



QUESTIONNAIRE FOR CHILDREN UNDER FIVE
MULTIPLE INDICATORS CLUSTER SURVEY, YEMEN
2022-2023

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. Team leader/Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: _____ / _____ / <u>20</u> _____	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 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	1 ⇨UF10B NO, FIRST INTERVIEW 2 2 ⇨UF10A
UF10A. Hello, my name is (your name). We are from Central Statistics Organization. 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 _____ 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 _____ 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	

UNDER-FIVE'S BACKGROUND

UB

UB0. Before I begin the interview, could you please bring (name)'s Birth Certificate, National Child Immunisation Record, 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 DAY 98 MONTH __ __ YEAR <u>2</u> <u>0</u> __ __	
UB1A. Source of information for date of birth <i>Several options are possible</i>	BIRTH CERTIFICATE A BIRTH REGISTRATION RECORD B CHILD IMMUNIZATION RECORD C MOTHER'S REPORT D ESTIMATE USING CALENDAR OF EVENTS E HAJERI CALENDAR COVERSION F OTHERS (Specify) G	

<p>UB2. 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>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 AGE 3 OR 4 2</p>	<p>1 ⇨UB9</p>
<p>UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</p>	<p>RESPONDENT IS THE SAME, UF4=HH47..... 1 RESPONDENT IS NOT THE SAME, UF4≠HH47..... 2</p>	<p>2 ⇨UB6</p>
<p>UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?</p>	<p>YES, ED10=0..... 1 NO, ED10≠0 OR BLANK 2</p>	<p>1 ⇨UB8B 2 ⇨UB9</p>
<p>UB6. Has (<i>name</i>) ever attended any early childhood education programme, such as KG?</p>	<p>YES 1 NO 2</p>	<p>2 ⇨UB9</p>
<p>UB7. At any time since September 2021, did (he/she) attend (<i>programmes mentioned in UB6</i>)?</p>	<p>YES 1 NO 2</p>	<p>1 ⇨UB8A 2 ⇨UB9</p>
<p>UB8A. Does (he/she) currently attend (<i>programmes mentioned in UB6</i>)?</p> <p>UB8B. You have mentioned that (<i>name</i>) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?</p>	<p>YES 1 NO 2</p>	
<p>UB9. Is (<i>name</i>) covered by any health insurance?</p>	<p>YES 1 NO 2</p>	<p>2 ⇨End</p>
<p>UB10. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER (<i>specify</i>)..... X</p>	

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 <i>the civil registration authority</i> ?	YES.....1	1 ⇨End
	NO2	
	DK8	
BR3. Do you know how to register (<i>name</i>)’s birth?	YES.....1	
	NO2	

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? UCF7B. Does (name) 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 (name) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (name) 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 (name) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	

<p>UCF12. With (his/her) equipment or assistance, 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>1 ⇒UCF14 2 ⇒UCF14 3 ⇒UCF14 4 ⇒UCF14</p>
<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 NO 2 DK 8	2 ⇒ BD3 A 8 ⇒ BD3 A
BD3. Is (<i>name</i>) still being breastfed?	YES..... 1 NO 2 DK 8	
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 NO 2 DK 8	
BD5. Did (<i>name</i>) drink Oral Rehydration Salt solution (ORS) yesterday, during the day or night?	YES..... 1 NO 2 DK 8	
BD6. Did (<i>name</i>) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	YES..... 1 NO 2 DK 8	

<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 NO DK 1 2 8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1 2 8
[C] Clear broth (<i>Maraq</i>)?	<i>MARAQ</i> /CLEAR BROTH	1 2 8
[D] Infant formula, such as Similac, NAN?	INFANT FORMULA	1 2 8 <i>BD7[E] BD7[E]</i>
[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA.....__	
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1 2 8 <i>BD7[X] BD7[X]</i>
[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	NUMBER OF TIMES DRANK MILK__	
[X] Any other liquids?	OTHER LIQUIDS	1 2 8 <i>BD8 BD8</i>
[X1] <i>Record all other liquids mentioned.</i>	<i>(Specify)</i> _____	

<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 (name) 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 (name) 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 ☹ BD8[B]	8 ☹ BD8[B]
[A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES ATE YOGURT			__
[B] Any baby food, such as Cerelac, Gerber, Hero or Nestum?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as spinach?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas?	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as bananas	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 ☹ BD9	8 ☹ BD9
[X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i>	<i>(Specify)</i> _____			

<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>
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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 vaccination card, immunisation records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?	YES, HAS ONLY CARD(S)..... 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 vaccination card or immunisation records 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) (at birth)	OPV0			2	0		
Polio (OPV) 1	OPV1			2	0		
Polio (OPV) 2	OPV2			2	0		
Polio (OPV) 3	OPV3			2	0		

Polio (IPV)	IPV					2	0		
Pentavalent (DTPHibHepB) 1	Penta1					2	0		
Pentavalent (DTPHibHepB) 2	Penta2					2	0		
Pentavalent (DTPHibHepB) 3	Penta3					2	0		
Pneumococcal (Conjugate) 1	PCV1					2	0		
Pneumococcal (Conjugate) 2	PCV2					2	0		
Pneumococcal (Conjugate) 3	PCV3					2	0		
Rotavirus 1	Rota1					2	0		
Rotavirus 2	Rota2					2	0		
MR 1	MR1					2	0		
MR 2	MR2					2	0		
IM7. Check IM6: Are all vaccines (BCG to MR2) recorded?	YES							1	1 ⇒End
	NO							2	
IM8. Did (<i>name</i>) participate in any of the following campaigns, national immunisation days:								Y N DK	
[A] Jun 2022- Measle Campaign	JUN 2022 CAMPAIGN	1	2	8					
[B] Feb/March 2022- OPV/Polio Campaign	FEB/MARCH 2022 CAMPAIGN	1	2	8					
[C] Dec. 2021- OPV/Polio Campaign & Measle	DEC. 2021 CAMPAIGN	1	2	8					
[D] May 2021- OPV/Polio Campaign	MAY 2021 CAMPAIGN	1	2	8					
[E] Nov/Dec 2020- OPV/Polio Campaign	NOV/DEC 2020 CAMPAIGN	1	2	8					
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 the campaigns, immunisation days just mentioned?	YES							1	
	NO							2	2 ⇒End
	DK							8	8 ⇒End
IM10. Go back to IM6 and probe for these vaccinations. 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 End of module.								⇒End	

IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunisation day?	YES 1 NO 2 DK 8	
IM12. Did (<i>name</i>) participate in any of the following campaigns, national immunisation days: [A] Jun 2022- Measle Campaign [B] Feb/March 2022- OPV/Polio Campaign [C] Dec. 2021- OPV/Polio Campaign & Measle [D] May 2021- OPV/Polio Campaign [E] Nov/Dec 2020- OPV/Polio Campaign	<p style="text-align: right;">Y N DK</p> JUN 2022 CAMPAIGN 1 2 8 FEB/MARCH 2022 CAMPAIGN 1 2 8 DEC. 2021 CAMPAIGN 1 2 8 MAY 2021 CAMPAIGN 1 2 8 Nov/DEC 2020 CAMPAIGN 1 2 8	
IM13. Check IM11 and IM12:	ALL NO OR DK 1 AT LEAST ONE YES 2	1 ⇒ End
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	
IM16. Has (<i>name</i>) 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 birth and later at the same time as injections to prevent other diseases.</i>	YES 1 NO 2 DK 8	2 ⇒ IM20 8 ⇒ IM20
IM17. Were the first polio drops received in the first two weeks after birth?	YES 1 NO 2 DK 8	
IM18. How many times were the polio drops received?	NUMBER OF TIMES ___ DK 8	
IM19. At any time when (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio? <i>Probe to ensure that both were given, drops and injection.</i>	YES 1 NO 2 DK 8	
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	YES 1 NO 2	2 ⇒ IM22

<p>cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i></p>	<p>DK 8</p>	<p>8 ⇒IM22</p>
<p>IM21. How many times was the Pentavalent vaccine received?</p>	<p>NUMBER OF TIMES _</p> <p>DK 8</p>	
<p>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?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒IM24</p> <p>8 ⇒IM24</p>
<p>IM23. How many times was the Pneumococcal vaccine received?</p>	<p>NUMBER OF TIMES _</p> <p>DK 8</p>	
<p>IM24. Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea?</p> <p><i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒IM26</p> <p>8 ⇒IM26</p>
<p>IM25. How many times was the rotavirus vaccine received?</p>	<p>NUMBER OF TIMES _</p> <p>DK 8</p>	
<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒</p> <p>End</p> <p>8 ⇒</p> <p>End</p>
<p>IM26A. How many times was the MR vaccine received?</p>	<p>NUMBER OF TIMES _</p> <p>DK 8</p>	

CARE OF ILLNESS		CA
<p>CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?</p>	YES 1 NO 2 DK 8	2 ⇒ CA14 8 ⇒ CA14
<p>CA2. Check BD3: Is child still breastfeeding?</p>	YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8 2	1 ⇒ CA3A 2 ⇒ CA3B
<p>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.</p> <p>During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p>	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DK 8	
<p>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.</p> <p>During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p>		
<p>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?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less?</p>	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 7 DK 8	
<p>CA5. Did you seek any advice or treatment for the diarrhoea from any source?</p>	YES 1 NO 2 DK 8	2 ⇒ CA7 8 ⇒ CA7

<p>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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY 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>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A powder made from a special packet called</p> <p>[C] Zinc tablets or syrup?</p>	<p style="text-align: right;">Y N DK</p> <p>POWDER FROM ORS PACKET 1 2 8</p> <p>ZINC TABLETS OR SYRUP 1 2 8</p>	
<p>CA8. Check CA7[A]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] 1</p> <p>NO, 'NO' OR 'DK' IN CA7[A] 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (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 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 style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY 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>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 style="text-align: center;">(Name of brand)</p> <p>_____</p> <p style="text-align: center;">(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>	

CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?	YES 1 NO 2 DK 8	2 ⇒ CA16 8 ⇒ CA16
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

<p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (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 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>CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ CA30</p> <p>8 ⇒ CA30</p>

<p>CA23. What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p>ANTI-MALARIALS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT)..... A</p> <p>SP / FANSIDAR B</p> <p>CHLOROQUINE C</p> <p>AMODIAQUINE D</p> <p>QUININE PILLS..... E</p> <p>INJECTION/IV F</p> <p>ARTESUNATE RECTAL..... G</p> <p>INJECTION/IV H</p> <p>OTHER ANTI-MALARIAL (specify) _____ K</p> <p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>COTRIMOXAZOLE M</p> <p>OTHER ANTIBIOTIC PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN R</p> <p>ASPIRIN S</p> <p>IBUPROFEN..... T</p> <p>ONLY BRAND NAME RECORDED W</p> <p>OTHER (specify) _____ X</p> <p>DK/DON'T REMEMBER Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-O 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED 2</p>	<p>2 ⇒ CA26</p>

<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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY 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>CA26. Check CA23: Anti-malarials mentioned?</p>	<p>YES, ANTI-MALARIALS MENTIONED, CA23=A-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 to 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE..... B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY 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>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 to 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 to 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 PUT / RINSED INTO TOILET OR LATRINE 02 PUT / RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE (SOLID WASTE)..... 04 BURIED..... 05 LEFT IN THE OPEN..... 06 OTHER (<i>specify</i>) _____ 96 DK..... 98</p>	
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UF11. Record the time.	HOURS AND MINUTES : ..	
UF12. Language of the Questionnaire.	ARABIC.....1 ENGLISH.....2	
UF13. Language of the Interview.	ARABIC.....1 ENGLISH2 OTHER LANGUAGE (specify)6	
UF14. Native language of the Respondent.	ARABIC.....1 ENGLISH2 OTHER LANGUAGE (specify)6	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE.....1 YES, PARTS OF THE QUESTIONNAIRE2 NO, NOT USED.....3	
<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 Information Panel on that Form.</p> <p>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?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>		

INTERVIEWER'S OBSERVATIONS

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SUPERVISOR'S OBSERVATIONS

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ANTHROPOMETRY MODULE INFORMATION PANEL

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. <i>Measurer's name and number:</i>	NAME _____	
AN8. <i>Record the result of weight measurement as read out by the Measurer:</i> <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG)..... _____ . _____ CHILD NOT PRESENT 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED 99.5 OTHER (<i>specify</i>) _____ 99.6	99.3 ⇨AN13 99.4 ⇨AN10 99.5 ⇨AN10 99.6 ⇨AN10
AN9. <i>Was the child undressed to the minimum?</i>	YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2	
AN10. <i>Check AN4: Child's age?</i>	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨AN11A 2 ⇨AN11B
AN11A. <i>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> <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 (<i>specify</i>) _____ 999.6	999.4 ⇨AN13 999.5 ⇨AN13 999.6 ⇨AN13
AN11B. <i>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> <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. <i>How was the child actually measured? Lying down or standing up?</i>	LYING DOWN 1 STANDING UP 2	
AN13. <i>Today's date: Day / Month / Year:</i> _____ / _____ / <u>201</u> _____		
AN14. <i>Is there another child under age 5 in the household who has not yet been measured?</i>	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