



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).</p> <p>A separate questionnaire should be used for each eligible child.</p> <p>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ____/____/____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed..... 1 Not at home 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (specify)..... 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day DK day 98 Month Year.....	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years	

BIRTH REGISTRATION AND EARLY LEARNING MODULE **BR**

BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No..... 3 DK 8	1⇒BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?(AREA COUNCIL/PROV. COUNCIL/MUNICIPALITY/CIVIL STATUS OFFICE),	Yes 1 No..... 2 DK 8	1⇒BR5 8⇒BR4
BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED?	Costs too much 1 Must travel too far 2 Did not know it should be registered..... 3 Does not know where to register 5 Will do later/ not felt urgency 7 Other (<i>specify</i>) 6 DK 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No..... 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old?		
<input type="checkbox"/> Yes. ⇒ Continue with BR6		
<input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES <i>(name)</i> 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 DK 8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	No. of hours _ _	
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 <i>(name)</i> : <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	Books	Mother Father Other No one A B X Y
BR8B. TELL STORIES TO <i>(name)</i> ?	Stories	A B X Y
BR8C. SING SONGS WITH <i>(name)</i> ?	Songs	A B X Y
BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH <i>(name)</i> ?	Play with	A B X Y
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

Question CE1 is to be administered only once to each caretaker		
<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p>If 'none' enter 00</p>	<p>Number of non-children's books 0__</p> <p>Ten or more non-children's books 10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p> <p>If 'none' enter 00</p>	<p>Number of children's books 0__</p> <p>Ten or more books 10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES <i>(name)</i> PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p>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</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<p>Household objects (bowls, plates, cups, pots) A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B</p> <p>Homemade toys (dolls, cars/other toys made at home) C</p> <p>Toys that came from a store D</p> <p>No playthings mentioned Y</p>	
<p>CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST <i>(day of the week)</i> HOW MANY TIMES WAS <i>(name)</i> LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS <i>(name)</i> LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.		
		Y N DK
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements 1 2 8	
BF3B. PLAIN WATER?	B. Plain water 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula 1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids 1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food?		
<input type="checkbox"/> Yes. ⇒ Continue with BF5		
<input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?	No. of times _____ Don't know 8	
If 7 or more times, record '7'.		

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	Yes 1 No 2 DK 8	2⇒CA5 8⇒CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID LIKE RICE WATER, GREEN COCONUT WATER OR SUGAR-SALT SOLUTION?</p>	<p style="text-align: right;">Yes No DK</p> A. Fluid from ORS packet 1 2 8 B. Recommended homemade fluid (rice water, green coconut water, sugar salt solution) 1 2 8	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	Much less or none 1 About the same (or somewhat less) 2 More 3 DK 8	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If "less", probe: MUCH LESS OR A LITTLE LESS?</p>	None 1 Much less 2 Somewhat less 3 About the same 4 More 5 DK 8	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	Yes 1 No 2 DK 8	2⇒CA12 8⇒CA12
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	Yes 1 No 2 DK 8	2⇒CA12 8⇒CA12
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK 8	2⇒CA12 6⇒CA12
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	Yes 1 No 2 DK 8	2⇒CA10 8⇒CA10

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospitalA</p> <p>Govt. health centreB</p> <p>Govt. health post (Dispensary)..... C</p> <p>Village health worker (Aid post) D</p> <p>Mobile/outreach clinic.....E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital/clinic..... I</p> <p>Private physician J</p> <p>Private pharmacyK</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative or friendP</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Antibiotic:AmoxicilinA</p> <p>Antibiotic:Penicillin D</p> <p>Antibiotic:BectrimE</p> <p>Paracetamol/Panadol/Acetaminophen.....P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine 01</p> <p>Put/rinsed into toilet or latrine 02</p> <p>Put/rinsed into drain or ditch 03</p> <p>Thrown into garbage (solid waste)..... 04</p> <p>Buried 05</p> <p>Left in the open 06</p> <p>Other (<i>specify</i>) 96</p> <p>DK 98</p>	
<p>Ask the following question (CA14) only once for each mother/caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</p> <p>Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeedA</p> <p>Child becomes sickerB</p> <p>Child develops a fever..... C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathingE</p> <p>Child has blood in stoolF</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) X</p> <p>Other (<i>specify</i>) Y</p> <p>Other (<i>specify</i>) Z</p>	

Formatted Table

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes	1
	No	2
	DK	8
		2⇒ML10
ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes	1
	No	2
	DK	8
		2⇒ML6
ML3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes	1
	No	2
	DK	8
		2⇒ML5
ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? <i>Circle all medicines mentioned.</i>	Anti-malarials:	
	SP/Fansidar	A
	Chloroquine	B
	SP+Chloroquine	F
	Quinine	D
	Other anti-malarial (<i>specify</i>)	H
	Other medications:	
	Paracetamol/Panadol/Acetaminophen....	P
	Aspirin	Q
	Ibuprofen	R
	Other (<i>specify</i>)	X
	DK	Z
ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes	1
	No	2
	DK	8
		1⇒ML7
ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes	1
	No	2
	DK	8
		2⇒ML8
ML7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i>	Anti-malarials:	
	SP/Fansidar	A
	Chloroquine	B
	SP+Chloroquine	F
	Quinine	D
	Other anti-malarial (<i>specify</i>)	H
	Other medications:	
	Paracetamol/Panadol/Acetaminophen....	P
	Aspirin	Q
	Ibuprofen	R
	Other (<i>specify</i>)	X
	DK	Z
ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?		
<input type="checkbox"/> Yes. ⇒ Continue with ML9		
<input type="checkbox"/> No. ⇒ Go to ML10		
ML9. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML4 or ML7</i>)?	Same day	0
	Next day	1
	2 days after the fever	2
	3 days after the fever	3

<p><i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></p>	<p>4 or more days after the fever 4</p> <p>DK 8</p>	
<p>ML10. DID (<i>name</i>) SLEEP UNDER A MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THIS MOSQUITO NET?</p> <p><i>If less than 1 month, record '00'.</i></p> <p><i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... _ _</p> <p>More than 24 months ago 95</p> <p>Not sure 98</p>	
<p>ML12. WHAT BRAND IS THIS NET?</p> <p><i>If the respondent does not know the brand of the net, show sample piece, or if possible, observe the net.</i></p> <p>LONG LASTING NETS:</p> <p>OTHER NETS:</p>	<p>Long lasting net: 11</p> <p>Other net: 31</p> <p>DK brand 98</p>	

IMMUNIZATION MODULE		IM	
If an immunization card is available, copy the dates in IM2-IM6 for each type of immunization recorded on the card. IM10-IM19A are for recording vaccinations that are not recorded on the card. IM10-IM19A will only be asked when a card is not available.			
IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen	1	
	Yes, not seen	2	2⇒IM10
	No	3	3⇒IM10
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization		
	DAY	MONTH	YEAR
IM2. BCG	BCG		
IM3B. POLIO 1	OPV1		
IM3C. POLIO 2	OPV2		
IM3D. POLIO 3	OPV3		
IM4A. DPT1	DPT1		
IM4B. DPT2	DPT2		
IM4C. DPT3	DPT3		
IM5A. HEPB1	H1		
IM5B. HEPB2	H2		
IM5C. HEPB3	H3		
IM6. MEASLES (OR MMR)	MEASLES		
IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles vaccine(s).	Yes	1	1⇒IM19
	(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM6.) No	2	2⇒IM19
	DK	8	8⇒IM19
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes	1	
	No	2	2⇒IM19
	DK	8	8⇒IM19
IM11. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes	1	
	No	2	
	DK	8	
IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes	1	
	No	2	2⇒IM15
	DK	8	8⇒IM15
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times	___	

<p>IM15. HAS (<i>name</i>) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒IM17 8⇒IM17</p>
<p>IM16. HOW MANY TIMES?</p>	<p>No. of times..... _ _</p>	
<p>IM17. HAS (<i>name</i>) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1 No..... 2 DK 8</p>	
<p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR CHILD HEALTH DAYS: IM19A. MEASLES IMMUNISATION DAY, Nov. '06</p>	<p style="text-align: right;">Y N DK</p> <p>Measles imm. Campaign day 1 2 8</p>	
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</p> <p>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.</p>		

ANTHROPOMETRY MODULE		AN
<p>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.</p>		
AN1. Child's weight.	Kilograms (kg)..... _ _ . _ _	
AN2. Child's length or height. Check age of child in UF11: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 _ _ _ . _ _ Height (cm) Standing up 2 _ _ _ . _ _	
AN3. Measurer's identification code.	Measurer code _ _	
AN4. Result of measurement	Measured 1 Not present 2 Refused 3 Other (<i>specify</i>) 6	

IF IT IS A NUTRITION HOUSEHOLD, COMPLETE NEXT SECTION

AN5. 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.

NUTRITION CHILDREN		NC
NC1. IS (S)HE A NUTRITION CHILD?	Yes.....1 No.....2	2⇒NEXT MODULE
NC2. LAB TECHNICIAN'S NAME AND ID _____	NC3. DAY/MONTH/YEAR OF SAMPLE COLLECTION ____/____/____	
NC4. LABEL NUMBER FOR CHILD	STICK HERE ⇨	
NC5. RESULT OF CHILD'S NUTRITION DATA COLLECTION	Completed 1 Not at home 2 Refused..... 3 Partly completed..... 4 Others (Specify) 6	
NC6. STOOL SAMPLE	Collected: Yes 1 No..... 2	2⇒NC8
NC7. TIME OF STOOL COLLECTED BY MOTHER/CARETAKER NOTE: TIME CAN BE WRITTEN EITHER IN HOURS OR IF MOTHER HAS NO WATCH THEN USE TERM SUCH AS: LAST NIGHT; THIS MORNING; THIS AFTERNOON	Hour:Min :__ __ Last night 1 This morning 2 This afternoon 3	
NC7A. IF YES, SAF TUBE PREPARED?	Yes.....1 No.....2	
NC7B. TIME OF PREPARATION OF SAF TUBE	Hour:Min :__ __	
NC8. HEMOGLOBIN RESULT NOTE: IF HB <7G/DL, PLEASE REPEAT NOTE: IF HB VALUE IS LOW, PLEASE REFER TO CLINIC	Collected: Yes 1 No..... 2 If yes, Hb count :__ __	2⇒NC9
NC9. MALARIA SLIDES PREPARED	Yes 1 No..... 2	2⇒NEXT MODULE
NC9A. RESULT OF MALARIA TEST [NOTE: TO BE COMPLETED AFTER SLIDES ARE REACHING PORT VILA/ MELBORNE]	Pf 1 Pfg 2 Pv 3 MPNS 0	

<p>NC7A. RESULT OF STOOL ANALYSIS (WP)</p> <p>[NOTE: TO BE COMPLETED AFTER SLIDES ARE REACHING PORT VILA/ MELBORNE]</p>	<p>Ascaris Lambricoiles eggs.....A Hookworm eggs.....B Endolimax Nana cystsE Entamoeba Coli cysts..... F Gardia Lamblia cysts G Blastocystis hominis I Lodomoeba J Dientamoeba Fragilis K Ascaris Lumbricoilies L Entamoeba for further ID M Trichuris Trichuria N Trophozoites O Endolimax Nana Trophozoites P No parasite detected X</p>	
<p>NC7B. RESULT OF STOOL ANALYSIS (FC)</p> <p>[NOTE: TO BE COMPLETED AFTER SLIDES ARE REACHING PORT VILA/ MELBORNE]</p>	<p>Ascaris Lambricoiles eggs.....A Hookworm eggs.....B Endolimax Nana cystsE Entamoeba Coli cysts..... F Gardia Lamblia cysts G Blastocystis hominis I Lodomoeba J Dientamoeba Fragilis K Ascaris Lumbricoilies L Entamoeba for further ID M Trichuris Trichuria N Trophozoites O Endolimax Nana Trophozoites P No parasite detected X</p>	

Note:

Options of question NW9A were changed to include exact response of MP test, while, NW7A and NW7B were included to accommodate the lab results of stool analysis in WP and FC method respectively and the questionnaire was updated accordingly.