

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: <div style="text-align: right;">_____</div>	UF2. Household number: <div style="text-align: right;">_____</div>	
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right;">_____</div>	
UF5. Mother's/Caretaker's name: Name _____	UF6. Mother's/Caretaker's line number: <div style="text-align: right;">_____</div>	
UF7. Interviewer's name and number: Name _____	UF8. Day/Month/Year of interview: <div style="text-align: right;">____ / ____ / 2015</div>	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE. 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. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.</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 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>	

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>) _____ 96
---	---

UF10A. Supervisor's name and number: Name _____

DO NOT COPY

UF12. Record the time.	Hour, minutes and am/pm..... ___ : ___	__ m
------------------------	--	------

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 201 ___</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	1⇒Next Module 2⇒Next Module
	Yes, not seen.....2	
	No.....3	
	DK.....8	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE VITAL STATISTICS OFFICE?	Yes 1	1⇒Next Module
	No 2	
	DK.....8	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1	
	No 2	

DO NOT COPY!

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None 00</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 border="0"> <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	
	Y	N	DK															
Homemade toys.....	1	2	8															
Toys from a shop	1	2	8															
Household objects or outside objects.....	1	2	8															
<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 PRESCHOOL OR COMMUNITY CHILD CARE?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 YEARS 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;">Mother</th> <th style="width: 10%;">Father</th> <th style="width: 10%;">Other</th> <th style="width: 10%;">No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Told stories</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Sang songs</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Took outside</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Played with</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Named/counted</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">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 (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>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1</p> <p>No 2</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>Yes..... 1</p> <p>No 2</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>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>																																				

EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT ALL BY HIMSELF/HERSELF?	Yes..... 1 No 2 DK 8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No 2 DK 8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No 2 DK 8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes..... 1 No 2 DK 8	

DO NOT COPY

BREASTFEEDING AND DIETARY INTAKE **BD**

BD1. Check AG2: Age of child

Child age 0, 1 or 2 ⇒ Continue with BD2.

Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module.

BD2. HAS (name) EVER BEEN BREASTFED?	Yes1 No2 DK.....8	2⇒BD4 8⇒BD4
---	-------------------------------------	----------------

BD3. IS (name) STILL BEING BREASTFED?	Yes1 No2 DK.....8	
--	-------------------------------------	--

BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes1 No2 DK.....8	
--	-------------------------------------	--

BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
--	-------------------------------------	--

BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 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] WATERY SOUP?	Watery soup	1	2	8
------------------	-------------	---	---	---

[D] MILK SUCH AS TINNED, POWDERED, 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? (Specify) _____	Other liquids	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. 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] ANY GERBER, HERO, CERELAC OR NESTUM?	Gerber, Hero, Cerelac, Nestum	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] IRISH POTATOES, WHITE YAMS, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	Irish potatoes, white yams, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES SUCH AS CALLALOO OR LETTUCE?	Dark green, leafy vegetables such as callaloo or lettuce	1	2	8
[G] RIPE MANGOES, PAPAYAS OR SAPODILLAS?	Ripe mangoes, papayas or sapodillas	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, DUCK, OR SAUSAGES MADE FROM THESE MEATS?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (<i>Specify</i>) _____	Other solid, semi-solid, or soft food	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</p>			

IMMUNIZATION		IM									
<p>If an immunization card is available, copy the dates into IM3 for each type of immunization and vitamin A 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⇒IM2A 2⇒IM6			
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?		Yes 1 No..... 2						1⇒IM6 2⇒IM6			
IM2A. DID (name) GET HIS VACCINATIONS AT A PRIVATE OR PUBLIC FACILITY?		Public 1 Private 2									
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	POL1										
POLIO 2	POL2										
POLIO 3	POL3										
PENTAVALENT 1	DPT/HEP/HIB1										
PENTAVALENT 2	DPT/HEP/HIB2										
PENTAVALENT 3	DPT/HEP/HIB3										
DTaP-P1 (DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIO)	DTaP-P1										
DTaP-P2	DTaP-P2										
DTaP-P3	DTaP-P3										
HAEMOPHILUS INFLUENZAE B 1	Hib1										
HAEMOPHILUS INFLUENZAE B 2	Hib2										
HAEMOPHILUS INFLUENZAE B 3	Hib3										
HBV1 (HEPATITIS B)	HBV1										
HBV2 (HEPATITIS B)	HBV2										
HBV3 (HEPATITIS B)	HBV3										
MEASLES, MUMPS, RUBELLA 1	MMR1										
MEASLES, MUMPS, RUBELLA 2	MMR2										
VITAMIN A (FIRST DOSE)	VITA1										

VITAMIN A (SECOND DOSE)	VITA2									
VITAMIN A (THIRD DOSE)	VITA3									
VITAMIN A (FOURTH DOSE)	VITA4									
SEASONAL INFLUENZA (FIRST DOSE)	FLU1									
SEASONAL INFLUENZA (SECOND DOSE)	FLU2									
IM4. Check IM3. Are all vaccines (BCG to Flu) recorded? <input type="checkbox"/> Yes ⇒ Go to Care of Illness Module <input type="checkbox"/> No ⇒ Continue with IM5										
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS? <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, go to Care of Illness Module. <input type="checkbox"/> No/DK ⇒ Go to Care of Illness Module.										
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?		Yes 1 No 2 DK 8	2 ⇒ Next Module 8 ⇒ Next Module							
IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS OR TB – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?		Yes 1 No 2 DK 8								
IM8. HAS (name) EVER RECEIVED ANY VACCINATION TO PROTECT HIM/HER FROM POLIO?		Yes 1 No 2 DK 8	2 ⇒ IM10A 8 ⇒ IM10A							
IM9. WAS THE FIRST POLIO VACCINE RECEIVED WHEN THE CHILD WAS TWO MONTHS OLD?		Yes 1 No 2								
IM10. HOW MANY TIMES WAS HE/SHE GIVEN THE POLIO VACCINE?		Number of times ___								
IM10A. HAS (name) EVER RECEIVED A PENTAVALENT OR DPT VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH, TETANUS, HEPATITIS B, AND INFLUENZAE TYPE B? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as Polio.</i>		Yes 1 No 2 DK 8	2 ⇒ IM12A 8 ⇒ IM12A							
IM10B. HOW MANY TIMES WAS A PENTAVALENT OR DPT VACCINE RECEIVED?		Number of times ___	1 ⇒ IM16							
IM12A. HAS (name) EVER RECEIVED A DTaP VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH, TETANUS AND POLIO?		Yes 1 No 2 DK 8	2 ⇒ IM12C 8 ⇒ IM12C							

IM12B. HOW MANY TIMES WAS A DTaP VACCINE RECEIVED?	Number of times..... _	
IM12C. HAS (NAME) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING INFLUENZA TYPE B?	Yes 1 No..... 2 DK 8	2⇒IM13 8⇒IM13
IM12D. HOW MANY TIMES WAS A HIB VACCINE RECEIVED?	Number of times..... _	
IM13. HAS (name) EVER BEEN GIVEN A HEPATITIS B OR HBV VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the hepatitis B vaccine is sometimes given at the same time as polio and DPT vaccines</i>	Yes 1 No..... 2 DK 8	2⇒IM16 8⇒IM16
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED TWO MONTHS AFTER BIRTH, OR LATER?	2 months after birth 1 Later 2 DK 8	
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times..... _	
IM16. HAS (name) EVER RECEIVED A MEASLES OR MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No..... 2 DK 8	2⇒IM19A 8⇒IM19A
IM16A. HOW MANY TIMES WAS A MEASLES OR MMR INJECTION RECEIVED?	Number of times..... _	
IM19A. HAS (name) EVER RECEIVED ANY VITAMIN A DROPS	Yes 1 No..... 2 DK 8	2⇒IM19C 8⇒IM19C
IM19B. HOW MANY TIMES WERE VITAMIN A DROPS RECEIVED?	Number of times..... _	
IM19C. HAS (name) EVER RECEIVED A SEASONAL INFLUENZA VACCINE OR A FLU SHOT?	Yes 1 No..... 2 DK 8	2⇒ Next Module 8⇒ Next Module
IM19D. HOW MANY TIMES WAS A FLU SHOT RECEIVED?	Number of times..... _	

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒CA6A 8⇒CA6A</p>
<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>	<p>Much less 1 Somewhat less..... 2 About the same..... 3 More 4 Nothing to drink..... 5 DK 8</p>	
<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>	<p>Much less 1 Somewhat less..... 2 About the same..... 3 More 4 Stopped food..... 5 Never gave food..... 6 DK 8</p>	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒CA4 8⇒CA4</p>
<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>	<p>Public sector Government hospital A Government health centre B Government health post..... C Community health worker D Mobile / Outreach clinic..... E Other public (<i>specify</i>) _____ H</p> <p>Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O</p> <p>Other source Relative / Friend P Shop Q Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	

<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN TO DRINK:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SALT?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA CALLED PEDIALYTE?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet..... 1 2 8</p> <p>Pedialyte 1 2 8</p>
---	---

CA4A. Check CA4: ORS.

Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B.

Child was not given ORS ⇒ Go to CA4C.

<p>CA4B. WHERE DID YOU GET THE ORS?</p> <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 style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government health post..... 13</p> <p>Community health worker 14</p> <p>Mobile / Outreach clinic..... 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) 96</p>
--	--

<p>CA4C. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets..... 1 2 8</p> <p>Zinc syrup..... 1 2 8</p>
--	--

CA4D. Check CA4C: Any zinc?

Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E.

Child was not given any zinc ⇒ Go to CA4F.

<p>CA4E. WHERE DID YOU GET THE ZINC?</p> <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>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... 11</p> <p>Government health centre 12</p> <p>Government health post..... 13</p> <p>Community health worker 14</p> <p>Mobile / Outreach clinic..... 15</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CA4F. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN COCONUT WATER TO DRINK?</p>	<p style="text-align: right;">Y N DK</p> <p>Coconut water..... 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i></p> <p>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>Other pill or syrup (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 O</p> <p>Home remedy/Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</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⇒CA9A</p> <p>8⇒CA9A</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?	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 (CA6A = 1) ⇒ Continue with CA10. <input type="checkbox"/> Child did not have fever (CA6A = 2 or 8) ⇒ 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> _____ (<i>Name of place</i>)	Public sector Government hospital A Government health centre B Government health post..... C Community health worker 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> _____ (<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)?

Yes ⇒ Continue with CA13B.

No ⇒ Go to CA14.

CA13B. WHERE DID YOU GET THE ANTIBIOTIC?

Probe to identify the type of source.

If unable to determine whether public or private, write the name of the place.

_____ (Name of place)

Public sector	
Government hospital.....	11
Government health centre	12
Government health post.....	13
Community health worker	14
Mobile / Outreach clinic.....	15
Other public (<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

CA14. Check AG2: Age of child.

Child age 0, 1 or 2 ⇒ Continue with CA15.

Child age 3 or 4 ⇒ Go to UF13.

CA15. THE LAST TIME (*name*) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?

Child used toilet/latrine.....	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, minutes and am/pm..... ____ : ____ __ m

UF14. Check List of Household Members, columns HL7B and HL15.

Is the respondent the mother or caretaker of another child age 0-4 living in this household?

- Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to be administered to the same respondent.
- No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.

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

DO NOT COPY

ANTHROPOMETRY **AN**

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.

AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height/length and weight measurement:</i>	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. <i>Child's weight:</i>	Kilograms (kg)	
	Weight not measured 99.9	⇒ AN3B
AN3A. <i>Was the child undressed to the minimum?</i>		
<input type="checkbox"/> <i>Yes.</i>		
<input type="checkbox"/> <i>No, the child could not be undressed to the minimum.</i>		
AN3B. <i>Check age of child in AG2:</i>		
<input type="checkbox"/> <i>Child under 2 years old ⇒ Measure length (lying down).</i>		
<input type="checkbox"/> <i>Child age 2 or more years ⇒ Measure height (standing up).</i>		
AN4. <i>Child's length or height:</i>	Length / Height (cm)..... .	
	Length/ Height not measured 999.9	⇒ AN6
AN4A. <i>How was the child actually measured?</i> <i>Lying down or standing up?</i>	Lying down 1	
	Standing up 2	

AN6. <i>Is there another child in the household who is eligible for measurement?</i>
<input type="checkbox"/> <i>Yes ⇒ Record measurements for next child.</i>
<input type="checkbox"/> <i>No ⇒ Check if there are any other individual questionnaires to be completed in the household.</i>

Interviewer's Observations

Supervisor's Observations

Measurer's Observations