



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

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

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

| BIRTH REGISTRATION AND EARLY LEARNING MODULE   |  | BR             |
|--|--|----------------|
| BR5. Check age of child in UF11: Child is 3 or 4 years old?  |  |                |
| <input type="checkbox"/> Yes. ⇒ Continue with BR6<br><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<br>No..... 2<br>DK ..... 8   | 2⇒BR8<br>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):<br><br>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)?<br>Circle all that apply. |  |                |
| BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)?   | Books  |                |
| BR8B. TELL STORIES TO (name)?  | Stories  |                |
| BR8C. SING SONGS WITH (name)?  | Songs  |                |
| BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?   | Take outside   |                |
| BR8E. PLAY WITH (name)?  | Play with  |                |
| BR8F. SPEND TIME WITH (name) NAMING, COUNTING, AND/OR DRAWING THINGS?  | Spend time with  |                |
|  | <div style="display: flex; justify-content: space-around;"> <span>Mother</span> <span>Father</span> <span>Other</span> <span>No one</span> </div> <div style="display: flex; justify-content: space-around;"> <span>A</span> <span>B</span> <span>X</span> <span>Y</span> </div> |                |

| BREASTFEEDING MODULE   |  | BF             |   |      |  |  |  |  |  |   |      |   |                              |   |   |   |                    |                      |   |   |   |   |                                   |   |   |   |  |             |   |   |   |                       |                        |   |   |   |                                       |              |   |   |   |                          |                        |   |   |   |   |                                   |   |   |   |  |
|--|--|----------------|---|------|--|--|--|--|--|---|------|---|------------------------------|---|---|---|--------------------|----------------------|---|---|---|---|-----------------------------------|---|---|---|--|-------------|---|---|---|-----------------------|------------------------|---|---|---|---------------------------------------|--------------|---|---|---|--------------------------|------------------------|---|---|---|---|-----------------------------------|---|---|---|--|
| BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?  | Yes ..... 1<br>No..... 2<br>DK ..... 8   | 2⇒BF3<br>8⇒BF3 |   |      |  |  |  |  |  |   |      |   |                              |   |   |   |                    |                      |   |   |   |   |                                   |   |   |   |  |             |   |   |   |                       |                        |   |   |   |                                       |              |   |   |   |                          |                        |   |   |   |   |                                   |   |   |   |  |
| BF2. IS HE/SHE STILL BEING BREASTFED?  | Yes ..... 1<br>No..... 2<br>DK ..... 8   |                |   |      |  |  |  |  |  |   |      |   |                              |   |   |   |                    |                      |   |   |   |   |                                   |   |   |   |  |             |   |   |   |                       |                        |   |   |   |                                       |              |   |   |   |                          |                        |   |   |   |   |                                   |   |   |   |  |
| BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:<br><br><i>Read each item aloud and record response before proceeding to the next item.</i>              | <table border="0"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Y</td> <td>N DK</td> </tr> <tr> <td>BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?</td> <td>A. Vitamin supplements .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3B. PLAIN WATER?</td> <td>B. Plain water .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?</td> <td>C. Sweetened water or juice .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3D. ORAL REHYDRATION SOLUTION (ORS)?</td> <td>D. ORS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3E. INFANT FORMULA?</td> <td>E. Infant formula.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3F. TINNED, POWDERED OR FRESH MILK?</td> <td>F. Milk.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3G. ANY OTHER LIQUIDS?</td> <td>G. Other liquids .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?</td> <td>H. Solid or semi-solid food .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table> |                |   |      |  |  |  |  |  | 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 |  |
|  |  |                |   |      |  |  |  |  |  |   |      |   |                              |   |   |   |                    |                      |   |   |   |   |                                   |   |   |   |  |             |   |   |   |                       |                        |   |   |   |                                       |              |   |   |   |                          |                        |   |   |   |   |                                   |   |   |   |  |
|  |  |                | 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 (mushy) food?<br><br><input type="checkbox"/> Yes. ⇒ Continue with BF5<br><br><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?<br><br><i>If 7 or more times, record '7'.</i>         | No. of times ..... ____<br><br>Don't know ..... 8  |                |   |      |  |  |  |  |  |   |      |   |                              |   |   |   |                    |                      |   |   |   |   |                                   |   |   |   |  |             |   |   |   |                       |                        |   |   |   |                                       |              |   |   |   |                          |                        |   |   |   |   |                                   |   |   |   |  |

| CARE OF ILLNESS MODULE   |   | 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>  | <p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>   | <p>2⇒CA5</p> <p>8⇒CA5</p>   |
| <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>)?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p> | <p style="text-align: right;">Yes No DK</p> <p>A. Fluid from ORS packet ..... 1 2 8</p> <p>B. Recommended homemade fluid .. 1 2 8</p> <p>C. Pre-packaged ORS fluid..... 1 2 8</p> |                             |
| <p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>  | <p>Much less or none..... 1</p> <p>About the same (or somewhat less) ..... 2</p> <p>More ..... 3</p> <p>DK ..... 8</p>  |                             |
| <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:</i></p> <p>MUCH LESS OR A LITTLE LESS?</p>   | <p>None..... 1</p> <p>Much less ..... 2</p> <p>Somewhat less..... 3</p> <p>About the same ..... 4</p> <p>More ..... 5</p> <p>DK ..... 8</p>                                       |                             |
| <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</p> <p>No..... 2</p> <p>DK ..... 8</p>   | <p>2⇒CA12</p> <p>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 HAVE DIFFICULTY BREATHING?</p>   | <p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>   | <p>2⇒CA12</p> <p>8⇒CA12</p> |
| <p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST (TRACHEA, BRONCHI, LUNGS) OR A BLOCKED NOSE?</p>   | <p>Problem in chest ..... 1</p> <p>Blocked nose ..... 2</p> <p>Both ..... 3</p> <p>Other (<i>specify</i>) ..... 6</p> <p>DK ..... 8</p>   | <p>2⇒CA12</p> <p>6⇒CA12</p> |
| <p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>   | <p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>   | <p>2⇒CA10</p> <p>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>(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 (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>Mobile medical brigade ..... L</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative or friend ..... P</p> <p>Traditional practitioner/healer ..... R</p> <p>Other (specify) _____ X</p> |                             |
| <p>CA10. WAS (name) 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 (name) 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 (specify) _____ 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 (name) 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 (specify) _____ 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,</i></p> <p><i>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> |  |
|---|---|--|

| IMMUNIZATION MODULE  |  |         |  |  |  |       |  | IM               |  |  |
|--|--|---------|--|--|--|-------|--|------------------|--|--|
| <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<br>Yes, not seen ..... 2<br>No..... 3                                |  |       |  | 2⇒IM10<br>3⇒IM10 |  |  |
| (a) Copy dates for each vaccination from the card.<br>(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?<br><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           |  |  |
| IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL CAMPAIGN OR IMMUNIZATION DAY?  |  |         |  | DK ..... 8   |  |       |  | 8⇒IM19           |  |  |
|  |  |         |  | Yes ..... 1  |  |       |  |                  |  |  |
|  |  |         |  | No..... 2  |  |       |  | 2⇒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?   |  |         |  | DK ..... 8   |  |       |  |                  |  |  |
|  |  |         |  | Yes ..... 1  |  |       |  |                  |  |  |
|  |  |         |  | No..... 2  |  |       |  |                  |  |  |
| IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?   |  |         |  | DK ..... 8   |  |       |  |                  |  |  |
|  |  |         |  | Yes ..... 1  |  |       |  |                  |  |  |
|  |  |         |  | No..... 2  |  |       |  | 2⇒IM15           |  |  |
| IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN  |  |         |  | DK ..... 8   |  |       |  | 8⇒IM15           |  |  |
|  |  |         |  | Just after birth (within two weeks)..... 1   |  |       |  |                  |  |  |

|  |  |                  |
|--|--|------------------|
| 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<br>No..... 2<br>DK ..... 8 | 2⇒IM17<br>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<br>No..... 2<br>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 |
|--|---|----|
| <p>After questionnaires for all children are complete, the measurer weighs and measures each child.<br/> 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.<br><br>Check age of child in UF11:<br><br><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).<br><br><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).   | Length (cm)<br>Lying down ..... 1 _ _ . _<br><br>Height (cm)<br>Standing up ..... 2 _ _ . _ |    |
| AN3. Measurer's identification code.   | Measurer code ..... _ _   |    |
| AN4. Result of measurement.  | Measured ..... 1<br>Not present ..... 2<br>Refused ..... 3<br><br>Other (specify) ..... 6   |    |

|   |
|---|
| AN5. Is there another child in the household who is eligible for measurement?<br><br><input type="checkbox"/> Yes. ⇒ Record measurements for next child.<br><br><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.<br><br>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. |
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