



# QUESTIONNAIRE FOR CHILDREN UNDERFIVE VIET NAM

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i></p>		
UFA. Province/ City name and number: Name _____	UFB. District name and number: Name _____	
UFC. Commune/ Ward name and number: _____		
UF1. EA name and number: Name _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM GENERAL STATISTICS OFFICE. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

Now I would like to talk to you more about (*child's name from UF3*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

UF9. Result of interview for children under 5	Completed ..... 01
	Not at home ..... 02
	Refused ..... 03
	Partly completed ..... 04
	Incapacitated ..... 05
Codes refer to mother/caretaker.	Other (specify) _____ 96
UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
UF12. RECORD THE TIME	Hour and minutes ____ : ____

AGE	AG
<p><b>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (<i>name</i>).</b></p>	
<p>IN 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 birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... _ _</p> <p>DK day ..... 98</p> <p>Month ..... _ _</p> <p>Year ..... _ _ _ _</p>
<p><b>AG2. HOW OLD IS (<i>name</i>)?</b></p>	
<p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years)..... _</p>

EARLY CHILDHOOD DEVELOPMENT	EC																
<p><b>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (<i>name</i>)?</b></p>																	
	<p>None ..... 00</p> <p>Number of children's books ..... 0 _</p> <p>Ten or more books ..... 10</p>																
<p><b>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME.</b></p>																	
<p>DOES HE/SHE PLAY WITH:</p>																	
<p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys .....	1	2	8	Toys from a shop .....	1	2	8	Household objects or outside objects .....	1	2	8
	Y	N	DK														
Homemade toys .....	1	2	8														
Toys from a shop .....	1	2	8														
Household objects or outside objects .....	1	2	8														
<p><b>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</b></p>																	
<p>ON HOW MANY DAYS IN THE PAST WEEK WAS (<i>name</i>):</p>																	
<p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour .....</p> <p>Number of days left with other child for more than an hour.....</p>																

**EC4. Check AG2: Age of child**

Child age 3 or 4 ⇒ Continue with EC5

Child age 0, 1 or 2 ⇒ Go to Next Module

**EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?**

Yes..... 1

No..... 2    2⇒EC7

DK..... 8    8⇒EC7

**EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?**

Number of hours..... \_ \_

**EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):**

*If yes, ask:*  
WHO ENGAGED IN THIS ACTIVITY WITH (name)?

*Circle all that apply.*

		Mother	Father	Other	No one
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Read books	A	B	X	Y
[B] TOLD STORIES TO (name)?	Told stories	A	B	X	Y
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	Sang songs	A	B	X	Y
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y
[E] PLAYED WITH (name)?	Played with	A	B	X	Y
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	Named/counted	A	B	X	Y

**EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.**

**CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?**

Yes..... 1

No..... 2

DK..... 8

**EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?**

Yes..... 1

No..... 2

DK..... 8

**EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?**

Yes..... 1

No..... 2

DK..... 8

**EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?**

Yes..... 1

No..... 2

DK..... 8

**EC12. IS (name) SOMETIMES TOO SICK TO PLAY?**

Yes..... 1

No..... 2

DK..... 8

EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.....	1
	No.....	2
	DK.....	8
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes.....	1
	No.....	2
	DK.....	8
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes.....	1
	No.....	2
	DK.....	8
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes.....	1
	No.....	2
	DK.....	8
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes.....	1
	No.....	2
	DK.....	8

BREASTFEEDING		BF
BF1. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes.....	1
	No.....	2 2⇒BF3
	DK.....	8 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....	1
	No.....	2
	DK.....	8
<p>BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER <i>(name)</i> HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.</p> <p>Did <i>(name)</i> DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?</p>		
	Yes.....	1
	No.....	2
	DK.....	8
BF4. DID <i>(name)</i> DRINK INFANT FORMULA (SIMILAC, MAMA SUA NON, FRISO, NESTLE, OR OTHER) YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....	1
	No.....	2 2⇒BF6
	DK.....	8 8⇒BF6
BF5. HOW MANY TIMES DID <i>(name)</i> DRINK INFANT FORMULA?	Number of times .....	__ __
BF6. DID <i>(name)</i> DRINK MILK, SUCH AS CONDENSED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....	1
	No.....	2 2⇒BF8
	DK.....	8 8⇒BF8
BF7. HOW MANY TIMES DID <i>(name)</i> DRINK CONDENSED, POWDERED OR FRESH ANIMAL MILK?	Number of times .....	__ __
BF8. DID <i>(name)</i> DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....	1
	No.....	2
	DK.....	8

BF9. Did ( <i>name</i> ) DRINK CLEAR BROTH OR HERBAL/ MEAT WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF10. Did ( <i>name</i> ) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF11. Did ( <i>name</i> ) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF12. Did ( <i>name</i> ) DRINK ANY OTHER LIQUIDS (TEA, COFFEE, COKE, OR OTHER) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF13. Did ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. How MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF15. Did ( <i>name</i> ) EAT THIN PORRIDGE (RICE PORRIDGE) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF16. Did ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. How MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..... 1 No..... 2 DK..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes.....	1
	No.....	2 2⇒CA7
	DK.....	8 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).  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?  <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less .....	1
	Somewhat less .....	2
	About the same .....	3
	More .....	4
	Nothing to drink .....	5
	DK.....	8
CA3. DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less .....	1
	Somewhat less .....	2
	About the same .....	3
	More .....	4
	Stopped food .....	5
	Never gave food .....	6
DK.....	8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS ( <i>name</i> ) GIVEN TO DRINK ANY OF THE FOLLOWING:  Read each item aloud and record response before proceeding to the next item.		Y N DK
	[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SOLUTION (ORS)?	Fluid from ORS packet..... 1 2 8
	[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Pre-packaged ORS fluid..... 1 2 8
	[C] WATER FROM RICE PORRIDGE/ RICE SOUP (WITH SALT)?	Water from rice porridge/ rice soup..... 1 2 8
	[D] LEMON-ORANGE/ COCONUT DRINK?	Lemon-orange/ coconut drink..... 1 2 8
	[E] SOUP WATER FROM BOILED VEGETABLES/ MEAT?	Soup water from boiled vegetables/ meat..... 1 2 8
	[F] WATER FROM FRIED-AND-BOILED RICE?	Water from fried-and-boiled rice..... 1 2 8
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes.....	1
	No.....	2 2⇒CA7
	DK.....	8 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p>Record all treatments given. Write brand name(s) of all medicines mentioned.</p> <p>_____ (Name)</p>	Pill or Syrup		
	Antibiotic .....	A	
	Antimotility .....	B	
	Zinc .....	C	
	Other (Not antibiotic, antimotility or zinc) .....	G	
	Unknown pill or syrup .....	H	
	Injection		
	Antibiotic .....	L	
	Non-antibiotic .....	M	
	Unknown injection .....	N	
	Intravenous .....	O	
	Home remedy / Herbal medicine .....	Q	
	Other ( <i>specify</i> ) .....	X	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	Yes .....	1	2⇒CA14
	No2 .....		
	DK .....	8	8⇒CA14
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	Yes .....	1	2⇒CA14
	No .....	2	
	DK .....	8	8⇒CA14
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED / RUNNY NOSE?</p>	Problem in chest only .....	1	
	Blocked or runny nose only .....	2	2⇒CA14
	Both .....	3	
	Other ( <i>specify</i> ) .....	6	6⇒CA14
	DK .....	8	
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	Yes .....	1	
	No .....	2	2⇒CA12
	DK .....	8	8⇒CA12
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____ (Name of place)</p>	Public sector		
	Govt. hospital .....	A	
	Commune health centre .....	B	
	Policlinic .....	C	
	Village health worker .....	D	
	Mobile clinic (health service) .....	E	
	Sectoral hospital (army, police) .....	F	
	Govt. pharmacy .....	G	
	Other public ( <i>specify</i> ) .....	H	
	Private medical sector		
Private hospital / clinic .....	I		
Private doctor .....	J		
Private pharmacy .....	K		
Other private medical ( <i>specify</i> ) .....	O		
Other source			
Relative / Friend .....	P		
Shop .....	Q		
Traditional healer .....	R		
	Other ( <i>specify</i> ) .....	X	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	Yes .....	1	2⇒CA14
	No .....	2	
	DK .....	8	8⇒CA14

<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic Pill / Syrup ..... A Injection ..... B</p> <p>Anti-malarials ..... M</p> <p>Paracetamol / Panadol / Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X DK ..... Z</p>
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>	
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, 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</p> <p>Other (<i>specify</i>) _____ 96 DK ..... 98</p>

MALARIA		ML
<p>ML1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	Yes..... 1	2⇒Next
	No..... 2	Module 8⇒Next
	DK..... 8	Module
<p>ML2. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</p>	Yes..... 1	
	No..... 2	
	DK..... 8	
<p>ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	Yes..... 1	2⇒ML8
	No..... 2	8⇒ML8
	DK..... 8	
<p>ML4. WAS (<i>name</i>) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?</p>	Yes..... 1	2⇒ML8
	No..... 2	8⇒ML8
	DK..... 8	
<p>ML5. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?</p>	Yes..... 1	2⇒ML7
	No..... 2	8⇒ML7
	DK..... 8	



ML6. WHAT MEDICINE WAS (*name*) GIVEN?

*Probe:*  
ANY OTHER MEDICINE?

Circle all medicines mentioned. Write brand name(s) of all medicines, if given.

\_\_\_\_\_ (Name)

Anti-malarials:	Chloroquine (tab.).....	B	
	Quinine sulfate (tab.).....	D	
	Artemisinin based Combination Therapy (ACT).....	E	
	Quinine dihydrochlorate (inj.).....	F	
	Dihydroartemisinin-Piperaquine (tab.).....	G	CH
	Artesunate (inj.).....	K	QU
	Primaquine (tab.).....	L	
	Other anti-malarial (specify).....	H	AR QDI DPH ART PRI
Antibiotic drugs	Pill / Syrup.....	I	
	Injection.....	J	
Other medications:	Paracetamol/ Panadol /Acetaminophen.....	P	OA
	Aspirin.....	Q	
	Ibuprofen.....	R	
	Other (specify).....	X	
	DK.....	Z	

ML7. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes.....	1	1⇒ML9
	No.....	2	2⇒ML10
	DK.....	8	8⇒ML10

ML8. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes.....	1	
	No.....	2	2⇒ML10
	DK.....	8	8⇒ML10

ML9. WHAT MEDICINE WAS (*name*) GIVEN?

*Probe:*  
ANY OTHER MEDICINE?

Circle all medicines mentioned. Write brand name(s) of all medicines, if given.

\_\_\_\_\_ (Name)

Anti-malarials:	Chloroquine (tab.).....	B	
	Quinine sulfate (tab.).....	D	
	Artemisinin based Combination Therapy (ACT).....	E	
	Quinine dihydrochlorate (inj.).....	F	
	Dihydroartemisinin-Piperaquine (tab.).....	G	
	Artesunate (inj.).....	K	
	Primaquine (tab.).....	L	
	Other anti-malarial (specify).....	H	
Antibiotic drugs	Pill / Syrup.....	I	
	Injection.....	J	
Other medications:	Paracetamol/ Panadol/ Acetaminophen.....	P	
	Aspirin.....	Q	
	Ibuprofen.....	R	
	Other (specify).....	X	
	DK.....	Z	

ML10. Check ML6 and ML9: Anti-malarial mentioned (codes B, D, E, F, G, K, L, H)?

Yes ⇒ Continue with ML11

No ⇒ Go to Next Module

ML11. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from ML6 or ML9*)?

If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.

Same day.....	0
Next day.....	1
2 days after the fever.....	2
3 days after the fever.....	3
4 or more days after the fever.....	4
DK.....	8



IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?

Yes ⇒ Go to IM18

No ⇒ Continue with IM5

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD/  
HANDBOOK, DID (*name*) RECEIVE ANY OTHER  
VACCINATIONS — INCLUDING VACCINATIONS RECEIVED  
IN CAMPAIGNS OR IMMUNIZATION DAYS?

Yes..... 1  
(Probe for vaccinations and write '66' in the  
corresponding day column for each vaccine mentioned.  
Then skip to IM18)

Record 'Yes' only if respondent mentions  
vaccines shown in the table above.

No..... 2 2⇒IM18  
DK..... 8 8⇒IM18

IM6. 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 2⇒IM18  
DK..... 8 8⇒IM18

IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION  
AGAINST TUBERCULOSIS — THAT IS, AN INJECTION IN  
THE UPPER ARM THAT USUALLY CAUSES A SCAR?

Yes..... 1  
No..... 12  
DK..... 8

IM8. HAS (*name*) EVER RECEIVED ANY "VACCINATION  
DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM  
GETTING DISEASES — THAT IS, POLIO?

Yes..... 1  
No..... 2 2⇒IM10A  
DK..... 8 8⇒IM10A

IM10. HOW MANY TIMES WAS THE POLIO VACCINE  
RECEIVED?

Number of times ..... \_

IM10A. HAS (*name*) EVER RECEIVED A PENTAVALENT  
(DPT-VGB-HIB) VACCINATION — THAT IS, AN  
INJECTION IN THE THIGH OR BUTTOCKS — TO PREVENT  
HIM/HER FROM GETTING DPT, HEPATITIS B AND HIB?

Yes..... 1  
No..... 2 2⇒IM11  
DK..... 8 8⇒IM11

*Probe by indicating that Pentavalent vaccine  
is sometimes called 5 in 1.*

IM10B. HOW MANY TIMES WAS A PENTAVALENT (DPT-  
VGB-HIB) VACCINE RECEIVED?

Number of times ..... \_

IM11. HAS (*name*) EVER RECEIVED A DPT VACCINATION  
— THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS  
— TO PREVENT HIM/HER FROM GETTING TETANUS,  
WHOOPING COUGH, OR DIPHTHERIA?

Yes..... 1  
No..... 2 2⇒IM13  
DK..... 8 8⇒IM13

*Probe by indicating that DPT vaccination is  
sometimes given at the same time as Polio.*

IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?

Number of times ..... \_

IM13. HAS (*name*) EVER BEEN GIVEN A HEPATITIS B  
VACCINATION — THAT IS, AN INJECTION IN THE THIGH  
OR BUTTOCKS — TO PREVENT HIM/HER FROM GETTING  
HEPATITIS B?

Yes..... 1  
No..... 2 2⇒IM16  
DK..... 8 8⇒IM16

*Probe by indicating that the Hepatitis B  
vaccine is sometimes given at the same time  
as Polio and DPT vaccines.*

IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED  
WITHIN 24 HOURS AFTER BIRTH, OR LATER?

Within 24 hours..... 1  
Later ..... 2

IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE  
RECEIVED?

Number of times ..... \_

IM16. HAS (*name*) EVER RECEIVED A MEASLES INJECTION  
OR AN MMR INJECTION — THAT IS, A SHOT IN THE  
ARM AT THE AGE OF 9 MONTHS OR OLDER - TO  
PREVENT HIM/HER FROM GETTING MEASLES?

Yes..... 1  
No..... 2  
DK..... 8

IM18. HAS (*name*) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? Yes..... 1  
 No..... 2  
 Show common types of ampules / capsules / syrups 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: Y N DK

[A] JUNE 2010, VITAMIN A CAMPAIGN June 2010, Vitamin A..... 1 2 8

[B] DECEMBER 2010, VITAMIN A CAMPAIGN December 2010, Vitamin A..... 1 2 8

[C] SEPTEMBER-NOVEMBER 2010, MEASLES VACCINATION CAMPAIGN/ MEASLES SUPPLEMENTARY IMMUNIZATION ACTIVITY (SIA) Sep-Nov 2010, Measles ..... 1 2 8

UF13. Record the time. Hour and minutes ..... : ..

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

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

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

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

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

**ANTHROPOMETRY AN**

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. Measurer's name and number: Name.....

AN2. Result of height / length and weight measurement

Either or both measured ..... 1

Child not present ..... 2 2⇒AN6

Child or caretaker refused ..... 3 3⇒AN6

Other (specify)..... 6 6⇒AN6

AN3. Child's weight

Kilograms (kg) ..... .

Weight not measured ..... 99.9

AN4. Child's length or height

Check age of child in AG2:

Child under 2 years old. ⇒ Measure length (lying down).  
 Length (cm) Lying down..... 1 . .

Child age 2 or more years. ⇒ Measure height (standing up).  
 Height (cm) Standing up ..... 2 . .

Length / Height not measured ..... 9999.9

	Checked	
AN5. <i>Oedema</i>	Oedema present.....	1
	Oedema not present.....	2
	Unsure.....	3
<i>Observe and record</i>		
	Not checked	
	(specify reason) _____	7

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

Yes ⇒ *Record measurements for next child.*

No ⇒ *End the interview with this household by thanking all participants for their cooperation.*

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