

## PART 3: QUESTIONNAIRE FOR CHILDREN UNDER FIVE

The information of each under 5 child is to be filled in each following column  
 This part is to be administered to all mothers or caretakers who care for the child. Fill in the names and line numbers of the child and the respective mother/caretaker as indicated in the household listing.

<b>PART 3, SECTION A: BIRTH REGISTRATION AND EARLY LEARNING</b>		<b>BR</b>
	Child No.: ..... Child name: ..... Mother/PCT No.: ..... Mother/PCT name: .....	Child No.: ..... Child name: ..... Mother/PCT No.: ..... Mother/PCT name: .....
<b>UF10. What is the birthday of [NAME]?</b> <i>Record 98 if day is not known. Month and year of birth need to be entered</i>	_ / _ / _	_ / _ / _
<b>UF11. How old was [NAME] at his/her last birthday?</b> <i>(record age in completed years)</i>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<b>BR1. Does [NAME] have a birth certificate? May I see it?</b> Yes, seen .....1 ⇒ BR5 Yes, not seen .....2 No .....3 DK .....8 <i>If birth certificate is given, check the birthdate If birth certificate is not given, refer to other documents (e.g. health card, etc. Correct the given birthdate, if necessary</i>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<b>BR2. Has [NAME's] birth been registered with the concerned authorities?</b> Yes .....1 ⇒ BR5 No .....2 DK .....8 ⇒ BR4	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<b>BR3. Why has [NAME's] birth not been registered?</b> <i>Record one main reason</i> Costs too much ..... 1 Travel too far ..... 2 Did not know it needs to be registered ..... 3 Late and did not want to pay fine ..... 4 Does not know where to register ..... 5 Too busy and did not have time ..... 6 Other (specify) ..... 7 DK ..... 8	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<b>BR4. Do you know how to register [NAME's] birth?</b> Yes .....1 No .....2 Do not answer .....8	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<b>BR5. Interviewer check the age recorded in UF11, if the child is under 3 years old ⇒ BR8</b>		
<b>BR6. Does [NAME] attend any private or public kindergarten or community child care?</b> Yes .....1 No .....2 ⇒ BR8 Summer vacation .....6 ⇒ BR8 DK .....8 ⇒ BR8	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
<b>BR7. Within the last seven days, about how many hours has [NAME] attended?</b>		
<b>BR8. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with [NAME]?</b> <i>If Yes, ask: Who who engaged in this activity with [NAME]?</i> <i>Circle all answers given</i>		
<b>BR8A. Read books or look at picture books with [NAME]?</b>	Mother .....A Father .....B Other .....X None.....Y	Mother ..... A Father ..... B Other..... X None..... Y

	Child No.: .....	Child No.: .....
	Child name: ....	Child name: ....
<b>BR8B. Tell stories to [NAME]?</b>	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other..... X None ..... Y
<b>BR8C. Sing songs with [NAME] ?</b>	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other..... X None ..... Y
<b>BR8D. Take [NAME] outside the home, compound, yard, park, garden, etc.?</b>	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other..... X None ..... Y
<b>BR8E. Play with [NAME] ?</b>	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other..... X None ..... Y
<b>BR8F. Spend time with [NAME] naming, counting, and/or drawing things?</b>	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other..... X None ..... Y

PART 3, SECTION B: CHILD DEVELOPMENT		CE
	Child No.: .....	Child No.: .....
	Child name: ....	Child name: ....
<b>CE1. How many books are there in your household? Please include school textbooks, but exclude other children books such as picture books</b> <i>If „None”, enter “00”</i> <i>If have 10 or more books, enter“10”</i>	<input type="text"/>	<input type="text"/>
<b>CE2. How many children’s books or picture books do you have for [NAME]?</b> <i>If „None”, enter “00”</i> <i>If 10 or more books, enter“10”</i>	<input type="text"/>	<input type="text"/>
<b>CE3. I am interested in learning about the things that [NAME] plays with when he/she is at home?</b> <i>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</i>	<input type="text"/>	<input type="text"/>
Household objects such as bowls, plates, cups, pots ....A	A	A
Sticks, stone, animal, brick, shell, leaves .....B	B	B
Homemade toys .....C	C	C
Toys bought from shops.....D	D	D
None of the above.....Y	Y	Y
<b>CE4. Within the last 7 days, how many times was [NAME] left in the care of another child who is less than 10 years old?</b> <i>If “None”, enter 00</i>	<input type="text"/>	<input type="text"/>
<b>CE5. Within the last 7 days, how many times was [NAME] left alone?</b> <i>If “None”, enter 00</i>	<input type="text"/>	<input type="text"/>

PART 3, SECTION C: VITAMIN A		VA
	Child No.: .....	Child No.: .....
	Child name: ....	Child name: ....
<b>VA1. Has [NAME] ever received a vitamin A capsule (supplement) like this one?</b> <i>Show the capsule</i> Yes ..... 1 No ..... 2 ⇒ M&C 3D DK..... 8 ⇒ môc 3D	<input type="text"/>	<input type="text"/>
<b>VA2. How many months ago did [NAME] take the last vitamin A dose? (record completed months)</b> <i>If do not know, enter 98</i>	<input type="text"/>	<input type="text"/>
<b>VA3. Where did [NAME] get this last vitamin A dose?</b> Routine visit in health facility ..... 1 Sick child’s visit to health facility ..... 2 National immunization day ..... 3 Other (specify) ..... 6 DK..... 8	<input type="text"/>	<input type="text"/>

NEXT SECTION ⇨

<b>PART 3, SECTION D: BREASTFEEDING</b>		<b>BF</b>	
	Child No.: .....	Child No.: .....	
	Child name: .....	Child name: .....	
<b>BF1. Has [NAME] ever been breastfed?</b> Yes ..... 1 No ..... 2 ⇒ BF3 DK ..... 8 ⇒ BF3		<input type="text"/>	<input type="text"/>
<b>BF2. Is [NAME] still being breastfed?</b> Yes ..... 1 No ..... 2 DK ..... 8		<input type="text"/>	<input type="text"/>
<b>BF3. Since this time yesterday, did [NAME] receive any of the following:</b> <i>Read aloud each item from 3A to 3H and record response before proceeding to the next item.</i> Yes ..... 1 No ..... 2 DK ..... 8			
<b>BF3A. Vitamin, mineral supplements</b>		<input type="text"/>	<input type="text"/>
<b>BF3B. Plain water</b>		<input type="text"/>	<input type="text"/>
<b>BF3C. Sweetened, flavoured water or fruit juice or tea</b>		<input type="text"/>	<input type="text"/>
<b>BF3D. Oral rehydration solution (ORS)</b>		<input type="text"/>	<input type="text"/>
<b>BF3E. Infant formula milk</b>		<input type="text"/>	<input type="text"/>
<b>BF3F. Milk (canned, powdered or fresh milk)</b>		<input type="text"/>	<input type="text"/>
<b>BF3G. Other (<i>specify</i>) _____</b>		<input type="text"/>	<input type="text"/>
<b>BF3H. Solid or semi-solid food such as soft rice, congee, noodle, ect.</b>		<input type="text"/>	<input type="text"/>
<b>BF4. Check BF3H: Did [NAME] received solid or semi-solid food?</b> <i>If "No" or "Don't know" ⇒ SECTION 3E</i>			
<b>BF5. Since this time yesterday, how many times did [NAME] eat solid, semisolid foods?</b> <b>Record number of times</b> <i>If 7 or more, enter 7</i> <i>If do not know, enter 8</i>		<input type="text"/>	<input type="text"/>

NEXT SECTION ⇒

PART 3, SECTION E: CARE OF CHILDREN'S ILLNESS		CA
	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....
<b>CA1. Has [NAME] had diarrhoea in the last two weeks?</b> <i>(Three or more loose or watery stools per day, or blood in the stool)</i> Yes ..... 1 No ..... 2 ⇒ CA5 DK ..... 8 ⇒ CA5	<input type="text"/>	<input type="text"/>
<b>CA2. During this last episode of diarrhoea, did [NAME] drink any of the following?</b> <i>Read aloud each item and record the response before moving to next item</i> Yes ..... 1 No ..... 2 DK ..... 8		
CA2A. Breast milk	<input type="text"/>	<input type="text"/>
CA2B. Water from rice, porridge, soup	<input type="text"/>	<input type="text"/>
CA2C. Oral rehydration solution (ORS)	<input type="text"/>	<input type="text"/>
CA2D. Recommended homemade rehydration fluid such as salt-sugar solution	<input type="text"/>	<input type="text"/>
CA2E. Other milks	<input type="text"/>	<input type="text"/>
CA2F. Soup water in meals such as water from boiled vegetable	<input type="text"/>	<input type="text"/>
CA2G. Only plain water	<input type="text"/>	<input type="text"/>
CA2H. Fluids that do not have rehydration effect such as Coke, ...	<input type="text"/>	<input type="text"/>
CA2I. Nothing ⇒ cA4	<input type="text"/>	<input type="text"/>
<b>CA3. During [NAME'S] illness, did [NAME] drink less, about the same, or more food than usual?</b> Much less or none ..... 1 About the same ..... 2 More ..... 3 DK ..... 8	<input type="text"/>	<input type="text"/>
<b>CA4. During [NAME'S] illness, did [NAME] eat less, about the same, or more food than usual?</b> <i>If "less", probe by asking</i> <b>Much less or a little less?</b> None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 Don't know ..... 8	<input type="text"/>	<input type="text"/>
<b>CA5. In the last two weeks, has [NAME] had an illness with a cough at any time?</b> Yes ..... 1 No ..... 2 ⇒ CA12 Don't know ..... 8 ⇒ CA12	<input type="text"/>	<input type="text"/>
<b>CA6. When [NAME] had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?</b> Yes ..... 1 No ..... 2 ⇒ CA12 DK ..... 8 ⇒ CA12	<input type="text"/>	<input type="text"/>
<b>CA7. Were the symptoms due to problem in the chest or blocked nose?</b> Problem in chest ..... 1 Blocked nose ..... 2 ⇒ CA2 Both ..... 3 Other (specify) ..... 6 ⇒ CA12 DK ..... 8	<input type="text"/>	<input type="text"/>

	Child No.: ..... Child name: .....	Child No.: ..... Child name: .....
<b>CA8. Did you seek advice or treatment for the illness outside the home?</b> Yes ..... 1 No ..... 2 ⇒ CA10 DK ..... 8 ⇒ CA10	<input type="text"/>	<input type="text"/>
<b>CA9. From where did you seek advice or treatment for the illness (No suggestion by interviewer is allowed)</b> <i>Circle all items given</i>		
Government hospital ..... A	A	A
Government health facility ..... B	B	B
Government infirmary ..... C	C	C
Village health worker ..... D	D	D
Mobile clinic ..... E	E	E
Other govt. facility (specify) ..... H	H	H
Private hospital/clinic ..... I	I	I
Private doctor ..... J	J	J
Private pharmacy ..... L	L	L
Other private facility (specify) ..... O	O	O
Relative/friend ..... P	P	P
Traditional doctor ..... Q	Q	Q
Other (specify) ..... X	X	X
<b>CA10. Was [NAME] given medicine to treat this illness?</b> Yes ..... 1 No ..... 2 ⇒ CA12 DK ..... 8 ⇒ CA12	<input type="text"/>	<input type="text"/>
<b>CA11. What medicine was [NAME] given?</b> <i>(Circle all items given)</i>		
Anti-biotic ..... A	A	A
Paracetamol/Panadol/Acetaminophen ..P	P	P
Aspirin ..... Q	Q	Q
Other (specify) ..... X	X	X
DK ..... Z	Z	Z
<b>CA12. Check UF11: [NAME] aged under 3?</b> Yes ..... ⇒ CA13 No ..... ⇒ CA14		
<b>CA13. In the last time when [NAME] passed stools, what was done to dispose of the stools?</b> 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	<input type="text"/>	<input type="text"/>
<i>Ask the following question only once to each mother/primary caretaker:</i> <b>CA14. Sometimes children have severe illnesses and need to be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?</b> <i>Keep asking for more signs or symptoms until the mother/primary caretaker cannot recall any additional symptoms. Circle all items given. Do not prompt with any suggestion</i>		
Child not able to drink or breastfeed. A	A	A
Child becomes sicker ..... B	B	B
Child develops a fever ..... C	C	C
Child has fast breathing ..... D	D	D
Child has difficult breathing ..... E	E	E
Child has blood in stool ..... F	F	F
Child is drinking poorly ..... G	G	G
Other (specify) ..... X	X	X

PART 3, SECTION F: MALARIA OF CHILDREN UNDER 5		ML	
	Child No.: .... Child name: ..	Child No.: ... Child name: .. .....	
<b>ML1. In the last two weeks, has [NAME] been ill with a fever?</b> Yes ..... 1 No ..... 2 ⇒ ML10 DK ..... 8 ⇒ ML10		<input type="text"/>	<input type="text"/>
<b>ML2. Was [NAME] taken to a health facility during this illness??</b> Yes ..... 1 No ..... 2 ⇒ ML6 DK ..... 8 ⇒ ML6		<input type="text"/>	<input type="text"/>
<b>ML3. Did [NAME] take a medicine for treatment of fever or malaria that was provided or prescribed at this health facility?</b> Yes ..... 1 No ..... 2 ⇒ ML5 DK ..... 8 ⇒ ML5		<input type="text"/>	<input type="text"/>
<b>ML4. What medicine that was provided or prescribed at this health facility did [NAME] take?</b> <i>Circle all medicines mentioned</i> Anti-malaria medicine :			
SP/Fansidar ..... A	A	A	
Chloroquine ..... B	B	B	
Amodiaquine ..... C	C	C	
Quinine ..... D	D	D	
Combination based on Artemisinin... E	E	E	
Other anti-malaria medicine ( <i>specify</i> )__H	H	H	
Other medicine :			
Paracetamol/Panadol/Acetaminophen ..P	P	P	
Aspirin ..... Q	Q	Q	
Ibuprofen ..... R	R	R	
Other ( <i>specify</i> )_____X	X	X	
DK ..... Z	Z	Z	
<b>ML5. Was [NAME] given medicine for treatment of fever or malaria before being taken to the health facility?</b> Có ..... 1 ⇒ ML7 Không ..... 2 ⇒ ML8 KB ..... 8 ⇒ ML8		<input type="text"/>	<input type="text"/>
<b>ML6. Was (NAME) given medicine for treatment of fever or malaria during this illness?</b> Yes ..... 1 No ..... 2 ⇒ ML8 DK ..... 8 ⇒ ML8		<input type="text"/>	<input type="text"/>
<b>ML7. What medicine was [NAME] taken?</b> <i>Circle all medicines given</i> Anti-malaria medicine:			
SP/Fansidar ..... A	A	A	
Chloroquine ..... B	B	B	
Amodiaquine ..... C	C	C	
Quinine ..... D	D	D	
Combination based on Artemisinin... E	E	E	
Other anti-malaria ( <i>specify</i> )__H	H	H	

	Child No.: .... Child name: ..	Child No.: .. Child name: .. .....
Other medicines:		
Paracetamol/Panadol/Acetaminophen P	P	P
Aspirin ..... Q	Q	Q
Ibuprofen ..... R	R	R
Other (specify) X	X	X
DK ..... Z	Z	Z
<b>ML8. Check ML4 and ML7: Were anti-malaria medicine mentioned (item A to H) ?</b> Yes. ⇒ ML9 No. ⇒ ML10		
<b>ML9. How long after the fever started did [NAME] first take (name of anti-malarial from ML4 or ML7)?</b> The same day ..... 0 The next day ..... 1 2 days after fever started ..... 2 3 days after fever started ..... 3 4 days or more ..... 4 DK ..... 8 <i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned. Record the code for the day on which the first anti-malarial was given.</i>	<input type="text"/>	<input type="text"/>
<b>ML10. Last night, did [NAME] sleep under mosquito net?</b> Yes ..... 1 No ..... 2 DK ..... 8	<input type="text"/>	<input type="text"/>

NEXT SECTIONS ⇒

<b>PART 3, SECTION G: IMMUNIZATION</b>		<b>IM</b>
<i>If vaccination card is available and the interviewer can see it, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.</i>		
	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....
<b>IM1. Is there a vaccination card recording vaccination injected and medicine received for [NAME]?</b> Yes, seen ..... 1 Yes, not seen ..... 2 ⇒ IM10 No ..... 8 ⇒ IM10 <i>Copy dates for each vaccination from the card. Write '44' in day column if card shows that vaccination was given but no date recorded.</i>	<input type="text"/>	<input type="text"/>
<b>IM2. BCG (Tuberculosis)</b>	/ / /	/ / /
<b>IM3B. Polio 1</b>	/ / /	/ / /
<b>IM3C. Polio 2</b>	/ / /	/ / /
<b>IM3D. Polio 3</b>	/ / /	/ / /
<b>IM4A. DPT 1</b>	/ / /	/ / /
<b>IM4B. DPT 2</b>	/ / /	/ / /
<b>IM4C. DPT 3</b>	/ / /	/ / /
<b>IM5A. HepB1</b>	/ / /	/ / /
<b>IM5B. HepB2</b>	/ / /	/ / /
<b>IM5C. HepB3</b>	/ / /	/ / /
<b>IM6. Measle</b>	/ / /	/ / /
<b>IM8A. Vitamin A 1</b>	/ / /	/ / /
<b>IM8B. Vitamin A 2</b>	/ / /	/ / /
<b>IM9. In addition to the vaccinations and vitamin A shown on this card, did [NAME] receive any other vaccinations?</b> Yes ..... 1 ⇒ IM19 No ..... 2 ⇒ IM19 DK ..... 8 ⇒ IM19	<input type="text"/>	<input type="text"/>

<p><b>If yes:</b> Probe about other vaccinations and record '66' in the respective day column of questions from IM2 to IM8. Record the code 1 (code for "Yes") only for such vaccinations as BCG, Polio 1-3, DPT-3, HepB 1-3, measles and Vitamin A.</p>		
<p><b>IM10. Has [NAME] ever received any vaccinations, including vaccinations received in a campaign or immunization day?</b>          Yes ..... 1          No..... 2 ⇒ IM19          DK ..... 8 ⇒ IM19</p>	<input type="text"/>	<input type="text"/>
<p><b>IM11. Has [NAME] ever been given a BCG vaccination against tuberculosis – that is, an injection often in the left shoulder that caused a scar?</b>          Yes ..... 1          No..... 2          DK ..... 8</p>	<input type="text"/>	<input type="text"/>
<p><b>IM12. Has [NAME] ever been given any “vaccination drops in the mouth” to protect him/her from getting polio disease?</b>          Yes ..... 1          No..... 2 ⇒ IM15          DK ..... 8 ⇒ IM15</p>	<input type="text"/>	<input type="text"/>
<p><b>IM14. How many times was [NAME] given this vaccination ? (number of times)</b></p>	<input type="text"/>	<input type="text"/>
<p><b>IM15. Has [NAME] ever been given DPT vaccination? (sometimes given at the same time of anti-polio vaccination)</b>          Yes ..... 1          No..... 2 ⇒ IM17          DK ..... 8 ⇒ IM17</p>	<input type="text"/>	<input type="text"/>
<p><b>IM16. How many times was [NAME] given vaccination? (Number of times)</b></p>	<input type="text"/>	<input type="text"/>
<p><b>IM17. Has [NAME] ever been given measles vaccination? (this vaccination injection is a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles)</b>          Yes ..... 1          No..... 2          DK ..... 8</p>	<input type="text"/>	<input type="text"/>
<p><b>IM19. Please tell me if [NAME] has participated in any of the following immunization campaign, immunization day of Vitamin A day?</b>          Yes ..... 1          No..... 2          DK ..... 8</p>		
<b>IM19A. Monthly immunization day</b>	<input type="text"/>	<input type="text"/>
<b>IM19B. Periodic immunization day</b>	<input type="text"/>	<input type="text"/>
<b>IM19C. Immunization Campaign day</b>	<input type="text"/>	<input type="text"/>

INTERVIEWER CHECK AND INTERVIEW THE NEXT MOTHER/PRIMARY CARETAKER FOR THE NEXT U5 CHILDREN (IF ANY)

IF INFORMATION OF ALL U5 CHILDREN HAVE BEEN COLLECTED, INTERVIEWER FILL IN THE QUESTION 1A.

⇒ CHECK ALL QUESTIONNAIRES, THANK THE HOUSEHOLD AND CONCLUDE THE INTERVIEW