b> 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 rag dolls, rag balls, 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>Y N DK</p> <p>HOMEMADE TOYS ..... 1 2 8</p> <p>TOYS FROM A SHOP ..... 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS ..... 1 2 8</p>	
<p><b>EC3.</b> 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' record '0'. If 'Don't know' record '8'.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR..... ..</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR .....</p>	
<p><b>EC4.</b> Check UB2: Child's age?</p>	<p>AGE 0 OR 1 ..... 1</p> <p>AGE 2, 3 OR 4 ..... 2</p>	1 ⇒ End

<p><b>EC5.</b> In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <b>(name)</b>:</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with <b>(name)</b>?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with <b>(name)</b>?</p> <p>[B] Told stories to <b>(name)</b>?</p> <p>[C] Sang songs to or with <b>(name)</b>, including lullabies?</p> <p>[D] Took <b>(name)</b> outside the home?</p> <p>[E] Played with <b>(name)</b>?</p> <p>[F] Named, counted, or drew things for or with <b>(name)</b>?</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</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	A	B	X	Y	
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<p><b>EC21.</b> I would like to ask you about certain things <b>(name)</b> is currently able to do. Please keep in mind that children can develop and learn at different rates. For example, some start walking earlier than others. So, it is fine if <b>(name)</b> is able to do only some of the things I am going to ask about.</p> <p>Can <b>(name)</b> walk on an uneven surface, for example a bumpy or steep road, without falling?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				
<p><b>EC22.</b> Can <b>(name)</b> jump up with both feet leaving the ground?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				
<p><b>EC23.</b> Can <b>(name)</b> dress (him/herself), that is, put on pants and a shirt without help?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				
<p><b>EC24.</b> Can <b>(name)</b> fasten and unfasten buttons without help?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				
<p><b>EC25.</b> Can <b>(name)</b> say 10 or more words like “mama” or “ball”?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				

<b>EC26.</b> Can ( <i>name</i> ) speak using sentences of 3 or more words that go together, for example “I drink water” or “The house is big”?	YES..... 1 NO ..... 2 DK ..... 8	2 ⇒ ECD28 8 ⇒ ECD28
<b>EC27.</b> Can ( <i>name</i> ) speak using sentences of 5 or more words that go together, for example “The house is very big”?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC28.</b> Can ( <i>name</i> ) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC29.</b> If you show ( <i>name</i> ) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC30.</b> Can ( <i>name</i> ) recognize at least 5 letters of the alphabet?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC31.</b> Can ( <i>name</i> ) write (his/her) own name?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC32.</b> Does ( <i>name</i> ) know all numbers from 1 to 5?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC33.</b> If you ask ( <i>name</i> ) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC34.</b> Can ( <i>name</i> ) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC35.</b> Can ( <i>name</i> ) do an activity, such as colouring, without repeatedly asking for help or giving up too quickly?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC36.</b> Does ( <i>name</i> ) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”?	YES..... 1 NO ..... 2 DK ..... 8	
<b>EC37.</b> Does ( <i>name</i> ) offer to help someone who seems to need help?	YES..... 1 NO ..... 2 DK ..... 8	

<p><b>EC38.</b> Does (<i>name</i>) get along well with other children?</p>	<p>YES..... 1  NO ..... 2    DK ..... 8</p>	
<p><b>EC39.</b> The next two questions have five different options for answers. I am going to read these to you after each the question.</p> <p>How often does (<i>name</i>) seem to be very sad or depressed?</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY..... 1  WEEKLY ..... 2  MONTHLY ..... 3  A FEW TIMES A YEAR ..... 4  NEVER..... 5    DK ..... 8</p>	
<p><b>EC40.</b> Compared with children of the same age, how much does (<i>name</i>) kick, bite, or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL..... 1  LESS..... 2  THE SAME ..... 3  MORE..... 4  A LOT MORE ..... 5</p>	

CHILD DISCIPLINE		UCD
<b>UCD1.</b> Check UB2: Child's age?	AGE 0 ..... 1 AGE 1, 2, 3 OR 4 ..... 2	1 ⇨ End
<b>UCD2.</b> Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with ( <i>name</i> ) <u>in the past month</u> .		
		YES NO
[A] Took away privileges, forbade something ( <i>name</i> ) liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES ..... 1	2
[B] Explained why ( <i>name</i> )'s behavior was wrong.	EXPLAINED WRONG BEHAVIOR ..... 1	2
[C] Shook (him/her).	SHOOK HIM/HER ..... 1	2
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED ..... 1	2
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO ..... 1	2
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND ..... 1	2
[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ..... 1	2
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME ..... 1	2
[I] Hit or slapped (him/her) on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS ..... 1	2
[J] Hit or slapped (him/her) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG ..... 1	2
[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD ..... 1	2
<b>UCD3.</b> Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?	YES ..... 1 NO ..... 2	2 ⇨ UCD5
<b>UCD4.</b> Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES ..... 1 NO ..... 2	1 ⇨ End
<b>UCD5.</b> Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES ..... 1 NO ..... 2 DK / NO OPINION ..... 8	



CHILD FUNCTIONING		UCF
<b>UCF1.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇨ End
<b>UCF2.</b> I would like to ask you some questions about difficulties ( <i>name</i> ) may have.  Does ( <i>name</i> ) wear glasses?	YES ..... 1 NO ..... 2	
<b>UCF3.</b> Does ( <i>name</i> ) use a hearing aid?	YES ..... 1 NO ..... 2	
<b>UCF4.</b> Does ( <i>name</i> ) use any equipment or receive assistance for walking?	YES ..... 1 NO ..... 2	
<b>UCF5.</b> In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that ( <i>name</i> ) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all.  <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i>  Remember the four possible answers: Would you say that ( <i>name</i> ) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
<b>UCF6.</b> Check UCF2: Child wears glasses?	YES, UCF2=1 ..... 1 NO, UCF2=2 ..... 2	1 ⇨ UCF7A 2 ⇨ UCF7B
<b>UCF7A.</b> When wearing (his/her) glasses, does ( <i>name</i> ) have difficulty seeing?  <b>UCF7B.</b> Does ( <i>name</i> ) have difficulty seeing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT SEE AT ALL ..... 4	
<b>UCF8.</b> Check UCF3: Child uses a hearing aid?	YES, UCF3=1 ..... 1 NO, UCF3=2 ..... 2	1 ⇨ UCF9A 2 ⇨ UCF9B
<b>UCF9A.</b> When using (his/her) hearing aid(s), does ( <i>name</i> ) have difficulty hearing sounds like peoples' voices or music?  <b>UCF9B.</b> Does ( <i>name</i> ) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT HEAR AT ALL ..... 4	
<b>UCF10.</b> Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 ..... 1 NO, UCF4=2 ..... 2	1 ⇨ UCF11 2 ⇨ UCF13
<b>UCF11.</b> Without (his/her) equipment or assistance, does ( <i>name</i> ) have difficulty walking?	SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	
<b>UCF12.</b> With (his/her) equipment or assistance, does ( <i>name</i> ) have difficulty walking?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	1 ⇨ UCF14 2 ⇨ UCF14 3 ⇨ UCF14 4 ⇨ UCF14

<p><b>UCF13.</b> Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT WALK AT ALL ..... 4</p>	
<p><b>UCF14.</b> Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT PICK UP AT ALL ..... 4</p>	
<p><b>UCF15.</b> Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT UNDERSTAND AT ALL ..... 4</p>	
<p><b>UCF16.</b> When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT BE UNDERSTOOD AT ALL ..... 4</p>	
<p><b>UCF17.</b> Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT LEARN THINGS AT ALL ..... 4</p>	
<p><b>UCF18.</b> Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT PLAY AT ALL ..... 4</p>	

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1.</b> Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2 ⇒ End
<b>BD2.</b> Has ( <i>name</i> ) ever been breastfed?	YES.....1 NO .....2 DK .....8	2 ⇒ BD3A 8 ⇒ BD3A
<b>BD3.</b> Is ( <i>name</i> ) still being breastfed?	YES.....1 NO .....2 DK .....8	
<b>BD3A.</b> Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 2 .....2	2 ⇒ End
<b>BD4.</b> 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	
<b>BD5.</b> Did ( <i>name</i> ) <u>drink Oral Rehydration Salt solution (ORS)</u> , that is Rehydron or ORSA, yesterday, during the day or night?	YES.....1 NO .....2 DK .....8	
<b>BD6.</b> 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	

<p><b>BD7.</b> Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>								
[A] Plain water?	PLAIN WATER	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	YES	NO	DK	1	2	8
YES	NO	DK						
1	2	8						
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8			
1	2	8						
[C] Clear soup/ bouillon of shurpa?	CLEAR SOUP / BOUILLON OF SHURPA	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	1	2	8			
1	2	8						
[D] Infant formula, such as Nan, Nutrilon, Nestogen or Malyutka?	INFANT FORMULA	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 <del>8</del></td> <td style="text-align: center;">8 <del>8</del></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[E]</i></td> <td style="text-align: center;"><i>BD7[E]</i></td> </tr> </table>	1	2 <del>8</del>	8 <del>8</del>		<i>BD7[E]</i>	<i>BD7[E]</i>
1	2 <del>8</del>	8 <del>8</del>						
	<i>BD7[E]</i>	<i>BD7[E]</i>						
<p>[D1] How many times did (<i>name</i>) drink infant formula?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA .....__</p> <p>DK.....8</p>							
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 <del>8</del></td> <td style="text-align: center;">8 <del>8</del></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD7[X]</i></td> <td style="text-align: center;"><i>BD7[X]</i></td> </tr> </table>	1	2 <del>8</del>	8 <del>8</del>		<i>BD7[X]</i>	<i>BD7[X]</i>
1	2 <del>8</del>	8 <del>8</del>						
	<i>BD7[X]</i>	<i>BD7[X]</i>						
<p>[E1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK MILK .....__</p>							
[X] Any other liquids?	OTHER LIQUIDS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2 <del>8</del></td> <td style="text-align: center;">8 <del>8</del></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>BD8</i></td> <td style="text-align: center;"><i>BD8</i></td> </tr> </table>	1	2 <del>8</del>	8 <del>8</del>		<i>BD8</i>	<i>BD8</i>
1	2 <del>8</del>	8 <del>8</del>						
	<i>BD8</i>	<i>BD8</i>						
[X1] <i>Record all other liquids mentioned.</i>	<i>(Specify)</i> .....							

<p><b>BD8.</b> Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time?  <i>If 'Yes' ask: Please tell me everything (<i>name</i>) ate at that time. Probe: Anything else?  Record answers using the food groups below.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time?  <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>				
<p><i>For each food group not mentioned after completing the above ask:</i></p> <p>Just to make sure, did (<i>name</i>) eat (<i>food group items</i>) yesterday during the day or the night</p>				
		YES	NO	DK
<p>[A] Yogurt made from animal milk (qatiq, kefir, chakka, suzma)?  <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i></p>	YOGURT	1	2 $\approx$ BD8[B]	8 $\approx$ BD8[B]
<p>[A1] How many times did (<i>name</i>) eat yogurt?  <i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES ATE YOGURT .....</p> <p>DK.....8</p>			
<p>[B] Any baby food, such as commercially fortified baby food, like Heinz or Nestle?</p>	FORTIFIED BABY FOOD	1	2	8
<p>[C] Bread, rice, noodles, porridge, or other foods made from grains, like buckwheat or wheat?</p>	FOODS MADE FROM GRAINS	1	2	8
<p>[D] Pumpkin, carrots, sweet red pepper or squash that are yellow or orange inside?</p>	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
<p>[E] White potatoes or turnip?</p>	FOODS MADE FROM ROOTS	1	2	8
<p>[F] Any dark green, leafy vegetables, such as spinach leaves, romaine lettuce or Chinese cabbage?</p>	DARK GREEN, LEAFY VEGETABLES	1	2	8
<p>[G] Persimmon, peaches that are red or orange inside, apricots fresh or dry, cantaloupe or musk melon that are orange inside?</p>	PERSIMMON, PEACHES, APRICOTS, CANTALOUPE, MELON	1	2	8
<p>[H] Any other fruits or vegetables, such as apples, peaches that are white or yellow inside, pears, oranges, tomatoes, cucumbers, radishes, watermelons, melons that are green or white inside, grapes, cabbage?</p>	OTHER FRUITS OR VEGETABLES	1	2	8
<p>[I] Liver, kidney, heart, tongue or other organ meats?</p>	ORGAN MEATS	1	2	8
<p>[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?</p>	OTHER MEATS	1	2	8
<p>[K] Eggs?</p>	EGGS	1	2	8
<p>[L] Fish, either fresh or dried?</p>	FRESH OR DRIED FISH	1	2	8

[M] Beans, peas, mung, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC. 1 2 8	
[N] Cheese, “kurt”, brynza, cottage cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK 1 2 8	
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD 1 2 8 <i>BD9 BD9</i>	
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	<i>(Specify)</i> _____	
<p><b>BD9.</b> How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is ‘Yes’, ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record ‘7’.</i></p>	<p>NUMBER OF TIMES .....__</p> <p>DK .....8</p>	

IMMUNISATION										IM	
<b>IM1.</b> Check UB2: Child's age?		AGE 0, 1, OR 2..... 1 AGE 3 OR 4..... 2						2 ⇒ End			
<b>IM2.</b> Do you have the following medical cards: Vaccination card (Form 63), Patient medical records (Form 112), <i>Immunization passport</i> , and any statements from private medical institutions, or any other document where ( <i>name</i> )'s vaccinations are written down?		YES, HAS ONLY CARD(S)..... 1 YES, HAS ONLY OTHER DOCUMENT..... 2 YES, HAS CARD(S) AND OTHER DOCUMENT..... 3 NO, HAS NO CARDS AND NO OTHER DOCUMENT..... 4						1 ⇒ IM5 3 ⇒ IM5			
<b>IM3.</b> Did you ever have the following medical cards: Vaccination card (Form 63), Patient medical records (Form 112), <i>Immunization passport</i> , and any statements from private medical institutions where ( <i>name</i> )'s vaccinations are written down?		YES..... 1 NO ..... 2									
<b>IM4.</b> Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 ..... 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 ..... 2						2 ⇒ IM11			
<b>IM5.</b> May I see the card(s) (and/or) other document?		YES, ONLY CARD(S) SEEN..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD(S) AND OTHER DOCUMENT SEEN..... 3 NO CARDS AND NO OTHER DOCUMENT SEEN..... 4						4 ⇒ IM11			
<b>IM6.</b> (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		<b>DATE OF IMMUNISATION</b>									
		<b>DAY</b>		<b>MONTH</b>		<b>YEAR</b>					
BCG	BCG					2	0				
HepB (at birth)	HepB0					2	0				
Polio (OPV) (at birth)	OPV0					2	0				
Polio (OPV) 1	OPV1					2	0				
Polio (OPV) 2	OPV2					2	0				
Polio (OPV) 3	OPV3					2	0				
Polio (OPV) 4	OPV4					2	0				
Polio (IPV)	IPV					2	0				
Pentavalent (DTPHibHepB) 1	Penta1					2	0				
Pentavalent (DTPHibHepB) 2	Penta2					2	0				
Pentavalent (DTPHibHepB) 3	Penta3					2	0				
DTP4	DTP4					2	0				
Pneumococcal (Conjugate) 1	PCV1					2	0				

Pneumococcal (Conjugate) 2	PCV2					2	0			
Pneumococcal (Conjugate) 3	PCV3					2	0			
Rotavirus 1	Rota1					2	0			
Rotavirus 2	Rota2					2	0			
Rotavirus 3	Rota3					2	0			
MMR1	MMR1					2	0			
<b>IM7.</b> Check IM6: Are all vaccines (BCG toMMR1) recorded?		YES..... 1 NO ..... 2								1 ⇒IM28
<b>IM9.</b> In addition to what is recorded on the document(s) you have shown me, did ( <i>name</i> ) receive any other vaccinations including in private health facilities?		YES..... 1 NO ..... 2 DK ..... 8								2 ⇒IM28 8 ⇒IM28
<b>IM10.</b> Go back to IM6 and probe for these vaccinations.  <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i>  <i>When <u>finished</u>, go to the end of the module.</i>										⇒IM28
<b>IM11.</b> Has ( <i>name</i> ) ever received any vaccinations to prevent (him/her) from getting diseases including vaccinations received in private health facility?		YES..... 1 NO ..... 2 DK ..... 8								2 ⇒IM28 8 ⇒IM28
<b>IM14.</b> 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?		YES..... 1 NO ..... 2 DK ..... 8								
<b>IM15.</b> Did ( <i>name</i> ) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?		YES, WITHIN 24 HOURS..... 1 YES, BUT NOT WITHIN 24 HOURS..... 2 NO ..... 3 DK ..... 8								
<b>IM16.</b> Has ( <i>name</i> ) ever received any vaccination drops in the mouth to protect (him/her) from polio?		YES..... 1 NO ..... 2 DK ..... 8								2 ⇒IM20 8 ⇒IM20
<b>IM17.</b> Were the first polio drops received in the first two weeks after birth?		YES..... 1 NO ..... 2 DK ..... 8								



<p><b>IM18.</b> How many times were the polio drops received?</p>	<p>NUMBER OF TIMES .....__</p> <p>DK ..... 8</p>	
<p><b>IM19.</b> At any time when (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio?</p> <p><i>Probe to ensure that both were given, drops and injection.</i></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>IM20.</b> Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒IM22</p> <p>8 ⇒IM22</p>
<p><b>IM21.</b> How many times was the Pentavalent vaccine received?</p>	<p>NUMBER OF TIMES .....__</p> <p>DK ..... 8</p>	
<p><b>IM22.</b> Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒IM24</p> <p>8 ⇒IM24</p>
<p><b>IM23.</b> How many times was the Pneumococcal vaccine received?</p>	<p>NUMBER OF TIMES .....__</p> <p>DK ..... 8</p>	
<p><b>IM24.</b> Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea?</p> <p><i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒IM26</p> <p>8 ⇒IM26</p>
<p><b>IM25.</b> How many times was the rotavirus vaccine received?</p>	<p>NUMBER OF TIMES .....__</p> <p>DK ..... 8</p>	
<p><b>IM26.</b> Has (<i>name</i>) ever received a MMR vaccine – 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</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	

<p><b>IM27A.</b> Has (<b>NAME</b>) ever received the DTP4 – that is, an injection in the thigh at the age of 16 months or older - to boost (his/her) immunity against diphtheria and tetanus?</p> <p>PROBE BY INDICATING THAT THE FIRST DTP BOOSTER IS GIVEN AT THE SAME TIME AS THE FOURTH DOSE OF POLIO.</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>IM28.</b> Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire</p>		

CARE OF ILLNESS		CA
<p><b>CA1.</b> In the last two weeks, has (<i>name</i>) had diarrhoea?</p>	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ CA14 8 ⇒ CA14
<p><b>CA2.</b> Check BD3: Is child still breastfeeding?</p>	YES OR BLANK, BD3=1 OR BLANK ..... 1 NO OR DK, BD3=2 OR 8 ..... 2	1 ⇒ CA3A 2 ⇒ CA3B
<p><b>CA3A.</b> I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS), i.e. Rehydron or ORSA, and other liquids given with medicine.</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>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DK ..... 8	
<p><b>CA3B.</b> I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS), i.e. Rehydron or ORSA, and other liquids given with medicine.</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><b>CA4.</b> 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>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 7 DK ..... 8	
<p><b>CA5.</b> Did you seek any advice or treatment for the diarrhoea from any source?</p>	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ CA7 8 ⇒ CA7

<p><b>CA6.</b> Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <hr/> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>FACILITIES OF PRIMARY OUT-PATIENT CARE SUCH AS RURAL HEALTH POST, RURAL FAMILY POLYCLINIC, FAMILY POLYCLINIC, ADVISORY POLYCLINIC ..... F</p> <p>PUBLIC PHARMACY ..... G</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET ..... Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER _____ Z</p>	
<p><b>CA7.</b> During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called Rehydron?</p> <p>[B] A pre-packaged ORS fluid called ORSA?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Homemade fluid such as qatiq, ayron, rice-water, boiled water, liquid part of soups or juices?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM REHYDRON ..... 1 2 8</p> <p>PRE-PACKAGED ORS FLUID (ORSA) ..... 1 2 8</p> <p>ZINC TABLETS OR SYRUP ..... 1 2 8</p> <p>HOMEMAED FLUID ..... 1 2 8</p>	
<p><b>CA8.</b> Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B] ..... 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B] ..... 2</p>	<p>2 ⇒ CA10</p>

<p><b>CA9.</b> Where did you get the (<i>ORS mentioned in CA7[A] and/or CA7[B]</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>FACILITIES OF PRIMARY OUT-PATIENT CARE SUCH AS RURAL HEALTH POST, RURAL FAMILY POLYCLINIC, FAMILY POLYCLINIC, ADVISORY POLYCLINIC ..... F</p> <p>PUBLIC PHARMACY ..... G</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND ..... P</p> <p>SHOP / MARKET / STREET ..... Q</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA10.</b> Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 ..... 1</p> <p>NO, CA7[C] ≠1 ..... 2</p>	<p>2 ⇒ CA12</p>

<p><b>CA11.</b> Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>FACILITIES OF PRIMARY OUT-PATIENT CARE SUCH AS RURAL HEALTH POST, RURAL FAMILY POLYCLINIC, FAMILY POLYCLINIC, ADVISORY POLYCLINIC ..... F</p> <p>PUBLIC PHARMACY ..... G</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY ..... G</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET ..... Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER ..... Z</p>	
<p><b>CA12.</b> Was anything else given to treat the diarrhoea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ CA14</p> <p>8 ⇒ CA14</p>
<p><b>CA13.</b> 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 style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC..... A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) ..... B</p> <p>OTHER PILL OR SYRUP..... G</p> <p>UNKNOWN PILL OR SYRUP ..... H</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC ..... L</p> <p>NON-ANTIBIOTIC ..... M</p> <p>UNKNOWN INJECTION ..... N</p> <p>INTRAVENOUS (IV) ..... O</p> <p>HOME REMEDY / HERBAL MEDICINE ..... Q</p> <p>OTHER (specify) _____ X</p>	
<p><b>CA14.</b> At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>CA16.</b> 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>	

<b>CA17.</b> At any time in the last two weeks, has ( <i>name</i> ) had fast, short, rapid breaths or difficulty breathing?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ CA19  8 ⇨ CA19
<b>CA18.</b> Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY ..... 1 BLOCKED OR RUNNY NOSE ONLY ..... 2  BOTH ..... 3  OTHER ( <i>specify</i> ) ..... 6 DK ..... 8	1 ⇨ CA20 2 ⇨ CA20  3 ⇨ CA20  6 ⇨ CA20 8 ⇨ CA20
<b>CA19.</b> Check CA14: Did child have fever?	YES, CA14=1 ..... 1 NO OR DK, CA14=2 OR 8 ..... 2	2 ⇨ CA30
<b>CA20.</b> Did you seek any advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ CA22  8 ⇨ CA22
<b>CA21.</b> From where did you seek advice or treatment?  <i>Probe: Anywhere else?</i>  <i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i>  <i>Probe to identify each type of provider.</i>  <i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i>  _____ ( <i>Name of place</i> )	<b>PUBLIC MEDICAL SECTOR</b> GOVERNMENT HOSPITAL ..... A FACILITIES OF PRIMARY OUT-PATIENT CARE SUCH AS RURAL HEALTH POST, RURAL FAMILY POLYCLINIC, FAMILY POLYCLINIC, ADVISORY POLYCLINIC ..... F PUBLIC PHARMACY ..... G OTHER PUBLIC MEDICAL ( <i>specify</i> ) ..... H  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL / CLINIC ..... I PRIVATE PHYSICIAN ..... J PRIVATE PHARMACY ..... K OTHER PRIVATE MEDICAL ( <i>specify</i> ) ..... O  DK PUBLIC OR PRIVATE ..... W  <b>OTHER SOURCE</b> RELATIVE / FRIEND ..... P SHOP / MARKET / STREET ..... Q TRADITIONAL PRACTITIONER ..... R  OTHER ( <i>specify</i> ) ..... X DK / DON'T REMEMBER ..... Z	
<b>CA22.</b> At any time during the illness, was ( <i>name</i> ) given any medicine for the illness?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ CA30  8 ⇨ CA30

<p><b>CA23.</b> What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p>	<p><b>ANTIBIOTICS</b></p> <p>AMOXICILLIN .....L</p> <p>COTRIMOXAZOLE ..... M</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP ..... N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IV ..... O</p> <p><b>OTHER MEDICATIONS</b></p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN ..... R</p> <p>ASPIRIN .....S</p> <p>IBUPROFEN .....T</p> <p>ONLY BRAND NAME RECORDED ..... W</p> <p>OTHER (<i>specify</i>)_____ X</p> <p>DK / DON'T REMEMBER .....Z</p>	
<p><b>CA24.</b> Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-O ..... 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED ..... 2</p>	<p>2 ⇒CA30</p>
<p><b>CA25.</b> Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>FACILITIES OF PRIMARY OUT-PATIENT CARE SUCH AS RURAL HEALTH POST, RURAL FAMILY POLYCLINIC, FAMILY POLYCLINIC, ADVISORY POLYCLINIC .....F</p> <p>PUBLIC PHARMACY ..... G</p> <p>OTHER PUBLIC MEDICAL (<i>specify</i>) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC .....I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ O</p> <p>DK PUBLIC OR PRIVATE ..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND.....P</p> <p>SHOP / MARKET / STREET ..... Q</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>OTHER (<i>specify</i>)_____ X</p> <p>DK / DON'T REMEMBER .....Z</p>	
<p><b>CA30.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 ..... 1</p> <p>AGE 3 OR 4 ..... 2</p>	<p>2 ⇒End</p>



<p><b>CA31.</b> The last time (<i>name</i>) 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 (<i>specify</i>)..... 96  DK..... 98</p>	
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ATTITUDES TOWARDS VACCINATION		AV
<b>AVA.</b> Check UF4: Is this respondent the mother or caretaker of any other children under the age of 5?	YES..... 1 NO ..... 2	2 ⇨ AV1
<b>AVB.</b> Check UF4: Has this respondent already responded to the following module for another child?	YES..... 1 NO ..... 2	1 ⇨ End
<b>AV1.</b> Do you know where to go to get ( <i>name</i> ) vaccinated?	YES ..... 1 NO ..... 2	
<b>AV2.</b> Have you personally ever taken ( <i>name</i> ) to get vaccinated?	YES ..... 1 NO ..... 2	
<b>AV3.</b> Has ( <i>name</i> ) received all the vaccines recommended in the National Immunization Calendar for (his/her) age?  <i>The vaccines recommended are the ones that the (<i>name</i>)'s paediatrician or nurse say that the child should receive for (his/her) age, based on the schedule established by the public health authority in the country.</i>	RECEIVED ALL THE VACCINES ..... 1 RECEIVED MOST VACCINES ..... 2 RECEIVED A FEW VACCINES ..... 3 RECEIVED NO VACCINES AT ALL..... 4 DK ..... 8	2 ⇨ AV5 3 ⇨ AV5 4 ⇨ AV5 8 ⇨ AV7
<b>AV4.</b> Has ( <i>name</i> ) received all the vaccines on time as per the National Immunization Calendar recommended for (his/her) age?  <i>If 'No' probe: Would you say (<i>name</i>) received most, a few or no vaccine on time?</i>	ALL THE VACCINES ON TIME ..... 1 MOST VACCINES ON TIME..... 2 A FEW VACCINES ON TIME ..... 3 NO VACCINES ON TIME ..... 4 DK ..... 8	1 ⇨ AV7 2 ⇨ AV6 3 ⇨ AV6 4 ⇨ AV6 8 ⇨ AV7
<b>AV5.</b> Do you plan to take ( <i>name</i> ) to receive the vaccines recommended for (his/her) age that (he/she) has not received yet?	YES ..... 1 NO ..... 2 DK ..... 8	
<b>AV6.</b> There are several reasons to explain why some children receive vaccines late or do not receive them at all. Please tell me if each of the following questions is a reason that explains why ( <i>name</i> ) did not receive some recommended vaccine or received it late?		YES NO DK
[A] Was ( <i>name</i> ) ill or allergic at the time the vaccine was supposed to be administered?	ILL OR ALLERGIC..... 1	2 8
[B] Did it happen that one or more vaccines were not available at the time when ( <i>name</i> ) had to receive them?	VACCINES NOT AVAILABLE ..... 1	2 8
[C] Was distance too long to travel where ( <i>name</i> ) should take the vaccine(s)?	DISTANCE ..... 1	2 8
[D] Were you occupied with other tasks during the days that ( <i>name</i> ) had to receive the vaccine(s)?	TOO BUSY, OTHER PRIORITIES... 1	2 8
[E] Did you delay or reject any vaccine(s) for ( <i>name</i> ) because you wanted to learn more about the vaccine(s)?	DOUBTS ABOUT VACCINE/S ..... 1	2 8
[F] Was there any other reason to explain why ( <i>name</i> ) received late or did not receive at all any vaccine(s)?	OTHER REASONS..... 1	2 8

<b>AV7.</b> In your family, who has the final say about vaccinating ( <i>name</i> )?	ONLY THE MOTHER ..... 1 ONLY THE FATHER.....2 BOTH MOTHER AND FATHER .....3 GRANDPARENT/S .....4  OTHER ( <i>specify</i> ) _____ 6  DK .....8	
<b>AV8.</b> If it was time for ( <i>name</i> ) to get vaccinated, would you need permission to take your child to the clinic?	YES, NEED PERMISSION ..... 1 NO, DOES NOT NEED PERMISSION .....2 DK .....8	
<b>AV9.</b> During the last 12 months, did you hear anything, or come across anybody with the following opinions?  [A] Against vaccinating children? [B] In favour of vaccinating children? [C] Saying that vaccines are not safe? [D] Saying that the vaccines are safe?	<p style="text-align: right;">YES NO DK</p> AGAINST ..... 1 2 8 FAVOUR..... 1 2 8 UNSAFE .....1 2 8 SAFE .....1 2 8	
<b>AV10.</b> Now I would like that you consider what family, friends and community think about vaccines and vaccination, and tell me whether you think that:  [A] Most of the parents I know, got their children vaccinated with all the recommended vaccines?  [B] Most of my family and friends are in favour that I vaccinate ( <i>name</i> )?  [C] The main religious leaders in my mahalla, are in favour that I vaccinate ( <i>name</i> )?	<p style="text-align: right;">YES NO DK</p> PARENTS IN FAVOUR..... 1 2 8  FAMILY/FRIENDS IN FAVOUR..... 1 2 8  RELIGIOUS LEADERS IN FAVOR . 1 2 8	
<b>AV11.</b> Tell me please whether you think that your religious or spiritual beliefs <u>encourage</u> vaccinating your child, <u>discourage</u> vaccinating you child, or would you say this <u>doesn't apply</u> to you?	ENCOURAGE VACCINATING ..... 1 DISCOURAGE VACCINATING.....2 DOES NOT APPLY .....3 DK .....8	
<b>AV12.</b> Check AV3 = 4 or 8: received no vaccines at all or DK?	YES (AV3 = 4 OR AV3 = 8) ..... 1 NO .....2	1 ⇒AV13A 2 ⇒AV13B
<b>AV13A.</b> How much do you trust the <u>health care workers</u> who give children vaccines?  <b>AV13B.</b> How much do you trust the <u>health care workers</u> that gave ( <i>name</i> ) last vaccine?	NOT AT ALL..... 1 NOT VERY (MUCH) .....2 SOMEWHAT .....3 VERY (MUCH).....4 DK .....8	
<b>AV14.</b> Has any <u>health care worker</u> ever recommended that ( <i>name</i> ) should be vaccinated?	YES ..... 1 NOT.....2	
<b>AV15.</b> In relation to the medical facility (family polyclinics, rural health post, rural family polyclinics) where you should take ( <i>name</i> ) to get vaccinated, can you please say if the following situations are true?	<p style="text-align: right;">YES NO DK</p> TOO FAR ..... 1 2 8 INCONVENIENT TIME .....1 2 8 TURNS AWAY..... 1 2 8  TOO LONG..... 1 2 8	

<p><b>AV16.</b> How affordable is it to get (<i>name</i>) vaccinated? This includes any payments to the clinic, the cost of getting there, and the cost of taking time away from work. Would you say: not at all, not very much, somewhat or very much?</p>	<p>NOT AT ALL..... 1  NOT VERY (MUCH) ..... 2  SOMEWHAT ..... 3  VERY (MUCH)..... 4  DK ..... 8</p>																									
<p><b>AV17.</b> What is your <u>main</u> source of information for anything related to the vaccination of (<i>name</i>)?</p>	<p>YOUR PEDIATRICIAN/NURSE..... 1  FRIENDS/FAMILY ..... 2  RELIGIOUS GROUP/LEADER..... 3  TELEVISION/PRESS/RADIO ..... 4  INTERNET-SOCIAL MEDIA, GOOGLE, ETC... 5    OTHER (<i>specify</i>) ..... 6    DK ..... 8</p>																									
<p><b>AV18.</b> What is the source of information for anything related to the vaccination of (<i>name</i>) that you <u>most trust</u>?</p>	<p>YOUR PEDIATRICIAN/NURSE..... 1  FRIENDS/FAMILY ..... 2  RELIGIOUS GROUP/LEADER..... 3  TELEVISION/PRESS/RADIO ..... 4  INTERNET-SOCIAL MEDIA, GOOGLE, ETC... 5    OTHER (<i>specify</i>) ..... 6    DK ..... 8</p>																									
<p><b>AV19.</b> Now I would like to talk about your views on vaccines and vaccination. For each question there are four possible answers: 1) not at all, 2) not very much, 3) somewhat or 4) very much. Would you please tell me:</p> <p>[A] How important are vaccines for (<i>name</i>)’s health?</p> <p>[B] How much do you think vaccinating children protects other people in your community from diseases?</p> <p>[C] How safe do you think vaccines are for (<i>name</i>)?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">NOT AT ALL NOT VERY (MUCH) SOMEWHAT VERY (MUCH) DK</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IMPORTANCE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PROTECTION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SAFETY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">8</td> </tr> </table>		NOT AT ALL NOT VERY (MUCH) SOMEWHAT VERY (MUCH) DK					IMPORTANCE .....	1	2	3	4	8	PROTECTION .....	1	2	3	4	8	SAFETY .....	1	2	3	4	8	
	NOT AT ALL NOT VERY (MUCH) SOMEWHAT VERY (MUCH) DK																									
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PROTECTION .....	1	2	3	4	8																					
SAFETY .....	1	2	3	4	8																					
<p><b>AV20.</b> What do you think are the main benefits of vaccination?</p> <p><i>Record all that apply.</i></p> <p><i>‘Vaccines have no benefits’ (category Y) can only be recorded if no other response category is recorded.</i></p>	<p>PREVENT DEATHS OF CHILDREN ..... A  PREVENT DISEASES OF CHILDREN ..... B  PREVENT DISABILITIES OF CHILDREN..... C  BUILD IMMUNITY AGAINST DISEASES ..... D  COST-EFFECTIVE.....E  ELIMINATE DISEASES.....F  DK .....Z    OTHER (<i>specify</i>) ..... X    VACCINES HAVE NO BENEFITS ..... Y</p>																									
<p><b>AV21.</b> How concerned are you that vaccines could cause to your child an adverse serious reaction?</p> <p><i>Probe: Adverse serious reactions are reactions that require medical treatment or hospitalisation of a child.</i></p>	<p>NOT AT ALL..... 1  NOT VERY (MUCH) ..... 2  SOMEWHAT ..... 3  VERY (MUCH)..... 4  DK ..... 8</p>																									
<p><b>AV22.</b> Check AV2: Respondent personally took the child to get vaccinated?</p>	<p>YES, AV2 = 1 ..... 1  NO, AV2 = 2 ..... 2</p>	<p>2⇒End</p>																								

<b>AV23.</b> Have you ever been turned away when you tried to get ( <i>name</i> ) vaccinated in the medical facility (family polyclinics, rural health post, rural family polyclinics)?	YES ..... 1 NOT ..... 2 DK ..... 8	
<b>AV24.</b> During your last visit to the medical facility (family polyclinics, rural health post, rural family polyclinics), how satisfied were you with the quality of the vaccination services? Would you say: not at all, not very much, somewhat or very much?	NOT AT ALL ..... 1 NOT VERY (MUCH) ..... 2 SOMEWHAT ..... 3 VERY (MUCH) ..... 4 DK ..... 8	
<b>AV25.</b> During your last visit, to the medical facility (family polyclinics, rural health post, rural family polyclinics) how respectful were the vaccination staff to you? Would you say: not at all, not very much, somewhat or very much?	NOT AT ALL ..... 1 NOT VERY (MUCH) ..... 2 SOMEWHAT ..... 3 VERY (MUCH) ..... 4 DK ..... 8	

<b>UF11. Record the time.</b>	HOURS AND MINUTES ..... : ..	
<b>UF12. Language of the Questionnaire.</b>	UZBEK.....2 RUSSIAN.....3 KARAKALPAK .....4	
<b>UF13. Language of the Interview.</b>	UZBEK.....2 RUSSIAN.....3 KARAKALPAK .....4  OTHER LANGUAGE (specify) .....6	
<b>UF14. Native language of the Respondent.</b>	UZBEK.....02 RUSSIAN.....03 KARAKALPAK .....04 TAJIK.....05 KYRGYZ .....06 KAZAKH.....07 TURKMEN .....08  OTHER LANGUAGE (specify) .....96	
<b>UF15. Was a translator used for any parts of this questionnaire?</b>	YES, THE ENTIRE QUESTIONNAIRE.....1 YES, PARTS OF THE QUESTIONNAIRE .....2 NO, NOT USED.....3	

**UF16. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.**

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of another child age 0-4 living in this household?

- Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.
- No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?
  - Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.
  - No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS) .....	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	
<b>ANTHROPOMETRY</b>		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG)..... ____ . ____  CHILD NOT PRESENT AFTER REVISITS ....99.3 CHILD REFUSED .....99.4 RESPONDENT REFUSED .....99.5  OTHER (specify) _____ 99.6	99.3 ⇨AN13 99.4 ⇨AN10 99.5 ⇨AN10  99.6 ⇨AN10
AN9. Was the child undressed to the minimum?	YES ..... 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM.....2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 .....2	1 ⇨AN11A 2 ⇨AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) ..... ____ . ____  CHILD REFUSED .....999.4 RESPONDENT REFUSED .....999.5  OTHER (specify) _____ 999.6	999.4 ⇨AN13 999.5 ⇨AN13  999.6 ⇨AN13
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN ..... 1 STANDING UP .....2	
AN13. Date of measurement: Day / Month / Year:  _____ / _____ / <u>2 0 2</u> _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES ..... 1 NO.....2	1 ⇨Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		



**INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

**MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

**SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**