



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

MICS Punjab 2014

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>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).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM Bureau of Statistics, Planning & Development Department, Government of the Punjab. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT ____ MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT ____ MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>	

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed01</p> <p>Not at home02</p> <p>Refused03</p> <p>Partly completed04</p> <p>Incapacitated05</p> <p>Other (<i>specify</i>) _____ 96</p>
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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	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day..... 98</p> <p>Month..... ____</p> <p>Year 2 0 ____</p>	
<p>AG2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ____</p>	

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen.....2 No3 DK.....8	1⇒Next Module 2⇒Next Module
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH the UNION COUNCIL/NADRA?	Yes 1 No2 DK.....8	1⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1 No2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children's books.....0 __</p> <p>Ten or more books 10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
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<p>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.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour</p> <p>Number of days left with other child for more than an hour</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p>																		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																	

<p>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):</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p>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.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes1 No2 DK.....8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No2 DK.....8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No2 DK.....8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes1 No2 DK.....8	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to VITAMIN-A Module		
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 ORS (ORAL REHYDRATION SOLUTION) 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 (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] CLEAR SOUP (any type)?	Soup	1 2 8
[D] MILK SUCH AS TINNED, POWDERED, CURD SHAKE OR FRESH ANIMAL MILK?	Milk	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk	___
[E] INFANT FORMULA?	Infant formula	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula	___
[F] ANY OTHER LIQUIDS?	Other liquids (specify) _____	1 2 8

<p>BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>				
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<p><i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? <i>If 7 or more times, record '7'. If unknown, record '8'.</i></p>		Number of times drank/ate yogurt__		
[B] CERELAC?	Cerelac	1	2	8
[C] BREAD, RICE, WHEAT DALIA, 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, TURNIP, CABBAGE, GREENS BEANS OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES SUCH AS SPINACH?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, BANANA, APRICOTS PAPAYAS ETC?	Ripe, mangoes, apricots	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, 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, CHICKPEAS, 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?	Other solid, semi-solid, or soft food (specify).....	1	2	8
<p>BD9. Check BD8 (Categories "A" through "O")</p> <p><input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11</p> <p><input type="checkbox"/> Else ⇒ Continue with BD10</p>				
<p>BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night</p> <p><input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module</p> <p><input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11</p>				
<p>BD11. HOW MANY TIMES DID (<i>name</i>) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?</p> <p><i>If 7 or more times, record '7'.</i></p>		<p>Number of times.....__</p> <p>DK.....8</p>		

IMMUNIZATION		IM																																																																																																																																					
<p>This part is to be administered to the children less than 3 years. If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM19 will only be asked when a card is not available.</p>																																																																																																																																							
IM1. DO YOU HAVE A CARD WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN? If yes: MAY I SEE IT PLEASE?		Yes, seen.....1 Yes, not seen.....2 No card3						1⇒IM3 2⇒IM6																																																																																																																															
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (<i>name</i>)?		Yes.....1 No2						1⇒IM6 2⇒IM6																																																																																																																															
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		<table border="1"> <thead> <tr> <th colspan="8">Date of Immunization</th> </tr> <tr> <th>Day</th> <th>Month</th> <th colspan="6">Year</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>BCG</td><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>POLIO AT BIRTH</td><td>OPV0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>POLIO 1</td><td>OPV1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>POLIO 2</td><td>OPV2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>POLIO 3</td><td>OPV3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT+HEPB+HIB (PENTA) 1</td><td>PENTA1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT+HEPB+HIB (PENTA) 2</td><td>PENTA2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT+HEPB+HIB (PENTA) 3</td><td>PENTA3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MEASLES-I (OR MMR OR MR)</td><td>MEASLES-I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MEASLES-II (OR MMR OR MR)</td><td>MEASLES-II</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>								Date of Immunization								Day	Month	Year																BCG	BCG									POLIO AT BIRTH	OPV0									POLIO 1	OPV1									POLIO 2	OPV2									POLIO 3	OPV3									DPT+HEPB+HIB (PENTA) 1	PENTA1									DPT+HEPB+HIB (PENTA) 2	PENTA2									DPT+HEPB+HIB (PENTA) 3	PENTA3									MEASLES-I (OR MMR OR MR)	MEASLES-I									MEASLES-II (OR MMR OR MR)	MEASLES-II								
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IM4. Check IM3. Are all vaccines (BCG to Measles-II) recorded? <input type="checkbox"/> Yes ⇒ Go to IM19 <input type="checkbox"/> No ⇒ Continue with IM5																																																																																																																																							
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS? <input type="checkbox"/> 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 <input type="checkbox"/> No/DK ⇒ Go to IM19																																																																																																																																							
IM6. HAS (<i>name</i>) 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.....1 No2 DK.....8						2⇒IM19 8⇒IM19																																																																																																																															
IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?		Yes.....1 No2 DK.....8																																																																																																																																					
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO		Yes.....1																																																																																																																																					

PROTECT HIM/HER FROM POLIO?	No2 DK.....8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes.....1 No2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED? <i>If 7 or above write 7.</i>	Number of times _	
IM11. HAS (<i>name</i>) EVER RECEIVED A DEP/HEPB/HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	Yes.....1 No2 DK.....8	2⇒IM15A 8⇒IM 15A
IM12. HOW MANY TIMES WAS THE DEP/HEPB/HIB VACCINE RECEIVED?	Number of times _	
IM15A. HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING WHOOPING COUGH OR DIPHTHERIA, PERTUSIS, TETANUS, HEPATITIS & INFLUENZA? <i>Probe by indicating that the Pentavalent vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes.....1 No2 DK.....8	2⇒IM16 8⇒IM16
IM15B. HOW MANY TIMES WAS A PENTAVALENT VACCINE RECEIVED?	Number of times _	
IM16. HAS (<i>name</i>) 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.....1 No2 DK.....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] <i>Anti-Polio campaign day (NID)</i> [B] <i>Mother and Child week</i> [C] <i>Child health day</i>	Y N DK <i>Anti-Polio campaign day (NID) 1 2 8</i> <i>Mother & Child week 1 2 8</i> <i>Child health day 1 2 8</i>	

VITAMIN A SUPPLEMENTATION**VS***This part is to be administered to all the children (0-4) years.*

VS1. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? <i>Show common types of ampoules / capsules</i>	Yes.....1 No2 DK.....8	
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CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	Yes 1 No 2 DK..... 8	2⇒CA6A 8⇒CA6A
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</p> <p>DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK..... 8	
<p>CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	Public sector Government hospital A Government health centre B Government health post/Dispensary C Lady health worker (LHW) D Mobile / Outreach clinic E Other public (<i>specify</i>) _____ H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) _____ X	
<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA,</p>		

WAS (<i>name</i>) GIVEN TO DRINK		Y N DK
[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS Packet?	Fluid from ORS packet	1 2 8
[B] A PRE-PACKAGED ORS FLUID?	Pre-packaged ORS fluid	1 2 8
CA4A. Check CA4: ORS		
<input type="checkbox"/> <i>Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B</i> <input type="checkbox"/> <i>Child was not given ORS ⇒ Go to CA4C</i>		
CA4B. WHERE DID YOU GET THE ORS?		
<p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	Public sector Government hospital 11 Government health centre..... 12 Government health post/Dispensary 13 Lady health worker (LHW)..... 14 Mobile / Outreach clinic 15 Other public (<i>specify</i>) _____ 16 Private medical sector Private hospital / clinic.....21 Private physician22 Private pharmacy23 Mobile clinic24 Other private medical (<i>specify</i>) _____ 26 Other source Relative / Friend31 Shop32 Traditional practitioner33 Already had at home40 Other (<i>specify</i>) _____ 96	
CA4C. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN:		Y N DK
[A] ZINC TABLETS?	Zinc tablets	1 2 8
[B] ZINC SYRUP?	Zinc syrup	1 2 8
CA4D. Check CA4C: Any zinc?		
<input type="checkbox"/> <i>Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</i> <input type="checkbox"/> <i>Child was not have any zinc ⇒ Go to CA4F</i>		
CA4E. WHERE DID YOU GET THE ZINC?		
<p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p>	Public sector Government hospital 11 Government health centre..... 12 Government health post/Dispensary 13 Lady health worker (LHW)..... 14 Mobile / Outreach clinic 15 Other public (<i>specify</i>) _____ 16 Private medical sector	

<p>_____</p> <p>(Name of place)</p>	Private hospital / clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) 26 Other source Relative / Friend 31 Shop 32 Traditional practitioner 33 Already had at home 40 Other (<i>specify</i>) 96	
<p>CA4F. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] HOME MADE FLUID (BOILED WATER WITH SUGAR AND SALT)</p> <p>[B] OTHERS (<i>specify</i>) _____</p>	<p style="text-align: right;">Y N DK</p> Boiled water with sugar and salt 1 2 8 Other (<i>specify</i>) 1 2 8	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	Yes 1 No 2 DK 8	2⇒CA6A 8⇒CA6A
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(Name)</p>	Pill or Syrup Antibiotic A Antimotility B Other pill or syrup (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H Injection Antibiotic L Non-antibiotic M Unknown injection N Intravenous O Home remedy / Herbal medicine Q Other (<i>specify</i>) X	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	Yes 1 No 2 DK 8	2⇒CA7 8⇒CA7
<p>CA6B. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</p>	Yes 1 No 2 DK 8	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	Yes 1 No 2	2⇒CA9A

	DK..... 8	8⇒CA9A
CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK..... 8	2⇒CA10 8⇒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 1 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) 6 DK..... 8	1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10
CA9A. Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA10 <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA12 8⇒CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Government hospital A Government health centre B Government health post/Dispensary C Lady health worker (LHW) D Mobile / Outreach clinic E Other public (<i>specify</i>) H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) X	
CA12. AT ANY TIME DURING THE ILLNESS, WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes 1 No 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i>	Anti-malarials: SP / Fansidar A Chloroquine B Amodiaquine C Quinine D Combination with Artemisinin E Other anti-malarial (<i>specify</i>) H	

<hr/> <i>(Names of medicines)</i>	Antibiotics: Pill / Syrup I Injection J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) X DK.....Z
CA13A. Check CA13: Antibiotic mentioned (codes I or J)? <input type="checkbox"/> <i>Yes</i> ⇒ Continue with CA13B <input type="checkbox"/> <i>No</i> ⇒ Go to CA13C	
CA13B. WHERE DID YOU GET THE (NAME OF THE MEDICINE FROM CA13)? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> <hr/> <i>(Name of place)</i>	Public sector Government hospital 11 Government health centre..... 12 Government health post/Dispensary 13 Lady health worker (LHW)..... 14 Mobile / Outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital / clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (<i>specify</i>) 26 Other source Relative / Friend 31 Shop 32 Traditional practitioner 33 Already had at home 40 Other (<i>specify</i>) 96
CA13C. Check CA13: Anti-malarial mentioned (codes A - H)? <input type="checkbox"/> <i>Yes</i> ⇒ Continue with CA13D <input type="checkbox"/> <i>No</i> ⇒ Go to CA14	
CA13D. WHERE DID YOU GET THE (NAME OF THE MEDICINE FROM CA13)? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> <hr/>	Public sector Government hospital 11 Government health centre..... 12 Government health post/Dispensary 13 Lady health worker (LHW)..... 14 Mobile / Outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital / clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24

(Name of place)	Other private medical (<i>specify</i>) _____ 26 Other source Relative / Friend 31 Shop 32 Traditional practitioner 33 Already had at home 40 Other (<i>specify</i>) _____ 96	
CA13E. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from CA13</i>)? <i>If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.</i>	Same day 0 Next day 1 2 days after the fever..... 2 3 days after the fever..... 3 4 or more days after the fever 4 DK..... 8	
CA14. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13		
CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine 01 Put / Rinsed into toilet or latrine 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open..... 06 Other (<i>specify</i>) _____ 96 DK..... 98	

UF13. Record the time.	Hour and minutes : ..	
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<p>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?</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 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</p> <p>Check to see if there are other woman's or under-5 questionnaires to be administered in this household.</p>
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ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1	
	Child not present 2	2 ⇒ AN6
	Child or mother/caretaker refused 3	3 ⇒ AN6
	Other (specify) _____ 6	6 ⇒ AN6
AN3. Child's weight	Kilograms (kg)	
	Weight not measured 99.9	
AN3A. Was the child undressed to the minimum?		
<input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum		
AN3B. Check age of child in AG2:		
<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).		
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?		
<input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations