

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.</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: ____	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 (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 STATE STATISTICAL DEPARTMENT OF THE REPUBLIC OF UZBEKISTAN. 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?

Comment [TNC1]: Replace with approximate number of minutes for an average interview

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?	Yes, seen..... 1 Yes, not seen..... 2 No 3 DK..... 8	1⇒BR5
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 Did not want to pay fine 4 Does not know where to register 5 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): 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.		
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

Comment [12]: Adapt code categories to locally-relevant ones and pre-test.

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 (name)? <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 (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 storeD No playthings mentionedY	
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>	Number of times __ __	
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) 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>	<div style="text-align: right;">Y N DK</div> A. Vitamin supplements..... 1 2 8 B. Plain water 1 2 8 I. Not sweetened tea..... 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	
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 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
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 1 No 2 DK 8	2⇒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
CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>Rehydron</i>)?	A. Fluid from ORS packet 1 2 8	
CA2B. MEDICAL WORKER-RECOMMENDED HOMEMADE FLUID?	B. Recommended homemade fluid 1 2 8	
CA2D. SWEETENED OR SALTED SOLUTION?	D. Sweetened or salted solution 1 2 8	
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	
CA4A. Check CA2A: ORS packet used? <input type="checkbox"/> Yes. ⇒ Continue with CA4B <input type="checkbox"/> No. ⇒ Go to CA5		
CA4B. Where did you get the (<i>LOCAL NAME FOR ORS PACKET FROM CA2A</i>)?	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>) 96 DK 98	
CA4c. How much did you pay for the (<i>LOCAL NAME FOR ORS PACKET FROM CA2A</i>)?	Local currency Free 99996 DK 99998	

Comment [TNC3]: Adapt locally to include the country-specific term used for the ORS packet

Comment [TNC4]: Adapt locally to include the country-specific recommended home fluid. Ingredients promoted by the government for making the recommended home fluid should be reflected in this category.

Comment [TNC5]: Adapt locally to include the country-specific terms used for the pre-packaged ORS fluid. Adapt locally to include the common names/brands for pre-packaged ORS fluids available in the country. If no pre-packaged ORS is available in the country, delete this category.

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 No 2 DK 8	2⇒CA12 8⇒CA12
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 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 (specify) 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
CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <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> _____ (Name of place)	Public sector Govt. hospital A Govt. health centre B Govt. health post C Village health worker D Mobile/outreach clinic (Ambulance) E Other public (specify) H Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (specify) O Other source Relative or friend P Shop Q Traditional practitioner R Other (specify) X	
CA10. WAS (name) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒CA12 8⇒CA12
CA11. WHAT MEDICINE WAS (name) GIVEN? <i>Circle all medicines given.</i>	Antibiotic (Ampicillin, Amoxicillin, other) A Paracetamol / Panadol/ Acetaminophen P Aspirin Q Ibuprofen R Other (specify) X DK Z	Comment [TNC6]: Develop categories to include locally-used antibiotics, then pre-test
CA11A. Check CA11: Antibiotic given? <input type="checkbox"/> Yes. ⇒ Continue with CA11B <input type="checkbox"/> No. ⇒ Go to CA12		

CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector Govt. hospital..... 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>) 96 DK..... 98	
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Local currency _ _ _ _ _ Free 99996 DK..... 99998	
CA12. <i>Check UF11: Child aged under 3?</i> <input type="checkbox"/> Yes. ⇒ Continue with CA13 <input type="checkbox"/> No. ⇒ Go to CA14		
CA13. THE LAST TIME (<i>name</i>) 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 (<i>specify</i>) 96 DK..... 98	
Ask the following question (CA14) only once for each mother/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 mother/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 Other (<i>specify</i>) X Other (<i>specify</i>) Y Other (<i>specify</i>) Z	

IMMUNIZATION MODULE		IM																																																																					
If an immunization card is available, copy the dates in IM2-IM7 for each type of immunization recorded on the card. Then ask mother/caretaker questions IM10-IM19.																																																																							
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="4">Date of Immunization</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th colspan="2">YEAR</th> </tr> </thead> <tbody> <tr><td>IM2. BCG</td><td>BCG</td><td></td><td></td></tr> <tr><td>IM3A. POLIO AT BIRTH</td><td>OPV0</td><td></td><td></td></tr> <tr><td>IM3B. POLIO 1</td><td>OPV1</td><td></td><td></td></tr> <tr><td>IM3C. POLIO 2</td><td>OPV2</td><td></td><td></td></tr> <tr><td>IM3D. POLIO 3</td><td>OPV3</td><td></td><td></td></tr> <tr><td>IM3E. POLIO 4</td><td>OPV4</td><td></td><td></td></tr> <tr><td>IM4A. DPT1</td><td>DPT1</td><td></td><td></td></tr> <tr><td>IM4B. DPT2</td><td>DPT2</td><td></td><td></td></tr> <tr><td>IM4C. DPT3</td><td>DPT3</td><td></td><td></td></tr> <tr><td>IM4D. DPT4</td><td>DPT4</td><td></td><td></td></tr> <tr><td>IM5A. HEPB1</td><td>HEPB1</td><td></td><td></td></tr> <tr><td>IM5B. HEPB2</td><td>HEPB2</td><td></td><td></td></tr> <tr><td>IM5C. HEPB3</td><td>HEPB3</td><td></td><td></td></tr> <tr><td>IM6. MEASLES</td><td>MEASLES</td><td></td><td></td></tr> <tr><td>IM7. MUMPS</td><td>MUMPS</td><td></td><td></td></tr> </tbody> </table>			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			IM3E. POLIO 4	OPV4			IM4A. DPT1	DPT1			IM4B. DPT2	DPT2			IM4C. DPT3	DPT3			IM4D. DPT4	DPT4			IM5A. HEPB1	HEPB1			IM5B. HEPB2	HEPB2			IM5C. HEPB3	HEPB3			IM6. MEASLES	MEASLES			IM7. MUMPS	MUMPS		
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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 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 _ _ _																																																																						

Comment [TNC7]: This module should be adapted to reflect vaccines and doses as specified on government approved vaccination cards. Modify IM2 to IM8B and IM11 to IM18 to reflect vaccines and doses specified on the government approved vaccination cards. **Those listed below are examples only.**

Comment [TNC8]: Optional questions for use in countries that have introduced Hepatitis B vaccinations. Also include optional questions for Haemophilus influenzae type b (Hib) vaccinations if needed.

Comment [TNC9]: Optional questions for use in countries that have introduced Hepatitis B vaccinations. Also include optional questions for Haemophilus influenzae type b (Hib) vaccinations if needed.

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 AND DIPHTHERIA (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No 2 DK..... 8	2⇒IM16A 8⇒IM16A
IM16. HOW MANY TIMES?	No. of times _ _	
IM16A. HAS (<i>name</i>) EVER BEEN GIVEN "HEPB VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B (SOMETIMES GIVEN AT THE SAME TIME AS POLIO OR DTP)	Yes 1 No 2 DK..... 8	2⇒IM17 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 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK..... 8	
IM18. HAS (<i>name</i>) EVER BEEN GIVEN "MUMPS VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 16 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MUMPS?	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. 07/05-08/05 Vit. A - A	<div style="text-align: right;">Y N DK</div> Campaign A..... 1 2 8	
IM20A Find all information necessary to identify immunization card in medical institution. After completion of interview refer to the medical institution and fill Immunization module by data from Medical institution. Full Child's name: Address: Address of medical institution, where child's medical history is being kept, including immunization card		
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. <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 .		

Comment [TNC10]: Insert date and type of vaccination or supplement given in the most recent NID campaigns.

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>		
AN1. Child's weight.	Kilograms (kg) _ _ . _	
AN2. Child's length or height. 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 _ _ . _ 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	
AN5. Is there another child in the household who is eligible for measurement? <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.		

IMMUNIZATION MODULE BY DATA FROM MEDICAL INSTITUTION										IMF
IMF1A. Check IM20 a. Have you got the information on medical institution, where immunization card is being kept?		Yes 1 No 2							2⇒IMF9	
IMF1B. Was the medical institution visited?		Yes 1 No 2							2⇒IMF9	
IMF1C. Are there available immunization records for (Child's name) in that medical institution?		Yes 1 No 2							2⇒IM F9	
(a) Copy dates for each vaccination from the card. (e) Write '44' in day column if card shows that vaccination was given but no date recorded.										
		Date of Immunization								
		DAY		MONTH		YEAR				
IMF2. BCG	BCG									
IMF3A. POLIO AT BIRTH	OPV0									
IMF3B. POLIO 1	OPV1									
IMF3C. POLIO 2	OPV2									
IMF3D. POLIO 3	OPV3									
IMF3E. POLIO 4	OPV4									
IMF4A. DPT1	DPT1									
IMF4B. DPT2	DPT2									
IMF4C. DPT3	DPT3									
IMF4D. DPT4	DPT4									
IMF5A. HEPB1	HEPB1									
IMF5B. HEPB2	HEPB2									
IMF5C. HEPB3	HEPB3									
IMF6. MEASLES	MEASLES									
IMF7. MUMPS	MUMPS									

Comment [TNC11]: Optional questions for use in countries that have introduced Hepatitis B vaccinations. Also include optional questions for Haemophilus influenzae type b (Hib) vaccinations if needed.

Comment [TNC12]: Optional questions for use in countries that have introduced Hepatitis B vaccinations. Also include optional questions for Haemophilus influenzae type b (Hib) vaccinations if needed.

IMF9. END.