

APPENDIX F4. Questionnaire for Children Under Five

QUESTIONNAIRE FOR CHILDREN UNDER FIVE		Kosovo*
UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	
<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM Kosovo* AGENCY OF STATISTICS. 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. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>		
<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed 01</p> <p>Not at home 02</p> <p>Refused 03</p> <p>Partly completed 04</p> <p>Incapacitated 05</p> <p>Other (<i>specify</i>) 96</p>	
UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____	

UF12. Record the time.		Hour and minutes..... : ..
AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day.....</p> <p>DK day..... 98</p> <p>Month.....</p> <p>Year..... 2 0 ..</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years).....</p>	

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen..... 2	
	No..... 3	
	DK..... 8	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRATION AGENCY?	Yes..... 1	1⇒Next Module
	No..... 2	
	DK..... 8	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes..... 1	
	No..... 2	

EARLY CHILDHOOD DEVELOPMENT		EC																																								
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None 00 Number of children's books 0 ___ Ten or more books 10																																									
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8																									
	Y	N	DK																																							
Homemade toys	1	2	8																																							
Toys from a shop.....	1	2	8																																							
Household objects or outside objects	1	2	8																																							
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 (name): [A] 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? <i>If 'none' enter '0'. If 'don't know' enter '8'</i>	Number of days left alone for more than an hour ___ Number of days left with other child for more than an hour..... ___																																									
EC4. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5																																										
EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 No 2 DK 8																																									
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name): <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)? Circle all that apply.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Mother</th> <th style="text-align: center;">Father</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">No</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="text-align: center;">One</th> </tr> </thead> <tbody> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>[B] TOLD STORIES TO (name)?</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>[E] PLAYED WITH (name)?</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>		Mother	Father	Other	No					One	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y	[B] TOLD STORIES TO (name)?	A	B	X	Y	[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A	B	X	Y	[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y	[E] PLAYED WITH (name)?	A	B	X	Y	[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A	B	X	Y	
	Mother	Father	Other	No																																						
				One																																						
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y																																						
[B] TOLD STORIES TO (name)?	A	B	X	Y																																						
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A	B	X	Y																																						
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y																																						
[E] PLAYED WITH (name)?	A	B	X	Y																																						
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A	B	X	Y																																						
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (name)'S DEVELOPMENT. CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes 1 No 2 DK 8																																									
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes 1 No 2 DK 8																																									

EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes 1 No 2 DK 8	
EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes 1 No 2 DK 8	
EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?	Yes 1 No 2 DK 8	
EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes 1 No 2 DK 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes 1 No 2 DK 8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes 1 No 2 DK 8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes 1 No 2 DK 8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes 1 No 2 DK 8	

BREASTFEEDING AND DIETARY INTAKE		BD			
BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to CARE OF ILLNESS MODULE					
BD2. HAS (name) EVER BEEN BREASTFED?	Yes	1			
	No	2	2⇒ BD4		
	DK	8	8⇒ BD4		
BD3. IS (name) STILL BEING BREASTFED?	Yes	1			
	No	2			
	DK	8			
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes	1			
	No	2			
	DK	8			
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes	1			
	No	2			
	DK	8			
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes	1			
	No	2			
	DK	8			
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:					
			Yes	No	DK
[A] PLAIN WATER?	Plain water	1	2	8	
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1	2	8	
[C] THIN SOUP?	Thin soup	1	2	8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1	2	8	
If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.	Number of times drank milk				
[E] INFANT FORMULA FOR EXAMPLE BEBLAK; HIPPI; APTAMIL; NAN; HUMANA. ETC.?	Infant formula	1	2	8	
If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.	Number of times drank infant formula				
[F] ANY OTHER LIQUIDS? (Specify) _____	Other liquids		1	2	8

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER <i>(name)</i> HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID <i>(name)</i> EAT <i>(Name of food)</i> YESTERDAY DURING THE DAY OR THE NIGHT:			
		Yes	No DK
[A] YOGURT?	Yogurt	1	2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate yogurt ____	
[B] ANY COMMERCIAL FOOD FOR THE INFANT FOR EXAMPLE: HIPPI, NESTLE, LINO, FRUTEK, ETC.?	Hipp, Nestle, Lino, Frutek, etc.	1	2 8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2 8
[D] PUMPKIN, CARROTS, OR SQUASH?	Pumpkin, carrots, or squash	1	2 8
[E] POTATOES, BEETROOT, OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes, beetroot, etc.	1	2 8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2 8
[G] SOUR CHERRIES, APRICOTS, OR PRUNES?	Sour cherries, apricots, or prunes	1	2 8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2 8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2 8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2 8
[K] EGGS?	Eggs	1	2 8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2 8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2 8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2 8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? <i>(Specify)</i> _____	Other solid, semi-solid, or soft food	1	2 8
BD9. Check BD8 (Categories "A" through "O")			
<input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11			
<input type="checkbox"/> Else⇒ Continue with BD10			
BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night			
<input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module			
<input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11			
BD11. HOW MANY TIMES DID <i>(name)</i> EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? <i>If 7 or more times, record '7'.</i>		Number of times..... ____ DK..... 8	

IMMUNIZATION		IM	
If an immunization card or child health book with vaccinations is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 will only be asked if a card is not available.			
IM1. DO YOU HAVE A CARD OR CHILD'S HEALTH BOOK WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? If yes: MAY I SEE IT PLEASE?	Yes, seen 1 Yes, not seen 2 No card 3	1⇒ IM3 2⇒ IM6	
IM2. DID YOU EVER HAVE A VACCINATION CARD OR CHILD'S HEALTH BOOK WITH VACCINATIONS FOR (name)?	Yes 1 No 2	1⇒ IM6 2⇒ IM6	
IM3. (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
BCG	BCG		
POLIO 1	OPV1		
POLIO 2	OPV2		
POLIO 3	OPV3		
DPT 1	DPT1		
DPT 2	DPT2		
DPT 3	DPT3		
HEPB AT BIRTH	HEP0		
HEPB 1	HEP1		
HEPB 2	HEP2		
HEPB 3	HEP3		
HIB 1	HIB1		
HIB 2	HIB2		
HIB 3	HIB3		
DPT1 + HEPB2 + HIB1	DPT1 + HEPB2 + HIB1		
DPT2 + HEPB3 + HIB2	DPT2 + HEPB3 + HIB2		
DPT3 + HEPB4 + HIB3	DPT3 + HEPB4 + HIB3		
DPT1 + IPV1 + HIB1	DPT1 + IPV1 + HIB1		
DPT2 + IPV2 + HIB2	DPT2 + IPV2 + HIB2		
DPT3 + IPV3 + HIB3	DPT3 + IPV3 + HIB3		
MMR	MMR		
IM4. Check IM3. Are all vaccines (BCG to MMR) recorded? <input type="checkbox"/> Yes ⇒ Go to IM20 <input type="checkbox"/> No ⇒ Continue with IM5			
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, go to IM20 <input type="checkbox"/> No/DK ⇒ Go to IM20			
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES?	Yes 1 No 2 DK 8	2⇒ IM20 8⇒ IM20	
IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE UPPER ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes 1 No 2 DK 8		

IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH OR AN INJECTION TO PROTECT HIM/HER FROM POLIO?	Yes 1 No 2 DK 8	2⇒ IM11 8⇒ IM11
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times.....	
IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE UPPER ARM OR SHOULDER TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	Yes 1 No 2 DK 8	2⇒ IM13 8⇒ IM13
IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?	Number of times.....	
IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes 1 No 2 DK 8	2⇒ IM15A 8⇒ IM15A
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?	Yes 1 No 2 DK 8	
IM15. HOW MANY TIMES WAS THE HEPATITIS B VACCINE RECEIVED?	Number of times.....	
IM15A. HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE SHOULDER TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B? <i>Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio, DPT and HepB vaccines</i>	Yes 1 No 2 DK 8	2⇒ IM16 8⇒ IM16
IM15B. HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?	Number of times.....	
IM16. HAS (<i>name</i>) EVER RECEIVED AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK 8	
IM20. Issue a "Questionnaire Form for Vaccination Records at Health Facility" for this child. Complete the Information Panel on that Questionnaire and continue with Next Module.		

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK 8	2⇒ CA6A 8⇒ CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? If 'less', probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If 'less', probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒ CA4 8⇒ CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? Probe: ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Public hospital A Family Health Centre B Public pharmacy F Other public institution (<i>specify</i>) H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Other private institution (<i>specify</i>) O Other source Relative / Friend P Traditional practitioner R Internet S Other (<i>specify</i>) X	
CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK: [A] A FLUID MADE FROM A SPECIAL PACKET FOR EXAMPLE NELIT, REHIDROMIKS, QUIDRAL, HIDRATON, HUMANA ELEKTROLYT, RISOL, PICO, ETC.? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA FOR EXAMPLE HIPP ORS 200?	Fluid from ORS packet 1 2 8 Pre-packaged ORS fluid 1 2 8	Y N DK 1 2 8 1 2 8
CA4A. Check CA4: ORS <input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B <input type="checkbox"/> Child was not given any ORS ⇒ Go to CA5		

<p>CA4B. WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source. If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Public hospital11</p> <p>Family Health Centre12</p> <p>Other public (<i>specify</i>)16</p> <p>Public pharmacy17</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician22</p> <p>Private pharmacy23</p> <p>Other private medical (<i>specify</i>)26</p> <p>Other source</p> <p>Relative / Friend31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Other (<i>specify</i>)96</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ CA6A</p> <p>8⇒ CA6A</p>
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe: ANYTHING ELSE?</i></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)</i></p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Other pill or syrup (Not antibiotic, antimotility) 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 O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ CA9A</p> <p>8⇒ CA9A</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ CA10</p> <p>8⇒ CA10</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 6</p> <p>DK 8</p>	<p>1⇒ CA10</p> <p>2⇒ CA10</p> <p>3⇒ CA10</p> <p>6⇒ CA10</p> <p>8⇒ CA10</p>
<p>CA9A. Check CA6A: Had fever?</p> <p><input type="checkbox"/> Child had fever ⇒ Continue with CA10</p> <p><input type="checkbox"/> Child did not have fever ⇒ Go to CA14</p>		
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ CA12</p> <p>8⇒ CA12</p>

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p><i>Probe to identify each type of source.</i></p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>Public sector</p> <p>Public hospital..... A</p> <p>Family Health Centre B</p> <p>Public pharmacy..... F</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 pharmacy K</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Traditional practitioner R</p> <p>Internet..... S</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ CA14</p> <p>8 ⇒ CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p style="text-align: center;">(Names of medicines)</p>	<p>Antibiotics</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</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>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B</p> <p><input type="checkbox"/> No ⇒ Go to CA14</p>		
<p>CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?</p> <p><i>Probe to identify the type of source.</i></p> <p>If unable to determine whether public or private, write the name of the place.</p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>Public sector</p> <p>Public hospital 11</p> <p>Family Health Centre 12</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Public pharmacy 17</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CA14. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13</p>		
<p>CA15. THE LAST TIME (name) 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>	

UF13. Record the time.

Hour and minutes :

UF14. Check List of Household Members, columns HL7B and HL15.

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

- Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent
- No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household

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

ANTHROPOMETRY		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 in the List of Household Members before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured.....	1
	Child not present	2 ⇒ AN6
	Child or mother/caretaker refused	3 ⇒ AN6
	Other (specify).....	6 ⇒ AN6
AN3. Child's weight	Kilograms (kg)	_____ . _____
	Weight not measured	999.9
<p>AN3A. Was the child undressed to the minimum?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the child could not be undressed to the minimum</p>		
<p>AN3B. Check age of child in AG2:</p> <p><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</p>		
AN4. Child's length or height	Length / Height (cm)	_____ . _____
	Length / Height not measured	999.9 ⇒ AN6
AN4A. How was the child actually measured? Lying down or standing up?	Lying down	1
	Standing up	2

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

Yes ⇒ Record measurements for next child.

No ⇒ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

APPENDIX F5. Questionnaire Form for Vaccination Records at Health Facility

QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY		Kosovo*
UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The Questionnaire for Children Under Five must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the Questionnaire for Children Under Five for each child.</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name and surname: Name _____	HF4. Child's line number: _____	
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: _____	
HF7. Interviewer's name and number: Name _____	HF8. Day / Month / Year of facility visit: _____ / _____ / 2 0 1 _____	
HF9. Day, month and year of birth (From AG1 in Questionnaire for Children Under-5) _____ / _____ / 2 0 1 _____	HF10. Name of health facility: _____	
HF11. Result of health facility visit	Vaccination record seen.....01 Vaccination record not seen02 Other (specify) _____ 96	
HF11A. Field editor's name and number: Name _____	HF11B. Main data entry clerk's name and number: Name _____	

IMMUNIZATION									HF
HF12. Record day, month and year of birth as written on vaccination record		____/____/201____							
HF13. (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					
BCG	BCG								
POLIO 1	OPV1								
POLIO 2	OPV2								
POLIO 3	OPV3								
DPT 1	DPT1								
DPT 2	DPT2								
DPT 3	DPT3								
HEPB AT BIRTH	HEP0								
HEPB 1	HEP1								
HEPB 2	HEP2								
HEPB 3	HEP3								
HIB 1	HIB1								
HIB 2	HIB2								
HIB 3	HIB3								
DPT1 + HEPB2 + HIB1	DPT1 + HEPB2 + HIB1								
DPT2 + HEPB3 + HIB2	DPT2 + HEPB3 + HIB2								
DPT3 + HEPB4 + HIB3	DPT3 + HEPB4 + HIB3								
DPT1 + IPV1 + HIB1	DPT1 + IPV1 + HIB1								
DPT2 + IPV2 + HIB2	DPT2 + IPV2 + HIB2								
DPT3 + IPV3 + HIB3	DPT3 + IPV3 + HIB3								
MMR	MMR								