


**IRAQ MICS QUESTIONNAIRE FOR CHILDREN UNDER FIVE**

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>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.</i></p>		
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 <i>(Codes refer to mother/caretaker.)</i>	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 COSIT AND MOH. 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 20-30 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.</i>	Age in completed years .....	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? <i>If certificate is presented, verify reported date in UF10. If no birth certificate is presented, try to verify date using another document (health card, etc). Correct stated age in UF11, if necessary.</i>	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3  DK ..... 8	1⇒BR5
<i>If no birth certificate is shown, ask:</i> 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 Does not know where to register ..... 4  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?  <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?	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):  <i>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)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)?	Books                      Mother    Father    Other    No one 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	
BR8G. RECITE RELIGIOUS VERSES?	Recite verses            A        B        X        Y	

VITAMIN A MODULE		VA
VA1. HAS ( <i>name</i> ) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?	Yes ..... 1 No ..... 2  DK ..... 8	2⇒NEXT MODULE  8⇒NEXT MODULE
<i>Show capsule or dispenser for different doses – 50,000 IU for those 6-11 months old, 100,000 IU for those 12-59 months old.</i>		
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
BF1A. AFTER HOW MANY HOURS AFTER BIRTH DID BREASTFEEDING START?	Number of hours ..... DK ..... 998	
BF1B. DID ( <i>NAME</i> ) TAKE COLUSTRUM?	Yes ..... 1 No ..... 2 DK ..... 8	
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>		Y N DK
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	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food?  <input type="checkbox"/> Yes. ⇒ Continue with BF5 <input type="checkbox"/> No or DK. ⇒ Go to BF5A		
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	
BF5A. Check UF10: Year of birth is 2005 or 2005  <input type="checkbox"/> Yes. ⇒ Continue with BF6 <input type="checkbox"/> No ⇒ Go to NEXT MODULE		
BF6. DID YOU RECEIVE THE INFANT FORMULA SHARE OF YOUR CHILD ( <i>name</i> ) IN THE LAST MONTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF8 8⇒BF8
BF7. WHAT DO YOU DO WITH INFANT FORMULAS?	Give it to the child ..... 1 Give it to older children ..... 2 Turn it into yogurt ..... 3 Sell it ..... 4 Others ( <i>specify</i> ) ..... 6	

<b>BF8. DO YOU PREFER THAT THE INFANT FORMULA SHARE OF (NAME) TO BE CONTINUED, STOPPED, OR REPLACED WITH OTHER FOOD ITEMS IN THE MONTHLY PDS?</b>	Continue with formula .....	1
	Stop it .....	2
	Replace with other food .....	3
	Other ( <i>specify</i> ) _____	6
	DK .....	8

CARE OF ILLNESS MODULE		CA
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?  <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 with blood..... 1 Yes without blood..... 2 No..... 3  DK ..... 8	3⇒CA5  8⇒CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID ( <i>name</i> ) DRINK ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>	Yes No DK  A. Fluid from ORS packet ..... 1 2 8 D. Plain..... 1 2 8 E. Rice water..... 1 2 8 F. Vegetable soap..... 1 2 8 G. Yogurt drink..... 1 2 8 H. Fruit juice..... 1 2 8	
CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ( <i>local name for ORS packet solution</i> )? CA2D. PLAIN WATER?  CA2E. RICE WATER?  CA2F. VEGETABLE SOAP?  CA2G. YOGURT DRINK?  CA2H. FRUIT JUICE?		
CA3. DURING ( <i>name's</i> ) 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 ( <i>name's</i> ) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?  <i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i>	None..... 1 Much less..... 2 Somewhat less..... 3 About the same..... 4 More ..... 5  DK ..... 8	
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?	Yes ..... 1 No..... 2  DK ..... 8	2⇒CA12 8⇒CA12
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?	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 ( <i>specify</i> ) ..... 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

<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 ..... A</p> <p>Govt. PHC centre ..... B</p> <p>Health team during campaign ..... C</p> <p>Local health care centre..... D</p> <p>Other public (specify) _____ E</p> <p>Private medical sector</p> <p>Private hospital/clinic ..... F</p> <p>Private physician ..... G</p> <p>Private pharmacy ..... H</p> <p>Other private medical (specify) _____ I</p> <p>Other source</p> <p>Relative or friend ..... J</p> <p>Traditional practitioner/ Shop ..... K</p> <p>Other (specify) _____ X</p>	
<p>CA9A. Check CA9: Source is a health facility?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA9BB</p> <p><input type="checkbox"/> No. ⇒ Go to CA10</p>		
<p>CA9BB. WHY DID YOU CHOOSE THE FACILITY THAT YOU MAINLY GO TO?</p>	<p>Proximity ..... 01</p> <p>Familiarity ..... 02</p> <p>Cost ..... 03</p> <p>Safety ..... 04</p> <p>Told to do so ..... 05</p> <p>Referred for special care..... 06</p> <p>Confidence ..... 07</p> <p>Do not know of another ..... 08</p> <p>Others (specify) _____ 96</p>	
<p>CA9CC. WHEN YOU LAST WENT TO THIS FACILITY THAT YOU MAINLY GO TO, WERE YOUR CHILD MEDICAL NEEDS ADDRESSED OR NOT?</p>	<p>Needs addressed ..... 1</p> <p>Needs not addressed ..... 2</p>	
<p>CA10. WAS (name) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Circle all medicines given.</i></p>	<p>Antibiotic..... A</p> <p>Antipyretics ..... S</p> <p>Decongestant ..... T</p> <p>Antitusiv..... U</p> <p>Other (specify) _____ X</p> <p>DK ..... Z</p>	
<p>CA11A. Check CA9: Source is a health facility?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA11B</p> <p><input type="checkbox"/> No. ⇒ Go to CA12</p>		
<p>CA11B. WERE YOU ABLE TO GET ALL THE PRESCRIPTIONS FROM THE SAME FACILITY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

<b>CA12. Check UF11: Child aged under 3?</b> <input type="checkbox"/> Yes. ⇒ Continue with CA13 <input type="checkbox"/> No. ⇒ GO TO CA14		
<b>CA13. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</b>	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	
<i>Ask the following question (CA14) only once for each mother/caretaker.</i>  <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>  <i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i> <i>Circle all symptoms mentioned,</i> <i>But do NOT prompt with any suggestions.</i>	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 has diarrhoea ..... G Child is drinking/nursing poorly ..... H Child gets convulsions ..... I Child continuous vomiting ..... X  Other (specify) _____ Y  Other (specify) _____ Z	

IMMUNIZATION MODULE		IM									
<p>If an immunization card is available, copy the dates in IM2-IM7 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.		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										
IM4A. DPT1	DPT1										
IM4B. DPT2	DPT2										
IM4C. DPT3	DPT3										
IM5A. HEPB1	H1										
IM5B. HEPB2	H2										
IM5C. HEPB3	H3										
IM6. MEASLES	MEASLES										
IM7. MMR	MMR										
IM9. IN ADDITION TO THE VACCINATIONS 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, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, or MMR.</i>		Yes ..... 1 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 (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. 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 ( <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	2⇒IM16A	
	DK .....	8	8⇒IM16A	
IM16. HOW MANY TIMES?	No. of times .....	___		
IM16A. HAS ( <i>name</i> ) EVER BEEN GIVEN “HB VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS (USE LOCAL TERM)? (SOMETIMES GIVEN AT THE SAME TIME AS DPT & POLIO)	Yes .....	1		
	No.....	2	2⇒IM17	
	DK .....	8	8⇒IM17	
IM16B. HOW MANY TIMES?	No. of times .....	___		
IM17. HAS ( <i>name</i> ) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” OR MMR – 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 PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:  IM19A. POLIO CAMPAIGN 19-23 JUNE 2005 IM19B. POLIO CAMPAIGN 24-28 JULY 2005 IM19C. MMR CAMPAIGN MAY/APRIL 2005 MMR CAMPAIGN IN APRIL OR MAY 2005 INCLUDES CHILDREN BORN IN MAY 2000 TO MAY 2004 FOR CENTRE AND SOUTH AND CHILDREN BORN IN JUNE 2000 TO JUNE 2004 FOR THE NORTH REGION (ERBIL, SULEIMANIYAH, DOHUK, KIRKUK AND MOSUL) INCLUDES CHILDREN AGE 12 MONTHS TO 5 COMPLETE YEARS				
		Y N DK		
		POLIO CAMPAIGN 19-23 JUNE 2005.....	1 2 8	
		POLIO CAMPAIGN 24-28 JULY 2005.....	1 2 8	
		MMR CAMPAIGN MAY/APRIL 2005.....	1 2 8	
IM19D. Check UF11: Child age is 3 years or younger?				
<input type="checkbox"/> Yes. ⇒ Continue with IM19E				
<input type="checkbox"/> No. ⇒ GO TO IM20				
IM19E. DOES YOUR CHILD’S GROWTH MONITORED USING A GROWTH MONITORING CHART?	Yes, seen monitored in chart .....	1		
	No, not seen monitored in chart.....	2		
	Yes, monitored but no card.....	3		
	No, not monitored and no card .....	4		
	DK .....	8		
IM19F. WAS YOUR CHILD WEIGHTED REGULARLY AT THE HEALTH FACILITY DURING THE LAST 6 MONTHS?	Weighted regularly .....	1		
	Weighted once, not regularly .....	2		
	Not weighted at all .....	3		

**Comment [Dr.1]:** Dates in Arabic version are 19-24 and 24-29, but interviewers were carrying instructions to correct this

**Comment [Dr.2]:** Arabic version states only 3 years, but interviewers were carrying instruction to correct this

	Did not visit a facility ..... 4	
	DK ..... 8	
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> 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.</p> <p>If this is the last eligible child in the household, go on to <i>ANTHROPOMETRY MODULE</i>.</p>		

ANTHROPOMETRY MODULE		AN
<p>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.</p> <p>Child's name: _____ Child's line number: ____</p>		
AN1. Child's weight.	Kilograms (kg) .....	__ . __
AN2. Child's length or height. <i>Check age of child in UF11:</i> <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 ____ . ____
	Height (cm) Standing up .....	2 ____ . ____
AN3. Measurer's identification code.	Measurer code .....	__ __
AN4. Result of measurement.	Measured .....	1
	Not present .....	2
	Refused .....	3
	Other (specify) .....	6
AN4A. CHECK THE LEFT SHOULDER (WHICH IS THE NORMAL LOCATION OF THE BCG INJECTION) TO IDENTIFY BCG SCAR.	Scar existing .....	1
	Scar not existing .....	2
	Not sure of the scar's existence .....	3
<p>AN5. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.</p> <p>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.</p>		

Local editors committee			
	Name	Signature	Date
1			
2			
3			
4			

Local supervisor		
Name	Signature	Date

Central supervisor		
Name	Signature	Date