

**MODULE UF - UNDER-FIVE CHILD INFORMATION PANEL**

*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.*

<b>UF1. Cluster number:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 250px;"></div>	<b>UF2. Household number:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 250px;"></div>												
<b>UF3. Child's Name:</b> <div style="border: 1px solid black; width: 400px; height: 20px;"></div>	<b>UF4. Child's Line Number:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 250px;"></div>												
<b>UF5. Mother's/Caretaker's Name:</b> <div style="border: 1px solid black; width: 400px; height: 20px;"></div>	<b>UF6. Mother's/Caretaker's Line Number:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 250px;"></div>												
<b>UF7. Interviewer name:</b> <div style="border: 1px solid black; width: 400px; height: 20px;"></div>	<b>UF8. Day/Month/Year of interview:</b> <div style="border: 1px solid black; width: 400px; height: 20px; margin-left: 250px;"></div>												
<b>Interviewer number:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px;"></div>	<div style="border: 1px solid black; width: 400px; height: 20px; margin-left: 250px;"></div>												
<b>UF9. Result of interview for children under 5:</b> <i>(Codes refer to mother/caretaker.)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Completed .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Not at home .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Refused .....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Partly completed .....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Incapacitated .....</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Other (specify) .....</td> <td style="text-align: right;">6</td> </tr> </table>	Completed .....	1	Not at home .....	2	Refused .....	3	Partly completed .....	4	Incapacitated .....	5	Other (specify) .....	6
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Other (specify) .....	6												

*Repeat greeting if not already read to this respondent:*

**We are from Republic Statistical Office / Strategic Marketing Research. 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.*

<b>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.</b> <b>Now I want to ask you about (name).</b> <b>In what month and year was (name) born?</b> <i>Probe:</i> <b>What is his/her birthday?</b> <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i> <i>If the mother/caretaker does not know the exact month of birth, circle 98 for month.</i> <u>Year of birth must be entered.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Day .....</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> <tr> <td>DK day .....</td> <td style="text-align: right;">98</td> </tr> <tr> <td>Month .....</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> <tr> <td>DK month .....</td> <td style="text-align: right;">98</td> </tr> <tr> <td>Year .....</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> </table>	Day .....		DK day .....	98	Month .....		DK month .....	98	Year .....	
Day .....											
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Year .....											
<b>UF11. How old was (name) at his/her last birthday?</b> <i>Record age in completed years.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Age in completed years .....</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> </table>	Age in completed years .....									
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MODULE BR - BIRTH REGISTRATION AND EARLY LEARNING MODULE				
BR1. Does (name) have a birth certificate? May I see it?	Yes, seen .....	1	BR5	
	Yes, not seen .....	2	BR2	
	No .....	3		
	DK .....	8		
BR2. Has (name's) birth been registered with the civil authorities?	Yes .....	1	BR5	
	No .....	2	BR3	
	DK .....	8	BR4	
BR3. Why is (name's) birth not registered?	Costs too much .....	1	BR4	
	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		
BR4. Do you know how to register your child's birth?	DK .....	8		
	Yes .....	1	BR5	
No .....	2			
<b>BR5. Check age of child in UF11: Child is 3 or 4 years old?</b> <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 program, such as a private or government facility, including kindergarten or community child care?	Yes .....	1	BR7	
	No .....	2	BR8	
	DK .....	8		
BR7. Within the last seven days, about how many hours did (name) attend?	No. of hours .....			BR8
<b>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):</b> <i>If yes, ask:</i> <b>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)?</b> <i>Circle all that apply.</i>				
	Mother	Father	Other	No one
BR8A. Read books or look at picture books with (name)?	A	B	X	Y
BR8B. Tell stories to (name)?	A	B	X	Y
BR8C. Sing songs with (name)?	A	B	X	Y
BR8D. Take (name) outside the home, compound, yard or enclosure?	A	B	X	Y
BR8E. Play with (name)?	A	B	X	Y
BR8F. Spend time with (name) naming, counting, and/or drawing things?	A	B	X	Y
MODULE CE				

MODULE CE - CHILD DEVELOPMENT				
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  <i>If 'none' enter 00.</i>	Number of non-children's books ..... <table border="1" style="display: inline-table; width: 50px; text-align: center;"><tr><td>0</td><td></td></tr></table> Ten or more non-children's books ..... 10	0		CE2
0				
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 ..... <table border="1" style="display: inline-table; width: 50px; text-align: center;"><tr><td>0</td><td></td></tr></table> Ten or more books ..... 10	0		CE3
0				
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? <i>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</i> <i>Code Y if child does not play with any of the items mentioned.</i>	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		
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)?  <i>If 'none' enter 00.</i>	No. of times ..... <table border="1" style="display: inline-table; width: 50px; text-align: center;"><tr><td></td><td></td></tr></table>			CE5
CE5. In the past week, how many times was (name) left alone?  <i>If 'none' enter 00.</i>	No. of times ..... <table border="1" style="display: inline-table; width: 50px; text-align: center;"><tr><td></td><td></td></tr></table>			MODULE BF

MODULE BF - BREASTFEEDING MODULE						
BF1. Has (name) ever been breastfed?	Yes ..... 1	BF2				
	No ..... 2	BF3				
	DK ..... 8					
BF2. Is he/she still being breastfed?	Yes ..... 1 No ..... 2 DK ..... 8	BF2A				
BF2A. How long after birth did you first put (NAME) to the breast?  <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately ..... 000 Hours ..... 1 <table border="1" style="display: inline-table; width: 50px; text-align: center;"><tr><td></td><td></td></tr></table> Days ..... 2 <table border="1" style="display: inline-table; width: 50px; text-align: center;"><tr><td></td><td></td></tr></table> DK / Doesn't remember ..... 998					BF2B
BF2B. How often is/was (name) breastfed?  <i>Don't read answers.</i>	According to established daily schedule ..... 1 Whenever child wanted ..... 2 DK ..... 8	BF3				

<b>BF3. Since this time yesterday, did he/she receive any of the following:</b> <i>Read each item aloud and record response before proceeding to the next item.</i> <b>BF3A. Vitamin, mineral supplements or medicine?</b> <b>BF3B. Plain water?</b> <b>BF3C. Sweetened, flavored water or fruit juice or tea or infusion?</b> <b>BF3D. Oral rehydration solution (Orosal or Nelit)?</b> <b>BF3E. Infant formula? (Bebelac, Impamil ...)?</b> <b>BF3F. Powdered or fresh milk?</b> <b>BF3G. Any other liquids?</b> <b>BF3H. Solid or semi-solid (mushy) food?</b>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>A. Vitamin supplements .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B. Plain water .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C. Sweetened water or juice .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>D. ORS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>E. Infant formula .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>F. Milk .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>G. Other liquids .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>H. Solid or semi-solid food .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	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 .....	1	2	8	G. Other liquids .....	1	2	8	H. Solid or semi-solid food .....	1	2	8	BF3I
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<b>BF3I. Since this time yesterday, was he/she given to drink from a bottle with the pacifier?</b>	Yes ..... 1 No ..... 2 DK ..... 8	BF4																																				
<b>BF4. Check BF3H: Child received solid or semi-solid (mushy) food?</b> <input type="checkbox"/> Yes ⇒ Continue with BF5. <input type="checkbox"/> No or DK ⇒ Go to Next Module.																																						
<b>BF5. Since this time yesterday, how many times did (name) eat solid, semisolid, or soft foods other than liquids?</b> <i>If 7 or more times, record '7'.</i>	No. of times ..... <input type="text"/> DK ..... 8	MODUL CA																																				

<b>MODULE CA - CARE OF ILLNESS MODULE</b>			
<b>CA1. Has (name) had diarrhea in the last two weeks, that is, since (day of the week) of the week before last?</b> <i>Diarrhea 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	CA2	CA5
<b>CA2. During this last episode of diarrhea, did (name) drink any of the following:</b> <i>Read each item aloud and record response before proceeding to the next item.</i>			
	Yes	No	DK
CA2A. Breast milk	1	2	8
CA2B. Porridge (from cereals, leguminous plants, root vegetables) or soup	1	2	8
CA2C. Other (yogurt, sour milk, tea, sugar and salt solution, sugar-free fruit juice)	1	2	8
CA2D. Oral saline solutions for rehydration (Orosat, Nelit ...)	1	2	8
CA2E. Cow/sheep/goat milk or adapted baby milk	1	2	8
CA2F. Water and food combined	1	2	8
CA2G. Only water	1	2	8
CA2H. Sweetened water, sweetened tea or sweetened fruit juice	1	2	8
			CA3
<b>CA3. During (name's) illness, did he/she drink much less, about the same, or more than usual?</b>	Much less or none ..... 1 About the same (or somewhat less) ..... 2 More ..... 3 DK ..... 8	CA4	
<b>CA4. During (name's) illness, did he/she eat less, about the same, or more food than usual?</b> <i>If "less", probe:</i> <b>Much less or a little less?</b>	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK ..... 8	CA5	

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	CA6
	No ..... 2	CA12
	DK ..... 8	
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	CA7
	No ..... 2	CA12
	DK ..... 8	
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest ..... 1	CA8
	Blocked nose ..... 2	CA12
	Both ..... 3	CA8
	Other (specify) ..... 6	CA12
	DK ..... 8	CA8
CA8. Did you seek advice or treatment for the illness outside the home?	Yes ..... 1	CA9
	No ..... 2	CA10
	DK ..... 8	
CA9. From where did you seek care?  Anywhere else?  <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>	Surgery ..... A Health center ..... B Hospital ..... C Ambulance service ..... D Private doctor ..... E Chemist / pharmacist ..... F Traditional healer ..... H Relative / friend ..... I Other (specify) ..... X	CA10
CA10. Was (name) given medicine to treat this illness?	Yes ..... 1	CA11
	No ..... 2	CA12
	DK ..... 8	
CA11. What medicine was (name) given?  <i>Circle all medicines given.</i>	Cough syrup ..... A Antibiotic ..... B Medicine to reduce fever ..... C Domestic/traditional remedy ..... D Tea ..... E Other (specify) ..... X DK ..... Z	CA12
CA12. Check UF11: Child aged under 3? <input type="checkbox"/> Yes ⇒ Continue with CA13. <input type="checkbox"/> 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	CA14

<p>Ask the following question (CA14) only once for each caretaker.</p> <p><b>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?</b></p> <p>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.</p>	Child not able to drink or breastfeed .....	A	MODULE IM
	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	
	Child has convulsions / fits .....	H	
	Child vomits .....	I	
	Child has strong cough .....	J	
	Child complains of strong pains .....	K	
	Child injured him/herself .....	L	
	Child swallowed some object .....	M	
	Child burnt him/herself .....	N	
Other (specify) .....	X		
Other (specify) .....	Y		

**MODULE IM - IMMUNIZATION MODULE**

If an immunization card is available, copy the dates in IM2A-IM8D for each type of immunization or vitamin A dose recorded on the card. IM10-IM18A are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. Is there a vaccination card for (name)?	Yes, seen .....	1	IM2A
	Yes, not seen .....	2	IM10
	No .....	3	

(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.

Vaccine		Day		Month		Year		Vaccine		Day		Month		Year	
IM2A. BCG	V							IM6A. OPV (Polio)	I						
IM2B. BCG	R							IM6B. OPV (Polio)	II						
IM3A. DPT	I							IM6C. OPV (Polio)	III						
IM3B. DPT (DiTePer)	II							IM6D. OPV (Polio)	R1						
IM3C. DPT (DiTePer)	III							IM6E. OPV (Polio)	R2						
IM3D. DPT (DiTePer)	R1							IM6F. OPV (Polio)	R3						
IM3E. DT	R2							IM7A. MMR (Morbilli)	V						
IM3F. dt	R3							IM7B. MMR (Morbilli)	R						
IM4. TT	R							IM8A. Hep.B*HBsAg	I						
IM5A. Hep.B	I							IM8B. Hep.B*HBsAg	II						
IM5B. Hep.B	II							IM8C. Hep.B*HBsAg	III						
IM5C. Hep.B	III							IM8D. Hep.B*HBsAg	IV						

<p>IM9. In addition to the vaccinations shown on this card, did (name) receive any other vaccinations – including vaccinations received in campaigns or immunization days?</p> <p>Record 'Yes' only if respondent mentions vaccinations that are on vaccinations card list.</p>	Yes .....	1	IM19A
	(Probe for vaccinations and write '66' in the corresponding day column on IM2A to IM8D.)		
	No .....	2	
	DK .....	8	

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	IM11		
	No ..... 2	IM19A		
	DK ..... 8			
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		
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	IM13		
	No ..... 2	IM15		
	DK ..... 8			
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		
IM14. How many times has he/she been given these drops?	No. of times ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DK ..... 98			IM15
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	IM16		
	No ..... 2	IM17		
	DK ..... 8			
IM16. How many times?	No. of times ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DK ..... 98			IM17
IM17. Has ( <i>name</i> ) ever been given “Measles vaccination injections” or MMR – that is, a shot in the arm between the age of 12 and 18 months - to prevent him/her from getting measles?	Yes ..... 1 No ..... 2 DK ..... 8	IM18		
IM18. Has ( <i>name</i> ) ever been given hepatitis B vaccination, to prevent him/her from getting hepatitis B, that is, an injection in buttocks or arm in three doses administered between the age of 12 and 24 months?	Yes ..... 1	IM18A		
	No ..... 2	IM19A		
	DK ..... 8			
IM18A. How many times?	No. of times ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DK ..... 98			IM19A
IM19A. Has ( <i>name</i> ) ever participated in any nonregular vaccination action besides the regular vaccinations?	Yes ..... 1 No ..... 2 DK ..... 8	IM20		
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker?  Check household listing, column HL8.  <input type="checkbox"/> Yes ⇒ End the current questionnaire and then  Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> 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.</p>				

## MODULE AN - ANTHROPOMETRY MODULE

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)	<input type="text"/> <input type="text"/> . <input type="text"/>	AN2
<b>AN2. Child's length or height.</b> 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 <input type="text"/> <input type="text"/> . <input type="text"/>  Height (cm), Standing up      2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	AN3	
AN3. Measurer's identification code:	Measurer code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AN4
AN4. Result of measurement.	Measured ..... 1 Not present ..... 2 Refused ..... 3 Other (specify) ..... 6	AN5	
<b>AN5. Is there another child in the household who is eligible for measurement?</b>  <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.			