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| MICS logo ALL | questionnaire for children under five  Name and year of survey | | |  |
| under-five child information panel uf | | | | |
| **UF1**. *Cluster number:* \_\_\_ \_\_\_ \_\_\_ | | **UF2**. *Household number:* \_\_\_ \_\_\_ | | |
| **UF3**. *Child’s name and line number:*  Name \_\_\_ \_\_\_ | | **UF4**. *Mother’s / Caretaker’s name and line number:*  Name \_\_\_ \_\_\_ | | |
| **UF5**. *Interviewer’s name and number:*  Name \_\_\_ \_\_\_ \_\_\_ | | **UF6**. *Supervisor’s name and number:*  Name \_\_\_ \_\_\_ \_\_\_ | | |
| **UF7**. *Day / Month / Year of interview:*  \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 1 \_\_\_ | | **UF8**. Record the time: | Hours | : Minutes |
| \_\_ \_\_ | : \_\_ \_\_ |

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| Check respondent’s age in HL6 in List of Household Members, Household Questionnaire:  If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and ‘06’ should be circled in UF17. The respondent must be at least 15 years old. | | |
| **UF9**. Check if this questionnaire is the first interview with this respondent? | Yes, First Interview 1  No, interviewed already 2 | 1*⇨UF10A*  2*⇨UF10B* |
| **UF10A**. Hello, my name is (***your name***). We are from National Statistical Office. 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. This interview will take about number minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | **UF10B**. Now I would like to talk to you about (***child’s name from UF3***)’s health and well-being in more detail. This interview will take about number minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | |
| Yes, permission is given 1  No, permission is not given 2 | 1*⇨Under five’s Background Module*  2*⇨*UF17 | |

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| **UF17**. *Result of interview for children under 5*  Codes refer to mother/caretaker.  Discuss any result not completed with Supervisor. | Completed 01  Not at home 02  Refused 03  Partly completed 04  Incapacitated  (*specify*) 05  No adult consent for mother/  caretaker age 15-17 06  Other (*specify*) 96 |

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| **UF18**. *Field editor’s name and number:*  Name \_\_\_ \_\_\_ \_\_\_ | **UF19**. *Main data entry clerk’s name and number:*  Name \_\_\_ \_\_\_ \_\_\_ |

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| UNDER-FIVE’S BACKGROUND UB | | |
| **UB0**. Before I begin the interview, could you please bring (**name**)’s Birth Certificate, National Child Immunization Record, and any immunization record from a private health provider? We will need to refer to those documents. |  |  |
| **UB1**. On what day, month and year was (**name**) born?  Probe:  What is (his/her) birthday?  If the mother/caretaker knows the exact date of birth, 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 1 \_\_ |  |
| **UB2**. 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.  If responses to UB1 and UB2 are inconsistent, probe further and correct. | Age (in completed years) \_\_ |  |
| **UB3**. Check UB2: Child’s age? | Age 0, 1, or 2 1  Age 3 or 4 2 | 1*⇨UB9* |
| **UB4**. Check the respondent’s line number (UF4) and the respondent to the Household Questionnaire (HH47): | Respondent is the same (UF4=HH47) 1  Respondent is not the same (UF4≠HH47) 2 | 2*⇨UB6* |
| **UB5**. Check ED10 in the Education module in the Household Questionnaire: Is the child attending ECE in the current school year? | Yes (ED10=0) 1  NO (ED10≠0 or blank) 2 | 1*⇨UB8B*  2*⇨UB9* |
| **UB6**. Has (**name**) ever attended any early childhood education programme, such as insert country-specific programme names? | Yes 1  No 2 | 2*⇨UB9* |
| **UB7**. At any time since insert month of beginning of school year, did (he/she) attend (*programmes mentioned in UB6*)? | Yes 1  No 2 | 1*⇨UB8A*  2*⇨UB9* |
| **UB8A**. Does (he/she) currently attend (*programmes mentioned in UB6*)?  **UB8B**. You have mentioned that (***name***) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme? | Yes 1  No 2 |  |
| **UB9**. Is (**name**) covered by any health insurance? | Yes 1  No 2 | 2*⇨End* |
| **UB10**. What type of health insurance is (**name**) covered by?  Record all mentioned. | Mutual health organization / Community-based health insurance A  Health insurance through employer B  Social security C  Other privately purchased commercial health insurance D  Other (specify) X |  |

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

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| Early Childhood Development | | | | | | eC |
| **EC1**. How many children’s books or picture books do you have for (**name**)? | None 00  Number 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? | Y N DK  Homemade toys 1 2 8  Toys from a shop 1 2 8  Household objects  or 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  another child for more  than an hour \_\_ | | | | |  |
| **EC4**. 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**)?  *A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.*  Circle all that apply.  “No one” cannot be circled if any household member age 15 and above engaged in activity with child. |  | | | | |  |
|  | **Mother** | **Father** | **Other** | **No one** |
| [A] Read books 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 or with (**name**),  including lullabies? | Sang songs | A | B | X | Y |
| [D] Took (**name**) outside the home? | Took outside | A | B | X | Y |
| [E] Played with (**name**)? | Played with | A | B | X | Y |
| [F] Named, counted, or drew things  for or with (**name**)? | Named | A | B | X | Y |
| **EC5**. Check UB2: Child’s age? | Age 0, 1, or 2 1  Age 3 or 4 2 | | | | | 1*⇨End* |
| **EC6**. 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 1  No 2  DK 8 | | | | |  |
| **EC7**. Can (**name**) read at least four simple, popular words? | Yes 1  No 2  DK 8 | | | | |  |
| **EC8**. Does (**name**) know the name and recognize the symbol of all numbers from 1 to 10? | Yes 1  No 2  DK 8 | | | | |  |
| **EC9**. Can (**name**) pick up a small object with two fingers, like a stick or a rock from the ground? | Yes 1  No 2  DK 8 | | | | |  |
| **EC10**. Is (**name**) sometimes too sick to play? | Yes 1  No 2  DK 8 | | | | |  |
| **EC11**. Does (**name**) follow simple directions on how to do something correctly? | Yes 1  No 2  DK 8 | | | | |  |
| **EC12**. When given something to do, is (**name**) able to do it independently? | Yes 1  No 2  DK 8 | | | | |  |
| **EC13**. Does *(***name**) get along well with other children? | Yes 1  No 2  DK 8 | | | | |  |
| **EC14**. Does (**name**) kick, bite, or hit other children or adults? | Yes 1  No 2  DK 8 | | | | |  |
| **EC15**. Does (**name**) get distracted easily? | Yes 1  No 2  DK 8 | | | | |  |

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| **CHILD DISCIPLINE** | | **UCD** |
| **UCD1**. *Check UF2: Child’s age?* | Age 0 1  Age 1, 2, 3 or 4 2 | 1*⇨End* |
| **UCD2**. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with *(****name****)* in the past month.  [A] Took away privileges, forbade something *(****name****)* liked or did not allow (him/her) to leave the house.  [B] Explained why *(****name****)*’s behavior was wrong.  [C] Shook (him/her).  [D] Shouted, yelled at or screamed at (him/her).  [E] Gave (him/her) something else to do.  [F] Spanked, hit or slapped (him/her) on the bottom with bare hand.  [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.  [H] Called (him/her) dumb, lazy or another name like that.  [I] Hit or slapped (him/her) on the face, head or ears.  [J] Hit or slapped (him/her) on the hand, arm, or leg.  [K] Beat (him/her) up, that is hit him/her over and over as hard as one could. | Yes No  Took away privileges 1 2  Explained wrong  behavior 1 2  Shook him/her 1 2  Shouted, yelled,  screamed 1 2  Gave something else  to do 1 2  Spanked, hit, slapped on  bottom with bare hand 1 2  Hit with belt, hairbrush,  stick or other hard  object 1 2  Called dumb, lazy or  another name 1 2  Hit / slapped on the face,  head or ears 1 2  Hit / slapped on hand,  arm or leg 1 2  Beat up, hit over and over  as hard as one could 1 2 |  |
| **UCD3**. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? | Yes 1  No 2  DK / No opinion 8 |  |

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| CHILD FUNCTIONING (age 2-4) |  | UCF |
| **UCF1**. *Check UB2: Child’s age?* | Age 0 or 1 1  Age 2, 3 or 4 2 | 1*⇨End* |
| **UCF2**. I would like to ask you some questions about difficulties your child may have.  Does (**name**) wear glasses? | Yes 1  No 2 |  |
| **UCF3**. Does (**name**) use a hearing aid? | Yes 1  No 2 |  |
| **UCF4**. Does (**name**) use any equipment or receive assistance for walking? | Yes 1  No 2 |  |
| **UCF5**. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (**name**) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all.  Repeat the categories during the individual questions whenever the respondent does not use an answer category:  Remember the four possible answers: Would you say that (**name**) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all? |  |  |
| **UCF6**. Check UCF2: Child wears glasses? | Yes, UCF1=1 1  No, UCF1=2 2 | 1*⇨UCF7A*  2*⇨UCF7B* |
| **UCF7A**. When wearing (his/her) glasses, does (**name**) have difficulty seeing?  **UCF7B**. Does (**name**) have difficulty seeing? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot see at all 4 |  |
| **UCF8**. Check UCF3: Child uses a hearing aid? | Yes, UCF2=1 1  No, UCF2=2 2 | 1*⇨UCF9A*  2*⇨UCF9B* |
| **UCF9A**. When using (his/her) hearing aid(s), does (**name**) have difficulty hearing sounds like peoples’ voices or music?  **UCF9B**. Does (**name**) have difficulty hearing sounds like peoples’ voices or music? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot hear at all 4 |  |
| **UCF10**. Check UCF4: Child uses equipment or receives assistance for walking? | Yes, UCF3=1 1  No, UCF3=2 2 | 1*⇨UCF11*  2*⇨UCF13* |
| **UCF11**. Without (his/her) equipment or assistance, does (**name**) have difficulty walking? | Some difficulty 2  A lot of difficulty 3  Cannot walk at all 4 |  |
| **UCF12**. With (his/her) equipment or assistance, does (**name**) have difficulty walking? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot walk at all 4 | 1*⇨UCF14*  2*⇨UCF14*  3*⇨UCF14*  4*⇨UCF14* |
| **UCF13**. Compared with children of the same age, does (**name**) have difficulty walking? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot walk at all 4 |  |
| **UCF14**. Compared with children of the same age, does (**name**) have difficulty picking up small objects with (his/her) hand? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot pick up at all 4 |  |
| **UCF15**. Does (**name**) have difficulty understanding you? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot understand at all 4 |  |
| **UCF16**. When (**name**) speaks, do you have difficulty understanding (him/her)? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot be understood at all 4 |  |
| **UCF17**. Compared with children of the same age, does (**name**) have difficulty learning things? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot learn things at all 4 |  |
| **UCF18**. Compared with children of the same age, does (**name**) have difficulty playing? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot play at all 4 |  |
| **UCF19**. The next question has five different options for answers. I am going to read these to you after the question.  Compared with children of the same age, how much does (**name**) kick, bite or hit other children or adults?  Would you say: not at all, less, the same, more or a lot more? | Not at all 1  Less 2  The same 3  More 4  A lot more 5 |  |

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| **breastfeeding and dietary intake** | | | | | **Bd** |
| **BD1**. *Check UB2: Child’s age?* | Age 0, 1, or 2 1  Age 3 or 4 2 | | | | 2*⇨End* |
| **BD2**. Has (***name***) ever been breastfed? | Yes 1  No 2  DK 8 | | | | 2*⇨BD4*  8*⇨BD4* |
| **BD3**. Is (***name***) still being breastfed? | Yes 1  No 2  DK 8 | | | |  |
| **BD4**. Yesterday, during the day or night, did (***name***) drink anything from a bottle with a nipple? | Yes 1  No 2  DK 8 | | | |  |
| **BD5**. Did (***name***) drink Oral Rehydration Salts, ORS, yesterday, during the day or night? | Yes 1  No 2  DK 8 | | | |  |
| **BD6**. Did (***name***) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night? | Yes 1  No 2  DK 8 | | | |  |
| **BD7**. Now I would like to ask you about all other liquids that (***name***) may have had yesterday during the day or the night.  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] Local name for clear broth/clear soup? | Clear Broth | 1 | 2 | 8 |  |
| [D] Infant formula, such as insert popular brands? | Infant formula | 1 | 2*⬂*  *BD7[E]* | 8*⬂*  *BD7[E]* |  |
| [D1] 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 \_\_ | | | |  |
| [E] Milk from animals, such as fresh, tinned, or powdered milk? | Milk | 1 | 2*⬂*  *BD7[X]* | 8*⬂*  *BD7[X]* |  |
| [E1] How many times did (***name****)* drink milk?  *If 7 or more times, record ‘7’*.  *If unknown, record ‘8’.* | Number of times drank  milk \_\_ | | | |  |
| [X] Any other liquids? | Other liquids | 1 | 2*⬂*  *BD8* | 8*⬂*  *BD8* |  |
| [X1] *Record all other liquids mentioned.* | (*Specify*) | | | |  |
| **BD8**. Now I would like to ask you about everything that (***name***) ate yesterday during the day or the night. Please include foods consumed outside of your home.   * Think about when (***name***) woke up yesterday. Did (he/she) eat anything at that time?   *If ‘yes’ ask:* Please tell me everything (***name***) ate at that time. *Probe:* Anything else?  *Record answers using the food groups below.*   * What did (***name***) do after that? Did (he/she) eat anything at that time?   *Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.* | | | | |  |
| *For each food group not mentioned after completing the above ask:*  Just to make sure, did (***name***) eat (***food group items***) yesterday during the day or the night |  | Yes | No | DK |  |
| [A] Yogurt made from animal milk?  *Note that liquid/drinking yogurt should be captured in BD7.* | Yogurt | 1 | 2*⬂*  *BD8[B]* | 8*⬂*  *BD8[B]* |  |
| [A1] How many times did (***name****)* eat yogurt?  *If 7 or more times, record ‘7’.*  *If unknown, record ‘8’.* | Number of times ate  yogurt \_\_ | | | |  |
| [B] Any baby food, such as insert brand name of commercially fortified baby food, e.g. Cerelac, Gerber, Hero or Nestum? | Fortified baby food | 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, cassava, or any other foods made from roots? | Foods made from roots | 1 | 2 | 8 |  |
| [F] Any dark green, leafy vegetables, such as insert locally available vitamin A-rich dark green, leafy vegetables? | Dark green, leafy vegetables | 1 | 2 | 8 |  |
| [G] Ripe mangoes or ripe papayas or insert locally available vitamin A-rich fruits? | Ripe mango, ripe papaya | 1 | 2 | 8 |  |
| [H] Any other fruits or vegetables, such as insert most commonly eaten fruits and vegetables? | Other fruits or vegetables | 1 | 2 | 8 |  |
| [I] Liver, kidney, heart or other organ meats? | Organ meats | 1 | 2 | 8 |  |
| [J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats? | Other meats | 1 | 2 | 8 |  |
| [K] Eggs? | Eggs | 1 | 2 | 8 |  |
| [L] Fish or shellfish, either fresh or dried? | Fresh or dried fish | 1 | 2 | 8 |  |
| [M] Beans, peas, lentils or nuts, including any foods made from these? | Foods made from beans, peas, nuts, etc. | 1 | 2 | 8 |  |
| [N] Cheese or other food made from animal milk? | Cheese or other food made from milk | 1 | 2 | 8 |  |
| [X] Other solid, semi-solid, or soft food? | Other solid, semi-solid, or soft food | 1 | 2*⬂*  *BD11* | 8*⬂*  *BD11* |  |
| [X1] *Record all other solid, semi-solid, or soft food that do not fit food groups above.* | (*Specify*) | | | |  |
| **BD9**. How many times did (***name***) eat any solid, semi-solid or soft foods yesterday during the day or night?  *If BD8[A] is ‘yes’, ensure that the response here includes the number of times recorded for yogurt* in BD8[A1]*.*  *If 7 or more times, record ‘7’*. | Number of times \_\_  DK 8 | | | |  |

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| immunization | |  | | | | | | | | IM | |
| **IM1**. *Check UB2: Child’s age?* | | Age 0, 1, or 2 1  Age 3 or 4 2 | | | | | | | | | 2*⇨End* |
| **IM2**. Do you have a National Child Immunization Record, immunization records from a private health provider or any other document where (**name**)’s vaccinations are written down?  *The respondent should already have brought the records and/or document when you got permission to begin the interview.* | | Yes, has only card(s) 1  Yes, has only other  document 2  Yes, has card(s) and other  document 3  No, has no cards and no other  document 4 | | | | | | | | | 1*⇨IM5*  3*⇨IM5* |
| **IM3**. Did you ever have a National Child Immunization Record or immunization records from a private health provider for (**name**)? | | Yes 1  No 2 | | | | | | | | |  |
| **IM4**. *Check IM2:* | | Has only other document (IM2=2) 1  Has no cards and no other  document available (IM2=4) 2 | | | | | | | | | 2*⇨IM11* |
| **IM5**. May I see the card(s) (and/or) other document? | | Yes, only card(s) seen 1  Yes, only other document seen 2  Yes, card(s) and  other document seen 3  No cards and  no other document seen 4 | | | | | | | | | 4*⇨IM11* |
| **IM6**.   1. Copy dates for each vaccination from the documents. 2. Write ‘44’ in day column if documents show that vaccination was given but no date recorded. | | **Date of Immunization** | | | | | | | | |  |
| **Day** | | **Month** | | **Year** | | | | |
| BCG | BCG |  |  |  |  |  |  |  |  | |  |
| HepB (at birth) | HepB0 |  |  |  |  |  |  |  |  | |  |
| Polio (OPV) (at birth) | OPV0 |  |  |  |  |  |  |  |  | |  |
| Polio (OPV) 1 | OPV1 |  |  |  |  |  |  |  |  | |  |
| Polio (OPV) 2 | OPV2 |  |  |  |  |  |  |  |  | |  |
| Polio (OPV) 3 | OPV3 |  |  |  |  |  |  |  |  | |  |
| Polio (IPV) | IPV |  |  |  |  |  |  |  |  | |  |
| Pentavalent (DPTHibHepB) 1 | Penta1 |  |  |  |  |  |  |  |  | |  |
| Pentavalent (DPTHibHepB) 2 | Penta2 |  |  |  |  |  |  |  |  | |  |
| Pentavalent (DPTHibHepB) 3 | Penta3 |  |  |  |  |  |  |  |  | |  |
| Pneumococcal (Conjugate) 1 | PCV1 |  |  |  |  |  |  |  |  | |  |
| Pneumococcal (Conjugate) 2 | PCV2 |  |  |  |  |  |  |  |  | |  |
| Pneumococcal (Conjugate) 3 | PCV3 |  |  |  |  |  |  |  |  | |  |
| Rotavirus 1 | Rota1 |  |  |  |  |  |  |  |  | |  |
| Rotavirus 2 | Rota2 |  |  |  |  |  |  |  |  | |  |
| Rotavirus 3 | Rota3 |  |  |  |  |  |  |  |  | |  |
| MMR | MMR |  |  |  |  |  |  |  |  | |  |
| Yellow Fever | YF |  |  |  |  |  |  |  |  | |  |
| **IM7**. *Check IM6. Are all vaccines (BCG to YF) recorded?* | | Yes 1  No 2 | | | | | | | | | 1*⇨End* |
| **IM8**. Did (***name***) participate in any of the following campaigns, national immunization days 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 | | | | | | | | |  |
| **IM9**. In addition to what is recorded on the document(s) you have shown me, did (***name***) receive any other vaccinations including vaccinations received during the campaigns, immunization days or child health days just mentioned? | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨End*  8*⇨End* |
| **IM10***. Go back to IM6 and probe for these vaccinations.*  *Enter ‘66’ in the corresponding day column for each vaccine received.*  *For vaccinations not received enter ‘00’.*  *When finished, skip to End of module.* | |  | | | | | | | | | *⇨End* |
| **IM11**. Has (**name**) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunization day or child health day? | | YES 1  NO 2  DK 8 | | | | | | | | |  |
| **IM12**. Did (***name***) participate in any of the following campaigns, national immunization days 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 | | | | | | | | |  |
| **IM13**. *Check IM11 and IM12:* | | All no or DK 1  At least one yes 2 | | | | | | | | | 1*⇨End* |
| **IM14**. Has (**name**) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar? | | Yes 1  No 2  DK 8 | | | | | | | | |  |
| **IM15**. Did (***name***) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth? | | Yes, within 24 hours 1  Yes, but not within 24 hours 2  No 3  DK 8 | | | | | | | | |  |
| **IM16**. Has (**name**) ever received any vaccination drops in the mouth to protect (him/her) from polio?  *Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.* | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨IM20*  8*⇨IM20* |
| **IM17**. Were the first polio drops received in the first two weeks after birth? | | Yes 1  No 2  DK 8 | | | | | | | | |  |
| **IM18**. How many times were the polio drops received? | | Number of times \_\_ | | | | | | | | |  |
| **IM19**. The last time (***name***) received the polio drops, did (he/she) also get an injection to protect against polio?  *Probe to ensure that both were given, drops and injection.* | | Yes 1  No 2  DK 8 | | | | | | | | |  |
| **IM20**. Has (***name***) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?  *Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the Polio drops.* | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨IM22*  8*⇨IM22* |
| **IM21**. How many times was the Pentavalent vaccine received? | | Number of times \_\_ | | | | | | | | |  |
| **IM22**. Has (***name***) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?  *Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.* | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨IM24*  8*⇨IM24* |
| **IM23**. How many times was the pneumococcal vaccine received? | | Number of times \_\_ | | | | | | | | |  |
| **IM24**. Has (***name***) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea?  *Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.* | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨IM26*  8*⇨IM26* |
| **IM25**. How many times was the rotavirus vaccine received? | | Number of times \_\_ | | | | | | | | |  |
| **IM26**. Has (***name***) ever received a MMR vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles, mumps and rubella? | | Yes 1  No 2  DK 8 | | | | | | | | |  |
| **IM27**. 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 MMR vaccine. | | YES 1  NO 2  DK 8 | | | | | | | | |  |

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| Form For VACCINATION recordS AT HEALTH FACILITY HF |
| **IM27**. *Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child.*  *Complete the Information Panel on that Questionnaire* |

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| care of illness |  | CA |
| **CA1.** In the last two weeks, has (**name**) had diarrhoea? | Yes 1  No 2  DK 8 | 2*⇨CA13*  8*⇨CA13* |
| **CA2**. *Check BD3: Is child still breastfeeding?* | yES 1  nO 2 | 1*⇨CA3A*  2*⇨CA3B* |
| **CA3A**. I would like to know how much (**name**) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salts, ORS and other liquids given with medicine.  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?  **CA3B**. I would like to know how much (**name**) was given to drink during the diarrhoea. This includes Oral Rehydration Salts, ORS and other liquids given with medicine.  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 1  Somewhat less 2  About the same 3  More 4  Nothing to drink 5  DK 8 |  |
| **CA4**. 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 1  Somewhat less 2  About the same 3  More 4  Stopped food 5  Never gave food 7  DK 8 |  |
| **CA5**. Did you seek any advice or treatment for the diarrhoea from any source? | Yes 1  No 2  DK 8 | 2*⇨CA7*  8*⇨CA7* |
| **CA6**. 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 provider.  If unable to determine if public or private sector, write the name of the place.    (*Name of place*) | **Public medical sector**  Government hospital A  Government health centre B  Government health post C  Community health worker D  Mobile / Outreach clinic E  Other public Medical  (*specify*) H  **Private medical sector**  Private hospital / clinic I  Private physician J  Private pharmacy K  Community Health Worker (Non- Government) L  Mobile clinic M  Other private Medical  (*specify*) O  **Other source**  Relative / Friend P  Shop / Market / street Q  Traditional practitioner R  Other (*specify*) X |  |
| **CA7**. During the time (**name**) had diarrhoea, was (he/she) given:  [A] A fluid made from a special packet called insert local name for ORS packet solution?  [B] A pre-packaged ORS fluid called insert local name for pre-packaged ORS fluid?  [C] Zinc tablets or syrup?  [D] Insert government-recommended homemade fluid? | Y N DK  Fluid from ORS packet 1 2 8  Pre-packaged ORS fluid 1 2 8  Zinc tablets or syrup 1 2 8  Recommended fluid 1 2 8 |  |
| **CA8**. Check CA7[A] and CA7[B]: Was child given any ORS? | Yes, At least one yes  in CA7[A] And [B] 1  No, ‘No’ or ‘DK’ circled  in both CA7 [A] And [B] 2 | 2*⇨CA10* |
| **CA9**. Where did you get the (*ORS mentioned in CA7[A] and CA7[B]*)?  Probe to identify the type of source.    If ‘Already had at home’, probe to learn if the source is known.  If unable to determine whether public or private, write the name of the place.    (Name of place) | **Public medical sector**  Government hospital A  Government health centre B  Government health post C  Community health worker D  Mobile / Outreach clinic E  Other public Medical  (*specify*) H  **Private medical sector**  Private hospital / clinic I  Private physician J  Private pharmacy K  Community Health Worker (Non- Government) L  Mobile clinic M  Other private Medical  (*specify*) O  **Other source**  Relative / Friend P  Shop / Market / street Q  Traditional practitioner R  Other (*specify*) X  DK/Don’t remember Z |  |
| **CA10**. Check CA7[C]: Was child given any zinc? | Yes (CA7[C]=1) 1  No (CA7[C] ≠1) 2 | 2*⇨CA12* |
| **CA11**. Where did you get the zinc?  Probe to identify the type of source.  If ‘Already had at home’, probe to learn if the source is known.  If unable to determine whether public or private, write the name of the place.    (Name of place) | **Public medical sector**  Government hospital A  Government health centre B  Government health post C  Community health worker D  Mobile / Outreach clinic E  Other public Medical  (*specify*) H  **Private medical sector**  Private hospital / clinic I  Private physician J  Private pharmacy K  Community Health Worker (Non- Government) L  Mobile clinic M  Other private Medical  (*specify*) O  **Other source**  Relative / Friend P  Shop / Market / street Q  Traditional practitioner R  Other (*specify*) X  DK/Don’t remember Z |  |
| **CA12**. Was anything else given to treat the diarrhoea? | Yes 1  No 2  DK 8 | 2*⇨CA14*  8*⇨CA14* |
| **CA13**. What else was given to treat the diarrhoea?  *Probe*:  Anything else?  *Record all treatments given. Write brand name(s) of all medicines mentioned.*    (Name of brand)    (Name of brand) | **Pill or Syrup**  Antibiotic A  Antimotility (anti-diarrhoea) B  Other pill or syrup G  Unknown pill or syrup H  **Injection**  Antibiotic L  Non-antibiotic M  Unknown injection N  Intravenous (iv) O  Home remedy /  Herbal medicine Q  Other (*specify*) X |  |
| **CA14**. At any time in the last two weeks, has (**name**) been ill with a fever? | Yes 1  No 2  DK 8 |  |
| **CA15**. At any time during the illness, did (**name**) have blood taken from (his/her) finger or heel for testing? | Yes 1  No 2  DK 8 |  |
| **CA16**. At any time in the last two weeks, has (**name**) had an illness with a cough? | Yes 1  No 2  DK 8 |  |
| **CA17**. At any time in the last two weeks, has (***name***) had fast, short, rapid breaths or difficulty breathing? | Yes 1  No 2  DK 8 | 2*⇨CA19*  8*⇨CA19* |
| **CA18**. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? | Problem in chest only 1  Blocked or runny nose only 2  Both 3  Other (specify) 6  DK 8 | 1*⇨CA20*  2*⇨CA20*  3*⇨CA20*  6*⇨CA20*  8*⇨CA20* |
| **CA19**. Check CA14: Did child have fever? | Yes (CA14=1) 1  No or DK (CA14=2 or 8) 2 | 2*⇨CA30* |
| **CA20**. Did you seek any advice or treatment for the illness from any source? | Yes 1  No 2  DK 8 | 2*⇨CA22*  8*⇨CA22* |
| **CA21**. 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 provider.    If unable to determine if public or private sector, write the name of the place.    (Name of place) | **Public medical sector**  Government hospital A  Government health centre B  Government health post C  Community health worker D  Mobile / Outreach clinic E  Other public Medical  (*specify*) H  **Private medical sector**  Private hospital / clinic I  Private physician J  Private pharmacy K  Community Health Worker (Non- Government) L  Mobile clinic M  Other private Medical  (*specify*) O  **Other source**  Relative / Friend P  Shop / Market / street Q  Traditional practitioner R  Other (*specify*) X |  |
| **CA22**.At any time during the illness, was (**name**) given any medicine for the illness? | Yes 1  No 2  DK 8 | 2*⇨CA30*  8*⇨CA30* |
| **CA23**. What medicine was (**name**) given?  *Probe:*  Any other medicine?  Circle all medicines given. Write brand name(s) of all medicines mentioned.    (Name of brand)    (Name of brand) | **Anti-malarials**  Artemisinin Combination  Therapy (ACT) A  SP / Fansidar B  Chloroquine C  Amodiaquine D  Quinine  Pills E  Injection/IV F  Artesunate  Rectal G  Injection/IV H  Other anti-malarial  (specify) K  **Antibiotics**  Amoxicillin L  Cotrimoxazole M  Other antibiotic  pill/syrup N  Other antibiotic  injection/IV O  **Other medications**  Paracetamol/Panadol/  Acetaminophen R  Aspirin S  Ibuprofen T  Other (specify) X  DK Z |  |
| **CA24**. Check CA23: Antibiotics mentioned? | Yes, antibiotics mentioned  (CA23=L-O) 1  No, Antibiotics not mentioned 2 | 2*⇨CA26* |
| **CA25**. Where did you get the (**name of medicine from CA23, codes L to O**)?  Probe to identify the type of source.  If ‘Already had at home’, probe to learn if the source is known.  If unable to determine whether public or private, write the name of the place.    (Name of place) | **Public medical sector**  Government hospital A  Government health centre B  Government health post C  Community health worker D  Mobile / Outreach clinic E  Other public Medical  (*specify*) H  **Private medical sector**  Private hospital / clinic I  Private physician J  Private pharmacy K  Community Health Worker (Non- Government) L  Mobile clinic M  Other private Medical  (*specify*) O  **Other source**  Relative / Friend P  Shop / Market / street Q  Traditional practitioner R  Other (*specify*) X  DK/Don’t remember Z |  |
| **CA26**. Check CA23: Anti-malarials mentioned? | Yes, anti-malarials mentioned (CA13=A-K) 1  No, anti-malarials not  mentioned 2 | 2*⇨CA30* |
| **CA27**. Where did you get the (**name of medicine from CA23, codes A to K**)?  Probe to identify the type of source.  If ‘Already had at home’, probe to learn if the source is known.  If unable to determine whether public or private, write the name of the place.    (Name of place) | **Public medical sector**  Government hospital A  Government health centre B  Government health post C  Community health worker D  Mobile / Outreach clinic E  Other public Medical  (*specify*) H  **Private medical sector**  Private hospital / clinic I  Private physician J  Private pharmacy K  Community Health Worker (Non- Government) L  Mobile clinic M  Other private Medical  (*specify*) O  **Other source**  Relative / Friend P  Shop / Market / street Q  Traditional practitioner R  Other (*specify*) X  DK/Don’t remember Z |  |
| **CA28**. *Check CA23: More than one antimalarial circled in codes A to K?* | Yes, multiple anti-malarials mentioned 1  NO, only one antimalarial mentioned 2 | 1*⇨CA29A*  2*⇨CA29B* |
| **CA29A.** How long after the fever started did (**name**) first take the first of the (**name all anti-malarials circled in CA23, codes A to K**)?  **CA29B.** How long after the fever started did (**name**) first take (**name of anti-malarial from CA23, codes A to K**)? | Same day 0  Next day 1  2 days after fever started 2  3 or more days after fever  started 3  DK 8 |  |
| **CA30**. *Check* UB2: C*hild’s age*? | Age 0, 1 or 2 1  Age 3 or 4 2 | 2*⇨End* |
| **CA31**. The last time *(***name***)* 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 (specify) 96  DK 98 |  |

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| **UF11**. *Record the time.* | Hours and minutes \_\_ \_\_ : \_\_ \_\_ |  |
| **UF12**. *Language of the Questionnaire.* | ENGLISH 1  Language 2 2  Language 3 3 |  |
| **UF13**. *Language of the Interview.* | ENGLISH 1  Language 2 2  Language 3 3  Other language  (specify) 6 |  |
| **UF14**.*Native language of the Respondent.* | ENGLISH 1  Language 2 2  Language 3 3  Other language  (specify) 6 |  |
| **UF15**. *Was a translator used for any parts of this questionnaire?* | Yes, the entire questionnaire 1  Yes, parts of the questionnaire 2  No, not used 3 |  |
| **UF16**. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.  Check columns HL10 and HL20 in List of Household Members, Household Questionnaire: Is the respondent the mother or caretaker of another child age 0-4 living in this household?  **🞎** Yes ⇨ Go to UF17 on the Under-Five Information Panel and circle ‘01’. Then go to the next Questionnaire for Children Under Five to be administered to the same respondent.  **🞎** No ⇨ Check HL26/27 and column HL20 in List of Household Members, Household Questionnaire: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?  **🞎** Yes ⇨ Go to UF17 on the Under-Five Information Panel and circle ‘01’. Then go to the Questionnaire for Children Age 5-17 to be administered to the same respondent.  **🞎** No ⇨ Go to UF17 on the Under-Five Information Panel and circle ‘01’. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household. | | |

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| anthropometry Module information panel ani | |
| **ANI1**. *Cluster number:* \_\_\_ \_\_\_ \_\_\_ | **ANI2**. *Household number:* \_\_\_ \_\_\_ |
| **ANI3**. *Child’s name and line number:*  Name \_\_\_ \_\_\_ | **ANI4**. *Child’s age from UB2:*  Age (in completed years) \_\_ |
| **ANI5**. *Mother’s / Caretaker’s name and line number:*  Name \_\_\_ \_\_\_ | **ANI6**. *Supervisor’s name and number:*  Name \_\_\_ \_\_\_ \_\_\_ |

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| Anthropometry | |  | | AN |
| **AN1**. *Measurer’s name and number:* | Name \_\_\_ \_\_\_ \_\_\_ | |  | |
| **AN2**. *Record the result as read out by the Measurer:*  *Read the record back to the Measurer and also ensure that he/she verifies your record.* | Kilograms (kg) \_\_\_ \_\_\_ **.** \_\_\_  Child not present 99.3  Child refused 99.4  Respondent refused 99.5  Other (*specify*) 99.6 | | 99.3*⇨AN7*  99.4*⇨AN4*  99.5*⇨AN4*  99.6*⇨AN4* | |
| **AN3**. *Was the child undressed to the minimum?* | Yes 1  No, the child could not be  undressed to the minimum 2 | |  | |
| **AN4**. *Check ANI4: Child’s age?* | Age 0 or 1 1  Age 2, 3 or 4 2 | | 1*⇨AN5A*  2*⇨AN5B* | |
| **AN5A**. *The child is less than 2 years old and should be measured lying down. Record the result as read out by the Measurer:*  *Read the record back to the Measurer and also ensure that he/she verifies your record.*  **AN5B**. *The child is at least 2 years old and should be measured standing up. Record the result as read out by the Measurer:*  *Read the record back to the Measurer and also ensure that he/she verifies your record.* | Length / Height (cm) \_\_\_ \_\_\_ \_\_\_ . \_\_\_  Child refused 999.4  Respondent refused 999.5  Other (*specify*) 999.6 | | 999.4*⇨AN7*  999.5*⇨AN7*  999.6*⇨AN7* | |
| **AN6**. *How was the child actually measured? Lying down or standing up?* | Lying down 1  Standing up 2 | |  | |
| **AN7**. *Today’s date: Day / Month / Year:*  \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 1 \_\_\_ |  | |  | |
| **AN8**. Is there another child under age 5 in the household who has not yet been measured? | Yes 1  No 2 | | 1*⇨Next Child* | |
| **AN9**. Thank the respondent for his/her cooperation and inform your supervisor that the Measurer and you have completed all the measurements in this household. | | | | |

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| **Interviewer’s Observations** |
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| **Measurer’s Observations** |
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| **Field Editor’s Observations** |
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| **Supervisor’s Observations** |
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