



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

| UNDER-FIVE CHILD INFORMATION PANEL | | UF |
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| <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). A separate questionnaire should be used for each eligible child.</i></p> | | |
| UF1. Cluster number: _____ | UF2. Household number: _____ | |
| UF3. Child's Name: _____ | UF4. Child's Line Number: _____ | |
| UF5. Mother's/Caretaker's Name: _____ | UF6. Mother's/Caretaker's Line Number: _____ | |
| UF7. Interviewer name and number: _____ | UF8. Day/Month/Year of interview: ____ / ____ / _____ | |
| UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.) | Completed..... 1 Not at home 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (specify) _____ 6 | |

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| 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 (name). IN WHAT DAY, MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? | Date of birth: Day DK day 98 Month Year..... | |
| UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? | Age in completed years | |

| BIRTH REGISTRATION AND EARLY LEARNING MODULE | | BR |
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| BR5. Check age of child in UF11: Child is 3 or 4 years old? | | |
| <input type="checkbox"/> Yes. ⇒ Continue with BR6 | | |
| <input type="checkbox"/> No. ⇒ Go to BR8 | | |
| BR6. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR PRESCHOOL DEVELOPMENT CENTERS? | Yes 1 No..... 2 DK 8 | 2⇒BR8 8⇒BR8 |
| BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND? | No. of hours _ _ | |
| BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name): <i>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)?</i> <i>Circle all that apply.</i> | | |
| BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)? | Books | Mother A Father B Other X No one Y |
| BR8B. TELL STORIES TO (name)? | Stories | Mother A Father B Other X No one Y |
| BR8C. SING SONGS WITH (name)? | Songs | Mother A Father B Other X No one Y |
| BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? | Take outside | Mother A Father B Other X No one Y |
| BR8E. PLAY WITH (name)? | Play with | Mother A Father B Other X No one Y |
| BR8F. SPEND TIME WITH (name) NAMING, COUNTING, AND/OR DRAWING THINGS? | Spend time with | Mother A Father B Other X No one Y |

| BREASTFEEDING MODULE | | BF |
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| BF1. HAS (<i>name</i>) EVER BEEN BREASTFED? | Yes 1 No..... 2 DK 8 | 2⇒BF3 8⇒BF3 |
| BF2. IS HE/SHE STILL BEING BREASTFED? | Yes 1 No..... 2 DK 8 | |
| 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 OR MEDICINE? | 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. ORAL REHYDRATION SOLUTION (ORS)? | D. ORS..... 1 2 8 | |
| BF3E. INFANT FORMULA? | E. Infant formula..... 1 2 8 | |
| BF3F. TINNED, POWDERED OR FRESH MILK? | F. Milk..... 1 2 8 | |
| BF3G. ANY OTHER LIQUIDS? | 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 (<i>mushy</i>) food? <input type="checkbox"/> Yes. ⇒ Continue with BF5 <input type="checkbox"/> No or DK. ⇒ Go to CA1 | | |
| BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? <i>If 7 or more times, record '7'.</i> | No. of times ____ Don't know 8 | |

| CARE OF ILLNESS MODULE | | CA |
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| <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> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)? CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID? CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p> | <p style="text-align: right;">Yes No DK</p> A. Fluid from ORS packet 1 2 8 B. Recommended homemade fluid .. 1 2 8 C. Pre-packaged ORS fluid..... 1 2 8 | |
| <p>CA3. DURING (<i>name's</i>) 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's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i></p> | None..... 1 Much less 2 Somewhat less..... 3 About the same 4 More 5 DK 8 | |
| <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> | Yes 1 No..... 2 DK 8 | 2⇒CA12 8⇒CA12 |
| <p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p> | Yes 1 No..... 2 DK 8 | 2⇒CA12 8⇒CA12 |
| <p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST (TRACHEA, BRONCHI, LUNGS) OR A BLOCKED NOSE?</p> | Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK 8 | 2⇒CA12 6⇒CA12 |
| <p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p> | Yes 1 No..... 2 DK 8 | 2⇒CA10 8⇒CA10 |

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| <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>(Name of place)</p> | <p>Public sector</p> <p>Govt. hospital A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Village health worker D</p> <p>Mobile/outreach medical brigade E</p> <p>Other gov. medical institution (<i>specify</i>) _ H</p> <p>Private medical sector</p> <p>Private hospital/clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile medical brigade L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative or friend P</p> <p>Traditional practitioner/healer R</p> <p>Other (<i>specify</i>) _____ X</p> | |
| <p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒CA12</p> <p>8⇒CA12</p> |
| <p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Circle all medicines given.</i></p> | <p>Antibiotic A</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>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 01</p> <p>Put/rinsed into toilet 02</p> <p>Put/rinsed into drain or ditch 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK 98</p> | |

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| <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. 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 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> | |
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| IMMUNIZATION MODULE | | | | | | | IM | | |
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| <p>If an immunization card is available, copy the dates in IM2-IM6 for each type of immunization 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.</p> | | | | | | | | | |
| IM1. IS THERE A VACCINATION CARD FOR (name)? | | | Yes, seen | | | | 1 | | |
| | | | Yes, not seen | | | | 2 | 2⇒IM10 | |
| | | | No..... | | | | 3 | 3⇒IM10 | |
| (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 | | |
| IM2. BCG | BCG | | | | | | | | |
| IM3B. POLIO 1 | OPV1 | | | | | | | | |
| IM3C. POLIO 2 | OPV2 | | | | | | | | |
| IM3D. POLIO 3 | OPV3 | | | | | | | | |
| IM4A. DPT1 | DPT1 | | | | | | | | |
| IM4B. DPT2 | DPT2 | | | | | | | | |
| IM4C. DPT3 | DPT3 | | | | | | | | |
| IM5A. HEPB1 (OR DPTHEPB1) | (DPT)H1 | | | | | | | | |
| IM5B. HEPB2 (OR DPTHEPB2) | (DPT)H2 | | | | | | | | |
| IM5C. HEPB3 (OR DPTHEPB3) | (DPT)H3 | | | | | | | | |
| IM6. MEASLES (OR MMR) | MEASLES | | | | | | | | |
| IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN NATIONAL CAMPAIGNS OR IMMUNIZATION DAYS? <i>Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles.</i> | | | Yes | | | | 1 | 1⇒IM19 | |
| | | | (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM6.) | | | | | | |
| | | | No..... | | | | 2 | 2⇒IM19 | |
| | | | DK | | | | 8 | 8⇒IM19 | |
| IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL CAMPAIGN OR IMMUNIZATION DAY? | | | Yes | | | | 1 | | |
| | | | No..... | | | | 2 | 2⇒IM19 | |
| | | | DK | | | | 8 | 8⇒IM19 | |
| IM11. HAS (name) 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 | | |
| 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 | | | Just after birth (within two weeks)..... | | | | 1 | | |

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| TWO WEEKS) OR LATER? | Later 2 | |
| IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS? | No. of times _ _ | |
| IM15. HAS (<i>name</i>) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO) | Yes 1 No..... 2 DK 8 | 2⇒IM17 8⇒IM17 |
| IM16. HOW MANY TIMES? | No. of times _ _ | |
| IM17. HAS (<i>name</i>) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR – 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 (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR CHILD HEALTH DAYS: | | |
| IM19A. DATE/TYPE OF CAMPAIGN A | Campaign A 1 2 8 | |
| IM19B. DATE/TYPE OF CAMPAIGN B | Campaign B 1 2 8 | |
| IM19C. DATE/TYPE OF CAMPAIGN C | Campaign C 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.

| ANTHROPOMETRY MODULE | | AN |
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| <p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p> | | |
| AN1. Child's weight. | Kilograms (kg)..... _ _ . _ | |
| AN2. Child's length or height. Check age of child in UF11: <input type="checkbox"/> Child under 2 years old. ⇨ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇨ Measure height (standing up). | Length (cm) Lying down 1 _ _ . _ Height (cm) Standing up 2 _ _ . _ | |
| AN3. Measurer's identification code. | Measurer code _ _ | |
| AN4. Result of measurement. | Measured 1 Not present 2 Refused 3 Other (specify) 6 | |

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| <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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