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.

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: _____ Interviewer number: ⌞_⌞_⌞_⌞_⌞_⌟	UF8. Day/Month/Year of interview: ⌞_⌞_⌟ / ⌞_⌞_⌟ / ⌞2⌞0⌞0⌞5⌟

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

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.

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.* *If the mother/caretaker does not know the exact month of birth, circle 98 for month.* <u>Year of birth must be entered.</u>	Day .... ⌞_⌞_⌟ DK day .... 98 Month .... ⌞_⌞_⌟ DK month .... 98 Year .... ⌞_⌞_⌞_⌞_⌟
UF11. **How old was (*name*) at his/her last birthday?** *Record age in completed years.*	Age in completed years .... ⌞_⌟

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 No .... 3 DK 8		BR2
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 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
BR4. Do you know how to register your child's birth?	Yes .... 1 No 2		BR5
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 program, such as a private or government facility, including kindergarten or community child care?	Yes 1		BR7
	No .... 2 DK 8		BR8
BR7. Within the last seven days, about how many hours did (*name*) attend?	No. of hours .... ☐☐		BR8

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*)?	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 *If 'none' enter 00.*	Number of non-children's books 0		CE2
	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		CE3
	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

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.*	No. of times	CE5

CE5. In the past week, how many times was (*name*) left alone? *If 'none' enter 00.*	No. of times	MODULE BF

MODULE BF - BREASTFEEDING MODULE

BF1. Has (*name*) ever been breastfed?	Yes 1	BF2
	No .... 2 DK 8	BF3

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? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* Otherwise, record days.	Immediately .... 000 Hours .... 1 Days .... 2 DK / Doesn't remember 998	BF2B

BF2B. How often is/was (*name*) breastfed? *Don't read answers.*	According to established daily schedule .... 1 Whenever child wanted .... 2 DK 8	BF3

BF3. Since this time yesterday, did he/she receive any of the following:		Yes	No	DK	
Read each item aloud and record response before proceeding to the next item.					
BF3A. Vitamin, mineral supplements or medicine?	A. Vitamin supplements	1	2	8	
BF3B. Plain water?	B. Plain water	1	2	8	
BF3C. Sweetened, flavored water or fruit juice or tea or infusion?	C. Sweetened water or juice	1	2	8	
BF3D. Oral rehydration solution (Orosal or Nelit)?	D. ORS	1	2	8	
BF3E. Infant formula? (Bebelac, Impamil ...)?	E. Infant formula	1	2	8	
BF3F. Powdered or fresh milk?	F. Milk	1	2	8	
BF3G. Any other liquids?	G. Other liquids	1	2	8	BF3I
BF3H. Solid or semi-solid (mushy) food?	H. Solid or semi-solid food	1	2	8	

BF3I. Since this time yesterday, was he/she given to drink from a bottle with the pacifier?	Yes .... 1 No .... 2 DK 8	BF4

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 .... ☐☐ DK 8	MODUL CA

MODULE CA - CARE OF ILLNESS MODULE

CA1. Has (*name*) had diarrhea in the last two weeks, that is, since (*day of the week*) of the week before last? *Diarrhea 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	CA2
	No .... 2 DK 8	CA5

CA2. During this last episode of diarrhea, did (*name*) drink any of the following: *Read each item aloud and record response before proceeding to the next item.*				
		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

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

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	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? *Circle all providers mentioned, but do NOT prompt with any suggestions.*	Surgery Health center Hospital Ambulance service Private doctor Chemist / pharmacist Traditional healer Relative / friend Other (*specify*) _____	A B C D E F H I 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? *Circle all medicines given.*	Cough syrup Antibiotic Medicine to reduce fever Domestic/traditional remedy Tea Other (*specify*) _____ DK	A B C D E X Z	CA12

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 Put/rinsed into toilet or latrine Put/rinsed into drain or ditch Thrown into garbage (solid waste) Buried Left in the open Other (*specify*) _____ DK	01 02 03 04 05 06 96 98	CA14

Ask the following question (CA14) only once for each caretaker. **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 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

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 (Morbili)	V			
IM3F. dt	R3				IM7B. MMR (Morbili)	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			

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

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		IM11
	No 2		IM19A
	DK 8		
IM11. Has (*name*) 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 (*name*) 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 .... ⌷⌷⌷ DK 98		IM15
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, diphtheria? (sometimes given at the same time as polio)	Yes 1		IM16
	No 2		IM17
	DK 8		
IM16. How many times?	No. of times .... ⌷⌷⌷ DK 98		IM17
IM17. Has (*name*) 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 (*name*) 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 DK 8		IM19A
IM18A. How many times?	No. of times .... ⌷⌷⌷ DK 98		IM19A
IM19A. Has (*name*) ever participated in any nonregular vaccination action besides the regular vaccinations?	Yes .... 1 No .... 2 DK 8		IM20

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.

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)	|⎵⎵|.|⎵|	AN2
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	|⎵⎵|.|⎵| |⎵⎵⎵|.|⎵|	AN3
AN3. Measurer's identification code:	Measurer code	|⎵⎵⎵⎵⎵|	AN4
AN4. Result of measurement.	Measured .... 1 Not present .... 2 Refused .... 3 Other (*specify*) _____ 6		AN5

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.