

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>UF</b>
<b>UF0A. Province/city name and number:</b> NAME _____	<b>UF0B. District name and number:</b> NAME _____	
<b>UF0C. Name and number of ward/commune/town:</b> _____		
<b>UF1. Cluster name and number:</b> NAME _____	<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>20</u> _____	<b>UF8. Record the time:</b>	HOURS : MINUTES _____ : _____

*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 HH39) 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.*

<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	1 ⇒UF10B
	NO, FIRST INTERVIEW ..... 2	2 ⇒UF10A
<b>UF10A.</b> Hello, my name is ( <i>your name</i> ). We are from the General Statistical Office. 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 30 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. 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 30 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	1 ⇒UNDER FIVE'S BACKGROUND Module	
NO / NOT ASKED ..... 2	2 ⇒UF17	

<b>UF17. Result of interview for children under 5</b>	COMPLETED ..... 01
<i>Codes refer to mother/caretaker.</i>	NOT AT HOME ..... 02
<i>Discuss any result not completed with Supervisor.</i>	REFUSED ..... 03
	PARTLY COMPLETED ..... 04
	INCAPACITATED (specify) _____ 05
	NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 ..... 06
	OTHER (specify) _____ 96

UNDER-FIVE'S BACKGROUND		UB
<b>UB0.</b> Before I begin the interview, could you please bring ( <i>name</i> )'s Birth Certificate, child immunisation booklet and card from a public health facility, and any immunisation record from a private health provider? We will need to refer to those documents.		
<b>UB1.</b> On what day, month and year was ( <i>name</i> ) born?  <i>Probe:</i> What is (his/her) birthday?  <i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i>  <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY ..... __ __  DK DAY ..... 98  MONTH ..... __ __  YEAR ..... <u>2 0</u> __ __	
<b>UB2.</b> How old is ( <i>name</i> )?  <i>Probe:</i> How old was ( <i>name</i> ) at (his/her) last birthday?  <i>Record age in completed years.</i>  <i>Record '0' if less than 1 year.</i>  <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) ..... __	
<b>UB3.</b> Check UB2: Child's age?	AGE 0, 1, OR 2 ..... 1 AGE 3 OR 4 ..... 2	1 ⇒ UB9
<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?	YES, RESPONDENT IS THE SAME, UF4=HH47 ..... 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 ..... 2	2 ⇒ UB6
<b>UB5.</b> Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?	YES, ED10=0 ..... 1 NO, ED10≠0 OR BLANK ..... 2	1 ⇒ UB8B 2 ⇒ UB9
<b>UB6.</b> Has ( <i>name</i> ) ever attended any pre-school education programme?	YES ..... 1 NO ..... 2	2 ⇒ UB9
<b>UB7.</b> At any time since September 2020, did (he/she) attend pre-school education programme?	YES ..... 1 NO ..... 2	1 ⇒ UB8A 2 ⇒ UB9
<b>UB8A.</b> Does (he/she) currently attend pre-school education programme?  <b>UB8B.</b> You have mentioned that ( <i>name</i> ) has attended pre-school education programme this school year. Does (he/she) currently attend this programme?	YES ..... 1 NO ..... 2	
<b>UB9.</b> Is ( <i>name</i> ) covered by any health insurance?	YES ..... 1 NO ..... 2	2 ⇒ End

<p><b>UB10.</b> What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>HEALTH INSURANCE THROUGH  PARENT'S EMPLOYER..... A  HEALTH INSURANCE COVERED BY  GOVERNMENT ..... C  OTHER PRIVATELY PURCHASED  COMMERCIAL HEALTH INSURANCE..... F  OTHER (<i>specify</i>) _____ X</p>	
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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 people's committee (of commune/ward/town)?	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: <span style="float: right;">Y N DK</span></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>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 (<i>name</i>):</p> <p><i>If 'Yes', ask: Who engaged in this activity with (<i>name</i>)?</i></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 (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for or with (<i>name</i>)?</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 (<i>name</i>) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.</p> <p>Can (<i>name</i>) 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 (<i>name</i>) 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 (<i>name</i>) dress (<i>him/herself</i>), 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 (<i>name</i>) fasten and unfasten buttons without help?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				

<p><b>EC25.</b> Can (<i>name</i>) say 10 or more words like “mama” or “grandma”?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><b>EC26.</b> Can (<i>name</i>) speak using sentences of 3 or more words that go together, for example “I want water” or “This table is big”?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	<p>2 ⇒ EC28 8 ⇒ EC28</p>
<p><b>EC27.</b> Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example “This car is very big”?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><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”?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><b>EC29.</b> If you show (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or a cat, can (<i>he/she</i>) consistently name it?</p> <p>By consistently we mean that (<i>he/she</i>) uses the same word to refer to the same object, even if the word used is not fully correct.</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><b>EC30.</b> Can (<i>name</i>) recognize at least 5 letters of the alphabet?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><b>EC31.</b> Can (<i>name</i>) write (<i>his/her</i>) own name?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><b>EC32.</b> Can (<i>name</i>) recognize all numbers from 1 to 5?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><b>EC33.</b> If you ask (<i>name</i>) to give you 3 objects, such as 3 books or 3 balls, does (<i>he/she</i>) give you the correct amount?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><b>EC34.</b> Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 balls, without mistakes?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	
<p><b>EC35.</b> Can (<i>name</i>) do an activity, such as colouring or shaping animals with clay, without repeatedly asking for help or giving up too quickly?</p>	<p>YES..... 1 NO ..... 2  DK ..... 8</p>	

<p><b>EC36.</b> Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”?</p>	<p>YES..... 1  NO ..... 2    DK ..... 8</p>	
<p><b>EC37.</b> Does (<i>name</i>) offer to help someone who seems to need help?</p>	<p>YES..... 1  NO ..... 2    DK ..... 8</p>	
<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 question has five different options for answers. I am going to read these options to you after 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> The next question has five different options for answers. I am going to read these to you after the question.</p> <p>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 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

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

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1.</b> Check UB2: Child's age?	AGE 0, 1, OR 2.....1	2 ⇒ End
	AGE 3 OR 4.....2	
<b>BD2.</b> Has ( <i>name</i> ) ever been breastfed?	YES.....1	2 ⇒ BD3A
	NO .....2	
	DK .....8	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	2 ⇒ End
	AGE 2 .....2	
<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 ("oresol")</u> 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>		
<p>[A] Plain water?</p>	<p>PLAIN WATER</p>	<p>YES NO DK</p> <p>1 2 8</p>
<p>[B1] Juice from fresh fruits having red or organ colours such as mango, papaya?</p>	<p>JUICE FROM FRESH FRUITS</p>	<p>1 2 8</p>
<p>[B2] other juice drinks?</p>	<p>OTHER JUICE DRINKS</p>	<p>1 2 8</p>
<p>[C] clear congee soup, clear broth?</p>	<p>CLEAR CONGEE, BROTH</p>	<p>1 2 8</p>
<p>[D] Infant formula, such as Hipp, Pediasure, Optimum gold, Meiji, Similac, Nan, Friso, Abbott grow?</p>	<p>INFANT FORMULA</p>	<p>1 2 8</p> <p><i>BD7[E] BD7[E]</i></p>
<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>	
<p>[E] Milk from animals, such as fresh, tinned, or powdered milk?</p>	<p>MILK</p>	<p>1 2 8</p> <p><i>BD7[X] BD7[X]</i></p>
<p>[E1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK MILK .....</p> <p>DK.....8</p>	
<p>[X] Any other liquids?</p>	<p>OTHER LIQUIDS</p>	<p>1 2 8</p> <p><i>BD8 BD8</i></p>
<p>[X1] <i>Record all other liquids mentioned.</i></p>	<p>(Specify) _____</p>	

<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
[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i>	YOGURT	1	2 <sup>⚡</sup> BD8[B]	8 <sup>⚡</sup> BD8[B]
[A1] How many times did ( <i>name</i> ) eat yogurt?  <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES ATE YOGURT .....			___
	DK.....			8
[B] Any baby food, e.g. Cerelac, Dielac, Hipp, NIN, Alpha or Nestle?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as water spinach (morning glory), "rau ngót", "rau mồng tơi" or broccoli?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas?	RIPE FRUITS	1	2	8
[H] Any other fruits or vegetables, such as apples, grapes or cabbage?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, or soft food?	OTHER SOLID, SOFT FOOD	1	2 <sup>⚡</sup> BD9A	8 <sup>⚡</sup> BD9A
[X1] <i>Record all other (solid, semi-solid, or soft) food that do not fit food groups above.</i>	(Specify) _____			

**BD9A.** Check BD8 (Categories "A" through "X").

- At least one "Yes" ⇒ BD9.
- Else ⇒ End.

**BD9.** How many times did (*name*) eat any solid or soft foods yesterday during the day or night?

*If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].*

*If 7 or more times, record '7'.*

NUMBER OF TIMES .....

DK .....8

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 a child immunisation card/booklet from a public health facility, immunisation records from a private health provider or any other document where ( <i>name</i> )'s vaccinations are written down?		YES, HAS ONLY CARD(S)/BOOKET(S) ..... 1 YES, HAS ONLY OTHER DOCUMENT ..... 2 YES, HAS CARD(S)/BOOKLET(S) AND OTHER DOCUMENT ..... 3 NO, HAS NO CARDS/ BOOKET(S) AND NO OTHER DOCUMENT ..... 4							1 ⇨ IM5 3 ⇨ IM5	
<b>IM3.</b> Did you ever have a child immunisation card/booklet or immunisation records from a private health provider for ( <i>name</i> )?		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			
Polio 1	OPV1					2	0			
Polio 2	OPV2					2	0			
Polio 3	OPV3					2	0			
Polio (IPV1)	IPV1					2	0			
Polio (IPV2)	IPV2					2	0			
Polio (IPV3)	IPV3					2	0			
Polio (IPV)	IPV					2	0			
DPT 1	DPT1					2	0			
DPT 2	DPT2					2	0			
DPT 3	DPT3					2	0			
DPT 4 (Booster)	DPT4					2	0			
HepB 0 (at birth)	HepB0					2	0			
HepB 1	HepB 1					2	0			



HepB 2	HepB 2					2	0			
HepB 3	HepB 3					2	0			
HIB 1	HIB1					2	0			
HIB 2	HIB2					2	0			
HIB 3	HIB3					2	0			
Japanese encephalitis 1	VNNB1					2	0			
Japanese encephalitis 2	VNNB2					2	0			
Japanese encephalitis 3	VNNB3					2	0			
Measles	MMR/MR1					2	0			
Measles-Rubella	MMR/MR2					2	0			
<b>IM9.</b> In addition to what is recorded on the document(s) you have shown me, did ( <b>name</b> ) receive any other vaccinations including vaccinations received during immunisation campaigns?		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>										⇒IM28
<i>When <u>finished</u>, go to next module.</i>										
<b>IM11.</b> Has ( <b>name</b> ) ever received any vaccinations to prevent ( <b>name</b> ) from getting diseases, including vaccinations received in an immunisation campaign?		YES.....1		NO.....2		DK.....8				
<b>IM12.</b> Did ( <b>name</b> ) participate in any immunisation campaigns?		YES.....1		NO.....2		DK.....8				
<b>IM13.</b> Check IM11 and IM12:		ALL NO OR DK.....1		AT LEAST ONE YES.....2				1 ⇒End		
<b>IM14.</b> Has ( <b>name</b> ) 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 ( <b>name</b> ) 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 ( <b>name</b> ) ever received any vaccination drops in the mouth to protect (him/her) from polio?		YES.....1		NO.....2		DK.....8		2 ⇒IM20		
								8 ⇒IM20		

<i>Probe by indicating that the drop is usually given at the same time as injections to prevent other diseases.</i>		
<b>IM18.</b> How many times were the polio drops received?	NUMBER OF TIMES .....__ DK.....8	
<b>IM19.</b> The last time ( <i>name</i> ) received the polio drops, did (he/she) also get an injection to protect against polio?  <i>Probe to ensure that both were given, drops and injection.</i>	YES.....1 NO.....2 DK.....8	
<b>IM20.</b> Has ( <i>name</i> ) ever received a 5-in-1 vaccination (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?  <i>Probe by indicating that this 5-in-1 vaccination is provided free and sometimes given at the same time as the polio drops.</i>	YES.....1 NO.....2 DK.....8	2 ⇔ IM21B 8 ⇔ IM21B
<b>IM21.</b> How many times was this free 5-in-1 vaccine received?	NUMBER OF TIMES .....__ DK.....8	
<b>IM21A.</b> Check IM21. The number of free 5-in-1 vaccination is from 3 and above?	YES.....1 NO.....2	1 ⇔ IM22A
<b>IM21B.</b> Has ( <i>name</i> ) ever received a commercial 5-in-1 vaccination to prevent (him/her) from getting diphtheria, whooping cough, tetanus, polio and Haemophilus influenzae type B?  <i>Probe: This is 5-in-1 vaccination containing polio vaccine instead of Hepatitis B. This is not free.</i>	YES.....1 NO.....2 DK.....8	2 ⇔ IM21D 8 ⇔ IM21D
<b>IM21C.</b> How many times did ( <i>name</i> ) receive this commercial 5-in-1 vaccine?	NUMBER OF TIMES .....__ DK.....8	
<b>IM21D.</b> Has ( <i>name</i> ) received Hepatitis B vaccines separately?  <i>Probe: This is Hepatitis B vaccine injection received seperately, complementary to the commercial 5-in-1 vaccination.</i>	YES.....1 NO.....2 DK.....8	2 ⇔ IM21G 8 ⇔ IM21G
<b>IM21E.</b> How many times did ( <i>name</i> ) receive seperate Hepatitis B vaccine?	NUMBER OF TIMES .....__ DK.....8	⇔ IM22A
<b>IM21G.</b> Has ( <i>name</i> ) ever received a commercial 6-in-1 vaccination to prevent (him/her) from getting diphtheria, whooping cough, tetanus, polio, Hepatitis B and Haemophilus influenzae type B?  <i>Probe: This is commercial vaccine to prevent 6 diseases.</i>	YES.....1 NO.....2 DK.....8	2 ⇔ IM22A 8 ⇔ IM22A

<b>IM21H.</b> How many times did <i>(name)</i> receive this commercial 6-in-1 vaccine?	NUMBER OF TIMES ..... _ DK..... 8	
<b>IM22A.</b> Has <i>(name)</i> ever received Japanese encephalitis vaccination?  <i>Probe:</i> Japanese encephalitis vaccination can be taken at the age of 12 months old or older. This vaccination is 3 shots, in which the 2nd shot should be 1 to 2 weeks after the first, and the third should be taken at the age of 2 years old or older.	YES..... 1 NO..... 2  DK..... 8	2 ⇨ IM26  8 ⇨ IM26
<b>IM22B.</b> How many times did <i>(name)</i> receive Japanese encephalitis vaccination?	NUMBER OF TIMES ..... _ DK..... 8	
<b>IM26.</b> Has <i>(name)</i> ever received a measles vaccine -- that is, a shot in the arm at the age of 9 months or older to prevent <i>(name)</i> from measles, or a measles and rubella vaccine, or a vaccine against three diseases measles, mumps and rubella?	YES..... 1 NO..... 2  DK..... 8	2 ⇨ IM26B  8 ⇨ IM26B
<b>IM26A.</b> How many times did <i>(name)</i> receive the measles vaccine?	NUMBER OF TIMES ..... _ DK..... 8	
<b>IM26B.</b> Has <i>(name)</i> ever received a rubella vaccine -- that is, a shot in the arm at the age of 12 months or older to prevent <i>(name)</i> from rubella, or a measles and rubella vaccine, or a vaccine against three diseases measles, mumps and rubella?	YES..... 1 NO..... 2  DK..... 8	8 ⇨ IM28  8 ⇨ IM28
<b>IM26C.</b> How many times did <i>(name)</i> receive the rubella vaccine?	NUMBER OF TIMES ..... _ DK..... 8	
<b>IM28.</b> Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the UNDER-FIVE CHILD INFORMATION PANEL on that Questionnaire Form.		

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, oresol 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 oresol 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> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>WARD/COMMUNE HEALTH CENTRE .... B</p> <p>LOCAL GENERAL CLINIC..... C</p> <p>VILLAGE HEALTH WORKER ..... D</p> <p>MOBILE / OUTREACH CLINIC ..... E</p> <p>MINISTRY'S OR SECTOR'S HOSPITAL..... F</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 (NOT PHARMACY) ..... 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 oresol?</p> <p>[B] A pre-packaged ORS fluid called oresol?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Salted congee soup, ptisan, etc?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORESOL PACKET..... 1 2 8</p> <p>PRE-PACKAGED ORESOL FLUID .... 1 2 8</p> <p>ZINC TABLETS OR SYRUP ..... 1 2 8</p> <p>SELF-MADE FLUID ..... 1 2 8</p>	
<p><b>CA8.</b> Check CA7[A] and CA7[B]: Was child given any ORESOL?</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 (ORS mentioned in CA7[A] and/or CA7[B])?</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>WARD/COMMUNE HEALTH CENTRE .... B</p> <p>LOCAL GENERAL CLINIC..... C</p> <p>VILLAGE HEALTH WORKER ..... D</p> <p>MOBILE / OUTREACH CLINIC .....E</p> <p>MINISTRY'S OR SECTOR'S HOSPITAL .... F</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 (NOT A PHARMACY) ..... 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>WARD/COMMUNE HEALTH CENTRE .... B</p> <p>LOCAL GENERAL CLINIC..... C</p> <p>VILLAGE HEALTH WORKER ..... D</p> <p>MOBILE / OUTREACH CLINIC ..... E</p> <p>MINISTRY'S OR SECTOR'S HOSPITAL .... F</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 (NOT A PHARMACY) ..... 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>	

<b>CA16.</b> At any time in the last two weeks, has ( <i>name</i> ) had an illness with a cough?	YES ..... 1 NO ..... 2  DK ..... 8	
<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 WARD/COMMUNE HEALTH CENTRE .... B LOCAL GENERAL CLINIC ..... C VILLAGE HEALTH WORKER ..... D MOBILE / OUTREACH CLINIC ..... E MINISTRY'S OR SECTOR'S HOSPITAL .... F  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 (NOT A PHARMACY) ..... 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>WARD/COMMUNE HEALTH CENTRE ..... B</p> <p>LOCAL GENERAL CLINIC ..... C</p> <p>VILLAGE HEALTH WORKER ..... D</p> <p>MOBILE / OUTREACH CLINIC ..... E</p> <p>MINISTRY'S OR SECTOR'S HOSPITAL.. F</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 (NOT A PHARMACY) ..... 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>

<b>CA31.</b> The last time ( <i>name</i> ) passed stools, what was done to dispose of the stools?	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

<b>UF11.</b> <i>Record the time.</i>	HOURS AND MINUTES ..... __ : __	
<b>UF12.</b> <i>Language of the Questionnaire.</i>	VIETNAMESE ..... 1	
<b>UF13.</b> <i>Language of the Interview.</i>	VIETNAMESE ..... 1 TAY, MUONG, THAI, NUNG ..... 2 KHMER ..... 3 MONG ..... 4  OTHER LANGUAGE (specify) ..... 6	
<b>UF14.</b> <i>Native language of the Respondent.</i>	VIETNAMESE ..... 1 TAY, MUONG, THAI, NUNG ..... 2 KHMER ..... 3 MONG ..... 4  OTHER LANGUAGE (specify) ..... 6	
<b>UF15.</b> <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE ..... 1 YES, PARTS OF THE QUESTIONNAIRE ..... 2 NO, NOT USED ..... 3	

**MICS PLUS CONSENT**

<b>UF20.</b> Check HH60.: Was consent for MICS Plus previously asked from this respondent?		YES, CONSENT ALREADY ASKED .....1 NO, NOT ASKED .....2	1 ⇒UF28		
<b>UF21.</b> Was consent for MICS Plus previously asked from this respondent in any other questionnaire (WQ, MQ or 5-17Q)?		YES, CONSENT ALREADY ASKED .....1 NO, NOT ASKED .....2	1 ⇒UF28		
<b>UF22.</b> We may call you back to talk about you and your family in the coming months. This call will take about 10-15 minutes. Again, all the information you provide will be confidential and anonymous. Would you like to participate?		YES .....1 NO .....2 OTHER (specify) _____ 6	2 ⇒UF28 6 ⇒UF28		
<b>UF23.</b> Please give me all phone numbers at which we can easily get in touch with you, starting with your preferred number. If 'No', Ask: Can we reach you through somebody else's phone number?		YES .....1 NO PHONE .....2	1 ⇒UF24 2 ⇒UF28		
<b>UF24</b> <i>Order</i>	<b>UF25.</b> Telephone number	<b>UF25A.</b> Is this landline or mobile 1. LANDLINE 2. MOBILE	<b>UF25B.</b> Who does this phone belong to? <i>Record the line number#</i>	<b>UF26.</b> Is there any preferred or more convenient time of the day we could call you on this number? A. MORNINGS C. EVENINGS E. ANYTIME B. AFTERNOON D. WEEKENDS X. OTHER (specify _____)	<b>UF27.</b> Do you have another phone number? 1. YES 2. NO
1		1 2	____	A B C D E X	1 ⇄ Next Line UF28
2		1 2	____	A B C D E X	1 ⇄ Next Line UF28
3		1 2	____	A B C D E X	
<b>OTHER CODES FOR UF25B:</b> 40-Home phone; 50-Neighbour; 51-Friend; 60-Workplace/office; 90-Don't want to disclose.					

**UF28. 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**