STATE COMMITTEE ON STATISTICS OF REPUBLIC OF TAJIKISTAN

MICS-3

UNICEF OFFICE IN THE REPUBLIC OF TAJIKISTAN

❸ QUESTIONNAIRE FOR CHILDREN UNDER FIVE ❸

UNDER-FIVE CHILD INFORMATION PANEL	UF

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.
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.

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
UF9A. Name and line of editor: Name_____ ___ ___	Editing date and signature: _____

Repeat greeting if not already read to this respondent:
WE ARE FROM STATE COMMITTEE ON STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

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.

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 MONTH AND YEAR WAS (*name*) BORN?
Probe:
    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 .... __ __
	  DK day 98
	
	  Month .... __ __
	  DK month 98
	
	  Year....................................... __ __ __ __
	  DK year 9998	

UF11. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	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 AUTHORITIES?	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?* ☐ *Yes.* ⇨ *Continue with BR6* ☐ *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*): *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)? *Circle all that apply.*		Mother	Father	Other	No one	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (*name*)?	Books	A	B	X	Y	
BR8B. TELL STORIES TO (*name*)?	Stories	A	B	X	Y	
BR8C. SING SONGS WITH (*name*)?	Songs	A	B	X	Y	
BR8D. TAKE (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y	
BR8E. PLAY WITH (*name*)?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH (*name*) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	

CHILD DEVELOPMENT		CE

Question CE1 is to be administered only once to each caretaker

CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS *If 'none' enter 00*	Number of non-children's books .... 0 __ Ten or more non-children's books 10	
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)? *If 'none' enter 00*	Number of children's books .... 0 __ Ten or more books 10	
CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. WHAT DOES (*name*) PLAY WITH? DOES HE/SHE PLAY WITH HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS? OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES? HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME? TOYS THAT CAME FROM A STORE? *If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response* *Code Y if child does not play with any of the items mentioned.*	 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 (*day of the week*) HOW MANY TIMES WAS (*name*) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? *If 'none' enter 00*	Number of times.................................. __ __	
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (*name*) LEFT ALONE? *If 'none' enter 00*	Number of times.................................. __ __	

VITAMIN A MODULE		VA
VA1. HAS (*name*) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? *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.*	Yes .... 1 No.. 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (*name*) TAKE THE LAST DOSE? *If less one month record 00*	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 Other (*specify*) _____ 6 DK 8	

BREASTFEEDING MODULE		BF
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes 1	
	No.. 2	2⇨BF3
	DK 8	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: *Read each item aloud and record response before proceeding to the next item.* BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3I. TEA WITHOUT SUGAR? 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?	Y N DK A. Vitamin supplements .... 1 2 8 B. Plain water .... 1 2 8 I. Tea without sugar……………….. 1 2 8 C. Sweetened water or juice .... 1 2 8 D. ORS.. 1 2 8 E. Infant formula............................... 1 2 8 F. Milk... 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?* ☐ *Yes.* ⇨ *Continue with BF5* ☐ *No or DK.* ⇨ *Go to Next Module*		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (*name*) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? *If 7 or more times, record '7'.*	No. of times.. ___ Don't know 8	

CARE OF ILLNESS MODULE		CA
CA1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? *Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.*	Yes .... 1 No... 2 DK 8	2⇨CA5 8⇨CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.* CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED "REHIDRON"? CA2B. MINISTRY OF HEALTH-RECOMMENDED HOMEMADE FLUID?	Yes No DK A. Fluid from ORS packet .... 1 2 8 B. Recommended homemade fluid .. 1 2 8	
CA3. DURING (*name's*) 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 (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? *If "less", probe:* MUCH LESS OR A LITTLE LESS?	None.. 1 Much less .... 2 Somewhat less... 3 About the same .... 4 More .... 5 DK 8	
CA4A. *Check CA2A: ORS packet used?* ☐ *Yes.* ⇨ *Continue with CA4B* ☐ *No.* ⇨ *Go to CA5*		

CA4B. WHERE DID YOU GET THE (*local name for ORS packet from CA2A*)?	Public sector
	  Pharmacy.. 10
	  Govt. hospital 11
	  Govt. health centre................................ 12
	  Govt. health post.................................... 13
	  Village health worker............................. 14
	  Mobile/outreach clinic 15
	  Other public (*specify*)_____ 16
	
	Private medical sector
	  Private hospital/clinic 21
	  Private physician.................................... 22
	  Private pharmacy 23
	  Mobile clinic 24
	  Other private medical (*specify*)_____26
	
	Other source
	  Relative or friend................................... 31
	  Shop 32
	  Traditional practitioner 33
	
	Other (*specify*)_____96
	DK 98	

CA4C. HOW MUCH DID YOU PAY FOR THE (*local name for ORS packet from CA2A*)? *IF LESS 1 SOMONI? RECORD 001*	Somoni .... __ __ __ Free.. 996 DK 998	
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 (*specify*) _____ 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?
 	
Circle all providers mentioned, but do NOT prompt with any suggestions.
 	
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.
 	
_____
(Name of place)
	Public sector
	   Govt. hospital ....A
	   Govt. health centre.............................B
	   Govt. health post................................C
	   Village health worker..........................D
	   Mobile/outreach clinic ....E
	   Pharmacy………………………………… F
	   Other public (*specify*) _____ H
	Private medical sector
	   Private hospital/clinic I
	   Private physician................................. J
	   Private pharmacy ....K
	   Mobile clinic L
	   Other private
	     medical (*specify*) _____ O
	Other source
	   Relative or friend.................................P
	   Shop .... Q
	   Traditional practitioner ....R
	   Mullah/priest………………………………S
	Other (*specify*) _____ X	

CA10. WAS (*name*) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes .... 1 No... 2 DK 8	2⇨CA12 8⇨CA12
CA11. WHAT MEDICINE WAS (*name*) GIVEN? *Circle all medicines given.*	Antibiotic..A Paracetamol/Panadol/Acetaminophen ....P Aspirin .... Q Ibuprofen...R Other (*specify*) _____ X DK .... Z	

CA11A. *Check CA11: Antibiotic given?*

☐ *Yes.⇨ Continue with CA11B*

☐ *No.⇨ Go to CA12*

CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector
	    Pharmacy……………………………10
	    Govt. hospital 11
	    Govt. health centre.............................. 12
	    Govt. health post................................. 13
	    Village health worker........................... 14
	    Mobile/outreach clinic 15
	    Other public (*specify*) 16
	
	Private medical sector
	    Private hospital/clinic 21
	    Private physician.................................. 22
	    Private pharmacy 23
	    Mobile clinic 24
	    Other private medical (*specify*) 26
	
	Other source
	    Relative or friend................................. 31
	    Shop 32
	    Traditional practitioner 33
	
	Other (*specify*)g 96
	DK 98	

CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Somoni .... __ __ __ Free.. 996 DK 998	
CA12. *Check UF11: Child aged under 3?* ☐ *Yes.* ⇨ *Continue with CA13* ☐ *No.* ⇨ *Go to CA14*		
CA13. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine............................... 01 Put/rinsed into toilet or latrine .... 02 Put/rinsed into drain or ditch .... 03 Thrown into garbage (solid waste)............ 04 Buried.. 05 Left in the open .... 06 Other (*specify*) _____ 96 DK 98	
Ask the following question (CA14) only once for each caretaker .If respondent already replied to this question for other child, cycle «N»	Respondent already replied to this question for other child ....N	
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? *Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned,* *But do NOT prompt with any suggestions.*	Child not able to drink or breastfeed...........A Child becomes sicker.................................B Child develops a fever ....C Child has fast breathing ....D Child has difficult breathing........................E Child has blood in stool..............................F Child is drinking poorly.............................. G Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST, HAS (*name*) BEEN ILL WITH A FEVER?	Yes .... 1 No... 2 DK 8	2⇨ML10 8⇨ML10
ML2. WAS (*name*) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes .... 1 No... 2 DK 8	2⇨ML6 8⇨ML6
ML3. DID (*name*) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes .... 1 No... 2 DK 8	2⇨ML5 8⇨ML5

ML4. WHAT MEDICINE DID (*name*) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?
 	
Circle all medicines mentioned.
	Anti-malarias:
	   SP/Fansidar ....A
	   Chloroquine...B
	   Amodiaquine C
	   Quinine..D
	   Artemisinin-based combinations ....E
	   Other anti-malarial
	      (*specify*) _____ H
	
	Other medications:
	   Paracetamol/Panadol/Acetaminophen ...P
	   Aspirin .... Q
	   Ibuprofen...R
	
	Other (*specify*) _____ X
	DK ....Z	

ML5. WAS (*name*) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes .... 1 No... 2 DK 8	1⇨ML7 2⇨ML8 8⇨ML8
ML6. WAS (*name*) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes .... 1 No... 2 DK 8	2⇨ML8 8⇨ML8

ML7. WHAT MEDICINE WAS (*name*) GIVEN?
 	
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.
	Anti-malarias:
	   SP/Fansidar ....A
	   Chloroquine...B
	   Amodiaquine C
	   Quinine..D
	   Artemisinin-based combinations ....E
	   Other anti-malarial
	      (*specify*) _____ H
	
	Other medications:
	   Paracetamol/Panadol/Acetaminophen ...P
	   Aspirin .... Q
	   Ibuprofen...R
	
	Other (*specify*) _____ X
	DK ....Z	

ML8. *Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?* ☐ *Yes.* ⇨ *Continue with ML9* ☐ *No.* ⇨ *Go to ML10*		

ML9. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from ML4 or ML7*)? *If multiple anti-malaria's mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.* *Record the code for the day on which the first anti-malarial was given.*	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	

ML9A. WHERE DID YOU GET THE (NAME OF ANTI-MALARIAL FROM ML4 OR ML7)?
 	
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).
	Public sector
	   Pharmacy…………………………………10
	   Govt. hospital 11
	   Govt. health centre.............................. 12
	   Govt. health post.................................. 13
	   Village health worker........................... 14
	   Mobile/outreach clinic 15
	   Other public (specify) 16
	
	Private medical sector
	   Private hospital/clinic 21
	   Private physician.................................. 22
	   Private pharmacy 23
	   Mobile clinic 24
	   Other private medical (specify) 26
	
	Other source
	   Relative or friend................................. 31
	   Shop 32
	   Traditional practitioner 33
	
	Other (specify) 96
	DK 98	

ML9B. HOW MUCH DID YOU PAY FOR THE (NAME OF ANTI-MALARIAL FROM ML4 OR ML7)? IF LESS 1 SOMONI, RECORD 001 REFER TO THE SAME ANTI-MALARIAL AS IN ML9A ABOVE	Somoni……………………………… __ __ __ Free.. 996 DK 998	
ML10. DID (*name*) SLEEP UNDER A MOSQUITO NET LAST NIGHT?	Yes .... 1 No.. 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET? *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.*	Months ago .... __ __ More than 24 months ago .... 95 Not sure... 98	

ML12. WHAT BRAND IS THIS NET?
 	
If the respondent does not know the brand of the net, show pictorials, or if possible, observe the net.
 	
PRE-TREATED NETS:
NETS RECEIVED FROM ACTED?
 	
OTHER NETS:
 	
Other nets brand
	Pre-treated net:
	    Nets received from ACTED……………..21
	
	Other net:
	    Other net (*specify brand*) _____ 36
	
	DK brand 98
		21⇨ML14

ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes .... 1 No.. 2 DK/not sure 8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?	Yes .... 1 No.. 2 DK 8	2⇨ NEXT MODULE 8⇨ NEXT MODULE
ML15. HOW LONG AGO THE NET WAS last SOAKED OR DIPPED? *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.*	Months ago .... __ __ More than 24 months ago .... 95 DK 98	

IMMUNIZATION MODULE					IM

If an immunization card or vaccination passport is available, copy the dates in IM2-IM6 for each type of immunization dose recorded on the card. Then ask questions IM 10- IM19 to mother/caretaker's...

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				
IM3A. POLIO AT BIRTH OPV0				
IM3B. POLIO 1 OPV1				
IM3C. POLIO 2 OPV2				
IM3D. POLIO 3 OPV3				
IM3E. POLIO 4 OPV4				
IM4A. DPT1 DPT1				
IM4B. DPT2 DPT2				
IM4C. DPT3 DPT3				
IM4D. DPT4 DPT4				
IM5A. HEPB1 HEPB1				
IM5B. HEPB2 HEPB2				
IM5C. HEPB3 HEPB3				
IM6. MEASLES MEASLES				
IM6A. MEASLES CAMPAIGN MEACAM				

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	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 AFTER BIRTH 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 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 (*name*) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, AND DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes .... 1 No... 2 DK 8	2⇨IM16A 8⇨IM16A
IM16. HOW MANY TIMES?	No. of times.. __ __	
IM16A. HAS (*name*) EVER BEEN GIVEN "HEPB VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO AND DTP VACCINES)	Yes .... 1 No... 2 DK 8	2⇨IM17 8⇨IM17
IM16B. HOW MANY TIMES?	No. of times.. __ __	
IM17. HAS (*name*) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes .... 1 No... 2 DK 8	
IM19. PLEASE TELL ME IF (*name*) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: IM19A.*MEASLES CAMPAIGN: 27 SEPTEMBER-10 OCTOBER 2004* IM19B. VITAMIN A *CAMPAIGN: 1-10 JUNE 2005*	Y N DK *Campaign A* .... 1 2 8 *Campaign B* 1 2 8	

IM20A. *Ask all information, needed for identification child's card in health facility. After completing the interview visit health facility and record immunization module from the an immunization card.* *Full name of the child……………………………………..Address……………………………………………………* *Address of the health facility keeping immunization records of the child……………………………………………* *………..*

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
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.		
AN1. Child's weight.	Kilograms (kg) .... __ __ . __	
AN2. Child's length or height. *Check age of child in UF11:* ☐ *Child under 2 years old.* ⇨ *Measure length (lying down).* ☐ *Child age 2 or more years.* ⇨ *Measure height (standing up).*	Length (cm) Lying down .... 1 __ __ __ . __ Height (cm) Standing up .... 2 __ __ __ . __	
AN2A. MUAC.	MUAC(sm)…………………….._ _ _ _ _ _._ _ _	
AN2B. EDEMA	Yes……………………………………..1 No……………………………………….2 DN…………………………………….8	
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?*

☐ *Yes.* ⇨ *Record measurements for next child.*

☐ *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.

IMMUNIZATION MODULE FOR DATA FROM THE HEALTH FACILITY					IMF
IMF1A. CHECK IM20A. IS THERE COLLECTED INFORMATION ABOUT THE HEALTH FACILITY WHERE (*name's*) IMMUNIZATION RECORDS ARE KEPT?	Yes .... 1 No.. 2				2⇨IMF7
IMF1B. WAS THE HEALTH FACILITY VISITED?	Yes .... 1 No.. 2				2⇨IMF7
IMF1C. ARE THERE AVAILBLE IMMUNIZATION RECORDS FOR (*name*) AT THE HEALTH FACILITY?	Yes .... 1 No.. 2				2⇨IMF7
(c) *Copy dates for each vaccination from the card.* (d) *Write '44' in day column if card shows that vaccination was given but no date recorded.*	Date of Immunization				
	DAY	MONTH	YEAR		
IMF2. BCG	BCG						
IMF3A. POLIO AT BIRTH	OPV0						
IMF3B. POLIO 1	OPV1						
IMF3C. POLIO 2	OPV2						
IMF3D. POLIO 3	OPV3						
IMF3E. POLIO 4	OPV4						
IMF4A. DPT1	DPT1						
IMF4B. DPT2	DPT2						
IMF4C. DPT3	DPT3						
IMF4D. DPT4	DPT4						
IMF5A. HEPB1	HEPB1						
IMF5B. HEPB2	HEPB2						
IMF5C. HEPB3	HEPB3						
IMF6. MEASLES	MEASLES						
IMF6A. MEASLES CAMPAIGN	MEACAM						

IMF7. END