

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: _____ / _____ / <u>2</u> <u>0</u> <u>2</u> <u>4</u>	UF8. Record the time:	HOURS : MINUTES _____ : _____

<p><i>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.</i></p>		
<p>UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2</p>	<p>1 ⇒UF10B 2 ⇒UF10A</p>
<p>UF10A. Hello, my name is (<i>your name</i>). 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.</p> <p>This interview usually takes about 25 minutes.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact The Statistical Institute of Belize.</p> <p>May I start the interview?</p>	<p>UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail.</p> <p>This interview usually takes about 25 minutes.</p> <p>Again, 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.</p> <p>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.</p> <p>Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know.</p> <p>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 The Statistical Institute of Belize.</p> <p>May I start the interview?</p>	
<p>YES1 NO / NOT ASKED2</p>	<p>1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17</p>	

UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (<i>name</i>)'s Birth Certificate, National Vaccination Card, 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 (<i>name</i>)?	GRANDPARENT01 AUNT/UNCLE.....02 BROTHER/SISTER03 OTHER RELATIVE OF CHILD06 STEPMOTHER/FATHER11 STEPSISTER/BROTHER.....12 OTHER RELATIVE OF STEPPARENT.....16 FORMAL FOSTER/ADOPTED PARENT.....21 FRIEND.....31 OTHER (<i>specify</i>)96	
UB1. On what day, month and year was (<i>name</i>) born? <i>Probe:</i> What is (<i>his/her</i>) birthday? <i>If the mother/caregiver knows the exact date of birth, also record the day; otherwise, record '98' for day.</i> <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY __ __ DK DAY98 MONTH..... __ __ YEAR <u>2</u> <u>0</u> __ __	
UB2. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (<i>his/her</i>) last birthday? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) __	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 42	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=HH471 NO, RESPONDENT IS NOT THE SAME, UF4≠HH472	2 ⇨UB6A

<p>UB5. Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Did the child attend preschool in the current school year?</p>	<p>YES, ED10=0 1 NO, ED10≠0 OR BLANK..... 2</p>	<p>1 ⇒UB8B 2 ⇒End</p>
<p>UB6A. Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Did the child attend preschool in the current school year?</p>	<p>YES, ED10=0 1 NO, ED10≠0 OR BLANK..... 2</p>	<p>1 ⇒UB8A 2 ⇒End</p>
<p>UB8A. I have earlier recorded that (<i>name</i>) has attended preschool this school year. Does (<i>he/she</i>) currently attend preschool?</p> <p>UB8B. You have mentioned that (<i>name</i>) has attended preschool this school year. Does (<i>he/she</i>) currently attend preschool?</p>	<p>YES..... 1 NO 2</p>	

SAMPLE

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 ⇒End
	YES, NOT SEEN2	2 ⇒End
	NO3	
	DK8	
BR2. Has (<i>name</i>)'s birth been registered with the Vital Statistics Unit?	YES.....1	1 ⇒End
	NO2	
	DK8	
BR3. Do you know how to register (<i>name</i>)'s birth?	YES.....1	
	NO2	

SAMPLE

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. How many children's books or picture books do you have for (<i>name</i>)?</p>	NONE..... 00 NUMBER OF CHILDREN'S BOOKS..... <u>0</u> — TEN OR MORE BOOKS 10																	
<p>EC2. I am interested in learning about the things that (<i>name</i>) plays with when (<i>he/she</i>) is at home.</p> <p>Does (<i>he/she</i>) 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>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HOMEMADE TOYS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TOYS FROM A SHOP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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															
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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, that is, since last (<i>day of the week</i>) 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' record '0'. If 'Don't know' record '8'.</i></p>	NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR — NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR..... —																	
<p>EC4. Check UB2: Child's age?</p>	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End																

<p>EC5. Since last (<i>day of interview minus 3</i>), did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>):</p> <p><i>A foster/stepmother or father living in the household who engaged with the child should be coded as mother or father.</i></p>		
<p>[A] Reading books or looking at picture books with (<i>name</i>)?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ EC5[B] 8 ⇒ EC5[B]</p>
<p>[A1] Who in the household engaged in this activity with (<i>name</i>)? <i>Probe: Anyone else?</i></p>	<p>MOTHER A FATHER B OTHER X</p>	
<p>[B] Telling stories to (<i>name</i>)?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ EC5[C] 8 ⇒ EC5[C]</p>
<p>[B1] Who in the household engaged in this activity with (<i>name</i>)? <i>Probe: Anyone else?</i></p>	<p>MOTHER A FATHER B OTHER X</p>	
<p>[C] Singing songs to or with (<i>name</i>), including lullabies?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ EC5[D] 8 ⇒ EC5[D]</p>
<p>[C1] Who in the household engaged in this activity with (<i>name</i>)? <i>Probe: Anyone else?</i></p>	<p>MOTHER A FATHER B OTHER X</p>	
<p>[D] Taking (<i>name</i>) outside the home?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ EC5[E] 8 ⇒ EC5[E]</p>
<p>[D1] Who in the household engaged in this activity with (<i>name</i>)? <i>Probe: Anyone else?</i></p>	<p>MOTHER A FATHER B OTHER X</p>	
<p>[E] Playing with (<i>name</i>)?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ EC5[F] 8 ⇒ EC5[F]</p>
<p>[E1] Who in the household engaged in this activity with (<i>name</i>)? <i>Probe: Anyone else?</i></p>	<p>MOTHER A FATHER B OTHER X</p>	
<p>[F] Naming, counting, or drawing things for or with (<i>name</i>)?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ EC6 8 ⇒ EC6</p>
<p>[F1] Who in the household engaged in this activity with (<i>name</i>)? <i>Probe: Anyone else?</i></p>	<p>MOTHER A FATHER B OTHER X</p>	

<p>EC6. I would like to ask you about certain things (<i>name</i>) 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.</p> <p>Can (<i>name</i>) walk on an uneven surface, for example a bumpy or steep road, without falling?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC7. Can (<i>name</i>) jump up with both feet leaving the ground?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC8. Can (<i>name</i>) dress (<i>him/herself</i>), that is, put on pants and shirt without help?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC9. Can (<i>name</i>) fasten and unfasten buttons without help?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC10. Can (<i>name</i>) say 10 or more words like “mama” or “ball”?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC11. Can (<i>name</i>) speak using sentences of 3 or more words that go together, for example “I want water” or “The house is big”?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇒ EC13 8 ⇒ EC13</p>
<p>EC12. Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example “The house is very big”?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC13. Can (<i>name</i>) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC14. If you show (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or animal, can (<i>he/she</i>) consistently name it?</p> <p><i>Probe:</i> By consistently I mean that (<i>he/she</i>) uses the same word to refer to the same object, even if the word used is not fully correct.</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC15. Can (<i>name</i>) recognise at least 5 letters of the alphabet?</p>	<p>YES 1 NO 2 DK 8</p>	

<p>EC16. Can (<i>name</i>) write (<i>his/her</i>) own name?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC17. Does (<i>name</i>) recognise all numbers from 1 to 5?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC18. If you ask (<i>name</i>) to give you 3 objects, such as 3 stones or 3 sweets, does (<i>he/she</i>) give you the correct amount?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC19. Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC20. Can (<i>name</i>) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC21. Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC22. Does (<i>name</i>) offer to help someone who seems to need help?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC23. Does (<i>name</i>) get along well with other children?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>EC24. The next two questions have five different options for answers. I am going to read these to you after each question.</p> <p>How often does (<i>name</i>) seem to be very sad or depressed?</p> <p>Would you say: daily, weekly, monthly, a few times a year, or never?</p>	<p>DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DK 8</p>	
<p>EC25. Compared with children of the same age, how much does (<i>name</i>) kick, bite, or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more, or a lot more?</p>	<p>NOT AT ALL 1 LESS 2 THE SAME 3 MORE 4 A LOT MORE 5 DK 8</p>	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0 1 AGE 1, 2, 3 OR 4 2	1 ⇒ End
<p>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 <u>you or any other adult in your household</u> has used this method with (name) in the past month.</p> <p>[A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house.</p> <p>[B] Explained why (name)'s behaviour was wrong.</p> <p>[C] Shook (him/her).</p> <p>[D] Shouted, yelled at, or screamed at (him/her).</p> <p>[E] Gave (him/her) something else to do.</p> <p>[F] Spanked, hit, or slapped (him/her) on the bottom with bare hand.</p> <p>[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.</p> <p>[H] Called (him/her) dumb, lazy or another name like that.</p> <p>[I] Hit or slapped (him/her) on the face, head, or ears.</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg.</p> <p>[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.</p>	<p style="text-align: right;">YES NO</p> <p>TOOK AWAY PRIVILEGES 1 2</p> <p>EXPLAINED WRONG BEHAVIOUR 1 2</p> <p>SHOOK HIM/HER 1 2</p> <p>SHOUTED, YELLED, SCREAMED 1 2</p> <p>GAVE SOMETHING ELSE TO DO 1 2</p> <p>SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2</p> <p>CALLED DUMB, LAZY OR ANOTHER NAME 1 2</p> <p>HIT / SLAPPED ON FACE, HEAD OR EARS 1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG 1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2</p>	
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 AND ADOLESCENTS 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	

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End
UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses?	YES 1 NO 2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (<i>he/she</i>) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2 2	1 ⇒ UCF7A 2 ⇒ UCF7B
UCF7A. When wearing (<i>his/her</i>) glasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 ⇒ UCF9A 2 ⇒ UCF9B
UCF9A. When using (<i>his/her</i>) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like people's voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like people's voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 ⇒ UCF11 2 ⇒ UCF13
UCF11. Without (<i>his/her</i>) equipment or assistance, does (<i>name</i>) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (<i>his/her</i>) equipment or assistance, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14

UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4	
UCF15. Does (<i>name</i>) have difficulty understanding you?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4	
UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4	
UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0 OR 1..... 1 AGE 2, 3, OR 4..... 2	2 ⇒ End
BD2. Has (<i>name</i>) ever been breastfed?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ BD4 8 ⇒ BD4
BD3. Yesterday, during the day or at night, was (<i>name</i>) breastfed?	YES..... 1 NO..... 2 DK..... 8	
BD4. Yesterday, during the day or at night, did (<i>name</i>) drink anything from a bottle with a nipple?	YES..... 1 NO..... 2 DK..... 8	
BD4A. Yesterday, during the day or at night, did (<i>name</i>) drink anything from a cup with a spout or a sippy-cup or through a straw?	YES..... 1 NO..... 2 DK..... 8	
BD5. Yesterday, during the day or at night, did (<i>name</i>) drink Oral Rehydration Salt solution (ORS)?	YES..... 1 NO..... 2 DK..... 8	
BD6. Yesterday, during the day or at night, did (<i>name</i>) drink or eat vitamin or mineral supplements or any medicines?	YES..... 1 NO..... 2 DK..... 8	

<p>BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or at night.</p> <p>Please tell me about all drinks, whether (<i>name</i>) had them at home, or somewhere else.</p> <p>Yesterday, during the day or at night, did (<i>name</i>) drink (<i>name of item</i>):</p>		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Infant formula, such as Gerber, Hero, Enfamil, and Similac?	INFANT FORMULA	1	2 ⁸	8 ⁸
<p>[B1] How many times did (<i>name</i>) drink formula?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK FORMULA</p> <p>DK.....8</p>			
[C] Milk from animals such as fresh, tinned, or powdered milk?	MILK	1	2 ⁸	8 ⁸
<p>[C1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK MILK</p> <p>DK.....8</p>			
[C2] (<i>Was the milk/Were any of the milk drinks</i>) a sweet or flavoured type of milk?	SWEET MILK	1	2	8
[D] Yogurt drinks that are thin such as Danimals, Yoplait, and Danonino yogurt?	YOGURT DRINKS	1	2 ⁸	8 ⁸
<p>[D1] How many times did (<i>name</i>) drink yogurt drinks?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES DRANK YOGURT</p> <p>DK.....8</p>			
[D2] (<i>Was the yogurt drink/Were any of the yogurt drinks</i>) a sweet or flavoured type of yogurt drink?	SWEET YOGURT DRINKS	1	2	8
[E] Chocolate-flavoured drinks including those made from syrups or powders?	CHOCOLATE DRINKS	1	2	8
[F] Fruit juice or fruit-flavoured drinks including those made from syrups or powders?	FRUIT JUICE, JUICE DRINKS	1	2	8
[G] Sodas, malt drinks, sports drinks, or energy drinks?	SODA, MALT, SPORTS, ENERGY DRINKS	1	2	8
[H] Tea, coffee, or herbal drinks?	TEA, COFFEE, HERBAL DRINKS	1	2 ⁸	8 ⁸
[H1] (<i>Was the drink/Were any of these drinks</i>) sweetened?	SWEET TEA, COFFEE, HERBAL DRINKS	1	2	8
[I] Clear broth or watery soup?	WATERY SOUP	1	2	8
[X] Any other liquids?	OTHER LIQUIDS	1	2 ⁸	8 ⁸
[X1] <i>Record all other liquids mentioned. Recode if possible.</i>	<i>(Specify)</i> _____			

[X2] (<i>Was the drink/Were any of these drinks</i>) sweetened?	SWEET OTHER LIQUIDS	1	2	8
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SAMPLE

<p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or at night. I am interested in all foods (<i>name</i>) ate whether at home or somewhere else.</p> <p>Think about when (<i>name</i>) woke up yesterday. Did (<i>he/she</i>) eat anything at that time?</p> <p><i>If 'Yes', ask: Please tell me everything (<i>name</i>) ate at that time. Probe: Anything else?</i></p> <p><i>Record answers using the food groups below.</i></p> <p>What did (<i>name</i>) do after that? Did (<i>he/she</i>) eat anything at that time?</p> <p><i>Repeat and record with these questions, until reaching when the child woke up this morning.</i></p> <p><i>For any mixed dish, including those commercially packaged, probe: What were the main ingredients in (mixed dish)? Record main ingredients in appropriate food groups.</i></p>				
<p>For each food group <u>not</u> mentioned after completing the above ask:</p> <p>Just to make sure, did (<i>name</i>) eat (<i>food group items</i>) yesterday during the day or at night?</p>		YES	NO	DK
<p>[A] Yogurt (“spoonable” or thick), other than yogurt drinks?</p> <p><i>Note that liquid/drinking yogurt should be captured in BD7[D].</i></p>	YOGURT	1	2 ² BD8[B]	8 ⁸ BD8[B]
<p>[A1] How many times did (<i>name</i>) eat yogurt?</p> <p><i>If 7 or more times, record '7'.</i></p>	NUMBER OF TIMES ATE YOGURT.....			
	DK.....			8
<p>[B] Porridge, bread, rice, noodles, pasta, or other foods made from grains such as Cerelac or Nestum?</p>	FOODS MADE FROM GRAINS	1	2	8
<p>[C] Pumpkin, carrots, sweet red peppers, squash, or sweet potatoes that are yellow or orange inside?</p>	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
<p>[D] Irish potatoes, white yams, cassava, or any other foods made from roots that are white or pale inside?</p>	FOODS MADE FROM ROOTS	1	2	8
<p>[E] Dark green, leafy vegetables, such as callaloo or spinach?</p>	DARK GREEN, LEAFY VEGETABLES	1	2	8
<p>[F] Any other vegetables, such as celery or green pepper?</p>	OTHER VEGETABLES	1	2	8
<p>[G] Ripe mangoes, ripe papayas or sapodillas and mamey?</p>	RIPE MANGO, RIPE PAPAYA	1	2	8
<p>[H] Any other fruits such as watermelon or pineapple?</p>	OTHER FRUITS	1	2	8
<p>[I] Liver, kidney, heart, or chicken gizzard?</p>	ORGAN MEATS	1	2	8
<p>[J] Sausages, hot dogs, ham, bacon, salami or canned meat like corned beef and potted meat?</p>	PROCESSED MEATS	1	2	8
<p>[K] Any other meat, such as beef, pork, lamb, goat, chicken, duck, gibbon or deer?</p>	OTHER MEATS	1	2	8
<p>[L] Eggs?</p>	EGGS	1	2	8
<p>[M] Fresh fish, dried fish, or shellfish such as shrimp, lobster or squid?</p>	FRESH OR DRIED FISH	1	2	8
<p>[N] Beans, peas, lentils, nuts, seeds, or any foods made from these?</p>	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8

[O] Hard or soft cheese such as Happy Cow or Dutch cheese?	CHEESE	1	2	8
[P] Sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles, or any other sweet foods?	SWEET FOODS	1	2	8
[Q] Salty foods such as chips, french fries, meat pies, instant noodles, or salted peanuts?	SALTY FOODS	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ⁸ <i>BD9</i>	8 ⁸ <i>BD9</i>
[X1] <i>Record all other foods mentioned. Recode if possible.</i>	(specify) _____			
<p>BD9. Yesterday during the day or at night, how many times did (<i>name</i>) eat any solid, semi-solid, or soft foods?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES</p> <p>DK..... 8</p>			

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 Vaccination Card, immunisation records from a private health provider or any other document where (<i>name</i>)'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 Vaccination Card or immunisation records from a private health provider for (<i>name</i>)?	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. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.	DATE OF IMMUNISATION						
	DAY	MONTH		YEAR			
BCG (within 24 hours) BCG				2	0		
HepB (within 24 hours) HepB0				2	0		
Polio (IPV) 1 (Dose 1 at 2 months) IPV1				2	0		
Polio (IPV) 2 (Dose 2 at 4 months) IPV2				2	0		
Polio (OPV) 1 (Dose 3 at 6 months) OPV1				2	0		
Polio (OPV) 2 (Booster at 18 months) OPV2				2	0		
Pentavalent (DPT/HepB/Hib) 1 (at 2 mths) Penta1				2	0		
Pentavalent (DPT/HepB/Hib) 2 (at 4 mths) Penta2				2	0		
Pentavalent (DPT/HepB/Hib) 3 (at 6 mths) Penta3				2	0		
MMR 1 (at 12 months) MMR/ MR1				2	0		

MMR 2 (at 18 months)	MMR/ MR2					2	0			
Diphtheria, Whooping Cough & Tetanus 1 (Booster dose at 18 months)	DPT1					2	0			
Seasonal Influenza 1 (at 6 months)	FLU1					2	0			
Seasonal Influenza 2 (at 7 months)	FLU2					2	0			
IM7. Check IM6: Are all vaccines (BCG to Seasonal Influenza 2) recorded?		YES.....	1							1 ⇒End
		NO	2							
IM8. Did (<i>name</i>) receive a vaccine through any of the following campaigns:										
[A] House-to-house mop-up Campaign										
[B] Health Center Vaccination days										
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the house-to-house campaign or Health Center Vaccination days just mentioned?		YES.....	1							2 ⇒End
		NO	2							
		DK	8							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 <u>not</u> received record '00' in day column. When <u>finished</u> , go to next module.										⇒End
IM11. Did (<i>name</i>) ever receive any vaccinations to prevent (<i>him/her</i>) from getting diseases, including vaccinations received in a house-to-house campaign or Health Center Vaccination days?		YES.....	1							
		NO	2							
		DK	8							
IM12. Did (<i>name</i>) receive a vaccine through any of the following campaigns:										
[A] House-to-house mop-up Campaign										
[B] Health Center Vaccination days										
IM13. Check IM11 and IM12[A-B]:		ALL NO OR DK	1							1 ⇒End
		AT LEAST ONE YES	2							
IM14. 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							
		NO	2							
		DK	8							
IM15. At or soon after birth, did (<i>name</i>) receive a Hepatitis B vaccination, that is, an injection on the outside of the thigh to prevent Hepatitis B?		YES.....	1							2 ⇒IM16
		NO	2							
		DK	8							8 ⇒IM16
IM15A. Did (<i>name</i>) receive it within 24 hours of birth?		YES.....	1							
		NO	2							

	DK 8	
IM16. Has (<i>name</i>) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio? <i>Probe by indicating that this vaccine is often called OPV, and that the first dose can be given at six months.</i>	YES..... 1 NO 2 DK 8	2 ⇒ IM19 8 ⇒ IM19
IM18. How many times was the oral polio vaccine received?	NUMBER OF TIMES DK 8	
IM19. Has (<i>name</i>) ever received an injected polio vaccine, that is, an injection in the arm to protect against polio? <i>Probe by indicating that this vaccine is often called IPV, and that the first dose can be given at two months.</i>	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 (<i>name</i>) ever received a Pentavalent vaccination, that is, an injection in the thigh to prevent (<i>him/her</i>) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that the Pentavalent vaccine given at 2, 4, and 6 months of age, and is sometimes given at the same time as the polio injection/drops.</i>	YES..... 1 NO 2 DK 8	2 ⇒ IM26 8 ⇒ IM26
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES DK 8	
IM26. Has (<i>name</i>) ever received a MMR vaccine, that is, an injection in the arm to prevent (<i>him/her</i>) from getting measles, mumps, and rubella? <i>Probe by indicating that the MMR vaccine is given at 12 and 18 months of age.</i>	YES..... 1 NO 2 DK 8	2 ⇒ IM27B 8 ⇒ IM27B
IM26A. How many times was the MMR vaccine received?	NUMBER OF TIMES DK 8	
IM27B. Has (<i>name</i>) ever received a DPT vaccination, that is, an injection in the arm to prevent (<i>him/her</i>) from getting tetanus, whooping cough, diphtheria. <i>Probe by indicating that the DPT vaccination is given as a booster at 18 months; is sometimes given at the same time as the polio drops.</i>	YES..... 1 NO 2 DK 8	

<p>IM27D. Has (<i>name</i>) ever received the Seasonal Influenza or Flu vaccination, that is, an injection in the thigh to prevent (<i>him/her</i>) from getting seriously ill from Seasonal Influenza or flu?</p> <p><i>Probe by indicating that the Seasonal Influenza vaccine is given at 6 and 7 months of age, then annually.</i></p>	<p>YES..... 1 NO 2 DK 8</p>	<p>2 ⇒ End 8 ⇒ End</p>
<p>IM27E. How many times was the Seasonal Influenza or Flu vaccine received?</p>	<p>NUMBER OF TIMES DK 8</p>	

SAMPLE

UF11. Record the time.	HOURS AND MINUTES ____ : ____	
UF12. Language of the Questionnaire.	ENGLISH 1 SPANISH..... 2	
UF13. Language of the Interview.	ENGLISH 1 SPANISH..... 2 GERMAN 3 MAYA 4 OTHER LANGUAGE (specify) 6	
UF14. First language of the Respondent.	ENGLISH 01 CREOLE..... 02 GARIFUNA..... 03 GERMAN 04 MAYA 05 SPANISH..... 06 OTHER LANGUAGE (specify)..... 96	
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 ⇒ UF16
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 Statistical Institute of Belize 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	YES..... 1 NO..... 2	1 ⇒ UF15H 2 ⇒ UF16

share during these phone interviews will not be shared with anyone outside our team. Would you like to participate?		
UF15F. Thank you for your participation. The Statistical Institute of Belize 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

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.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD 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:..... <input type="checkbox"/>

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.

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

Empty box for interviewer's observations.

SUPERVISOR'S OBSERVATIONS

Empty box for supervisor's observations.

SAMPLE

**ANTHROPOMETRIC MEASUREMENTS FORM
CHILDREN UNDER FIVE
MICS7 BELIZE 2024**



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 _____	

ANTHROPOMETRIC MEASUREMENTS		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>	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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>	LENGTH / HEIGHT (CM)..... CHILD REFUSED 999.4 RESPONDENT REFUSED..... 999.5 OTHER (specify) _____ 999.6	999.4 ⇨ AN14 999.5 ⇨ AN14 999.6 ⇨ AN14
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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>		
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 4		
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.		

SAMPLE

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM

Blank area for interviewer's observations.

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM

Blank area for measurer's observations.

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM

Blank area for supervisor's observations.