

MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2006
QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered preferably 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).</i></p> <p><i>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 _ _ _ Name:	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: _ / _ / 2006	
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 BANGLADESH BUREAU OF 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 FIFTEEN 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? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Date of birth: Day _ DK day 98 Month _ Year _ _ _ 	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years and complete months. Prove: age/date of birth checking in the field for consistency.</i>	Age in completed years _ Age in completed months _ 	

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 No3 DK.....8	1⇒BR5			
BR2. HAS (name's) BIRTH BEEN REGISTERED WITH THE LOCAL GOVERNMENT (CITY CORPORATION, MUNICIPALITY, UNION PARSHAD) ?	Yes1 No2 DK.....8	1⇒BR5 8⇒BR4			
BR3. WHY IS (name's) BIRTH NOT REGISTERED ?	Costs too much.....01 Must travel too far.....02 Did not know it should be registered03 Does not know where to register05 Don't feel it necessary07 Other (specify)96 DK.....98				
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes1 No2	2⇒BR5			
BR4A. WHERE CAN YOU REGISTER YOUR CHILD'S BIRTH?	City corporation1 Pourashava2 Union Parishad.....3 Other.....6 DK.....8				
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 (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN, OR COMMUNITY CHILD CARE LIKE MOSQUE/MOKTOB?	Yes1 No2 DK.....8	2⇒BR8 8⇒BR8			
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	No. of hours.....	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 0 auto;"></div> </div>			
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

BIRTH REGISTRATION AND EARLY LEARNING MODULE						BR
BR8E. PLAY WITH <i>(name)</i> ?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	
BR9. Do you think there is something you can do to develop the Intelligence of this child?	Yes 1 No 2					2⇒BR11
BR10. what are you doing for <i>(name)</i> ? (Multiple response)	Give warm and responsive care A Encourage any participation..... B Let child play and socialize with others C Set good example by modeling good behaviors and morals D Discipline/punish the child physically E Scold the child F Stimulate attachment by providing consistent & responsive care..... G Development of learning abilities H Others X					
BR10A. Check UF11: Child aged under 3years? <input type="checkbox"/> Yes. ⇒ Go to Next module <input type="checkbox"/> No. ⇒ Continue with BR11						
BR11. Are you doing anything to prepare <i>(name)</i> to go to school?	Yes 1 No 2					2⇒NEXT MODULE
BR12. If yes, how are preparing him/her? (MULTIPLE RESPONSE)	Develop speaking A Develop writing B Follow rules & regulations C Sending to school at appropriate age D Prepare mentally E Opportunity for playing F Encourage by comparing other children G Development of learning abilities H Others X					

VITAMIN A MODULE		VA
VA1. HAS <i>(name)</i> EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?	Yes 1 No 2	2⇒NEXT MODULE
Show capsule for different doses – 100,000 IU for those 9-11 months old, 200,000 IU for those 12-59 months old.	DK..... 8	8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID <i>(name)</i> TAKE THE LAST DOSE?	Months ago..... <input type="text"/>	

	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 Vitamin 'A' Campaign..... 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
<i>BF1A. Check age of child in UF11: Child is 0-23 months?</i> <input type="checkbox"/> Yes. ⇒ Continue with BF1A <input type="checkbox"/> No. ⇒ Go to BF2		
BF1A. DID YOU GIVE HONEY /SUGAR WATER/ MASTERED OIL ETC TO YOUR CHILD (<i>name</i>) IMMEDIATELY AFTER BIRTH?	Yes 1 No 2 DK..... 8	
BF1B. HOW SOON AFTER THE BIRTH DID YOU BEGIN BREAST FEEDING YOUR CHILD (<i>name</i>) ?	Immediately 0 00 Hours 1 <input type="text"/> <input type="text"/> <i>or</i> Days 2 <input type="text"/> <input type="text"/> Don't know/remember 8 98	
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?	A. Vitamin supplements..... 1 2 8	
BF3B. PLAIN WATER?	B. Plain water 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula 1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids..... 1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food 1 2 8	
<i>BF4. Check BF3H: Child received solid or semi-solid (mushy) food?</i> <input type="checkbox"/> Yes. ⇒ Continue with BF5 <input type="checkbox"/> No or DK. ⇒ 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? If 7 or more times, record '7'.	No. of times <input type="text"/> 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>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?</p> <p>CA2B. SALT-SUGAR-WATER FLUID</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Yes No DK</p> <p>A. Fluid from ORS packet..... 1 2 8</p> <p>B. Salt-Sugar-Water fluid..... 1 2 8</p> <p>C. Pre-packaged ORS fluid 1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none 1</p> <p>About the same (or somewhat less)..... 2</p> <p>More 3</p> <p>DK..... 8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If “less”, probe: MUCH LESS OR A LITTLE LESS?</p>	<p>None 1</p> <p>Much less 2</p> <p>Somewhat less 3</p> <p>About the same 4</p> <p>More 5</p> <p>DK..... 8</p>	
<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>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<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>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest..... 1</p> <p>Blocked nose 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 6</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>6⇒CA12</p>
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></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/ health centre..... A</p> <p>Health worker/HA 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>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>NGO Hospital/ Clinic S</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>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Amoxocilin/Sefrocilin/Cafixin 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>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine 01</p> <p>Put/rinsed into toilet or latrine..... 02</p> <p>Put/rinsed into drain or ditch..... 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open..... 06</p> <p>Other (<i>specify</i>) 96</p> <p>DK..... 98</p>	
<p><i>Ask the following question (CA14) only once for each 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 caretaker cannot recall any additional symptoms.</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>Animal Bite H</p> <p>Snake Bite I</p> <p>Drowning (sink in pond/river/canal/lake</p>	

<i>Circle all symptoms mentioned, But do NOT prompt with any suggestions.</i>	water)..... J	
	Others (Specify)..... X	

IMMUNIZATION MODULE										IM																																																																																																																																								
<p>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-IM17 are for recording vaccinations that are not recorded on the card. IM10-IM17 will only be asked when a card is not available.</p>																																																																																																																																																		
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.		<table border="1"> <thead> <tr> <th colspan="8">Date of Immunization</th> </tr> <tr> <th>DAY</th> <th colspan="2">MONTH</th> <th colspan="3">YEAR</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr><td>IM2. BCG</td><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM4A. DPT1</td><td>DPT1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM4B. DPT2</td><td>DPT2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM4C. DPT3</td><td>DPT3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM21A HEPATITIS B1</td><td>HEPB1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM21B HEPATITIS B2</td><td>HEPB2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM21C HEPATITIS B3</td><td>HEPB3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3A. POLIO AT BIRTH</td><td>OPV0</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3B. POLIO 1</td><td>OPV1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3C. POLIO 2</td><td>OPV2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3D. POLIO 3</td><td>OPV3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3E. POLIO 4</td><td>OPV4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM6. MEASLES (OR MMR)</td><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM8A. VITAMIN A (1)</td><td>VITA1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM8B. VITAMIN A (2)</td><td>VITA2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>								Date of Immunization								DAY	MONTH		YEAR					IM2. BCG	BCG							IM4A. DPT1	DPT1							IM4B. DPT2	DPT2							IM4C. DPT3	DPT3							IM21A HEPATITIS B1	HEPB1							IM21B HEPATITIS B2	HEPB2							IM21C HEPATITIS B3	HEPB3							IM3A. POLIO AT BIRTH	OPV0							IM3B. POLIO 1	OPV1							IM3C. POLIO 2	OPV2							IM3D. POLIO 3	OPV3							IM3E. POLIO 4	OPV4							IM6. MEASLES (OR MMR)	MEASLES							IM8A. VITAMIN A (1)	VITA1							IM8B. VITAMIN A (2)	VITA2							
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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, DPT 1-3, Hepatitis B1-3, OPV 0-4, Measles 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 POLIO 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 POLIO DROPS?	No. of times <input type="text"/>	
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS? (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 <input type="text"/>	
IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER ?	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. 18/01/2004 AND 29/02/2004 (NID)	A. NID 1	Y N DK 2 8
IM19B. 22/12/2005, VITAMIN –A CAMPAIGN	B. VITA-A..... 1	2 8
IM19D. 15/02/2006 TO 15/03/2006, MEASLES CAMPAIGN	D. MEASLES 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.

Gather together all questionnaires for this household and tally the number of interviewers completed on the cover page (HH12-15)