

CENTRAL STATISTICS OFFICE



REPUBLIC OF ZIMBABWE



MULTIPLE INDICATOR MONITORING SURVEY (MIMS)

2009

UNDER 5 QUESTIONNAIRE

PROVINCE:

E. A. NUMBER:

HHOLD:

CHILDREN UNDER FIVE QUESTIONNAIRE

IDENTIFICATION PANEL		UF
<p><i>THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL MOTHERS OR CARETAKERS (SEE HOUSEHOLD LISTING, COLUMN HL8) WHO CARE FOR A CHILD THAT LIVES WITH THEM AND IS UNDER THE AGE OF 5 YEARS (SEE HOUSEHOLD LISTING, COLUMN HL5).</i></p> <p><i>A SEPARATE QUESTIONNAIRE SHOULD BE USED FOR EACH ELIGIBLE CHILD.</i></p> <p><i>FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND NAMES AND LINE NUMBERS OF THE CHILD AND THE MOTHER/CARETAKER IN THE SPACE BELOW. INSERT YOUR OWN NAME AND NUMBER, AND THE DATE.</i></p>		
UF1. CLUSTER NUMBER: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	UF2. HOUSEHOLD NUMBER: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF3. CHILD'S NAME: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	UF4. CHILD'S LINE NUMBER: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF5. MOTHER'S/CARETAKER'S NAME: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	UF6. MOTHER'S/CARETAKER'S LINE NUMBER: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF7. INTERVIEWER'S NAME AND NUMBER: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	UF8. DAY/MONTH/YEAR OF INTERVIEW: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-left: 5px;" type="text" value="2"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-left: 5px;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-left: 5px;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; margin-left: 5px;" type="text" value="9"/> </div>	

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REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

Good! My name is and I am working for Central Statistics Office (CSO).

We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE RESPONDENT DOES NOT AGREE TO CONTINUE, THANK HIM/HER AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

UF9. RESULT OF CHILD'S INTERVIEW	COMPLETED 1 NOT AT HOME..... 2 REFUSED 3 PARTLY COMPLETED 4 INCAPACITATED 5 OTHER (<i>specify</i>) 6
INTERVIEWER/EDITOR/SUPERVISOR NOTES: USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC.	
UF9A. FIELD EDITOR (NAME AND NUMBER): Name _____ <input type="text"/> <input type="text"/>	UF9B. FIELD SUPERVISOR (NAME AND NUMBER): Name: _____ <input type="text"/> <input type="text"/>
UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (<i>NAME</i>). In what month and year was (<i>NAME</i>) born? <i>Probe:</i> What is his/her birthday? IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY.	Date of birth: Day <input type="text"/> <input type="text"/> DK day98 Month..... <input type="text"/> <input type="text"/> DK month.....98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998
UF11. How old was (<i>NAME</i>) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Age in completed years <input type="text"/> <input type="text"/>

MODULE 1: BIRTH REGISTRATION AND EARLY LEARNING		BR
BR1. Has (<i>NAME</i> 's) birth been registered with the Births and Deaths Registry?	Yes 1 No..... 2 DK 8	2⇒BR3
BR2. Does (<i>NAME</i>) have a birth certificate? May I see it?	Yes, seen 1 Yes, not seen 2 No..... 3 DK 8	1⇒BR5 2⇒BR5
BR3. Why is (<i>NAME</i>) birth not registered?	Costs too much 1 Must travel too far 2 Did not know it should be registered..... 3 Did not want to pay fine 4 Do not know where to register 5 Father not around/ has no time 6 Have applied but, not received it 7 Parents do not have ID/birth certificate 8 Other (<i>specify</i>) 96 DK 98	5⇒BR5
BR4. Do you know where to register your child's birth?	Yes 1 No..... 2	
BR5. CHECK AGE OF CHILD IN UF11: CHILD IS 3 OR 4 YEARS OLD?		
<input type="checkbox"/> <i>Yes.</i> ⇒ CONTINUE WITH BR6		
<input type="checkbox"/> <i>No.</i> ⇒ GO TO NEXT MODULE		
BR6. Does (<i>NAME</i>) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes 1 No..... 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
BR7. Within the last seven days, about how many hours did (<i>NAME</i>) attend?	No. of hours	

MODULE 2: VITAMIN A – CHILDREN 6 MONTHS AND OLDER		VA
VA1. Has (<i>NAME</i>) ever received a vitamin A capsule (supplement) like this one? <i>SHOW CAPSULES:</i> <i>100,000 IU FOR THOSE 6-11 MONTHS OLD, (BLUE)</i> <i>200,000 IU FOR THOSE 12-59 MONTHS OLD. (RED).</i>	Yes 1 No 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
VA2. How many months ago did (<i>NAME</i>) take the last dose?	Months ago <input type="text"/> <input type="text"/> DK 98	
VA3. Where did (<i>NAME</i>) get this last dose?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 Child health week..... 4 Outreach/mobile clinics..... 5 Other (<i>specify</i>) _____ 6 DK 8	

MODULE 3: BREASTFEEDING		BF
BF1. Has (<i>NAME</i>) ever been breastfed?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. Is (<i>NAME</i>) still being breastfed?	Yes 1 No 2 DK 8	1⇒BF2B 8⇒BF2B
BF2A. For how many months did you breastfeed (<i>NAME</i>)?	Months <input type="text"/> <input type="text"/> DK 98	
BF2B. Was (<i>NAME</i>) breastfed yesterday?	Yes 1 No 2	
BF3. Since this time yesterday, did he/she receive any of the following: <i>READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.</i>		
		Y N DK
BF3A. Vitamin, mineral supplements (Abidec, Minadex, etc)?	A. Vitamin supplements 1 2 8	
BF3B. Plain water?	B. Plain water 1 2 8	
BF3C. Sweetened, flavoured water or fruit juice or tea or infusion?	C. Sweetened water or juice 1 2 8	
BF3D. ORS?	D. ORS 1 2 8	
BF3E. Infant formula (e.g.S26, Nan, Lactogen)?	E. Infant formula 1 2 8	
BF3F. Tinned, powdered or fresh milk?	F. Milk 1 2 8	
BF3G. Any other liquids (e.g. Mahewu)?	G. Other liquids 1 2 8	
BF3H. Solid or semi-solid (mushy) food?	H. Solid or semi-solid food 1 2 8	
BF4. CHECK BF3H: CHILD RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD?		
<input type="checkbox"/> YES. ⇒ CONTINUE WITH BF5		
<input type="checkbox"/> NO OR DK. ⇒ GO TO NEXT MODULE		
BF5. Since this time yesterday, how many times did (<i>NAME</i>) eat solid, semisolid, or soft foods other than liquids?	No. of times <input type="text"/> Don't know8	
<i>IF 7 OR MORE TIMES, RECORD '7'.</i>		

MODULE 4: CARE OF ILLNESS		CA
<p>CA1. Has (<i>NAME</i>) had diarrhoea in the last two weeks, that is, since (<i>DAY OF THE WEEK</i>) of the week before last?</p> <p><i>DIARRHOEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, OR AS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL.</i></p>	Yes 1 No 2 DK 8	2⇒CA5 8⇒CA5
<p>CA2. During this last episode of diarrhoea, did (<i>NAME</i>) drink any of the following:</p> <p><i>READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.</i></p>	Yes No DK	
CA2A. A fluid made from a special packet called (<i>ORS</i>)? CA2B. Government-recommended homemade fluid (sugar-salt solution)? CA2c. Other liquids	A. Fluid from ORS packet 1 2 8 B. Recommended homemade fluid .. 1 2 8 C. Other liquids 1 2 8	
<p>CA3. During (<i>NAME</i>'s) illness, did he/she drink much less, about the same, or more than usual?</p>	Much less or none..... 1 About the same (or somewhat less) 2 More 3 DK 8	
<p>CA4. During (<i>NAME</i>'s) illness, did he/she eat less, about the same, or more food than usual?</p> <p><i>IF "LESS", PROBE:</i> much less or a little less?</p>	None..... 1 Much less 2 Somewhat less..... 3 About the same 4 More 5 DK 8	
<p>CA4A. Check CA2A: ORS packet used? <input type="checkbox"/> Yes. ⇒ Continue with CA4B <input type="checkbox"/> No. ⇒ Go to CA5</p>		
<p>CA4B. Where did you get the (<i>ORS PACKET FROM CA2A</i>)?</p>	Public sector Central hospital 11 Provincial hospital 12 District hospital..... 13 Rural hospital/Health centre/clinic..... 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic..... 21 Private physician 22 Private pharmacy 23 Other private medical (<i>specify</i>) 26 Other source Relative or friend 31 Shops 32 Imported..... 33 Mission facility 41 Other (<i>specify</i>) 96 DK 98	

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<p>CA5. Has (<i>NAME</i>) had an illness with a cough at any time in the last two weeks, that is, since (<i>DAY OF THE WEEK</i>) of the week before last?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA6. When (<i>NAME</i>) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or had difficult in breathing?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA7. Were the symptoms due to a problem in the chest or a blocked nose?</p>	<p>Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK 8</p>	<p>2⇒CA12 6⇒CA12</p>
<p>CA8. Did you seek advice or treatment for the illness outside the home?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA10 8⇒CA10</p>
<p>CA9. From where did you seek care?</p> <p>Anywhere else?</p> <p><i>CIRCLE ALL PROVIDERS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</i></p> <p><i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</i></p> <p>_____</p> <p>(<i>NAME OF PLACE</i>)</p>	<p>Public sector Central hospital A Provincial hospital B District hospital C Rural hospital/Health centre/clinic D Mobile/outreach clinic E Other public (<i>specify</i>) H</p> <p>Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Other private medical (<i>specify</i>) O</p> <p>Other source Relative or friend P Mission facility S Other (<i>specify</i>) X</p>	
<p>CA10. Was (<i>NAME</i>) given medicine to treat this illness?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. What medicine was (<i>NAME</i>) given?</p> <p><i>CIRCLE ALL MEDICINES GIVEN.</i></p>	<p>Antibiotic A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z</p>	

<p>CA11A. CHECK CA11: ANTIBIOTIC GIVEN?</p> <p><input type="checkbox"/> YES. ⇒ CONTINUE WITH CA11B</p> <p><input type="checkbox"/> NO. ⇒ GO TO CA12</p>	
<p>CA11B. Where did you get the antibiotic?</p>	<p>Public sector</p> <p>Central hospital 11</p> <p>Provincial hospital 12</p> <p>District hospital 13</p> <p>Rural hospital/Health centre/clinic..... 14</p> <p>Mobile/outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</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 or friend 31</p> <p>Shops 32</p> <p>Imported 33</p> <p>Mission facility 41</p> <p>Other (<i>specify</i>) 96</p>
<p>CA12. CHECK UF11: CHILD AGED UNDER 3?</p> <p><input type="checkbox"/> YES. ⇒ CONTINUE WITH CA13</p> <p><input type="checkbox"/> NO. ⇒ GO TO CA14</p>	
<p>CA13. The last time (<i>NAME</i>) passed stools, what was done to dispose of the stools?</p>	<p>Child used toilet/latrine..... 11</p> <p>Put/rinsed into toilet or latrine 12</p> <p>Put/rinsed into drain or ditch 13</p> <p>Thrown into garbage (solid waste)..... 14</p> <p>Buried..... 15</p> <p>Left in the open 16</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK 98</p>
<p><i>ASK THE FOLLOWING QUESTION (CA14) ONLY ONCE FOR EACH MOTHER/CARETAKER.</i></p> <p>CA14. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?</p> <p><i>KEEP ASKING FOR MORE SIGNS OR SYMPTOMS UNTIL THE MOTHER/CARETAKER CANNOT RECALL ANY ADDITIONAL SYMPTOMS.</i></p> <p><i>CIRCLE ALL SYMPTOMS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</i></p>	<p>Child not able to drink or breastfeed A</p> <p>Child becomes sicker B</p> <p>Child develops a fever/high temperature C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing..... E</p> <p>Child has blood in stool..... F</p> <p>Child is drinking poorly..... G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>

MODULE 5: MALARIA FOR UNDER-FIVES

ML

ML1. In the last two weeks, that is, since (*DAY* | Yes 1 |

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<p><i>OF THE WEEK</i>) of the week before last, has (<i>NAME</i>) been ill with a fever?</p>	No..... 2	2⇒ML10
	DK 8	8⇒ML10
<p>ML2. Was (<i>NAME</i>) seen at a health facility during this illness?</p>	Yes 1	2⇒ML6
	No..... 2	2⇒ML6
	DK 8	8⇒ML6
<p>ML3. Did (<i>NAME</i>) take a medicine for fever or malaria that was provided or prescribed at the health facility?</p>	Yes 1	2⇒ML5
	No..... 2	2⇒ML5
	DK 8	8⇒ML5
<p>ML4. What medicine did (<i>NAME</i>) take that was provided or prescribed at the health facility?</p> <p><i>CIRCLE ALL MEDICINES MENTIONED.</i></p>	<p>Anti-malarials:</p> <p>SP/Fansidar A</p> <p>Chloroquine..... B</p> <p>Quinine..... C</p> <p>Artemisinin-based combinations (e.g. Coartem)..... D</p> <p>Other anti-malarial (<i>specify</i>)..... H</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>ML5. Was (<i>NAME</i>) given medicine for the fever or malaria before being taken to the health facility?</p>	Yes 1	1⇒ML7
	No..... 2	2⇒ML8
	DK 8	8⇒ML8
<p>ML6. Was (<i>NAME</i>) given medicine for fever or malaria during this illness?</p>	Yes 1	2⇒ML8
	No..... 2	2⇒ML8
	DK 8	8⇒ML8
<p>ML7. What medicine was (<i>NAME</i>) given?</p> <p><i>CIRCLE ALL MEDICINES GIVEN. ASK TO SEE THE MEDICATION IF TYPE IS NOT KNOWN. IF TYPE OF MEDICATION IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIALS TO RESPONDENT.</i></p>	<p>Anti-malarials:</p> <p>SP/Fansidar A</p> <p>Chloroquine..... B</p> <p>Quinine..... C</p> <p>Artemisinin-based combinations (e.g. Coartem)..... D</p> <p>Other anti-malarial (<i>specify</i>)..... H</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>ML8. CHECK ML4 AND ML7: ANTI-MALARIAL MENTIONED (CODES A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ CONTINUE WITH ML9</p> <p><input type="checkbox"/> No. ⇒ Go to ML10</p>		

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<p>ML9. How long after the fever started did (NAME) first take (NAME OF ANTI-MALARIAL FROM ML4 or ML7)?</p> <p><i>IF MULTIPLE ANTI-MALARIALS MENTIONED IN ML4 OR ML7, NAME ALL ANTI-MALARIAL MEDICINES MENTIONED.</i></p> <p><i>RECORD THE CODE FOR THE DAY ON WHICH THE FIRST ANTI-MALARIAL WAS GIVEN.</i></p>	<p>Same day 0 Next day 1 2 days after the fever 2 3 days after the fever 3 4 or more days after the fever 4 DK 8</p>	
<p>ML9A. Where did you get the (NAME OF ANTI-MALARIAL FROM ML4 or ML7)?</p> <p><i>IF MORE THAN ONE ANTI-MALARIAL IS MENTIONED IN ML4 OR ML7, REFER TO THE FIRST ANTI-MALARIAL GIVEN FOR THE FEVER (THE ANTI-MALARIAL GIVEN ON THE DAY RECORDED IN ML9).</i></p>	<p>Public sector Central hospital 11 Provincial hospital 12 District hospital 13 Rural hospital/Health centre/clinic 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16</p> <p>Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Other private medical (<i>specify</i>) 26</p> <p>Other source Relative or friend 31 Shops 32 Imported 33</p> <p>Mission facility 41 Other (<i>specify</i>) 96</p>	
<p>ML10. Did (NAME) sleep under a mosquito net last night?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒NEXT MODULE 8⇒NEXT MODULE</p>
<p>ML11. How long ago did your household obtain the mosquito net?</p> <p><i>IF LESS THAN 1 MONTH, RECORD '00'. IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.</i></p>	<p>Months ago <input type="text"/> <input type="text"/> More than 24 months ago 95 Not sure 98</p>	

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<p>ML12. What brand is this net?</p> <p><i>IF THE RESPONDENT DOES NOT KNOW THE BRAND OF THE NET, SHOW PICTORIALS, OR IF POSSIBLE, OBSERVE THE NET.</i></p> <p>LONG LASTING TREATED NETS: <i>Olyset</i></p> <p><i>Permanet</i></p> <p>PRE-TREATED NETS: <i>KO Tab 123</i> <i>Iconet</i></p> <p>Other (<i>specify</i>) <i>DK brand</i></p>	<p>Long lasting treated net:</p> <p>Olyset 11</p> <p>Permanet..... 12</p> <p>Pre-treated net:</p> <p>KO Tab 123..... 21</p> <p>Iconet 22</p> <p>Other (<i>specify</i>) 96</p> <p>DK brand 98</p>	<p>11⇒NEXT MODULE</p> <p>12⇒NEXT MODULE</p> <p>21⇒ML14</p> <p>22⇒ML14</p>
<p>ML13. When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK/not sure 8</p>	
<p>ML14. Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes or bugs?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ NEXT MODULE</p> <p>8⇒ NEXT MODULE</p>
<p>ML15. How long ago was the net last soaked or dipped?</p> <p><i>IF LESS THAN 1 MONTH, RECORD '00'.</i></p> <p><i>IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.</i></p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago 95</p> <p>DK 98</p>	

MODULE 6: IMMUNIZATION										IM		
<p><i>IF AN IMMUNIZATION CARD IS AVAILABLE, COPY THE DATES IN IM2-IM8 FOR EACH TYPE OF IMMUNIZATION OR VITAMIN A DOSE RECORDED ON THE CARD. IM10-IM18 ARE FOR RECORDING VACCINATIONS THAT ARE NOT RECORDED ON THE CARD. IM10-IM18 WILL ONLY BE ASKED WHEN A CARD IS NOT AVAILABLE.</i></p>												
IM1. Is there a vaccination card for (NAME)?			Yes, seen 1 Yes, not seen 2 No 3							2⇒IM10	3⇒IM10	
(a) COPY DATES FOR EACH VACCINATION FROM THE CARD.			Date of Immunization									
(b) WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT VACCINATION WAS GIVEN BUT NO DATE RECORDED.			DAY	MONTH		YEAR						
IM2. BCG		BCG										
IM3A. Polio at birth		OPV0										
IM3B. Polio 1		OPV1										
IM3C. Polio 2		OPV2										
IM3D. Polio 3		OPV3										
IM4A. DPT1		DPT1										
IM4B. DPT2		DPT2										
IM4C. DPT3		DPT3										
IM5A. HepB1Hib (or DPTHepB1Hib)		(DPT)HH1										
IM5B. HepB2Hib (or DPTHepB2Hib)		(DPT)HH2										
IM5C. HepB3Hib (or DPTHepB3Hib)		(DPT)HH3										
IM6. Measles (or MMR)		Measles										
IM8A. Vitamin A (1)		VitA1										
IM8B. Vitamin A (2)		VitA2										
IM9. In addition to the vaccinations and vitamin A capsules shown on this card, did (NAME) receive any other vaccinations – including vaccinations received in campaigns or immunization days?			Yes 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN ON IM2 TO IM8B.) No 2 DK 8							1⇒IM19	2⇒IM19	8⇒IM19
RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, OPV 0-3, DPT 1-3, HEPATITIS B 1-3, MEASLES VACCINE(S), OR VITAMIN A SUPPLEMENTS.												
IM10. Has (NAME) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?			Yes 1 No 2 DK 8							2⇒IM19	8⇒IM19	

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IM11. Has (<i>NAME</i>) ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar?	Yes.....	1	
	No.....	2	
	DK.....	8	

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IM12. Has (NAME) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes.....	1	
	No.....	2	2⇒IM15
	DK.....	8	8⇒IM15
IM13. How old was he/she when the first dose was given – just after birth (within two weeks) or later?	Just after birth (within two weeks).....	1	
	Later.....	2	
IM14. How many times has he/she been given these drops?	No. of times.....	<input type="text"/> <input type="text"/>	
IM15. Has (NAME) ever been given "DPT or [DPT]HH vaccination injections" – that is, an injection in the thigh – to prevent him/her from getting tetanus, whooping cough, diphtheria? (sometimes given at the same time as polio)	Yes.....	1	
	No.....	2	2⇒IM17
	DK.....	8	8⇒IM17
IM16. How many times?	No. of times.....	<input type="text"/> <input type="text"/>	
IM17. Has (NAME) ever been given "Measles vaccination injections" – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	Yes.....	1	
	No.....	2	
	DK.....	8	
IM19. Please tell me if (NAME) has benefited from any of the following campaigns, national immunization in the last year and/or vitamin A:			
IM19A. National Immunization last year		Y N DK	
IM19B. Vitamin A campaign	National Immunization	1 2 8	
IM19c. Child Health Week	Vitamin A.....	1 2 8	
	Child Health Week	1 2 8	

IM20. DOES ANOTHER ELIGIBLE CHILD RESIDE IN THE HOUSEHOLD FOR WHOM THIS RESPONDENT IS MOTHER/CARETAKER? CHECK HOUSEHOLD LISTING, COLUMN HL8.

YES. ⇒ END THE CURRENT QUESTIONNAIRE AND THEN GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE TO ADMINISTER THE QUESTIONNAIRE FOR THE NEXT ELIGIBLE CHILD.

NO. ⇒ END THE INTERVIEW WITH THIS RESPONDENT BY THANKING HIM/HER FOR HIS/HER COOPERATION.

IF THIS IS THE LAST ELIGIBLE CHILD IN THE HOUSEHOLD, GO ON TO ANTHROPOMETRY MODULE.

MODULE 7: ANTHROPOMETRY		AN
<p><i>AFTER QUESTIONNAIRES FOR ALL CHILDREN ARE COMPLETE, THE MEASURER WEIGHS AND MEASURES EACH CHILD. RECORD WEIGHT, LENGTH/HEIGHT AND MID UPPER ARM CIRCUMFERENCE BELOW, TAKING CARE TO RECORD THE MEASUREMENTS ON THE CORRECT QUESTIONNAIRE FOR EACH CHILD. CHECK THE CHILD'S NAME AND LINE NUMBER ON THE HOUSEHOLD LISTING BEFORE RECORDING MEASUREMENTS.</i></p>		
AN1. Child's weight.	Kilograms (kg).....	<input type="text"/> <input type="text"/> . <input type="text"/>
AN2. Child's length or height.		
<p>CHECK AGE OF CHILD IN UF11:</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>		
	Length (cm) Lying down.....1	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
	Height (cm) Standing up.....2	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
<p>AN2A. CHECK AGE OF CHILD IN UF11: CHILD IS 6-59 MONTHS?</p> <p><input type="checkbox"/> YES. ⇒ CONTINUE WITH AN2B</p> <p><input type="checkbox"/> NO ⇒ GO TO AN 3</p>		
AN2B. Child's Mid Upper Arm Circumference (MUAC).	Mid Upper Arm Circumference (cm)	<input type="text"/> <input type="text"/> . <input type="text"/>
AN2C. check child for bilateral pitting oedema		
Does child have bilateral pitting oedema?	Yes..... 1	2⇒AN3
	No..... 2	
AN2D. What is the grade of oedema?	Mild-both feet (below the ankles) (+).....1	
	Moderate-both feet and legs (below the knees) (+ +) 2	
	Generalised including the face (+ + +) 3	
AN3. Measurer's identification code.	Measurer code	<input type="text"/> <input type="text"/>
AN4. Result of measurement.	Measured 1	
	Not present 2	
	Refused..... 3	
	Other (specify) 6	

<p>AN5. IS THERE ANOTHER CHILD IN THE HOUSEHOLD WHO IS ELIGIBLE FOR MEASUREMENT?</p> <p><input type="checkbox"/> YES. ⇒ RECORD MEASUREMENTS FOR NEXT CHILD.</p> <p><input type="checkbox"/> NO. ⇒ END THE INTERVIEW WITH THIS HOUSEHOLD BY THANKING ALL PARTICIPANTS FOR THEIR COOPERATION.</p> <p>GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND CHECK THAT ALL IDENTIFICATION NUMBERS ARE INSERTED ON EACH PAGE. TALLY ON THE HOUSEHOLD INFORMATION PANEL THE NUMBER OF INTERVIEWS COMPLETED.</p>
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