

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: _____ / _____ / <u>20</u> _____	UF8. Record the time:	HOURS : MINUTES _____ : _____

<p><i>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.</i></p>		
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 (<i>your name</i>). 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. This interview will take about 15 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 (<i>child's name from UF3</i>)'s health and well-being in more detail. This interview will take about 15 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 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	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
<p>UB0. Before I begin the interview, could you please bring (name)'s Birth Certificate, Child Immunisation Card, Child Health Booklet, or any immunisation record from a private health provider? We will need to refer to those documents.</p> <p><i>If the child is age 3 or 4 years, do not ask for immunisation records.</i></p>		
<p>UB1. On what day, month and year was (name) born?</p> <p><i>Probe:</i> What is (his/her) birthday?</p> <p><i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH</p> <p>DAY __ __</p> <p>DK DAY98</p> <p>MONTH..... __ __</p> <p>YEAR <u>2</u> <u>0</u> __ __</p>	
<p>UB2. How old is (name)?</p> <p><i>Probe:</i> How old was (name) 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>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p>	<p>AGE (IN COMPLETED YEARS) __</p>	
<p>UB3. Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2.....1</p> <p>AGE 3 OR 42</p>	1 ⇒UB9
<p>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?</p>	<p>YES, RESPONDENT IS THE SAME, UF4=HH471</p> <p>NO, RESPONDENT IS NOT THE SAME, UF4≠HH472</p>	2 ⇒UB6
<p>UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending preschool education in the current school year?</p>	<p>YES, ED10=01</p> <p>NO, ED10≠0 OR BLANK.....2</p>	1 ⇒UB8B 2 ⇒UB9
<p>UB6. Has (name) ever attended preschool education?</p>	<p>YES.....1</p> <p>NO2</p>	2 ⇒UB9
<p>UB7. At any time since September, did (he/she) attend (programmes mentioned in UB6)?</p>	<p>YES.....1</p> <p>NO2</p>	1 ⇒UB8A 2 ⇒UB9
<p>UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?</p>	<p>YES.....1</p> <p>NO2</p>	
<p>UB8B. You have mentioned that (name) has attended preschool education this school year. Does (he/she) currently attend this programme?</p>	<p>YES.....1</p> <p>NO2</p>	

UB9. Is (<i>name</i>) 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>	HEALTH INSURANCE THROUGH EMPLOYER..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D OTHER (<i>specify</i>) _____ X	

BIRTH REGISTRATION		BR
BR1. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it?	YES, SEEN.....1	1 ⇨End
	YES, NOT SEEN2	2 ⇨End
	NO3	
	DK8	
BR2. Has (<i>name</i>)’s birth been registered with the office of civil registration?	YES.....1	1 ⇨End
	NO2	
	DK8	
BR3. Do you know how to register (<i>name</i>)’s birth?	YES.....1	
	NO2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. How many children's books or picture books do you have for (<i>name</i>)?</p>	<p>NONE 00</p> <p>NUMBER OF CHILDREN'S BOOKS <u>0</u> ..</p> <p>TEN OR MORE BOOKS 10</p>	
<p>EC2. I am interested in learning about the things that (<i>name</i>) plays with when (he/she) is at home.</p> <p>Does (he/she) play with: Y N DK</p> <p>[A] Homemade toys, such as rag dolls, rag balls, cars, or other toys made at home?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, or leaves?</p>	<p>HOMEMADE TOYS 1 2 8</p> <p>TOYS FROM A SHOP 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p>	
<p>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.</p> <p>On how many days in the past week was (<i>name</i>):</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p><i>If 'None' record '0'. If 'Don't know' record '8'.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR..... _</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR _</p>	
<p>EC4. Check UB2: Child's age?</p>	<p>AGE 0 OR 1 1</p> <p>AGE 2, 3 OR 4 2</p>	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 (<i>name</i>):</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with (<i>name</i>)?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for or with (<i>name</i>)?</p>	<table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>NAMED</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	READ BOOKS	A	B	X	Y	TOLD STORIES	A	B	X	Y	SANG SONGS	A	B	X	Y	TOOK OUTSIDE	A	B	X	Y	PLAYED WITH	A	B	X	Y	NAMED	A	B	X	Y	
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<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 2 1</p> <p>AGE 3 OR 4 2</p>	<p>1 ⇒ End</p>																																			
<p>EC6. I would like to ask you some questions about the health and development of (<i>name</i>). 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 (<i>name</i>)'s development.</p> <p>Can (<i>name</i>) identify or name at least ten letters of the alphabet?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC7. Can (<i>name</i>) read at least four simple, popular words?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC8. Does (<i>name</i>) know the name and recognize the symbol of all numbers from 1 to 10?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC9. Can (<i>name</i>) pick up a small object with two fingers, like a stick or a rock from the ground?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				

EC10. Is <i>(name)</i> sometimes too sick to play?	YES..... 1 NO 2 DK 8	
EC11. Does <i>(name)</i> follow simple directions on how to do something correctly?	YES..... 1 NO 2 DK 8	
EC12. When given something to do, is <i>(name)</i> able to do it independently?	YES..... 1 NO 2 DK 8	
EC13. Does <i>(name)</i> get along well with other children?	YES..... 1 NO 2 DK 8	
EC14. Does <i>(name)</i> kick, bite, or hit other children or adults?	YES..... 1 NO 2 DK 8	
EC15. Does <i>(name)</i> get distracted easily?	YES..... 1 NO 2 DK 8	

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 behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <i>(name)</i> <u>in the past month</u> .	<p style="text-align: right;">YES NO</p> <p>[A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house. TOOK AWAY PRIVILEGES 1 2</p> <p>[B] Explained why <i>(name)</i>'s behaviour was wrong. EXPLAINED WRONG BEHAVIOUR 1 2</p> <p>[C] Shook (him/her). SHOOK HIM/HER 1 2</p> <p>[D] Shouted, yelled at or screamed at (him/her). SHOUTED, YELLED, SCREAMED 1 2</p> <p>[E] Gave (him/her) something else to do. GAVE SOMETHING ELSE TO DO 1 2</p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand. SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2</p> <p>[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</p> <p>[H] Called (him/her) dumb, lazy or another name like that. CALLED DUMB, LAZY OR ANOTHER NAME 1 2</p> <p>[I] Hit or slapped (him/her) on the face, head or ears. HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg. HIT / SLAPPED ON HAND, ARM OR LEG 1 2</p> <p>[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</p>	
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 (<i>name</i>) may have. Does (<i>name</i>) wear glasses?	YES 1 NO 2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
UCF4. Does (<i>name</i>) 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 (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
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 (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 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 (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
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 (<i>name</i>) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14

<p>UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4</p>	
<p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4</p>	
<p>UCF15. Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4</p>	
<p>UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4</p>	
<p>UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4</p>	
<p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL..... 1 LESS 2 THE SAME 3 MORE 4 A LOT MORE..... 5</p>	

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>) drink anything from a bottle with a nipple?	YES.....1 NO2 DK8	
BD5. Did (<i>name</i>) drink Oral Rehydration Salt solution, such as <u>Nelit</u> , <u>Rehidromiks</u> , <u>Quidral</u> , <u>Hidraton</u> , <u>Humana Elektrolyt</u> , <u>Orosal 65</u> , yesterday, during the day or night?	YES.....1 NO2 DK8	
BD6. Did (<i>name</i>) drink or eat vitamin or mineral supplements (such as <u>AD3</u> , <u>PROTON</u>) or any <u>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>			
[A] Plain water?	PLAIN WATER	YES 1 NO 2 DK 8	
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1 2 8	
[C] Clear soup?	CLEAR SOUP	1 2 8	
[D] Infant formula, such as Bebelak, Hipp, Aptamil, Nan, Humana?	INFANT FORMULA	1 2 \surd 8 \surd BD7[E] BD7[E]	
<p>[D1] How many times did (<i>name</i>) drink infant formula?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA</p> <p>DK.....8</p>		
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1 2 \surd 8 \surd BD7[P] BD7[P]	
<p>[E1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK MILK</p> <p>DK.....8</p>		
[P] Tea?	TEA	1 2 8	
[X] Any other liquids?	OTHER LIQUIDS	1 2 \surd 8 \surd BD8 BD8	
[X1] Record all other liquids mentioned.	(Specify) _____		

<p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (<i>name</i>) ate at that time. Probe: Anything else? Record answers using the food groups below.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time? <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>				
<p><i>For each food group not mentioned after completing the above ask: Just to make sure, did (<i>name</i>) eat (food group items) yesterday during the day or the night</i></p>				
		YES	NO	DK
[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i>	YOGURT	1	2 \surd BD8[B]	8 \surd BD8[B]
[A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES ATE YOGURT DK.....8			
[B] Any fortified baby food made from grains, such as Hipp Lino, Frutek?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, polenta, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH	1	2	8
[E] White potatoes, or any other foods made from roots that are white inside?	FOODS MADE FROM ROOTS	1	2	8
[F] Spinach, broccoli or any other dark green, leafy vegetables?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Raw sour cherries, dry or fresh apricots and ripe melon that is orange inside?	SOUR CHERRIES, APRICOTS, MELONS	1	2	8
[H] Any other fruits or vegetables, such as bananas, apples, grapes, watermelon, cucumber, peach, beetroot, cabbage?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 \surd BD9	8 \surd BD9

<p>[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.</p>	<p>(Specify) _____</p>	
<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 TIMES__</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 Child Immunisation Card, Child Health Booklet, immunisation record from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?	YES, HAS ONLY CARD(S).....	1		1 ⇒ IM5					
	YES, HAS ONLY OTHER DOCUMENT.....	2							
	YES, HAS CARD(S) AND OTHER DOCUMENT.....	3		3 ⇒ IM5					
	NO, HAS NO CARDS AND NO OTHER DOCUMENT.....	4							
IM3. Did you ever have a Child Immunisation Card, Child Health Booklet or immunisation record from a private health 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 ⇒ IM11					
IM5. May I see the card(s) (and/or) other document?	YES, ONLY CARD(S) SEEN.....	1							
	YES, ONLY OTHER DOCUMENT SEEN	2							
	YES, CARD(S) AND OTHER DOCUMENT SEEN.....	3							
	NO CARDS AND NO OTHER DOCUMENT SEEN	4		4 ⇒ IM11					
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					
BCG	BCG			2	0				
Polio (OPV) 1	OPV1			2	0				
Polio (OPV) 2	OPV2			2	0				
Polio (OPV) 3	OPV3			2	0				
Polio (IPV) 1	IPV1			2	0				
Polio (IPV) 2	IPV2			2	0				
Polio (IPV) 3	IPV3			2	0				
OPV/IPV R	OPV/IPVR			2	0				
DTP 1	DTP1			2	0				
DTP 2	DTP2			2	0				
DTP 3	DTP3			2	0				
DTP R	DTPR			2	0				
Hepatitis B (at birth)	HepB0			2	0				

Hepatitis B 1	HepB1					2	0			
Hepatitis B 2	HepB2					2	0			
Hepatitis B 3	HepB3					2	0			
Haemophilus Influenzae type b1	Hib1					2	0			
Haemophilus Influenzae type b2	Hib2					2	0			
Haemophilus Influenzae type b3	Hib3					2	0			
DTP1 + HepB1 + Hib1						2	0			
DTP2 + HepB2 + Hib2						2	0			
DTP3 + HepB3 + Hib3						2	0			
DTP1 + IPV1 + Hib1						2	0			
DTP2 + IPV2 + Hib2						2	0			
DTP3 + IPV3 + Hib3						2	0			
MMR	MMR					2	0			
IM7. Check IM6: Are all vaccines (BCG to MMR) recorded?	YES..... 1 NO 2									1 ⇒ IM28
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during campaigns or immunisation weeks?	YES..... 1 NO 2 DK 8									2 ⇒ IM28 8 ⇒ IM28
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. When <u>finished</u>, go to IM28.</i>										⇒ IM28
IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign or immunisation weeks?	YES..... 1 NO 2 DK 8									2 ⇒ IM28 8 ⇒ IM28
IM14. Has (<i>name</i>) 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									
IM15A. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time or in</i>	YES..... 1 NO 2 DK 8									2 ⇒ IM16A 8 ⇒ IM16A

<i>combination with the Polio, DTP and Hib vaccines.</i>		
IM15B. Did (<i>name</i>) receive the first Hepatitis B vaccine within 24 hours after birth?	YES, WITHIN 24 HOURS..... 1 YES, BUT NOT WITHIN 24 HOURS..... 2 NO 3 DK 8	
IM15C. How many times did (<i>name</i>) receive the Hepatitis B vaccine?	NUMBER OF TIMES _	
IM16A. Has (<i>name</i>) ever received any vaccination drops in the mouth or injections to protect (him/her) from child paralysis/polio? <i>Probe by indicating that the Polio vaccine is sometimes given at the same time or in combination with the DTP, Hepatitis B and Hib vaccines.</i>	YES..... 1 NO 2 DK 8	2⇒IM20A 8⇒IM20A
IM16B. How many times did (<i>name</i>) receive Polio in the mouth of Polio injection?	NUMBER OF TIMES _	
IM20A. Has (<i>name</i>) ever received a DTP vaccination – that is, an injection in the upper arm to prevent him/her from getting tetanus, whooping cough, or diphtheria? <i>Probe by indicating that the DTP vaccine is sometimes given at the same time or in combination with the Polio, Hepatitis B and Hib vaccines.</i>	YES..... 1 NO 2 DK 8	2⇒IM21A 8⇒IM21A
IM20B. How many times did (<i>name</i>) receive the DTP vaccine?	NUMBER OF TIMES _	
IM21A. Has (<i>name</i>) ever received a Hib vaccine – that is, an injection in the upper arm 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 or in combination with the Polio, DTP and Hepatitis B vaccines.</i>	YES..... 1 NO 2 DK 8	2⇒IM26 8⇒IM26
IM21B. How many times did (<i>name</i>) receive Hib vaccine?	NUMBER OF TIMES _	
IM26. Has (<i>name</i>) ever received a MMR vaccine – that is, a shot in the arm at the age of 12 months or older – to prevent (him/her) from getting measles, mumps and rubella?	YES..... 1 NO 2 DK 8	
IM28. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire		

UF11. <i>Record the time.</i>	HOURS AND MINUTES __ __ : __ __	
UF12. <i>Language of the Questionnaire.</i>	ENGLISH..... 1 ALBANIAN 2 SERBIAN..... 3	
UF13. <i>Language of the Interview.</i>	ENGLISH..... 1 ALBANIAN 2 SERBIAN..... 3 ROMANI..... 4 OTHER LANGUAGE (specify) 6	
UF14. <i>Native language of the Respondent.</i>	ENGLISH..... 01 ALBANIN 02 SERBIAN..... 03 TURKISH..... 04 BOSNIAN 05 ROMANI..... 06 OTHER LANGUAGE (specify) 96	
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	
<p>UF16. <i>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 Information Panel on that Form.</i></p> <p><i>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>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.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>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?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>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.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>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.</i></p>		

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 UNDRRESSED 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>	LENGTH / HEIGHT (CM)..... _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED 999.5 OTHER (specify) _____ 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
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>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP 2	
AN13. Today's date: Day / Month / Year: _____ / _____ / <u>20</u> _____		
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**
2019–2020 Kosovo MICS

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, surname and line number: NAME _____	HF4. Mother's / Caretaker's name, surname and line number: NAME _____	
HF4A. Father's name, surname and line number: <i>(record "00" for line number if father is not listed in HL)</i> NAME _____	HF6. Interviewer's name and number: NAME _____	
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 _____ / _____ / <u>20</u> _____	HF10. Write the name of health facility: _____	⇒HF11
HF5. Name and number of field staff recording at facility: NAME _____		
HF7. Day / Month / Year of facility visit: _____ / _____ / <u>20</u> _____	HF8. Record the time:	HOURS : MINUTES _____ : _____

HF15. Result of health facility visit:	RECORDS AVAILABLE AT FACILITY COPIED 01 NOT COPIED <i>(specify)</i> _____ 02 RECORDS NOT AVAILABLE AT FACILITY <i>(specify)</i> _____ 03 OTHER <i>(specify)</i> _____ 96
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IMMUNIZATION

HF

HF11. Record day, month and year of birth as written on vaccination record/card:

___ / ___ / 2_0_

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

BCG	BCG					2	0		
Polio (OPV) 1	OPV1					2	0		
Polio (OPV) 2	OPV2					2	0		
Polio (OPV) 3	OPV3					2	0		
Polio (IPV) 1	IPV1					2	0		
Polio (IPV) 2	IPV2					2	0		
Polio (IPV) 3	IPV3					2	0		
OPV/IPV R	OPV/IPVR					2	0		
DTP 1	DTP1					2	0		
DTP 2	DTP2					2	0		
DTP 3	DTP3					2	0		
DPT R	DTPR					2	0		
Hepatitis B (at birth)	HepB0					2	0		
Hepatitis B 1	HepB1					2	0		
Hepatitis B 2	HepB2					2	0		
Hepatitis B 3	HepB3					2	0		
Haemophilus Influenzae type b 1	Hib1					2	0		
Haemophilus Influenzae type b 2	Hib2					2	0		
Haemophilus Influenzae type b 3	Hib3					2	0		
DTP1 + HepB1 + Hib1						2	0		
DTP2 + HepB2 + Hib2						2	0		
DTP3 + HepB3 + Hib3						2	0		
DTP1 + IPV1 + Hib1						2	0		
DTP2 + IPV2 + Hib2						2	0		
DTP3 + IPV3 + Hib3						2	0		
MMR	MMR					2	0		

HF14. Record the time.

HOURS AND MINUTES :

⇒HF15

DATA COLLECTOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS