



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<i>This questionnaire is to be administered to all mothers or caretakers (see household listing) who care for a child that lives with them and is under the age of 5 years. A separate questionnaire should be used for each eligible child.</i>		
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	Completed..... 1 Not at home ..... 2 Refused..... 3 Partly completed ..... 4 Incapacitated..... 5 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. NOW I WANT TO ASK YOU ABOUT ( <i>name</i> ). IN WHAT MONTH AND YEAR WAS ( <i>name</i> ) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?	Date of birth: Day .....  _ _ _ _  Month .....  _ _ _ _  Year.....  _ _ _ _ _ _ _ _	
UF11. HOW OLD WAS ( <i>name</i> ) AT HIS/HER LAST BIRTHDAY?	Age in completed years .....  _ _ _ _	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen ..... 1 Yes, not seen ..... 2 No..... 3  DK ..... 8	1⇒BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes ..... 1 No..... 2 DK ..... 8	1⇒BR5 8⇒BR4
BR3. WHY IS <i>(name's)</i> 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 ( <i>specify</i> ) ..... 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"/> Yes. ⇒ CONTINUE WITH BR6		
<input type="checkbox"/> No. ⇒ GO TO BR8		
BR6. DOES <i>(name)</i> 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 <i>(name)</i> 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 <i>(name)</i> :  <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD –</i>		
	Mother    Father    Other    No one	
1- READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	A          B          X          Y	
2-TELL STORIES TO <i>(name)</i> ?	A          B          X          Y	
3- SING SONGS WITH <i>(name)</i> ?	A          B          X          Y	
4- TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A          B          X          Y	
5- PLAY WITH <i>(name)</i> ?	A          B          X          Y	
6- SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	A          B          X          Y	

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 0  __  Ten or more non-children's books 10	
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR ( <i>name</i> )?  <i>If 'none' enter 00</i>	Number of children's books 0  __   Ten or more books 10	
CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT ( <i>name</i> ) PLAYS WITH WHEN HE/SHE IS AT HOME.  WHAT DOES ( <i>name</i> ) 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?  <i>Code Y if child does not play with any of the items mentioned.</i>	A  B  C  D  Y	
CE4. SINCE LAST ( <i>day of the week</i> ) HOW MANY TIMES WAS ( <i>name</i> ) 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 ( <i>name</i> ) LEFT ALONE?  <i>If 'none' enter 00</i>	Number of times  __ __	

VITAMIN A MODULE		VA
VA1. HAS ( <i>name</i> ) 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⇒NEXT MODULE  8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID ( <i>name</i> ) TAKE THE LAST DOSE?	Months ago .....  __ __  DK ..... 98	
VA3. WHERE DID ( <i>name</i> ) GET THIS LAST DOSE?	On routine visit to health facility ..... 1 Sick child visit to health facility ..... 2 National Immunization Day campaign ..... 3  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>  SOLID OR SEMI-SOLID (MUSHY) FOOD?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>BF3a. Vitamin, mineral supplements or medicine?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3b. Plain water?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3c. Sweetened, flavored water or fruit juice or tea or infusion?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3d. ORS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3e. Infant formula</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3f. Tinned, powdered or fresh milk?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3g. Any other liquids?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BF3h. Solid or semi-solid food</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	BF3a. Vitamin, mineral supplements or medicine?	1	2	8	BF3b. Plain water?	1	2	8	BF3c. Sweetened, flavored water or fruit juice or tea or infusion?	1	2	8	BF3d. ORS	1	2	8	BF3e. Infant formula	1	2	8	BF3f. Tinned, powdered or fresh milk?	1	2	8	BF3g. Any other liquids?	1	2	8	BF3h. Solid or semi-solid food	1	2	8	
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BF4. FOR INTERVIEWER: CHECK BF3H: CHILD RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD?  YES. ⇨ 1 NO ⇨ 2 GO TO NEXT MODULE																																						
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																
<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>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>CA2a. A fluid made from a special packet ORS?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>CA2b. Recommended homemade fluid?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>CA2c. A pre-packaged ORS fluid</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	CA2a. A fluid made from a special packet ORS?	1	2	8	CA2b. Recommended homemade fluid?	1	2	8	CA2c. A pre-packaged ORS fluid	1	2	8	
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<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⇒CA14 8⇒CA14																
<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⇒CA14 8⇒CA14																
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	Problem in chest ..... 1 Blocked nose ..... 2 Both..... 3 Other ( <i>specify</i> ) _____ 6 DK ..... 8	2⇒CA14 6⇒CA14																
<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																

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</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 clinic ..... E</p> <p>Other public (<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 clinic ..... L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative or friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... 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⇒CA14</p> <p>8⇒CA14</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</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><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
IM1. IS THERE A VACCINATION CARD FOR <i>(name)</i> ?	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							
IM3. POLIO AT BIRTH							
IM3A. POLIO 1							
IM3B. POLIO 2							
IM3C. POLIO 3							
IM4A. DPT1							
IM4B. DPT2							
IM4C. DPT3							
IM5A. HEPB1							
IM5B. HEPB2							
IM5C. HEPB3							
IM6. MEASLES							
IM6A. MEASLES 2							
IM8A. VITAMIN A (1)							
IM8B. VITAMIN A (2)							
IM8C. BOOSTER DOSE POLIO+DPT							
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID <i>(name)</i> 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 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 <i>(name)</i> 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” 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 RECEIVED ANY IMMUNIZATION DURING THE NATIONAL IMMUNIZATION DAYS TO PROTECT HIM/HER FROM POLIO, OR GIVEN VITAMIN A :		
IM19A. CAMPAIGN A 2002		Y N DK Campaign A ..... 1 2 8
IM19B. CAMPAIGN B 2003		Campaign B ..... 1 2 8
IM19C. CAMPAIGN C 2004		Campaign C ..... 1 2 8
IM19D. CAMPAIGN D 2005		Campaign D ..... 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**

*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.  <i>Check age of child in UF11:</i>  <input type="checkbox"/> <i>Child under 2 years old. ⇒ Measure length (lying down).</i>  <input type="checkbox"/> <i>Child age 2 or more years. ⇒ Measure height (standing up).</i>	Length (cm) Lying down ..... 1  __ __ __  .  __   Height (cm) Standing up ..... 2  __ __ __  .  __	
AN3. Measurer's name and code	Name..... code  __ __	
AN4. Result of measurement.	Measured ..... 1 Not present ..... 2 Refused..... 3  Other ( <i>specify</i> ) ..... 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.*