

Appendix H

Final: June, 2011



QUESTIONNAIRE FOR CHILDREN UNDER FIVE BELIZE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). 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 name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION WITH UNICEF. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor.

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed01 Not at home02 Refused03 Partly completed.....04 Incapacitated05 Other (<i>specify</i>) _____ 96
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UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
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UF12. Record the time.	Hour, minutes and am/pm..... ____ : ____	__ m
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AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU ABOUT THE AGE OF (<i>name</i>).</p> <p>IN WHAT 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>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day.....98</p> <p>Month..... ____</p> <p>Year ____</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>	

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BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module
	Yes, not seen.....2	2⇒Next Module
	No.....3	
	DK.....8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE VITAL STATISTICS UNIT (REGISTRY), MAGISTRATE'S COURT, VILLAGE REGISTRAR OR HOSPITAL?	Yes 1	1⇒Next Module
	No 2	
	DK.....8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1	
	No 2	

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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 books0__</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>WHAT DOES <i>(name)</i> PLAY WITH?</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 confirm the response</i></p>	<p>Y N DK</p> <p>Homemade toys1 2 8</p> <p>Toys from a shop1 2 8</p> <p>Household objects or outside objects1 2 8</p>	
<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 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</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>2⇒EC7</p> <p>8⇒EC7</p>

<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?</p>	<p>Number of hours.....__ __</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)? – THE MOTHER, THE CHILD’S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT).</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)?</p>	<table border="0"> <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	
	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																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. 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 YOUR CHILD’S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC10. DOES (<i>name</i>) 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 (<i>name</i>) 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 (<i>name</i>) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes1 No2 DK.....8	
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	

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BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF4. DID (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (<i>name</i>) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (<i>name</i>) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF9. DID (<i>name</i>) DRINK WATERY SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF10. DID (<i>name</i>) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF11. DID (<i>name</i>) DRINK ORS (ORAL RE-HYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	

<p>BF12. DID (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK..... 8</p>	
<p>BF13. DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒BF15 8⇒BF15</p>
<p>BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Number of times _ _</p>	
<p>BF15. DID (<i>name</i>) EAT PORRIDGE/LAB YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK..... 8</p>	
<p>BF16. DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒BF18 8⇒BF18</p>
<p>BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Number of times _ _</p>	
<p>BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</p>	<p>Yes 1 No 2 DK..... 8</p>	

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CARE OF ILLNESS		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK).</p> <p>DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, MORE THAN USUAL OR NOTHING TO DRINK?</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>CA4. DURING THE EPISODE OF 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] A FLUID MADE FROM ORAL REHYDRATION SALT?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p> <p>[C] PEDIALYTE?</p>	<p style="text-align: right;">Y N DK</p> Fluid from ORS..... 1 2 8 Pre-packaged ORS fluid 1 2 8 Pedialyte..... 1 2 8	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7

<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>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility (anti-diarrhoea) B</p> <p>Zinc C</p> <p>Other (Not antibiotic, Antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous/drip O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>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?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. 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 source is hospital, health centre, or clinic, write the name of the place below. If unable to determine if public or private sector, write the name of the place below.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Village health worker D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	

<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(<i>Names of medicines</i>)</p>	<p>Antibiotic Pill / Syrup A Injection B</p> <p>Anti-malarial M</p> <p>Paracetamol / Panadol / Acetaminophen... P Aspirin Q Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X DK..... Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine 01 Put into toilet or latrine..... 02 Put into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open..... 06</p> <p>Other (<i>specify</i>) _____ 96 DK..... 98</p>	

IMMUNIZATION		IM											
<p>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16A are for registering vaccinations that are not recorded on the card. IM6-IM16A will only be asked when a card is not available.</p>													
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?		Yes, seen 1 Yes, not seen 2 No card 3						1⇒IM3 2⇒IM6					
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?		Yes 1 No 2						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.		Date of Immunization Day Month Year											
BCG	BCG												
POLIO 1	OPV1												
POLIO 2	OPV2												
POLIO 3	OPV3												
POLIO 4 (BOOSTER)	OPV4												
PENTAVALANT 1	DPT/HEP/HIB 1												
PENTAVALANT 2	DPT/HEP/HIB 2												
PENTAVALANT 3	DPT/HEP/HIB 3												
DPT DIPHTERIA, WHOOPING COUGH, TETANUS)	BOOSTER												
DTaP-P1 (DIPHTERIA, WHOOPING COUGH, TETANUS, POLIO)	DTaP-P1												
DTaP-P2	DTaP-P2												
DTaP-P3	DTaP-P3												
DTaP-P4	DTaP-P4												
HAEMOPHILUS INFLUENZAE B 1 (FLU)	Hib1												
HAEMOPHILUS INFLUENZAE B 2	Hib2												
HAEMOPHILUS INFLUENZAE B 3	Hib3												
HAEMOPHILUS INFLUENZAE B 4	Hib4												
HBV1 (HEPATITIS B)	HBV1												
HBV2 (HEPATITIS B)	HBV2												
HBV3 (HEPATITIS B)	HBV3												
MEASLES, MUMPS, RUBELLA 1	MMR1												

MEASLES, MUMPS, RUBELLA 2	MMR2								
VITAMIN A (MOST RECENT)	VITA								
<p>IM4. Check IM3. Are all vaccines (BCG to Measles (or MMR)) recorded?</p> <p><input type="checkbox"/> Yes ⇒ Go to IM18</p> <p><input type="checkbox"/> No ⇒ Continue with IM5</p>									
<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p><i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i></p>		<p>Yes 1 <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i></p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ IM18</p> <p>8 ⇒ IM18</p>						
<p>IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>		<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ IM18</p> <p>8 ⇒ IM18</p>						
<p>IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>		<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>							
<p>IM8. HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>		<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ IM11A</p> <p>8 ⇒ IM11A</p>						
<p>IM10. HOW MANY TIMES WAS HE/SHE GIVEN THESE DROPS?</p>		<p>Number of times _</p>							
<p>IM11A. HAS (name) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH, TETANUS, HEPATITIS B, INFLUENZAE B?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as Polio.</i></p>		<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ IM12A</p> <p>8 ⇒ IM12A</p>						
<p>IM11B. HOW MANY TIMES WAS A PENTAVALENT VACCINE RECEIVED?</p>		<p>Number of times _</p>							
<p>IM11. HAS (NAME) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as polio</i></p>		<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1 ⇒ IM16</p> <p>2 ⇒ IM12A</p> <p>8 ⇒ IM12A</p>						

<p>IM12A. HAS (<i>name</i>) EVER RECEIVED A DTaP-P1 VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING DIPHTERIA, WHOOPING COUGH, TETANUS, POLIO?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM12C 8⇒IM12C</p>
<p>IM12B. HOW MANY TIMES WAS A DTaP-P1 VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM12C. HAS (<i>NAME</i>) EVER RECEIVED A HIB1 VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B (FLU)?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM13 8⇒IM13</p>
<p>IM12D. HOW MANY TIMES WAS A HIB1 VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the hepatitis B vaccine is sometimes given at the same time as polio and DPT vaccines</i></p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours 1 Later 2 DK..... 8</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM16A. HOW MANY TIMES WAS A MEASLES INJECTION OR AN MMR INJECTION VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE WITHIN THE LAST 6 MONTHS?</p> <p><i>Show picture of common types of ampules / capsules / syrups</i></p>	<p>Yes 1 No 2 DK..... 8</p>	

UF13. Record the time.	Hour, minutes and am/pm..... ____ : ____	__ m
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UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?

Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to be administered to the same respondent and tell her/him that you will need to measure the weight and height of the child

No ⇒ Continue

UF15. Does any child age 2- 9 years reside in the household?

Check Household Listing Form, column HL9A for any eligible child age 2- 9 years.

Yes ⇒ Go to *QUESTIONNAIRE FOR CHILD DISABILITY* for that child and start the interview with this respondent.

No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY		AN
<p>After the household questionnaire is complete the field supervisor weighs and measures each child under 5. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or caretaker refused 3 Other (specify) _____ 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) Weight not measured 99.9	
AN4. Child's length or height 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).	Length (cm) Lying down 1 _____ . ____ Height (cm) Standing up 2 _____ . ____ Length / Height not measured 9999.9	

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 ⇒ Continue with the interviews.
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations