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| MICS logo ALLquestionnaire for children under five**name of survey** |
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| under-five child information panel uf |
| This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).A separate questionnaire should be used for each eligible child. |
| **UF1**. Cluster number: | **UF2**. Household number: |
| \_\_\_ \_\_\_ \_\_\_  | \_\_\_ \_\_\_  |
| **UF3**. Child’s name: | **UF4**. Child’s line number:  |
| Name  | \_\_\_ \_\_\_  |
| **UF5**. Mother’s / Caretaker’s name: | **UF6**. Mother’s / Caretaker’s line number:  |
| Name  | \_\_\_ \_\_\_  |
| **UF7**. Interviewer’s name and number: | **UF8**. Day / Month / Year of interview: |
| Name \_\_\_ \_\_\_ | \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 1 \_\_\_ |

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| Repeat greeting if not already read to this respondent:We are from insert country-specific affiliation. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (*child’s name from UF3*)’s health and well-being. The interview will take about insert number minutes. All the information we obtain will remain strictly confidential and anonymous. | *If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:*Now I would like to talk to you more about (*child’s name from UF3*)’s health and other topics. This interview will take about insert number minutes. Again, all the information we obtain will remain strictly confidential and anonymous. |
|  May I start now? * Yes, permission is given ⇨ *Go to UF12 to record the time and then b*egin the interview.
* No, permission is not given ⇨ Circle ‘03’ in UF9. Discuss this result with your supervisor.
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| **UF9**. Result of interview for children under 5  Codes refer to mother/caretaker. | Completed 01Not at home 02Refused 03Partly completed 04Incapacitated 05Other (*specify*) 96 |

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| **UF10**. Field editor’s name and number:Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ | **UF11**. Main data entry clerk’s name and number:Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ |

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| **UF12**. *Record the time.* | Hour and minutes \_\_ \_\_ : \_\_ \_\_ |  |

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| age AG |
| **AG1**. Now I would like to ask you some questions about the development and health of (*name*). On what day, 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.Month and year must be recorded. | Date of birth Day \_\_ \_\_ DK day 98 Month \_\_ \_\_ Year 2 0 \_\_ \_\_ |  |
| **AG2**. How old is (name)?Probe: How old was (name) at his / her last birthday?Record age in completed years.Record ‘0’ if less than 1 year.Compare and correct AG1 and/or AG2 if inconsistent. | Age (in completed years) \_\_ |  |

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| birth registration BR |
| **BR1**. Does (name)have a birth certificate? *If yes, ask:* May I see it? | Yes, seen 1Yes, not seen 2No 3DK 8 | 1⇨NextModule2⇨NextModule |
| **BR2**. Has (name)’s birth been registered with the civil authorities? | Yes 1No 2DK 8 | 1⇨NextModule |
| **BR3**. Do you know how to register (name)’s birth? | Yes 1No 2 |  |

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| early Childhood development eC |
| **EC1**. How many children’s books or picture books do you have for (name)?  | None 00Number of children’s books 0 \_\_Ten or more books 10 |  |
| **EC2**. I am interested in learning about the things that (name) plays with when he/she is at home.  Does he/she play with:[A] homemade toys (such as dolls, cars, or other toys made at home)?[B] toys from a shop or manufactured toys?[C] household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response. | Y N DKHomemade toys 1 2 8Toys from a shop 1 2 8Household objectsor outside objects 1 2 8 |  |
| **EC3**. 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.  On how many days in the past week was (name): [A] left alone for more than an hour?[B] left in the care of another child, that is, someone less than 10 years old, for more than an hour?If ‘none’ enter’ 0’. If ‘don’t know’ enter’8’. | Number of days left alone for more than an hour \_\_Number of days left with other child for more than an hour \_\_ |  |
| **EC4**. Check AG2: Age of child. **🞎** Child age 0, 1 or 2 ⇨ Go to Next Module. **🞎**  Child age 3 or 4 ⇨ Continue with EC5. |
| **EC5**. 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 1No 2DK 8 |  |
| **EC7**. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name): If yes, ask: Who engaged in this activity with (name)? Circle all that apply. |  |  |
|  | Mother | Father | Other | Noone |  |
|  [A] Read books to or looked at picture books with (name)? | Read books | A | B | X | Y |  |
|  [B] Told stories to (name)? | Told stories | A | B | X | Y |  |
|  [C] Sang songs to (name) or with (name), including lullabies? | Sang songs | A | B | X | Y |  |
|  [D] Took (name) outside the home, compound, yard or enclosure? | Took outside | A | B | X | Y |  |
|  [E] Played with (name)? | Played with | A | B | X | Y |  |
|  [F] Named, counted, or drew things to or with (name)? | Named/counted | A | B | X | Y |  |
| **EC8**. I would like to ask you some questions about the health and development of (name). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of (name)’s development. Can (name) identify or name at least ten letters of the alphabet? | Yes 1No 2DK 8 |  |
| **EC9**. Can (name) read at least four simple, popular words? | Yes 1No 2DK 8 |  |
| **EC10**. Does (name) know the name and recognize the symbol of all numbers from 1 to 10? | Yes 1No 2DK 8 |  |
| **EC11**. Can (name) pick up a small object with two fingers, like a stick or a rock from the ground? | Yes 1No 2DK 8 |  |
| **EC12**. Is (name) sometimes too sick to play? | Yes 1No 2DK 8 |  |
| **EC13**. Does (name) follow simple directions on how to do something correctly? | Yes 1No 2DK 8 |  |
| **EC14**. When given something to do, is (name) able to do it independently? | Yes 1No 2DK 8 |  |
| **EC15**. Does *(*name) get along well with other children? | Yes 1No 2DK 8 |  |
| **EC16**. Does (name) kick, bite, or hit other children or adults? | Yes 1No 2DK 8 |  |
| **EC17**. Does (name) get distracted easily? | Yes 1No 2DK 8 |  |

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| breastfeeding and dietary intake Bd |
| **BD1.** Check AG2: Age of child **🞎**  Child age 0, 1 or 2 ⇨ Continue with BD2. **🞎** Child age 3 or 4 ⇨ Go to Care of Illness Module. |
| **BD2**. Has (name) ever been breastfed? | Yes 1No 2DK 8 | 2⇨BD48⇨BD4 |
| **BD3**. Is (name) still being breastfed? | Yes 1No 2DK 8 |  |
| **BD4**. Yesterday, during the day or night, did (name) drink anything from a bottle with a nipple? | Yes 1No 2DK 8 |  |
| **BD5**. Did (name) drink ORS (oral rehydration solution) yesterday, during the day or night? | Yes 1No 2DK 8 |  |
| **BD6**. Did (name) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night? | Yes 1No 2DK 8 |  |
| **BD7**. Now I would like to ask you about (other) liquids that (name) may have had yesterday during the day or the night. I am interested to know whether (name) had the item even if combined with other foods.  Please include liquids consumed outside of your home.Did (name) drink (Name of item) yesterday during the day or the night: |  |  |
|  | Yes | No | DK |  |
|  [A] Plain water? | Plain water | 1 | 2 | 8 |  |
|  [B] Juice or juice drinks? | Juice or juice drinks | 1 | 2 | 8 |  |
|  [C] ***insert local name for clear broth / clear soup***? | Soup | 1 | 2 | 8 |  |
|  [D] Milk such as tinned, powdered, or fresh animal milk? | Milk  | 1 | 2 | 8 |  |
|  If yes: How many times did (name) drink milk? If 7 or more times, record '7'.  *If unknown, record ‘8’.* | Number of times drank milk \_\_ |  |
|  [E] Infant formula? | Infant formula  | 1 | 2 | 8 |  |
|  If yes: How many times did (name) drink infant formula?  If 7 or more times, record '7'.  *If unknown, record ‘8’.* | Number of times drank infant formula \_\_ |  |
|  [F] Any other liquids?  (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other liquids | 1 | 2 | 8 |  |
| **BD8**. Now I would like to ask you about (other) foods that (name) may have had yesterday during the day or the night. Again, I am interested to know whether (name) had the item even if combined with other foods.  Please include foods consumed outside of your home. |  |
| Did (name) eat (Name of food) yesterday during the day or the night:  |  | Yes | No | DK |
|  [A] Yogurt? | Yogurt | 1 | 2 | 8 |  |
|  If yes: How many times did (name) drink or eat yogurt? If 7 or more times, record '7'. *If unknown, record ‘8’.*  | Number of times drank/ate yogurt \_\_ |  |
|  [B] Any ***insert brand name of commercially fortified baby food, e.g., cerelac***? | Cerelac | 1 | 2 | 8 |  |
|  [C] Bread, rice, noodles, porridge, or other foods made from grains? | Foods made from grains | 1 | 2 | 8 |  |
|  [D] Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? | Pumpkin, carrots, squash, etc. | 1 | 2 | 8 |  |
|  [E] White potatoes, white yams, manioc, cassava, or any other foods made from roots? | White potatoes, white yams, manioc, cassava, etc. | 1 | 2 | 8 |  |
|  [F] Any dark green, leafy vegetables? | Dark green, leafy vegetables | 1 | 2 | 8 |  |
|  [G] Ripe mangoes, papayas or ***insert any other locally available vitamin A-rich fruits***? | Ripe mangoes | 1 | 2 | 8 |  |
|  [H] Any other fruits or vegetables? | Other fruits or vegetables | 1 | 2 | 8 |  |
|  [I] Liver, kidney, heart or other organ meats? | Liver, kidney, heart or other organ meats | 1 | 2 | 8 |  |
|  [J] Any meat, such as beef, pork, lamb, goat, chicken, or duck? | Meat, such as beef, pork, lamb, goat, etc. | 1 | 2 | 8 |  |
|  [K] Eggs? | Eggs | 1 | 2 | 8 |  |
|  [L] Fresh or dried fish or shellfish? | Fresh or dried fish  | 1 | 2 | 8 |  |
|  [M] Any foods made from beans, peas, lentils, or nuts? | Foods made from beans, peas, etc. | 1 | 2 | 8 |  |
|  [N] Cheese or other food made from milk? | Cheese or other food made from milk | 1 | 2 | 8 |  |
|  [O] Any other solid, semi-solid, or soft food that I have not mentioned? (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other solid, semi-solid, or soft food | 1 | 2 | 8 |  |
| **BD9.** Check BD8 (Categories “A” through “O”). **🞎** At least one “Yes” or all “DK” ⇨ Go to BD11. **🞎** Else ⇨ Continue with BD10. |
| **BD10**. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night* . **🞎** The child did not eat or the respondent does not know ⇨ Go to Next Module. **🞎** The child ate at least one solid, semi-solidor soft food item mentioned by the respondent ⇨ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11. |
| **BD11**. How many times did (name) eat any solid, semi-solid or soft foods yesterday during the day or night?If 7 or more times, record '7'. | Number of times \_\_DK 8 |  |

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| immunization IM |
| If an immunization **(child health)** card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 will only be asked if a card is not available. |
| **IM1**. Do you have a card where (name)’s vaccinations are written down? If yes: May I see it please? | Yes, seen 1Yes, not seen 2No card 3 | 1⇨IM32⇨IM6 |
| **IM2**. Did you ever have a vaccination ***(child health)*** card for (name)? | Yes 1No 2 | 1⇨IM62⇨IM6 |
| **IM3**.1. Copy dates for each vaccination from the card.
2. Write ‘44’ in day column if card shows that vaccination was given but no date recorded.
 | Date of Immunization |  |
| Day | Month | Year |
| **BCG** | **BCG** |  |  |  |  |  |  |  |  |  |
| **Polio at birth** | **OPV0** |  |  |  |  |  |  |  |  |  |
| **Polio 1** | **OPV1** |  |  |  |  |  |  |  |  |  |
| **Polio 2** | **OPV2** |  |  |  |  |  |  |  |  |  |
| **Polio 3** | **OPV3** |  |  |  |  |  |  |  |  |  |
| **DPT 1** | **DPT1** |  |  |  |  |  |  |  |  |  |
| **DPT 2** | **DPT2** |  |  |  |  |  |  |  |  |  |
| **DPT 3** | **DPT3** |  |  |  |  |  |  |  |  |  |
| **HepB at birth** | **HEP0** |  |  |  |  |  |  |  |  |  |
| **HepB 1** | **HEP1** |  |  |  |  |  |  |  |  |  |
| **HepB 2** | **HEP2** |  |  |  |  |  |  |  |  |  |
| **HepB 3** | **HEP3** |  |  |  |  |  |  |  |  |  |
| **Hib 1** | **HIB1** |  |  |  |  |  |  |  |  |  |
| **Hib 2** | **HIB2** |  |  |  |  |  |  |  |  |  |
| **Hib 3** | **HIB3** |  |  |  |  |  |  |  |  |  |
| **Measles (or MMR or MR)** | **Measles** |  |  |  |  |  |  |  |  |  |
| **Yellow Fever** | **YF** |  |  |  |  |  |  |  |  |  |
| **Vitamin A (first dose)** | **VitA1** |  |  |  |  |  |  |  |  |
| **Vitamin A (second dose)** | **VitA2** |  |  |  |  |  |  |  |  |  |
| **IM4**. *Check IM3. Are all vaccines (****BCG to Yellow Fever****) recorded?* **🞎** Yes ⇨ Go to IM19. **🞎** No ⇨ Continue with IM5. |
| **IM5**. In addition to what is recorded on this card, did (*name*) receive any other vaccinations – including vaccinations received in campaigns or immunization days or child health days? **🞎** Yes ⇨ Go back to IM3 and probe for these vaccinations and write ‘66’ in the corresponding day column  for each vaccine mentioned. When finished, skip to IM19. **🞎** No/DK ⇨ Go to IM19. |
| **IM6**. Has (name) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day or child health day? | Yes 1No 2DK 8 | 2⇨IM198⇨IM19 |
| **IM7**. Has (name) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar? | Yes 1No 2DK 8 |  |
| **IM8**. Has (name) ever received any vaccination drops in the mouth to protect him/her from polio? | Yes 1No 2DK 8 | 2⇨IM118⇨IM11 |
| **IM9**. Was the first polio vaccine received in the first two weeks after birth?  | Yes 1No 2 |  |
| **IM10**. How many times was the polio vaccine received? | Number of times \_\_ |  |
| **IM11**. Has (name) ever received a DPT vaccination – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough, or diphtheria?  Probe by indicating that DPT vaccination is sometimes given at the same time as Polio. | Yes 1No 2DK 8 | 2⇨IM138⇨IM13 |
| **IM12**. How many times was the DPT vaccine received? | Number of times \_\_ |  |
| **IM13**. Has (name) ever received a Hepatitis B vaccination – that is, an injection in the thigh to prevent him/her from getting Hepatitis B?Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines. | Yes 1No 2DK 8 | 2⇨IM15A8⇨IM15A |
| **IM14**. Was the first Hepatitis B vaccine received within 24 hours after birth? | Yes 1No 2DK 8 |  |
| **IM15**. How many times was the Hepatitis B received? | Number of times \_\_ |  |
| **IM15A.** Has (name) ever received a Hib vaccination – that is, an injection in the thigh to prevent him/her from getting haemophilus influenzae type b?Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio and DPT vaccines. | Yes 1No 2DK 8 | 2⇨IM168⇨IM16 |
| **IM15B.** How many times was the Hib vaccine received? | Number of times \_\_ |  |
| **IM16**. Has (name) ever received a Measles injection (or an MMR or MR) – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles? | Yes 1No 2DK 8 |  |
| **IM17**. Has (name) ever received the Yellow Fever vaccination – that is, a shot in the arm at the age of 9months or older - to prevent him/her from getting Yellow Fever?   Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the measles vaccine. | Yes 1No 2DK 8 |  |
| **IM19**. Please tell me if (name) has participated in any of the following campaigns, national immunization days and/or Vitamin A or child health days:[A]Insert date/type of campaign A, antigens[B]Insert date/type of campaign B, antigens[C]Insert date/type of campaign C, antigens | Y N DK***Campaign A*** 1 2 8***Campaign B*** 1 2 8***Campaign C*** 1 2 8 |  |
| **IM20**. Issue a Questionnaire Form For Vaccination Records At Health Facility for this child. Complete the Information Panel on that Questionnaire and go to Next Module. |

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| care of illness CA |
| **CA1.** In the last two weeks, has (name) had diarrhoea? | Yes 1No 2DK 8 | 2⇨CA6A8⇨CA6A |
| **CA2**. I would like to know how much (name) was given to drink during the diarrhoea (including breastmilk).During the time (name) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual?*If ‘less’, probe*:Was he/she given much less than usual to drink, or somewhat less? | Much less 1Somewhat less 2About the same 3More 4Nothing to drink 5DK 8 |  |
| **CA3**. During the time (name) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?If ‘less’, probe: Was he/she given much less than usual to eat or somewhat less? | Much less 1Somewhat less 2About the same 3More 4Stopped food 5Never gave food 6DK 8 |  |
| **CA3A**. Did you seek any advice or treatment for the diarrhoea from any source? | Yes 1No 2DK 8 | 2⇨CA48⇨CA4 |
| **CA3B**. From where did you seek advice or treatment? *Probe:* Anywhere else?Circle all providers mentioned,but do NOT prompt with any suggestions.Probe to identify each type of source.If unable to determine if public or private sector, write the name of the place. (*Name of place*) | Public sector Government hospital A Government health centre B Government health post C Community health worker D Mobile / Outreach clinic E Other public (*specify*) HPrivate medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (*specify*) OOther source Relative / Friend P Shop Q Traditional practitioner ROther (*specify*) X |  |
| **CA4**. During the time (name) had diarrhoea, was (name) given to drink: [A] A fluid made from a special packet called ***insert local name for ORS packet solution***?[B] A pre-packaged ORS fluid for diarrhoea ***insert local name for pre-packaged ORS fluid***? | Y N DKFluid from ORS packet 1 2 8Pre-packaged ORS fluid 1 2 8 |  |
| **CA4A**. Check CA4: ORS. **🞎**  Child was given ORS (‘Yes’ circled in ‘A’ or ‘B’ in CA4) ⇨ Continue with CA4B. **🞎** Child was not given ORS ⇨ Go to CA4C. |
| **CA4B**. Where did you get the ORS?Probe to identify the type of source.If unable to determine whether public or private, write the name of the place. (Name of place) | Public sector Government hospital 11 Government health centre 12 Government health post 13 Community health worker 14 Mobile / Outreach clinic 15 Other public (specify) 16Private medical sector Private hospital / clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26Other source Relative / Friend 31 Shop 32 Traditional practitioner 33Already had at home 40 Other (specify) 96 |  |
| **CA4C**. During the time (name) had diarrhoea, was (name) given: [A] zinc tablets?[B] zinc syrup? | Y N DKZinc tablets 1 2 8Zinc syrup 1 2 8 |  |
| **CA4D**. Check CA4C: Any zinc? **🞎**  Child given any zinc (‘Yes’ circled in ‘A’ or ‘B’ in CA4C) ⇨ Continue with CA4E. **🞎** Child was not given any zinc ⇨ Go to CA4F. |
| **CA4E**. Where did you get the zinc?Probe to identify the type of source.If unable to determine whether public or private, write the name of the place. (Name of place) | Public sector Government hospital 11 Government health centre 12 Government health post 13 Community health worker 14 Mobile / Outreach clinic 15 Other public (specify) 16Private medical sector Private hospital / clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26Other source Relative / Friend 31 Shop 32 Traditional practitioner 33Already had at home 40Other (specify) 96 |  |
| **CA4F**. During the time (name) had diarrhoea, was (name) given to drink any of the following:Read each item aloud and record response before proceeding to the next item.[A] ***Insert Government-recommended homemade fluid X***?[B] ***Insert Government-recommended homemade fluid Y***?[C] ***Insert Government-recommended homemade fluid Z***? | Y N DK***Government-recommended*** ***homemade fluid X*** 1 2 8***Government-recommended*** ***homemade fluid Y*** 1 2 8***Government-recommended*** ***homemade fluid Z*** 1 2 8 |  |
| **CA5**. Was anything (else) given to treat the diarrhoea? | Yes 1No 2DK 8 | 2⇨CA6A8⇨CA6A |
| **CA6**. What (else) was given to treat the diarrhoea? *Probe*:  Anything else?*Record all treatments given. Write brand name(s) of all medicines mentioned.* (Name) | Pill or Syrup Antibiotic A Antimotility B Other pill or syrup (Not antibiotic, antimotility or zinc) G Unknown pill or syrup HInjection Antibiotic L Non-antibiotic M Unknown injection NIntravenous OHome remedy / Herbal medicine QOther (*specify*) X |  |
| **CA6A.** In the last two weeks, has (name) been ill with a fever at any time? | Yes 1No 2DK 8 | 2⇨CA78⇨CA7 |
| **CA6B.**  At any time during the illness, did (name) have blood taken from his/her finger or heel for testing? | Yes 1No 2DK 8 |  |
| **CA7**. At any time in the last two weeks, has (name) had an illness with a cough? | Yes 1No 2DK 8 | 2⇨CA9A8⇨CA9A |
| **CA8**. When (name) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | Yes 1No 2DK 8 | 2⇨CA108⇨CA10 |
| **CA9**. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? | Problem in chest only 1Blocked or runny nose only 2Both 3Other (specify) 6DK 8 | 1⇨CA102⇨CA103⇨CA106⇨CA108⇨CA10 |
| **CA9A.**  Check CA6A: Had fever? **🞎**  Child had fever ⇨ Continue with CA10. **🞎** Child did not have fever ⇨ Go to CA14. |
| **CA10**. Did you seek any advice or treatment for the illness from any source? | Yes 1No 2DK 8 | 2⇨CA128⇨CA12 |
| **CA11**. From where did you seek advice or treatment? *Probe:*Anywhere else?Circle all providers mentioned,but do NOT prompt with any suggestions.Probe to identify each type of source.If unable to determine if public or private sector, write the name of the place. (Name of place) | Public sector Government hospital A Government health centre B Government health post C Community health worker D Mobile / Outreach clinic E Other public (specify) HPrivate medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (specify) OOther source Relative / Friend P Shop Q Traditional practitioner ROther (specify) X |  |
| **CA12**.At any time during the illness, was (name) given any medicine for the illness?  | Yes 1No 2DK 8 | 2⇨CA148⇨CA14 |
| **CA13**. What medicine was (name) given? *Probe:* Any other medicine?Circle all medicines given. Write brand name(s) of all medicines mentioned. (Names of medicines) | Anti-malarials: SP / Fansidar A Chloroquine B Amodiaquine C Quinine D Combination with Artemisinin E Other anti-malarial  (specify) HAntibiotics: Pill / Syrup I Injection JOther medications: Paracetamol/ Panadol /Acetaminophen P Aspirin Q Ibuprofen ROther (specify) XDK Z |  |
| **CA13A**. Check CA13: Antibiotic mentioned (codes I or J)? **🞎** Yes ⇨ Continue with CA13B. **🞎** No ⇨ Go to CA13C. |
| **CA13B**. Where did you get the (name of medicine from CA13)? Probe to identify the type of source.If unable to determine whether public or private, write the name of the place. (Name of place) | Public sector Government hospital 11 Government health centre 12 Government health post 13 Community health worker 14 Mobile / Outreach clinic 15 Other public (specify) 16Private medical sector Private hospital / clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26Other source Relative / Friend 31 Shop 32 Traditional practitioner 33Already had at home 40Other (specify) 96 |  |
| **CA13C.** Check CA13: Anti-malarial mentioned (codes A - H)? **🞎** Yes ⇨ Continue with CA13D. **🞎** No ⇨ Go to CA14. |
| **CA13D.**  Where did you get the (name of medicine from CA13)? Probe to identify the type of source.If unable to determine whether public or private, write the name of the place. (Name of place) | Public sector Government hospital 11 Government health centre 12 Government health post 13 Community health worker 14 Mobile / Outreach clinic 15 Other public (specify) 16Private medical sector Private hospital / clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26Other source Relative / Friend 31 Shop 32 Traditional practitioner 33Already had at home 40Other (specify) 96 |  |
| **CA13E.** How long after the fever started did (name) first take (name of anti-malarial from CA13)? If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned. | Same day 0Next day 12 days after the fever 23 days after the fever 34 or more days after the fever 4DK 8 |  |
| **CA14**. Check AG2: Age of child. **🞎** Child age 0, 1 or 2 ⇨ Continue with CA15. **🞎** Child age 3 or 4 ⇨ Go to UF13. |
| **CA15**. The last time *(*name*)* passed stools, what was done to dispose of the stools? | Child used toilet / latrine 01Put / Rinsed into toilet or latrine 02Put / Rinsed into drain or ditch 03Thrown into garbage (solid waste) 04Buried 05Left in the open 06Other (specify) 96DK 98 |  |

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| **UF13**. *Record the time.* | Hour and minutes \_\_ \_\_ : \_\_ \_\_ |  |

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| **UF14**. Check List of Household Members, columns HL7B and HL15.Is the respondent the mother or caretaker of another child age 0-4 living in this household? **🞎** Yes ⇨ Indicate to the respondent that you will need to measure the weight and height of the child  later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent. **🞎** No ⇨ End the interview with this respondent by thanking her/him for her/his cooperation and  tell her/him that you will need to measure the weight and height of the child before you leave the household. Check to see if there are other woman’s, man’s or under-5 questionnaires to be  administered in this household. |

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| anthropometry AN |
| 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 in the List of Household Members before recording measurements. |
| **AN1**. *Measurer’s name and number:* | Name \_\_\_ \_\_\_ |  |
| **AN2**. *Result of height / length and weight measurement:* | Either or both measured 1Child not present 2Child or mother/caretaker refused 3Other (specify) 6 | 2⇨AN63⇨AN66⇨AN6 |
| **AN3**. *Child’s weight:* | Kilograms (kg) \_\_ \_\_ . \_\_Weight not measured 99.9 |  |
| **AN3A**. *Was the child undressed to the minimum?*  **🞎** Yes.**🞎** No, the child could not be undressed to the minimum. |
| **AN3B**. *Check age of child in AG2:* **🞎** Child under 2 years old ⇨ Measure length (lying down).**🞎** Child age 2 or more years ⇨ Measure height (standing up). |
| **AN4**. *Child’s length or height:* | Length / Height (cm) \_\_ \_\_ \_\_ . \_\_Length / Height not measured 999.9 | ⇨ AN6 |
| **AN4A**. *How was the child actually measured? Lying down or standing up?* | Lying down 1 Standing up 2  |  |
|  |
| **AN6**. Is there another child in the household who is eligible for measurement? **🞎** Yes ⇨ Record measurements for next child. **🞎** No ⇨ Check if there are any other individual questionnaires to be completed in the household.  |
| **Interviewer’s Observations** |
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| **Field Editor’s Observations** |
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| **Supervisor’s Observations** |
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| **Measurer’s Observations** |
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