



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Vanuatu MICS 2023



UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: ____ / ____ / 20__	UF8. Record the time:	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.

UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇨ UF10B 2 ⇨ UF10A
UF10A. Hello, my name is (your name). I am from Vanuatu Bureau of Statistics. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (child's name from UF3)'s health and well-being. This interview will take about 20 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?	UF10B. Now I would like to talk to you about (child's name from UF3)'s health and well-being in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1 NO / NOT ASKED 2	1 ⇨ UNDER FIVE'S BACKGROUND Module 2 ⇨ UF17	

UF17. Result of interview for children under 5 Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (specify) 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) 96
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UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (name) 's Birth Certificate, PIKININI HELT BUK, and any immunisation record from a private health provider? We will need to refer to those documents.		
UB1. On what day, month and year was (name) 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 DAY98 MONTH.....__ __ YEAR <u>2</u> <u>0</u> ..__ __	
UB2. How old is (name) ? <i>Probe:</i> How old was (name) 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)__	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	1 ⇒ UB9
UB4. 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
UB5. 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
UB6. Has (name) ever attended any early childhood education programme, such as Kindergarten?	YES 1 NO 2	2 ⇒ UB9
UB7. At any time since February 2023, did (he/she) attend (programmes mentioned in UB6)?	YES 1 NO 2	1 ⇒ UB8A 2 ⇒ UB9
UB8A. Does (he/she) currently attend (programmes mentioned in UB6)? UB8B. You have mentioned that (name) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	YES 1 NO 2	
UB9. Is (name) covered by any health insurance?	YES 1 NO 2	2 ⇒ End

UB10. What type of health insurance is <i>(name)</i> covered by? <i>Record all mentioned.</i>	QBE A	
	VANUATU INSURANCE	
	BROKERS (AFA) B	
	VANCARE INSURANCE C	
	OTHER (<i>specify</i>) X	

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

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (<i>name</i>)?	NONE 00 NUMBER OF CHILDREN'S BOOKS <u>0</u> ____ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that (<i>name</i>) plays with when (he/she) is at home. Does (he/she) play with:	<div style="text-align: right;">Y N DK</div> [A] Homemade toys, such as dolls, cars, or other toys made at home? HOMEMADE TOYS 1 2 8 [B] Toys from a shop or manufactured toys? TOYS FROM A SHOP 1 2 8 [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	
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. On how many days in the past week was (<i>name</i>):	[A] Left alone for more than an hour? NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR ____ [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR ____ <i>If 'None' record '0'. If 'Don't know' record '8'.</i>	
EC4. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End

<p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name):</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with (name)?</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 (name)?</p> <p>[B] Told stories to (name)?</p> <p>[C] Sang songs to or with (name), including lullabies?</p> <p>[D] Took (name) outside the home?</p> <p>[E] Played with (name)?</p> <p>[F] Named, counted, or drew things for or with (name)?</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>EC21. I would like to ask you about certain things (name) 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 (name) 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>EC22. Can (name) jump up with both feet leaving the ground?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC23. Can (name) dress (him/herself), that is, put on pants and a shirt without help?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC24. Can (name) fasten and unfasten buttons without help?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				

EC25. Can (<i>name</i>) say 10 or more words like “mama” or “ball”?	YES..... 1 NO 2 DK 8	
EC26. Can (<i>name</i>) speak using sentences of 3 or more words that go together, for example “I want water” or “The house is big”?	YES..... 1 NO 2 DK 8	2 ⇒ EC28 8 ⇒ EC28
EC27. Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example “The house is very big”?	YES..... 1 NO 2 DK 8	
EC28. Can (<i>name</i>) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?	YES..... 1 NO 2 DK 8	
EC29. If you show (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or animal, can (<i>he/she</i>) consistently name it? <i>Probe:</i> By consistently I 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.	YES..... 1 NO 2 DK 8	
EC30. Can (<i>name</i>) recognise at least 5 letters of the alphabet?	YES..... 1 NO 2 DK 8	
EC31. Can (<i>name</i>) write (<i>his/her</i>) own name?	YES..... 1 NO 2 DK 8	
EC32. Does (<i>name</i>) recognise all numbers from 1 to 5?	YES..... 1 NO 2 DK 8	
EC33. If you ask (<i>name</i>) to give you 3 objects, such as 3 stones or 3 spoon, does (<i>he/she</i>) give you the correct amount?	YES..... 1 NO 2 DK 8	
EC34. Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES..... 1 NO 2 DK 8	
EC35. Can (<i>name</i>) do an activity, such as colouring, without repeatedly asking for help or giving up too quickly?	YES..... 1 NO 2 DK 8	

EC36. Does <i>(name)</i> ask about familiar people other than parents when they are not there, for example “Where is apu?	YES..... 1 NO 2 DK 8	
EC37. Does <i>(name)</i> offer to help someone who seems to need help?	YES..... 1 NO 2 DK 8	
EC38. Does <i>(name)</i> get along well with other children?	YES..... 1 NO 2 DK 8	
EC39. The next two questions have five different options for answers. I am going to read these to you after each the question. How often does <i>(name)</i> seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year or never?	DAILY..... 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER..... 5 DK 8	
EC40. Compared with children of the same age, how much does <i>(name)</i> kick, bite, or hit other children or adults? Would you say: not at all, less, the same, more or a lot more?	NOT AT ALL 1 LESS..... 2 THE SAME 3 MORE..... 4 A LOT MORE 5	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0 1 AGE 1, 2, 3 OR 4 2	1 ⇒ End
UCD2. 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 <u>(name)</u> in the past month.	<div style="text-align: right;">YES NO</div> [A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house. TOOK AWAY PRIVILEGES 1 2 [B] Explained why (name)'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	
UCD3. 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
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES 1 NO 2	1 ⇒ End
UCD5. 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
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End
UCF2. I would like to ask you some questions about difficulties (name) may have. Does (name) wear glasses?	YES 1 NO 2	
UCF3. Does (name) use a hearing aid?	YES 1 NO 2	
UCF4. Does (name) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (name) 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 (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2 2	1 ⇒ UCF7A 2 ⇒ UCF7B
UCF7A. When wearing (his/her) glasses, does (name) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	
UCF7B. Does (name) have difficulty seeing?	CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 ⇒ UCF9A 2 ⇒ UCF9B
UCF9A. When using (his/her) hearing aid(s), does (name) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	
UCF9B. Does (name) have difficulty hearing sounds like peoples' voices or music?	CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 ⇒ UCF11 2 ⇒ UCF13
UCF11. Without (his/her) equipment or assistance, does (name) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (name) 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

UCF13. 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	
UCF14. 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	
UCF15. Does (<i>name</i>) have difficulty understanding you?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4	
UCF16. 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	
UCF17. 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	
UCF18. 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
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2 ⇒ End
BD2. Has (<i>name</i>) ever been breastfed?	YES.....1 NO2 DK8	2 ⇒ BD3A 8 ⇒ BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES.....1 NO2 DK8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 22	2 ⇒ End
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES.....1 NO2 DK8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.....1 NO2 DK8	
BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES.....1 NO2 DK8	

<p>BD7. 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>		
		YES NO DK
[A] Plain water?	PLAIN WATER	1 2 8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1 2 8
[B1] Clear tea/Tea made without milk /dairy products such as lemon leaf tea	WATER-BASED TEA	1 2 8
[B2] Any packaged sweet-tasting drink such as Frooti, Tang, Real, or MILO or any similar packaged sweet tasting juice drink?	NON-NUTRITIOUS DRINKS/BEVERAGES	1 2 8
[C] Clear broth/clear soup?	CLEAR BROTH	1 2 8
[D] Infant formula, such as SMA, S-26?	INFANT FORMULA	1 2 \varnothing 8 \varnothing BD7[E] BD7[E]
[D1] How many times did (<i>name</i>) drink infant formula?	NUMBER OF TIMES DRANK INFANT FORMULA	8
<i>If 7 or more times, record '7'.</i>	DK.....	8
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1 2 \varnothing 8 \varnothing BD7[X] BD7[X]
[E1] How many times did (<i>name</i>) drink milk?	NUMBER OF TIMES DRANK MILK	8
<i>If 7 or more times, record '7'.</i>	DK.....	8
[X] Any other liquids?	OTHER LIQUIDS	1 2 \varnothing 8 \varnothing BD8 BD8
[X1] Record all other liquids mentioned.	(Specify)	

<p>BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (name) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else?</i> <i>Record answers using the food groups below.</i></p> <p>- What did (name) 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>For each food group not mentioned after completing the above ask: Just to make sure, did (name) eat (food group items) yesterday during the day or the night</p>				
	YES	NO	DK	
<p>[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></p>	YOGURT	1	2 \varnothing BD8[B]	8 \varnothing BD8[B]
<p>[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'.</i></p>	NUMBER OF TIMES ATE YOGURT			8
	DK.....			8
[B] Any baby food, such as Cerelac, Heinz or Nestum?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, wheat flour or other foods made from grains or cereals?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, or sweet orange kumala that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava, taro, white kumala or any other foods made from roots/tubers?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as island cabbage, water cress, bush cabbage, taro leaves, chinese cabbage?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas yellow plantain?	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as citrus (pomelo, orange, Mandarin, lime) water melon, avocado, pineapple, naus, guava, passion fruit?	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 (dahl) or nuts (peanuts, ariko, nangae, navele, natapoa) 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, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1 2 8 BD9 BD9
[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.	(Specify) _____	
<p>BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES8</p> <p>DK8</p>	

IMMUNISATION		IM							
IM1. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	2 ⇒ End							
IM2. Do you have a PIKININI HELT BUK, immunisation records from a private health or a state provider or any other document where (<i>name</i>)'s vaccinations are written down?	YES, HAS ONLY CARD(S) 1 YES, HAS ONLY OTHER DOCUMENT 2 YES, HAS CARD(S) AND OTHER DOCUMENT 3 NO, HAS NO CARDS AND NO OTHER DOCUMENT 4	1 ⇒ IM5 3 ⇒ IM5							
IM3. Did you ever have a PIKININI HELT BUK or immunisation records from a private health or a state provider for (<i>name</i>)?	YES 1 NO 2								
IM4. Check IM2:	HAS ONLY OTHER DOCUMENT, IM2=2 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2	2 ⇒ IM14							
IM5. May I see the PIKININI HELT BUK (and/or) other document?	YES, ONLY PIKININI HELT BUK SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, PIKININI HELT BUK AND OTHER DOCUMENT SEEN 3 NO PIKININI HELT BUK AND NO OTHER DOCUMENT SEEN 4	4 ⇒ IM14							
IM6. (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.	DATE OF IMMUNISATION								
	DAY	MONTH	YEAR						
HepB (at birth) <24h					2	0	2		
HepB (at birth) >24h					2	0	2		
BCG BCG					2	0	2		
POLIO							2		
Namba 1 dos 6 WKS					2	0	2		
Namba 2 dos 10 WKS					2	0	2		
Namba 3 dos 14 WKS					2	0	2		
IPV 1 dos 14 WKS					2	0	2		
PENTAVALENT									
Namba 1 dos 6 WKS					2	0	2		
Namba 2 dos 10 WKS					2	0	2		
Namba 3 dos 14 WKS					2	0	2		
PNEUMOCOCCUS					2	0	2		

Namba 1 dos	6 WKS					2	0	2		
Namba 2 dos	10 WKS					2	0	2		
Namba 3 dos	14 WKS					2	0	2		
ROTAVIRUS										
Namba 1 dos	6 WKS					2	0	2		
Namba 2 dos	10 WKS					2	0	2		
MISEL/RUBELLA										
Namba 1 dos	12 Manis					2	0	2		
IM7. Check IM6: Are all vaccines (HepB to MISEL/RUBELLA) recorded?		YES 1 NO 2								1 ⇒ End
IM9. In addition to what is recorded on the document(s) you have shown me, did (name) receive any other vaccinations?		YES 1 NO 2 DK 8								2 ⇒ End 8 ⇒ End
IM10. 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>When finished, go to next module.</i></i>										⇒ End
IM14. Has (name) 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								
IM15. Did (name) 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								
IM16. Has (name) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at the age of 6 weeks or later to prevent other diseases.</i>		YES 1 NO 2 DK 8								2 ⇒ IM20 8 ⇒ IM20
IM17. Were the first polio drops received at the age of 6 weeks or later?		YES 1 NO 2 DK 8								
IM18. How many times were the polio drops received?		NUMBER OF TIMES DK 8								

IM19. 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>	YES1 NO2 DK8	
IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i>	YES1 NO2 DK8	2 ⇨ IM22 8 ⇨ IM22
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES DK8	
IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus? <i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES1 NO2 DK8	2 ⇨ IM24 8 ⇨ IM24
IM23. How many times was the Pneumococcal vaccine received?	NUMBER OF TIMES DK8	
IM24. Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea? <i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES1 NO2 DK8	2 ⇨ IM26 8 ⇨ IM26
IM25. How many times was the rotavirus vaccine received?	NUMBER OF TIMES DK8	
IM26. Has (<i>name</i>) ever received a MR vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles and rubella?	YES1 NO2 DK8	2 ⇨ IM28 8 ⇨ IM28
IM26A. How many times was the MR vaccine received?	NUMBER OF TIMES DK8	
IM28. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the <i>UNDER-FIVE CHILD INFORMATION PANEL</i> on that Questionnaire Form.		

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES 1 NO 2 DK 8	2 ⇒ CA14 8 ⇒ CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8 2	1 ⇒ CA3A 2 ⇒ CA3B
CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine. 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? CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine. 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	
CA4. 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 7 DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES 1 NO 2 DK 8	2 ⇒ CA7 8 ⇒ CA7

<p>CA6. 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>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE/DISPENSARY B</p> <p>AID VILLAGE WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called ORS packet solution?</p> <p>[B] A pre-packaged ORS fluid?</p> <p>[C] Zinc tablets?</p> <p>[D] Coconut water?</p>	<p>Y N DK</p> <p>FLUID FROM ORS PACKET 1 2 8</p> <p>PRE-PACKAGED ORS FLUID..... 1 2 8</p> <p>ZINC TABLETS 1 2 8</p> <p>COCONUT WATER 1 2 8</p>	
<p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B] 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B] 2</p>	<p>2 ⇒ CA10</p>

<p>CA9. 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>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE/DISPENSARY B</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA10. 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>CA11. 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>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE/DISPENSARY B</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL</p> <p>(specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL</p> <p>(specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA12. 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>CA13. 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>(Name of brand)</p> <p>_____</p> <p>(Name of brand)</p>	<p>PILL OR SYRUP</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>INJECTION</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>CA14. At any time in the last two weeks, has (name) been ill with a fever?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA16</p> <p>8 ⇒ CA16</p>

CA15. At any time during the illness, did (<i>name</i>) have blood taken from (his/her) finger or heel for testing?	YES..... 1 NO..... 2 DK..... 8	
CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES..... 1 NO..... 2 DK..... 8	
CA17. 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
CA18. 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
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2	2 ⇒ CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ CA22 8 ⇒ CA22
CA21. From where did you seek advice or treatment? <i>Probe:</i> Anywhere else? <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>)	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTRE/DISPENSARY B VILLAGE HEALTH WORKER D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (<i>specify</i>) H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC I PRIVATE PHYSICIAN..... J PRIVATE PHARMACY K COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L MOBILE CLINIC M OTHER PRIVATE MEDICAL (<i>specify</i>) O DK PUBLIC OR PRIVATE W OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R OTHER (<i>specify</i>) X DK / DON'T REMEMBER Z	

CA22. 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
CA23. What medicine was (<i>name</i>) given? <i>Probe:</i> Any other medicine? <i>Record all medicines given.</i> <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> <hr/> <div>(Name of brand)</div> <hr/> <div>(Name of brand)</div>	ANTI-MALARIALS ARTEMISININ COMBINATION THERAPY (ACT)..... A OTHER ANTI-MALARIAL (<i>specify</i>) _____ K ANTIBIOTICS AMOXICILLINL COTRIMOXAZOLEM OTHER ANTIBIOTIC PILL/SYRUP N OTHER ANTIBIOTIC INJECTION/IV O OTHER MEDICATIONS PARACETAMOL/PANADOL/ ACETAMINOPHEN..... R ASPIRINS IBUPROFEN.....T ONLY BRAND NAME RECORDED W OTHER (<i>specify</i>) _____ X DK / DON'T REMEMBERZ	
CA24. Check CA23: Antibiotics mentioned?	YES, ANTIBIOTICS MENTIONED, CA23=L-O 1 NO, ANTIBIOTICS NOT MENTIONED 2	2 ⇒ CA26

<p>CA25. 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>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE/DISPENSARY B</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL</p> <p>(specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL</p> <p>(specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA26. Check CA23: Anti-malarials mentioned?</p>	<p>YES, ANTI-MALARIALS MENTIONED, CA23=A OR K..... 1</p> <p>NO, ANTI-MALARIALS NOT MENTIONED 2</p>	<p>2⇒CA30</p>

<p>CA27. Where did you get the (<i>name of medicine from CA23, codes A or K</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>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE/DISPENSARY..... B</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL</p> <p>(specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN.....J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT)L</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL</p> <p>(specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBERZ</p>	
<p>CA28. Check CA23: More than one antimalarial recorded in codes A to K?</p>	<p>YES, MULTIPLE ANTI-MALARIALS MENTIONED..... 1</p> <p>NO, ONLY ONE ANTIMALARIAL MENTIONED..... 2</p>	<p>1 ⇒ CA29A</p> <p>2 ⇒ CA29B</p>
<p>CA29A. How long after the fever started did (<i>name</i>) first take the first of the (<i>name all anti-malarials recorded in CA23, codes A or K</i>)?</p> <p>CA29B. How long after the fever started did (<i>name</i>) first take (<i>name of anti-malarial from CA23, codes A or K</i>)?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>2 DAYS AFTER FEVER STARTED..... 2</p> <p>3 OR MORE DAYS AFTER FEVER STARTED..... 3</p> <p>DK..... 8</p>	
<p>CA30. Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p>	<p>2 ⇒ End</p>
<p>CA31. 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 (specify) _____ 96</p> <p>DK..... 98</p>	

UF11. <i>Record the time.</i>	HOURS AND MINUTES _ _ : _ _	
UF12. <i>Language of the Questionnaire.</i>	ENGLISH..... 1 Bislama..... 2 French..... 3	
UF13. <i>Language of the Interview.</i>	ENGLISH..... 1 Bislama..... 2 French..... 3 OTHER LANGUAGE <i>(specify)</i> 6	
UF14. <i>Native language of the Respondent.</i>	ENGLISH..... 1 Bislama..... 2 French..... 3 OTHER LANGUAGE <i>(specify)</i> 6	
UF15. <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		
UF15A. Check the name and line number of this questionnaire's respondent (UF4). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), WOMAN QUESTIONNAIRE (WM3), MAN QUESTIONNAIRE (MWM3) or 5 to 17 QUESTIONNAIRE (FS4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?	YES, ALREADY INTERVIEWED (UF4=HH47 OR UF4=WM3 OR UF4=MWM3 OR UF4=FS4)1 NO, FIRST INTERVIEW (UF4≠HH47 AND UF4≠WM3 AND UF4≠MWM3 AND UF4≠FS4)2	1 ⇒ UF16
UF15B. Thank you for your participation. The Vanuatu Bureau of Statistics will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 15 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?		
YES.....1 NO.....2		2 ⇒ UF16

UF15C. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES.....1 NO2	2 ⇒ UF16
UF15D. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.		

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
UF15E. Ask for and record phone number.	_____	_____	_____
UF15F. Just to confirm, the number is (number from UF15E)? If no, return to UF15E and correct entry.	YES.....1 NO.....2 ⇒ UF15E	YES1 NO2 ⇒ UF15E	YES.....1 NO.....2 ⇒ UF15E
UF15G. Is this a fixed line or a mobile phone number?	FIXED LINE.....1 MOBILE2	FIXED LINE1 MOBILE.....2	FIXED LINE.....1 MOBILE2
UF15H1. Usually, what time of the day would be best to call you on this number?	PERIOD BETWEEN..... AND..... ANY TIME95 OTHER (specify) ____ 96	PERIOD BETWEEN..... AND ANY TIME95 OTHER (specify) ____ 96	PERIOD BETWEEN AND..... ANY TIME95 OTHER (specify) ____ 96

<p>UF15H2. Usually, what days of the week are best to call you on this number?</p> <p><i>Probe: Any other day?</i></p> <p><i>If X is recorded, no other answer is possible</i></p>	<p>MONDAY A</p> <p>TUESDAY B</p> <p>WEDNESDAY C</p> <p>THURSDAY D</p> <p>FRIDAY E</p> <p>SATURDAY F</p> <p>SUNDAY G</p> <p>DK/NO PREF X</p>	<p>MONDAY A</p> <p>TUESDAY B</p> <p>WEDNESDAY C</p> <p>THURSDAY D</p> <p>FRIDAY E</p> <p>SATURDAY F</p> <p>SUNDAY G</p> <p>DK/NO PREF X</p>	<p>MONDAY A</p> <p>TUESDAY B</p> <p>WEDNESDAY C</p> <p>THURSDAY D</p> <p>FRIDAY E</p> <p>SATURDAY F</p> <p>SUNDAY G</p> <p>DK/NO PREF X</p>
<p>UF15I. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?</p>	<p>YES 1 ^{SN} [P2]</p> <p>NO 2 ^{SN} UF16</p>	<p>YES 1 ^{SN} [P3]</p> <p>NO 2 ^{SN} UF16</p>	<p>YES 1 ^{SN} [P4]</p> <p>NO 2 ^{SN} UF16</p>

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

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

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

INTERVIEWER'S OBSERVATIONS**SUPERVISOR'S OBSERVATIONS**

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS)	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG)..... _____ . _____ CHILD NOT PRESENT AFTER REVISITS 99.3 CHILD REFUSED..... 99.4 RESPONDENT REFUSED 99.5 OTHER (specify)..... 99.6	99.3 ⇒ AN13 99.4 ⇒ AN10 99.5 ⇒ AN10 99.6 ⇒ AN10
AN9. Was the child undressed to the minimum?	YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ AN11A 2 ⇒ AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM)..... _____ . _____ CHILD REFUSED..... 999.4 RESPONDENT REFUSED 999.5 OTHER (specify)..... 999.6	999.4 ⇒ AN13 999.5 ⇒ AN13 999.6 ⇒ AN13
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP 2	
AN13. Day / Month / Year of measurement: _____ / _____ / 20_____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES 1 NO 2	1 ⇒ Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE****SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**



FORM FOR VACCINATION RECORDS AT HEALTH FACILITY

Vanuatu MICS 2023



UNDER-FIVE CHILD INFORMATION PANEL		HF
<i>This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name and line number: NAME _____	HF4. Mother's / Caretaker's name and line number: NAME _____	
HF5. Name and number of field staff recording at facility: NAME _____	HF6. Interviewer's name and number: NAME _____	
HF7. Day / Month / Year of facility visit: ____ / ____ / 20____	HF8. Record the time:	HOURS : MINUTES ____ : ____
HF9. Child's day, month and year of birth: Copy from UB2 in the UNDER-FIVE'S BACKGROUND Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE ____ / ____ / 20____	HF10. Write the name of health facility: _____ ⇨HF11	
HF15. Result of health facility visit:	RECORDS AVAILABLE AT FACILITY COPIED01 NOT COPIED (specify) 02 RECORDS NOT AVAILABLE AT FACILITY (specify) 03 OTHER (specify) 96	

IMMUNIZATION										HF
HF11. Record day, month and year of birth as written on vaccination record/card:				____ / ____ / 2 0 2 ____						
HF12. (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			
HepB (at birth)	<24h					2	0	2		
HepB (at birth)	>24h					2	0	2		
BCG	BCG					2	0	2		
POLIO										
Namba 1 dos	6 WKS					2	0	2		
Namba 2 dos	10 WKS					2	0	2		
Namba 3 dos	14 WKS					2	0	2		
IPV 1 dos	14 WKS					2	0	2		
PENTAVALENT										
Namba 1 dos	6 WKS					2	0	2		
Namba 2 dos	10 WKS					2	0	2		
Namba 3 dos	14 WKS									
PNEUMOCOCCUS						2	0	2		
Namba 1 dos	6 WKS					2	0	2		
Namba 2 dos	10 WKS					2	0	2		
Namba 3 dos	14 WKS									
ROTAVIRUS										
Namba 1 dos	6 WKS					2	0	2		
Namba 2 dos	10 WKS					2	0	2		
MISER/RUBELLA										
Namba 1 dos	12 Manis					2	0	2		
HF13. For each vaccination <u>not</u> recorded enter '00' in day column.										

HF14. Record the time.	HOURS AND MINUTES ____ : ____	⇒HF15
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DATA COLLECTOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS