

BACKGROUND OF A CHILD			
ENTER BELOW THE NAME, LINE NUMBER AND SURVIVAL STATUS OF EACH BIRTH SINCE SEPTEMBER 2002,			
QUESTIONS AND FILTERS		CODING CATEGORIES	
RECORD STARTING TIME IN 24 HOUR CLOCK		SKIP TO	
		HOUR-----	
		MINUTES-----	
101	Line Number of child from P1 or D1 of the Household questionnaire <b>RE-ENTER THE NAME, AND SURVIVAL; STATUS OF EACH BIRTH SINCE SEPTEMBER 2002.</b>	Line Number Name _____ ALIVE ----- 1 DEAD----- 2	
102	Is the respondent the mother or caretaker of .....?	MOTHER----- 1 CARETAKER----- 2	
103	Date of birth of .....?  Age at last birthday/at death.	DAY MONTH YEAR <b>If age &gt;5 yrs end interview</b>	
104	With whom is ..... currently living (with whom was ..... living?)	MOTHER----- 1 FATHER----- 2 MOTHER,S PARENTS----- 3 FATHER,S PARENTS----- 4 OTHER RELATIVES----- 5 OTHER _____ ( SPECIFY)	
<b>ANTE AND POST NATAL CARE</b>			
105	When mother was pregnant with ..... was she given any injection to prevent the baby from getting tetanus, that is convulsions (stiff jaw & stiff neck) after birth ?	YES----- 1 NO----- 2 DON'T KNOW----- 9	
106a	When pregnant with ....., did you (she) consult anyone for a check up (Antenatal Care) on this pregnancy?	YES----- 1 NO----- 2 DON'T KNOW----- 9	→ 107 → 107
106b	Whom did you (she) see ? (ANTENATAL CHECKUP)	<b>HEALTH PROFESSIONAL:</b> DOCTOR----- 1 NURSE/MIDWIFE----- 2 AUXILIARY NURSE----- 3 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT----- 4 TRADITIONAL DOCTOR----- 5 RELATIVE/FRIEND----- 6 OTHER _____ (SPECIFY)	
107	Who assisted with the delivery of.....?  <b>PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.</b>	<b>HEALTH PROFESSIONAL:</b> DOCTOR----- 1 NURSE/MIDWIFE----- 2 AUXILIARY NURSE----- 3 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT----- 4 TRADITIONAL DOCTOR----- 5 RELATIVE/FRIEND----- 6 OTHER _____ (SPECIFY)	
108a	After the birth of ....., did you (mother) see anyone for a Post Natal checkup?	YES----- 1 NO----- 2 DON'T KNOW----- 9	→ 109 → 109

108b	Whom did you (mother) see for a check up ?	<b>HEALTH PROFESSIONAL:</b> DOCTOR----- 1 NURSE/MIDWIFE----- 2 AUXILIARY NURSE----- 3 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT----- 4 TRADITIONAL DOCTOR----- 5 RELATIVE/FRIEND----- 6 OTHER----- (SPECIFY)	
109	In the first week after delivery ,were you (was mother) visited in your (her) home by a health worker ?	YES----- 1 NO----- 2 DON'T KNOW----- 9	
<b>BIRTH REGISTRATION</b>			
110a	Has .....s birth been registered with the Civil Authorities ?	YES----- 1 NO----- 2 DON'T KNOW----- 9	→ 110c → 110d
110b	Does/Did ..... have a birth certificate ? <b>MAY I SEE IT PLEASE ?</b>	YES seen----- 1 YES, not seen----- 2 NO----- 3 DON'T KNOW----- 9	Then go to 110d
110c	Why is .....s 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 Did not know where to register----- 5 DON'T KNOW----- 9 Other (Specify)-----	
110d	Do you know how to register a child's birth ?	Yes----- 1 No----- 2	
<b>BREAST FEEDING</b>			
111	Has ..... ever been breastfed ?	YES----- 1 NO----- 2 DON'T KNOW----- 9	→ 113 → 116b
112	Why did you (mother) never breastfeed ..... ?	INCOVENIENT----- 1 HAD TO WORK----- 2 INSUFFIENT MILK----- 3 BABY REFUSED----- 4 CHILD SICK----- 5 MOTHER'S HEALTH CONDITION----- 6 CHILD DIED----- 7 OTHER----- (SPECIFY)	THEN GO TO 117A
113	How soon after birth did you (mother) give ..... the breast ?	LESS THAN 1 HOUR----- 1 BETWEEN 1 AND 24 HOURS ----- 2 AFTER ONE DAY ----- 3 DON'T KNOW----- 9	
114	Is she/he still being breastfed ?	YES----- 1 NO----- 2 CHILD DIED----- 3	→ 117A
115	How many months did you (mother) breastfeed.....?	Months-----	

116a	Why did you stop breastfeeding .....	INCOVENIENT----- 1 HAD TO WORK----- 2 INSUFFIENT MILK----- 3 BABY REFUSED----- 4 CHILD SICK----- 5 CHILD HAD DIARRHOEA----- 6 CHILD WEANING AGE----- 7 BECAME PREGNANT----- 8 MOTHER'S HEALTH CONDITION----- 9 CHILD DIED----- 10 OTHER _____ (SPECIFY)																																																					
116b	<b>Check 101:</b> Child alive?	YES----- 1 NO----- 2	→ 118																																																				
117a	Since this time yesterday, did ..... receive any of the following:  <b>Read each item aloud and record responses before proceeding to the next item</b>	<table border="0"> <tr> <td></td> <td style="text-align: right;"><b>Yes</b></td> <td style="text-align: right;"><b>No</b></td> <td style="text-align: right;"><b>DK</b></td> </tr> <tr> <td>a) VIT ,MINERAL SUPPLEMENTS OR MEDICINE? -----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>b)PLAIN WATER-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>c) SWEETENED WATER OR JUICE-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>d) ORAL REHYDRATION SALT (ORS)-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>e) INFANT FORMULA (0-6mnts)-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>f) INFANT FORMULA (6-12 mnts)-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>g) OTHER TINNED MILK -----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>h) POWDERED MILK-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>i) FRESH MILK-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>j) PASTURISED MILK (PINT)-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>k) OTHER LIQUIDS -----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>l) SOLID OR SEMI SOLID FOOD-----</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> </table>		<b>Yes</b>	<b>No</b>	<b>DK</b>	a) VIT ,MINERAL SUPPLEMENTS OR MEDICINE? -----	1	2	9	b)PLAIN WATER-----	1	2	9	c) SWEETENED WATER OR JUICE-----	1	2	9	d) ORAL REHYDRATION SALT (ORS)-----	1	2	9	e) INFANT FORMULA (0-6mnts)-----	1	2	9	f) INFANT FORMULA (6-12 mnts)-----	1	2	9	g) OTHER TINNED MILK -----	1	2	9	h) POWDERED MILK-----	1	2	9	i) FRESH MILK-----	1	2	9	j) PASTURISED MILK (PINT)-----	1	2	9	k) OTHER LIQUIDS -----	1	2	9	l) SOLID OR SEMI SOLID FOOD-----	1	2	9	
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117b	<b>CHECK 117A L:</b> Child received solid or semi-solid (mushy) food?	YES----- 1 NO----- 2	→ 118																																																				
117c	After how long was solid or semi-solid (mushy) food introduced?	DAYS----- <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTHS----- <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW----- 9 9																																																					
117d	SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID ..... EAT SOLID, SEMI SOLID OR SOFT FOODS OTHER THAN LIQUIDS <b>IF 7 OR MORE TIMES, RECORD '7'</b>	NO. OF TIMES----- <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW----- 9																																																					
118	<b>CHECK 102, IS THE RESPONDENT THE MOTHER TO .....?</b>	YES----- 1 NO----- 2	→ 122																																																				
<b>POSTPARTUM/ AMENORRHOEA</b>																																																							
119	How many months after the birth of..... did your period return ?	MONTHS----- <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> NOT RETURNED----- 96																																																					
120	Have you resumed sexual relations since the birth of .....?	YES----- 1 NO----- 2	→ 122																																																				
121	How many months after the birth of ..... did you resume sexual relations ?	MONTHS----- <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																																																					
122	Do you have any under five health card for ..... ? <b>IF YES :</b> May I see it, please ?	YES, SEEN----- 1 YES, NOT SEEN----- 2 NO CARD----- 3	→ 123																																																				

122a	Why is it not available?	CARD LOST----- 1 CARD BURNED----- 2 CARD SOMEWHERE ELSE----- 3 OTHER _____ (SPECIFY)																																																												
123	Has ..... ever had a vaccination to prevent him/her from getting diseases ?	YES----- 1 NO----- 2 DON'T KNOW----- 9																																																												
123a	CHECK 122 : Card seen ?	YES----- 1 NO----- 2 → 126																																																												
124	<b>IMMUNAZATION MODULE.</b> <b>RECORD DATES OF IMMUNIZATIONS FROM UNDER FIVE CARD.</b>  BCG 1 DPT 1 DPT 2 DPT 3 POLIO 1 POLIO 2 POLIO 3 HB 1 HB 2 HB 3 MEASLES	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td></td><td></td><td></td></tr> </tbody> </table>	YES	NO	DAY	MONTH	YEAR	1	2				1	2				1	2				1	2				1	2				1	2				1	2				1	2				1	2				1	2				1	2			
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125	WRITE THE BIRTH WEIGHT FROM CARD	WEIGHT (in kg)----- <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 150px;"></div>																																																												
<b>VITAMIN A MODULE</b>																																																														
126	Has ..... ever received a vitamin A capsule (Supplement) Like this one?  <b>SHOW CAPSULE OR DISPENSER FOR DIFFERENT DOSES.</b> <b>100,000 IU FOR THOSE 6-11 MONTHS OLD</b> <b>200,000 IU FOR THOSE 12-59 MONTHS OLD</b>	YES----- 1 NO----- 2 CHILD NOT ELIGIBLE----- 3 → 129 DON'T KNOW----- 9																																																												
126a	CHECK 101: CHILD ALIVE	YES----- 1 NO----- 2 → 128																																																												
127	How many months ago did ..... take the last dose?	MONTHS AGO----- <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>																																																												
128	Where did ..... get the last dose?	ON ROUTINE VISIT TO HEALTH FACILITY----- 1 SICK CHILD VISIT TO HEALTH FACILITY----- 2 NATIONAL IMMUNISATION DAY CAMPAIGNS-- 3 DON'T KNOW----- 9 OTHER (specify) _____																																																												

**IF CHILD DEAD  
END INTERVIEW**

CARE OF ILLNESS MODULE															
129	Has .....had diarrhoea in the last 24 hours ? (DIARRHOEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, AS 3 OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL).	YES----- 1 NO----- 2 DON'T KNOW----- 9	→ 131												
130	Has ..... had diarrhoea in last two weeks ?	YES----- 1 NO----- 2 DON'T KNOW----- 9	→ 132 → 143 → 143												
131	How many times did ..... pass stools?	Number of stools <input type="text"/> <input type="text"/>													
132	The last time .....passed stools,what was done to dispose of the stools ?	CHILD USED TOILET /LATRINE----- 1 PUT /RINSED INTO TOILET OR LATRINE----- 2 PUT /RINSED INTO DRAIN OR DITCH----- 3 THROWN INTO GARBAGE (SOLID WASTE )--- 4 BURIED----- 5 LEFT IN THE OPEN ----- 6 DON'T KNOW----- 9 OTHER (SPECIFY)_____													
133	How many days ago did the last diarrhoea start?	DAYS----- <input type="text"/> <input type="text"/> DON'T KNOW----- 99													
134	<b>LOOK AT 114: IS CHILD STILL BREASTFED ?</b>	YES----- 1 NO ----- 2	→ 136												
135	Did you continue breastfeeding ..... when he/she had diarrhoea ?	YES----- 1 NO----- 2													
136	When ..... had diarrhoea ,was he/she given more ,less or the same amount of fluids to drink as given before the diarrhoea ?	MORE----- 1 LESS----- 2 SAME----- 3 DON'T KNOW----- 9													
137	When ..... had diarrhoea, was she/he given more,less or the same amount of solid food as given before he/she had diarrhoea ?	MORE----- 1 LESS----- 2 SAME----- 3 SOLID FOODS NOT YET GIVEN----- 4 DON'T KNOW----- 9 OTHER _____ ( SPECIFY)													
138	During the last episode of the diarrhoea was ..... given any of the following?  <b>READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.</b>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>HOME SOLUTION OF SALT ,SUGAR</td> <td></td> <td></td> </tr> <tr> <td>WATER-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>ORS PACKET SOLUTION-----</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	HOME SOLUTION OF SALT ,SUGAR			WATER-----	1	2	ORS PACKET SOLUTION-----	1	2	<b>IF NO TO BOTH GO TO 141a</b>
	Yes	No													
HOME SOLUTION OF SALT ,SUGAR															
WATER-----	1	2													
ORS PACKET SOLUTION-----	1	2													

139	How much of the home solutions /special packet (ORS) was ..... given every 24 hours ?	$\frac{1}{2}$ LITER----- 1 1 LITER----- 2 $1\frac{1}{2}$ LITER----- 3 2 LITER----- 4 DON'T KNOW----- 9 OTHER----- (SPECIFY)																						
140	For how many days was ..... given home solutions/ special packet (ORS) ?	DAYS ----- <input type="text"/> <input type="text"/> DON'T KNOW----- 99																						
141a	Was ..... treated anywhere during the last episode of diarrhoea ?	YES----- 1 NO ----- 2	→ 143																					
141b	Where was he/she taken ( the last time) ?	HEALTH POST----- 1 CLINIC----- 2 HOSPITAL/ HEALTH CENTRE----- 3 PRIVATE DOCTOR /CLINIC----- 4 TRADITIONAL DOCTOR----- 5 DON'T KNOW----- 9 OTHER----- (SPECIFY)																						
142	Was any of the following given to..... to treat the diarrhoea (the last time) ?  <b>READ OUT RESPONSES</b>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>INJECTION-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>INTRAVENOUS(DRIP)-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLETS OR PILLS-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>SYRUPS -----</td> <td>1</td> <td>2</td> </tr> <tr> <td>ORS -----</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER (SPECIFY)-----</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	INJECTION-----	1	2	INTRAVENOUS(DRIP)-----	1	2	TABLETS OR PILLS-----	1	2	SYRUPS -----	1	2	ORS -----	1	2	OTHER (SPECIFY)-----			
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143	Has ..... suffered from severe cough (different or rapid breathing) in the last four weeks ?	YES----- 1 NO----- 2 DON'T KNOW----- 9	→ 148 → 148																					
144	When .....had illness with a cough ,did he/she breathe faster than usual with short, quick breaths or have difficulty in breathing ?	YES----- 1 NO----- 2 DON'T KNOW----- 9	→ 148 → 148																					
145	Were the symptoms due to a problem in the chest or a blocked nose ?	PROBLEM IN CHEST----- 1 BLOCKED NOSE----- 2 BOTH----- 3 DON'T KNOW----- 9 OTHER (specify)-----																						

146	Where was ..... taken for the treatment of the problem ?  <b>CIRCLE ALL MENTIONED BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</b>	<b>PUBLIC SECTOR</b> Govt. Hospital----- 1 Govt. clinic----- 2 Govt. Health post----- 3 Family Welfare Educator----- 4 Mobile /outreach clinic----- 5  <b>PRIVATE MEDICAL SECTOR</b> Private hospital/clinic----- 6 Private doctor----- 7 Private pharmacy----- 8 Mobile clinic----- 9  <b>OTHER SOURCE</b> Relative or friend----- 10 Shop----- 11 Traditional practitioner----- 12 Other (Specify)_____																						
147	Was any of the following given to..... to treat the problem ?  <b>READ OUT RESPONSES</b>	<table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>ANTIBIOTICS-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>PANADO,PARACETAMOL SYRUP/ TABLETS----</td> <td>1</td> <td>2</td> </tr> <tr> <td>ASPRIN-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTION-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER_____</td> <td></td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> </table>		<b>YES</b>	<b>NO</b>	ANTIBIOTICS-----	1	2	PANADO,PARACETAMOL SYRUP/ TABLETS----	1	2	ASPRIN-----	1	2	INJECTION-----	1	2	OTHER_____			(SPECIFY)			
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148	Has ..... suffered from ear pain or ear discharge (pus draining from the ear) in the last four weeks ?	YES----- 1 NO----- 2 DON'T KNOW----- 9	 → 150 → 150																					
149	Was..... taken anywhere to treat the problem ? <b>IF YES: Where was he/she taken?</b>  <b>CIRCLE ALL MENTIONED</b>	HEALTH POST----- 1 CLINIC----- 2 HOSPITAL/ HEALTH CENTRE----- 3 PRIVATE DOCTOR /CLINIC----- 4 TRADITIONAL DOCTOR----- 5 CHILD NOT TAKEN----- 6 DON'T KNOW----- 9 OTHER_____																						
150	Has ..... suffered from common cold (flu) in the last four weeks ?	YES----- 1 NO----- 2 DON'T KNOW ----- 9	 → 153 → 153																					
151	Was ..... taken anywhere to treat the problem ? <b>IF YES: Where was he/she taken?</b>  <b>CIRCLE ALL MENTIONED</b>	HEALTH POST----- 1 CLINIC----- 2 HOSPITAL/ HEALTH CENTRE----- 3 PRIVATE DOCTOR /CLINIC----- 4 TRADITIONAL DOCTOR----- 5 CHILD NOT TAKEN----- 6 DON'T KNOW----- 9 OTHER_____																						
152	Was any of the following given to..... to treat the problem ?  <b>READ OUT RESPONSES</b>	<table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td>ANTIBIOTICS-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>PANADO,PARACETAMOL SYRUP/ TABLETS----</td> <td>1</td> <td>2</td> </tr> <tr> <td>COUGH SYRUP-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTION-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER_____</td> <td></td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> </table>		<b>YES</b>	<b>NO</b>	ANTIBIOTICS-----	1	2	PANADO,PARACETAMOL SYRUP/ TABLETS----	1	2	COUGH SYRUP-----	1	2	INJECTION-----	1	2	OTHER_____			(SPECIFY)			
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153	Has ..... had fever in the last four weeks ?	YES----- 1 NO----- 2 DON'T ----- 9	→ 156 → 156
154	Was ..... taken anywhere to treat the fever ? <b>IF YES : Where was he /she taken ?</b>  <b>CIRCLE ALL MENTIONED</b>  <b>READ OUT RESPONSES</b>	HEALTH POST----- 1 CLINIC----- 2 HOSPITAL/ HEALTH CENTRE----- 3 PRIVATE DOCTOR /CLINIC----- 4 TRADITIONAL DOCTOR----- 5 CHILD NOT TAKEN----- 6 DON'T KNOW----- 9 OTHER----- (SPECIFY)	
155	Was any of the following given to..... to treat the problem ?  <b>READ OUT RESPONSES</b>	<b>YES NO</b> ANTIBIOTICS----- 1 2 PANADO, PARACETAMOL SYRUP/ TABLETS--- 1 2 COUGH SYRUP----- 1 2 INJECTION----- 1 2 OTHER----- (SPECIFY)	
156	Sometimes children have severe illness and should be taken immediately to a health facility.  Which types of symptoms will cause you to take your child to a health facility right away?  <b>KEEP ASKING FOR MORE SIGNS OR SYMPTOMS UNTIL THE CARETAKER CANNOT RECALL ANY ADDITIONALSYMPTOMS. CIRCLE ALL SYPTOMS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS</b>	Child not able to drink or breastfeed----- 1 Child becomes sicker----- 2 Child develops a fever----- 3 Child has fast breathing----- 4 Child has difficulty in breathing----- 5 Child has blood in stool----- 6 Child is drinking poorly----- 7 Other (Specify)-----	
157	Is ..... currently receiving TSABANA from the clinic /hospital ?	YES----- 1 NO----- 2	→ 159
158	<b>IF NO,</b> Why did ..... not receive TSABANA ?	NEVER HEARD OF IT ----- 1 CHILD NOT TAKEN TO CLINIC----- 2 CHILD NOT ELIGIBLE----- 3 MOTHER UNINTERESTED----- 4 NOT AVAILABLE ----- 5 MOTHER WANT PHALET SHE----- 6 OTHER----- (SPECIFY)	<b>ALL GO TO 162</b>
159	How often does ..... eat TSABANA ?	MORE THAN 2 TIMES A DAY----- 1 1-2 TIMES A DAY ----- 2 LESS THAN 3 TIMES A WEEK----- 3 NEVER ----- 4 OTHER----- (SPECIFY)	→ 161
160	When did you last give ..... Tsabana ?  <b>IF LESS THAN AN HOUR ENTER 00 FOR HOURS</b>	NUMBER OF: Hours----- Days----- Weeks----- Months----- Years-----	



161	<b>ASK FOR A SAMPLE OF TSABANA AND RECORD</b>	SAMPLE SEEN ----- 1 SAMPLE NOT SEEN----- 2																																																		
<b>EARLY LEARNING MODULE</b>																																																				
162	<b>CHECK AGE OF CHILD IN 103. CHILD IS 2 - 4 YEARS OLD?</b>	YES ----- 1 NO----- 2 → 165																																																		
163a	Does ..... attend any organized learning or early childhood education programme, such as private or government facility, including kindergarden or community child care ?	YES ----- 1 NO----- 2 → 164 DON'T KNOW----- 9 → 164																																																		
163b	Within the last seven days, about how many hours did ..... attend ?	NO. OF HOURS----- <input type="text"/> <input type="text"/>																																																		
164	In the past 3 days, did you or any Household member over 15 years of age engage in any of the following activities with .....; If yes ask: Who engaged in this activity with the child the mother the child's father or another adult member of the household (including the caretaker/respondent)? <b>Circle all that apply.</b> a. Read books or look at picture books with ....? b. Tell stories to ..... c. Sings songs with ..... ? d. Take .. outside the home, compound, yard e. Play with ..... f. Spend time with ..... naming counting , and/or drawing thing	<table border="0"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>CARETAKER</th> <th>SIBLINGS</th> <th>OTHER</th> <th>NONE</th> </tr> </thead> <tbody> <tr> <td>Books</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Stories</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Songs</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Take outside</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Play with</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Spend time</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		MOTHER	FATHER	CARETAKER	SIBLINGS	OTHER	NONE	Books	A	B	C	D	X	Y	Stories	A	B	C	D	X	Y	Songs	A	B	C	D	X	Y	Take outside	A	B	C	D	X	Y	Play with	A	B	C	D	X	Y	Spend time	A	B	C	D	X	Y	
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<b>AFTER QUESTIONNAIRES FOR ALL CHILDREN ARE COMPLETE, THE ENUMERATOR WEIGHS AND MEASURES EACH CHILD RECORD WEIGHT AND LENGTH/HEIGHT BELOW, TAKING CARE TO RECORD THE MEASUREMENTS ON THE CORRECT QUESTIONNAIRE FOR EACH CHILD.</b> <b>CHECK THE CHILD'S NAME AND LINE NUMBER ON THE HOUSEHOLD LISTING BEFORE RECORDING MEASUREMENTS.</b>																																																				
165	a) MEASURE THE WEIGHT AND RECORD FOR CHILD. b) MEASURE THE HEAD CIRCUMFERENCE AND RECORD FOR CHILD. c) MEASURE THE HEIGHT AND RECORD FOR CHILD. <b>IF CHILD IS UNDER 2 YEARS OLD → MEASURE LENGTH (LYING DOWN)</b> <b>IF CHILD IS 2 OR MORE YEARS → MEASURE HEIGHT (STANDING UP)</b>	Weight (in kg)----- <input type="text"/> Circumference (in cm)----- <input type="text"/> Length (in cm)----- <input type="text"/> Height (in cm)----- <input type="text"/>																																																		
166	Result of measurement	MEASURED----- 1 NOT PRESENT----- 2 REFUSED----- 3 Other _____ Specify																																																		
<b>RECORD THE TIME AT THE END OF INTERVIEW</b>		<b>HOUR</b> ----- <input type="text"/> <b>MINUTES</b> ----- <input type="text"/>	<b>END INTERVIEW</b> <input type="text"/>																																																	



















