



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

No Questions

Answers' code

Skips

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> <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: _____	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	

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.

UF10. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Date of birth: Year..... DK year 9998 Month DK month 98 Day DK day 98	⇒UF11
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	Age in completed years	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No..... 3 DK 8	1⇒BR5
BR2. HAS (name's) BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRAION AND INFORMATION OFFICE?	Yes 1 No..... 2 DK 8	1⇒BR5 8⇒BR4
BR3. WHY IS (name'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 Does not know where to register 5 Other (specify) 6 DK 8	

BR4. DO YOU KNOW HOW 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"/> 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 COMMUNITY CHILD CARE?	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>Circle all that apply.</i>		
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; margin-bottom: 5px;"> Mother Father Other No one </div> <div style="display: flex; justify-content: space-around;"> A B X Z </div>	
	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> A B X Z </div>	
	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> A B X Z </div>	
	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> A B X Z </div>	
	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> A B X Z </div>	
	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> A B X Z </div>	

CHILD DEVELOPMENT		CE
<i>Question CE1 is to be administered only once to each caretaker</i>		
CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS <i>If 'none' enter 00</i>	Number of non-children's books Less than 10 0 ____ Ten or more non-children's books 10	
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)? <i>If 'none' enter 00</i>	Number of children's books Less than 10 0 ____ Ten or more books 10	
CE3. WHAT DOES (name) PLAY WITH WHEN HE/SHE IS AT HOME ?	Household objects (bowls, plates, cups, pots) A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B Homemade toys (dolls, cars and other toys made at home) C Toys that came from a store D No playthings mentioned Y	
CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (<i>day of the week</i>) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? <i>If 'none' enter 00</i>	Number of times ____	
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) LEFT ALONE? <i>If 'none' enter 00</i>	Number of times ____	

VITAMIN A MODULE		VA
VA1. HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? <i>Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.</i>	Yes 1 No 2 DK 8	2⇒BF 8⇒BF
VA2. HOW MANY MONTHS AGO DID (name) TAKE THE LAST DOSE?	Months ago ____ DK 98	
VA3. WHERE DID (name) GET THIS LAST DOSE?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 At home 4 Other (<i>specify</i>) 6 DK 8	

BREASTFEEDING MODULE		BF
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> BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION? BF3D. ORAL REHYDRATION SOLUTION (ORS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	<div style="text-align: right;">Y N DK</div> A. Vitamin supplements 1 2 8 B. Plain water 1 2 8 C. Sweetened water or juice 1 2 8 D. ORS 1 2 8 E. Infant formula..... 1 2 8 F. Milk, milk products 1 2 8 G. Other liquids 1 2 8 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 CA		
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
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? <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>	Yes 1 No..... 2 DK 8	2⇒CA5 8⇒CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>	<div style="text-align: right;">Yes No DK</div> A. Fluid from ORS packet 1 2 8 B. Recommended homemade fluid .. 1 2 8	
CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none..... 1 About the same (or somewhat less) 2 More 3 DK 8	
CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? <i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i>	None..... 1 Much less 2 Somewhat less..... 3 About the same 4 More 5 DK 8	

CA4A. Check CA2A: ORS packet used? Yes. 1 ⇒ Continue with CA4B No. 2 ⇒ Go to CA5 Do not know 8 ⇒ Go to CA5		
CA4B. WHERE DID YOU GET THE (local name for ORS packet from CA2A)?	Public sector Govt. hospital 11 Govt. health centre 12 Family clinic 13 Soum/bagh health worker 14 Mobile clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other (<i>specify</i>) 26 Other source Relative or friend 31 Traditional practitioner 33 Other (<i>specify</i>) 96 DK 98	
CA4C. HOW MUCH DID YOU PAY FOR THE (local name for ORS packet from CA2A)?	Tugruk — — — — Free 9996 DK 9998	
CA5. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?	Yes 1 No 2 DK 8	2 ⇒ CA12 8 ⇒ CA12
CA6. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK 8	2 ⇒ CA12 8 ⇒ CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK 8	2 ⇒ CA12 6 ⇒ CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes 1 No 2 DK 8	2 ⇒ CA10 8 ⇒ CA10
CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>	Public sector Govt. hospital A Govt. health centre B Family clinic C Soum/bagh health worker D Mobile clinic E Other public (<i>specify</i>) H Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Mobile clinic L Other private O Other source Relative or friend P Traditional practitioner Q Other (<i>specify</i>) R	

IMMUNIZATION MODULE										IM	
<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>											
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. (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									
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									
IM4D. DPT4		DPT4									
IM5A. (DPT)H1 HEPB1		(DPT)H1									
IM5B. (DPT)H1 HEPB2		(DPT)H2									
IM5C. (DPT)H1 HEPB2		(DPT)H3									
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? <i>Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.</i>				Yes 1 <i>(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.)</i> No..... 2 DK 8						1⇒IM19 2⇒IM19 8⇒IM19	
				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

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	
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes 1 No..... 2 DK 8	2⇒IM15 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 _ _	
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 8 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 VITAMIN A OR CHILD HEALTH DAYS: IM19A. MAY IM19B. OCTOBER	<div style="text-align: right; margin-bottom: 5px;">Y N DK</div> May immunization day 1 2 8 October immunization day 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. 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. <i>Check age of child in UF11:</i> <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	

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