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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 / Caregiver’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 2 \_\_\_ | | **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/HH39A) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and ‘06’ should be recorded in UF17. The respondent must be at least 15 years old. | | |
| **UF9**. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, interviewed  already 1  NO, First Interview 2 | 1*⇨UF10B*  2*⇨UF10A* |
| **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 usually takes about number minutes.  Participation in this survey is voluntary. No payment or incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of young children.  Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you or your child will be made publicly available. We will only produce information about the general population.  Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know.  If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact organization name.  May I start the interview? | **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 usually takes about number minutes.  Again, participation in this survey is voluntary. No payment of incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of young children.  Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you or your child will be made publicly available. We will only produce information about the general population.  Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know.  If at any time you have any complaints or concerns about this survey, please use the information on the card I gave you earlier to contact organization name.  May I start the interview? | |
| Yes 1  No / NOT ASKED 2 | 1*⇨Under five’s Background Module*  2*⇨*UF17 | |

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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 Immunisation Record, and any immunisation record from a private health provider? We will need to refer to those documents. |  |  |
| **UB0A**. *Check relationship of respondent to child in the LIST OF HOUSEHOLD MEMBERS in the HOUSEHOLD QUESTIONNAIRE.* | Biological Mother (HL20 = HL14) 1  Biological Father (HL20 = HL18) 2  Other 6 | 1*⇨UB1*  2*⇨UB1* |
| **UB0B**. What is your relationship to (***name***)? | GRANDPARENT 01  AUNT/UNCLE 02  BROTHER/SISTER 03  OTHER RELATIVE OF CHILD 06  STEPMOTHER/FATHER 11  Stepsister/Brother 12  Other RELATIVE OF STEPPARENT 16  FORMAL FOSTER/adopted parent 21  Friend 31  Other (*specify*) 96 |  |
| **UB1**. On what day, month and year was (**name**) born?  Probe:  What is (***his/her***) birthday?  If the mother/caregiver knows the exact date of birth, also record the day; otherwise, record ‘98’ for day.  Month and year must be recorded. | Date of birth  Day \_\_ \_\_  DK day 98  Month \_\_ \_\_  Year 2 0 \_\_ \_\_ |  |
| **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*⇨End* |
| **UB4**. Check the respondent’s line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the Household Questionnaire (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE? | YES, Respondent is the same,  UF4=HH47 1  NO, Respondent is not the same,  UF4≠HH47 2 | 2*⇨UB6A* |
| **UB5**. Check ED10 in the Education Module in the Household Questionnaire: Did the child attend ECE in the current school year? | Yes, ED10=0 1  NO, ED10≠0 or blank 2 | 1*⇨UB8B*  2*⇨End* |
| **UB6A**. Check ED10 in the Education Module in the Household Questionnaire: Did the child attend ECE in the current school year? | Yes, ED10=0 1  NO, ED10≠0 or blank 2 | 1*⇨UB8A*  2*⇨End* |
| **UB8A**. I have earlier recorded that (***name***) has attended an Early Childhood Education programme this school year. Does (***he/she***) currently attend this programme?  **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 |  |

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| **HEALTH INSURANCE UIN** |
| If selected, insert the Health insurance topic here as instructed in the associated Complementary Package. |

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| **BIRTH REGISTRATION BR** |
| If selected, insert the Birth registration topic here as instructed in the associated Complementary Package. |

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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, that is, since last (***day of the 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’ record ’0’. If ‘Don’t know’ record ’8’. | | Number of days left alone for  more than an hour \_\_  Number of days left with  another child for more  than an hour \_\_ | |  |
| **EC4**. *Check UB2: Child’s age?* | | Age 0 OR 1 1  Age 2, 3 or 4 2 | | 1*⇨End* |
| **EC5**. Since last (***day of interview minus 3***), did you or any household member age 15 or over engage in any of the following activities with (**name**):  *A foster/stepmother or father living in the household who engaged with the child should be coded as mother or father.* |  | |  | |
| [A] Reading books or looking at picture books with (**name**)? | Yes 1  No 2  DK 8 | | 2*⇨EC5[B]*  8*⇨EC5[B]* | |
| [A1] Who in the household engaged in this activity with (***name***)?  Probe: Anyone else? | Mother A  Father B  Other X | |  | |
| [B] Telling stories to (**name**)? | Yes 1  No 2  DK 8 | | 2*⇨EC5[C]*  8*⇨EC5[C]* | |
| [B1] Who in the household engaged in this activity with (***name***)?  *Probe:* Anyone else? | Mother A  Father B  Other X | |  | |
| [C] Singing songs to or with (**name**),  including lullabies? | Yes 1  No 2  DK 8 | | 2*⇨EC5[D]*  8*⇨EC5[D]* | |
| [C1] Who in the household engaged in this activity with (***name***)?  *Probe:* Anyone else? | Mother A  Father B  Other X | |  | |
| [D] Taking (**name**) outside the home? | Yes 1  No 2  DK 8 | | 2*⇨EC5[E]*  8*⇨EC5[E]* | |
| [D1] Who in the household engaged in this activity with (***name***)?  *Probe:* Anyone else? | Mother A  Father B  Other X | |  | |
| [E] Playing with (**name**)? | Yes 1  No 2  DK 8 | | 2*⇨EC5[F]*  8*⇨EC5[F]* | |
| [E1] Who in the household engaged in this activity with (***name***)?  *Probe:* Anyone else? | Mother A  Father B  Other X | |  | |
| [F] Naming, counting, or drawing things  for or with (**name**)? | Yes 1  No 2  DK 8 | | 2*⇨EC6*  8*⇨EC6* | |
| [F1] Who in the household engaged in this activity with (***name***)?  *Probe:* Anyone else? | Mother A  Father B  Other X | |  | |
| **EC6**. I would like to ask you about certain things (***name***) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.  Can (***name***) walk on an uneven surface, for example a bumpy or steep road, without falling? | | Yes 1  No 2  DK 8 | |  |
| **EC7**. Can (***name***) jump up with both feet leaving the ground? | | Yes 1  No 2  DK 8 | |  |
| **EC8**. Can (***name***) dress (***him/herself***), that is, put on pants and a shirt without help? | | Yes 1  No 2  DK 8 | |  |
| **EC9**. Can (***name***) fasten and unfasten buttons without help? | | Yes 1  No 2  DK 8 | |  |
| **EC10**. Can (***name***) say 10 or more words like “mama” or “ball”? | | Yes 1  No 2  DK 8 | |  |
| **EC11**. Can (***name***) speak using sentences of 3 or more words that go together, for example “I want water” or “The house is big”? | | Yes 1  No 2  DK 8 | | 2*⇨EC13*  8*⇨EC13* |
| **EC12**. Can (***name***) speak using sentences of 5 or more words that go together, for example “The house is very big”? | | Yes 1  No 2  DK 8 | |  |
| **EC13**. Can (***name***) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”? | | Yes 1  No 2  DK 8 | |  |
| **EC14**. If you show (***name***) an object (***he/she***) knows well, such as a cup or animal, can (***he/she***) consistently name it?  *Probe:* By consistently I mean that (***he/she***) uses the same word to refer to the same object, even if the word used is not fully correct. | | Yes 1  No 2  DK 8 | |  |
| **EC15**. Can (***name***) recognise at least 5 letters of the alphabet? | | Yes 1  No 2  DK 8 | |  |
| **EC16**. Can (***name***) write (***his/her***) own name? | | Yes 1  No 2  DK 8 | |  |
| **EC17**. Does (***name***) recognise all numbers from 1 to 5? | | Yes 1  No 2  DK 8 | |  |
| **EC18**. If you ask (***name***) to give you 3 objects, such as 3 stones or 3 beans, does (***he/she***) give you the correct amount? | | Yes 1  No 2  DK 8 | |  |
| **EC19**. Can (***name***) count 10 objects, for example 10 fingers or 10 blocks, without mistakes? | | Yes 1  No 2  DK 8 | |  |
| **EC20**. Can (***name***) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly? | | Yes 1  No 2  DK 8 | |  |
| **EC21**. Does (***name***) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”? | | Yes 1  No 2  DK 8 | |  |
| **EC22**. Does (***name***) offer to help someone who seems to need help? | | Yes 1  No 2  DK 8 | |  |
| **EC23**. Does (***name***) get along well with other children? | | Yes 1  No 2  DK 8 | |  |
| **EC24**. The next two questions have five different options for answers. I am going to read these to you after each question.  How often does (***name***) seem to be very sad or depressed?  Would you say: daily, weekly, monthly, a few times a year, or never? | | DAILY 1  WEEKLY 2  MONTHLY 3  A FEW TIMES A YEAR 4  NEVER 5  DK 8 | |  |
| **EC25**. 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  DK 8 | |  |

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| **CHILD DISCIPLINE** | | **UCD** |
| **UCD1**. *Check UB2: 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 behaviour or to address a behaviour 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 behaviour 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  behaviour 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 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**. *Check UF4: Is this respondent the mother or caregiver of any other children under age 5 or a child age 5-14 selected for the QUESTIONNAIRE FOR CHILDREN AGE 5-17?* | yes 1  No 2 | 2*⇨UCD5* |
| **UCD4**. *Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?* | yes 1  No 2 | 1*⇨End* |
| **UCD5**. 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 | **UCF** |
| If selected, insert the Child functioning topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. | |

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| breastfeeding and dietary intake | **BD** |
| If selected, insert the Breastfeeding and dietary intake topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. | |

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| immunisation | |  | | | | | | | | 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 Immunisation Record, immunisation records from a private health provider or any other document where (**name**)’s vaccinations are written down? | | Yes, has only card(s) 1  Yes, has only other  document 2  Yes, has card(s) and other  document 3  No, has no card and no other  document 4 | | | | | | | | | 1*⇨IM5*  3*⇨IM5* |
| **IM3**. Did you ever have a National Child Immunisation Record or immunisation 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 card and  no other document seen 4 | | | | | | | | | 4*⇨IM11* |
| **IM5A**. *Record date of birth from the card and/or other document.*  *Record ‘98’ for any missing or illegible information.* | | Date of birth  Day \_\_ \_\_  Month \_\_ \_\_  Year 2 0 \_\_ \_\_ | | | | | | | | |  |
| **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 Immunisation** | | | | | | | | |  |
| **Day** | | **Month** | | **Year** | | | | |
| BCG | BCG |  |  |  |  | 2 | 0 |  |  | |  |
| HepB (at birth) | HepB0 |  |  |  |  | 2 | 0 |  |  | |  |
| Polio (OPV) (at birth) | OPV0 |  |  |  |  | 2 | 0 |  |  | |  |
| Polio (OPV) 1 | OPV1 |  |  |  |  | 2 | 0 |  |  | |  |
| Polio (OPV) 2 | OPV2 |  |  |  |  | 2 | 0 |  |  | |  |
| Polio (OPV) 3 | OPV3 |  |  |  |  | 2 | 0 |  |  | |  |
| Polio (IPV) 1 | IPV1 |  |  |  |  | 2 | 0 |  |  | |  |
| Polio (IPV) 2 | IPV2 |  |  |  |  | 2 | 0 |  |  | |  |
| Pentavalent (DTPHibHepB) 1 | Penta1 |  |  |  |  | 2 | 0 |  |  | |  |
| Pentavalent (DTPHibHepB) 2 | Penta2 |  |  |  |  | 2 | 0 |  |  | |  |
| Pentavalent (DTPHibHepB) 3 | Penta3 |  |  |  |  | 2 | 0 |  |  | |  |
| Pneumococcal (Conjugate) 1 | PCV1 |  |  |  |  | 2 | 0 |  |  | |  |
| Pneumococcal (Conjugate) 2 | PCV2 |  |  |  |  | 2 | 0 |  |  | |  |
| Pneumococcal (Conjugate) 3 | PCV3 |  |  |  |  | 2 | 0 |  |  | |  |
| Rotavirus 1 | Rota1 |  |  |  |  | 2 | 0 |  |  | |  |
| Rotavirus 2 | Rota2 |  |  |  |  | 2 | 0 |  |  | |  |
| Rotavirus 3 | Rota3 |  |  |  |  | 2 | 0 |  |  | |  |
| MMR/MR 1 | MMR/MR1 |  |  |  |  | 2 | 0 |  |  | |  |
| MMR/MR 2 | MMR/MR2 |  |  |  |  | 2 | 0 |  |  | |  |
| Yellow Fever | YF |  |  |  |  | 2 | 0 |  |  | |  |
| Td Booster 1 | Td Booster |  |  |  |  | 2 | 0 |  |  | |  |
| **IM7**. *Check IM6: Are all vaccines (BCG to Td Booster) recorded?* | | Yes 1  No 2 | | | | | | | | | 1*⇨End* |
| **IM8**. Did (***name***) participate in any of the following campaigns, national immunisation 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, immunisation 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.*  *Record ‘66’ in the corresponding day column for each additional vaccine received. For each vaccination not received record ‘00’ in day column.*  *When finished, go to next module.* | |  | | | | | | | | | *⇨End* |
| **IM11**. Did (**name**) ever receive any vaccinations to prevent (***him/her***) from getting diseases, including vaccinations received in a campaign, immunisation day or child health day? | | YES 1  NO 2  DK 8 | | | | | | | | |  |
| **IM12**. Did (***name***) participate in any of the following campaigns, national immunisation 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[A-C]:* | | 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**. At or soon after birth, did (***name***) receive a Hepatitis B vaccination, that is, an injection on the outside of the thigh to prevent Hepatitis B? | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨IM16*  8*⇨IM16* |
| **IM15A**. Did (***name***) receive it within 24 hours of birth? | | Yes 1  No 2  DK 8 | | | | | | | | |  |
| **IM16**. Has (**name**) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?  *Probe by indicating that this vaccine is often called OPV, and that the first dose can be given at birth and/or later at the same time as injections to prevent other diseases.* | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨IM19*  8*⇨IM19* |
| **IM17**. Did (**name**) receive the first oral polio vaccine in the first two weeks after birth or later? | | First two weeks 1  Later 2  DK 8 | | | | | | | | |  |
| **IM18**. How many times was the oral polio vaccine received? | | Number of times \_\_  DK 8 | | | | | | | | |  |
| **IM19**. Has (***name***) ever received an injected polio vaccine, that is, an injection in the arm to protect against polio?  *Probe by indicating that this vaccine is often called IPV, and that the injection can be given at the same time as the oral polio vaccine and/or other injections.* | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨IM20*  8*⇨IM20* |
| **IM19A**. How many times was the injected polio vaccine received? | | Number of times \_\_  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 the 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 \_\_  DK 8 | | | | | | | | |  |
| **IM22**. Has (***name***) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?  *Probe by indicating that pneumococcal 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 \_\_  DK 8 | | | | | | | | |  |
| **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 \_\_  DK 8 | | | | | | | | |  |
| **IM26**. Has (***name***) ever received a MMR/MR vaccine, that is, an injection in the arm to prevent (***him/her***) from getting measles, mumps, and rubella? | | Yes 1  No 2  DK 8 | | | | | | | | | 2*⇨IM27*  8*⇨IM27* |
| **IM26A**. How many times was the MMR/MR vaccine received? | | Number of times \_\_  DK 8 | | | | | | | | |  |
| **IM27**. Has (**name**) ever received the Yellow Fever vaccination, that is, an injection in the arm 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/MR vaccine. | | YES 1  NO 2  DK 8 | | | | | | | | |  |
| **IM27A**. Has (**name**) ever received the Td Booster, that is, an injection in the thigh at the age of 1 year or older, to boost (***his/her***) immunity against diphtheria and tetanus?    Probe by indicating that the first Td booster is sometimes given at the same time as the second MMR/MR dose. | | YES 1  NO 2  DK 8 | | | | | | | | |  |
| **IM28**. *Issue a FACILITY BASED RECORDS OF VACCINATIONS FORM for this child.*  *Complete the UNDER-FIVE CHILD INFORMATION PANEL on that Form.* | | | | | | | | | | | |

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| Care-seeking and treatment of Diarrhoea | **DA** |
| If selected, insert the Care-seeking and treatment of diarrhoea topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. | |

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| Care-seeking and treatment of Symptoms of ARI | **AR** |
| If selected, insert the Care-seeking and treatment of symptoms of ARI topic here as instructed in the associated Complementary Package. | |

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| Malaria: Care-seeking and treatment | **MC** |
| If selected, insert the Malaria: Care-seeking and treatment topic here as instructed in the associated Complementary Package. The Complementary Package contains instructions for further customisation of the questionnaires. | |

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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 |  |
| **UF15A**.Check respondent’s age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Respondent’s age is 15-17 years? | Age 15-17 1  Age 18 or above 2 | 1*⇨End* |
| **UF15B**. Check the respondent’s line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the Household Questionnaire (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE? | YES, Respondent is the same,  UF4=HH47 1  NO, Respondent is not the same,  UF4≠HH47 2 | 1*⇨UF16* |
| **UF15C**. *Has this respondent already been interviewed with any individual questionnaires?* | YES, ALREADY INTERVIEWED 1  NO, Not already INTERVIEWed 2 | 1*⇨UF16* |
| **UF15D**. *Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household have a mobile phone?* | YES, HC7[A]=1 or HC12=1 1  NO, HC7[A]=2 and HC12=2 2 | 2*⇨UF15F* |
| **UF15E**. Thank you for your participation.  The National Statistical Office will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time.  Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team.  Would you like to participate? | Yes 1  No 2 | 1*⇨UF15H*  2*⇨UF16* |
| **UF15F**. Thank you for your participation.  The National Statistical Office will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time.  Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team.  Would you like to participate? | Yes 1  No 2 | 2*⇨UF16* |
| **UF15G**. You have told me that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household? | Yes 1  No 2 | 1*⇨UF15I*  2*⇨UF16* |
| **UF15H**. Do you have a personal phone number or is there a phone number for the household? | Yes 1  no 2 | 2*⇨UF16* |

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| **UF15I**. You may share your household’s number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call. | | | |
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|  | [P1]  BEST NUMBER | [P2]  2ND NUMBER | [P3]  3RD NUMBER |
| **UF15J**. *Ask for and record phone number.* | **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **UF15K**. Just to confirm, the number is (***number recorded in UF15J***)?  *If no, return to UF15J and correct entry.* | YES 1  NO 2*⬂*  *UF15J* | YES 1  NO 2*⬂*  *UF15J* | YES 1  NO 2*⬂*  *UF15J* |
| **UF15L**. Remember, you may share your household’s number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared phone number where you can be reached? | YES 1*⬂*  *[P2]*  NO 2*⬂*  *UF16* | YES 1*⬂*  *[P3]*  NO 2*⬂*  *UF16* | YES 1*⬂*  *[P4]*  NO 2*⬂*  *UF16* |
|  |  |  | *Tick here if additional questionnaire*  *used:* **🞏** |

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| **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 ANTHROPOMETRIC MEASUREMENTS FORM for this child and complete the ANTHROPOMETRIC MEASUREMENTS FORM INFORMATION PANEL on that Form.  Check columns HL10 and HL20 in List of Household Members, Household Questionnaire: Is the respondent the mother or caregiver of another child age 0-4 living in this household?  **🞏** Yes ⇨ Go to UF17 on the Under-Five Information Panel and record ‘01’. Then go to the next Questionnaire for Children Under Five to be administered to the same respondent.  **🞏** No ⇨ Check HL6 and column HL20 in List of Household Members, Household Questionnaire: Is the respondent the mother or caregiver of a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 in this household?  **🞏** Yes ⇨ Go to UF17 on the Under-Five Information Panel and record ‘01’. Then go to the Questionnaire for Children AND ADOLESCENTS Age 5-17 to be administered to the same respondent.  **🞏** No ⇨ Go to UF17 on the Under-Five Information Panel and record ‘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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| **UF17**. *Result of interview for children under 5*  Codes refer to mother/caregiver.  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/  caregiver age 15-17 06  Other (*specify*) 96 |
| **Interviewer’s Observations** | |
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| **Supervisor’s Observations** |
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| MICS logo ALL | | Anthropometric Measurements Form  children Under Five  Name and year of survey | |  | |
| anthropometric Measurements form Information Panel an | | | |
| **AN1**. *Cluster number:* \_\_\_ \_\_\_ \_\_\_ | | **AN2**. *Household number:* \_\_\_ \_\_\_ | |
| **AN3**. *Child’s name and line number:*  Name \_\_\_ \_\_\_ | | **AN4**. *Child’s age from UB2:*  Age (in completed years) \_\_ | |
| **AN5**. *Mother’s / Caregiver’s name and line number:*  Name \_\_\_ \_\_\_ | | **AN6**. *Interviewer’s name and number:*  Name \_\_\_ \_\_\_ \_\_\_ | |

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| Anthropometric Measurements | |  | |  |
| **AN7**. *Measurer’s name and number:* | Name \_\_\_ \_\_\_ \_\_\_ | |  | |
| **AN8**. *Record the result of weight measurement as read out by the Measurer:*  *Read the record back to the Measurer and also ensure that he/she verifies your record.*  *Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.* | Kilograms (kg) \_\_\_ \_\_\_ **.** \_\_\_  Child not present after revisits 99.3  Child refused 99.4  Respondent refused 99.5  Other (*specify*) 99.6 | | 99.3*⇨AN14*  99.4*⇨AN10*  99.5*⇨AN10*  99.6*⇨AN10* | |
| **AN9**. *Was the child undressed to the minimum, that is, no more than very light clothing or undergarments only?* | Yes 1  No, the child could not be  undressed to the minimum 2 | |  | |
| **AN10**. *Check AN4: Child’s age?* | Age 0 or 1 1  Age 2, 3 or 4 2 | | 1*⇨AN11A*  2*⇨AN11B* | |
| **AN11A**. *The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer:*  *Read the record back to the Measurer and also ensure that he/she verifies your record.*  *Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.*  **AN11B**. *The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer:*  *Read the record back to the Measurer and also ensure that he/she verifies your record.*  *Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.* | Length / Height (cm) \_\_\_ \_\_\_ \_\_\_ . \_\_\_  Child refused 999.4  Respondent refused 999.5  Other (*specify*) 999.6 | | 999.4*⇨AN14*  999.5*⇨AN14*  999.6*⇨AN14* | |
| **AN12**. *How was the child actually measured? Lying down or standing up?* | Lying down 1  Standing up 2 | |  | |
| **AN13***. Was the recorded measurement interfered with by braided or ornamented hair?* | Yes, hair interfered with measurement 1  No 2 | |  | |
| **AN14**. *Day / Month / Year of measurement:*  \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 2 \_\_\_ |  | |  | |
| **AN15**. Is there another child under age 5 in the household who has not yet been measured? | Yes 1  No 2 | | 1*⇨Next Child* | |
| **AN16**. 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 for ANTHROPOMETRIC MEASUREMENTS FORM** |
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| **Measurer’s Observations for ANTHROPOMETRIC MEASUREMENTS FORM** |
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| **Supervisor’s Observations for ANTHROPOMETRIC MEASUREMENTS FORM** |
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